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SUMMARY

Healthcare reform is pervasive, cyclical, and unending. For healthcare practitioners, it can feel overwhelming. We're focused on sharing what's being done on the front line, behind the scenes, in the day to day. Whether it's small changes being made in a healthcare practice, a patient-practitioner co-design project, or architects improving spaces where health care takes place, we know there are countless people working to make patients' lives better and help them to be healthier.

Key Words

Health care; patient experience; design thinking; health improvement

INTRODUCTION

The first line of an Australian news article published on 16 July 2019 read, “Australia's health care system has become increasingly unfair, costly and confusing, according to a new report, which has declared the Federal Government is facing an impending crisis without urgent reform.”¹ Meanwhile, in the United States, The Affordable Care Act (aka Obamacare) is under siege yet again. The Affordable Care Act gave 20 million Americans access to health insurance, but their coverage is at risk.² Healthcare reform is pervasive, cyclical, and unending. For healthcare practitioners, it can feel overwhelming.

At *The Journal of Health Design*, we're focused on sharing with you what's being done on the front line, behind the scenes, in the day to day. Whether it's small changes being made in a healthcare practice, a patient-practitioner co-design project, or architects improving spaces where health care takes place, we know there are countless people working to make patients' lives better and help them to be healthier. [The Health Design Podcast](#) continues to feature thought leaders and practitioners working for change.

We're pleased to bring you our second edition of 2019. It features:

- “Voices from the coalface,” an editorial that reviews the key themes from conversations with almost a dozen distinguished guests interviewed for *The Health Design* podcast series. The guests spoke about the creativity of brilliant young people given opportunities; the human side of health care; the efforts being made to work with communities to solve local problems; and the erosion of health care because of the pursuit of profits.
- “How cavernous hemangioma went undiagnosed and lessons learned,” a patient insight paper, in which the author argues that “Patients can contribute to their patient experience by doing research, being informed, asking questions, and getting a second, even third, opinion, if necessary.”³
- “Empowering staff to embrace and discuss frailty as a health condition,” a design insight that discusses how frailty is underdiagnosed, to the detriment of patients and their families. The key to the project's success was to focus first on the staff and their concerns, as well as their lack of confidence around

discussing death and dying.

The power of connection and improving the health of populations at risk are the themes of our two “Call for Papers” for this year. If you know someone doing work in these areas, share the information or email editor@journalofhealthdesign.com. If you know anyone who would be a great podcast guest, let us know. And follow us on Twitter @JHDinfo.

We’re committed to our mission of developing a forum for those who are committed to better health by design. Remain engaged, keep reading, and let us know how we’re doing.

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3. Wilson V. “How cavernous hemangioma went undiagnosed and lessons learned.” *The Journal of Health Design*. 2019;4(2):179-181. doi.org: 10.21853/JHD.2018.85