



A NEW VISION OF TRUE HEALTH

BY LEANA S. WEN, M.D.

IMAGINE THIS: It's the year 2066. You have abdominal pain. Fifty years ago, in 2016, you would have called your doctor and been told that you can't be seen that day. You'd be sent to the emergency room to wait an entire afternoon to get your blood drawn. You might even have been told to stay overnight for monitoring. That was then. But now doctors come to you, when it's good for your schedule, not theirs. You can choose for the doctor to come to your home in person or through

an on-demand, virtual reality visit. If you do need blood tests, you get them done at home through a device that never breaks your skin. Hospitals exist only for true emergencies and intensive care; otherwise, you are treated and monitored for your recovery in the comfort of your own bedroom. If you need a specialist, that doctor will come to you. Your care team has as its center an advocate, someone who organizes all of your care—not only doctors' visits but also nutrition services and social needs.

You write up your own medical record, with your doctor's help. In real time, you and your care team agree on your treatment plan. You cannot believe there

was a time when patients' own medical records were very difficult for them to access, or when doctors didn't disclose mistakes to patients. Humans will always make mistakes; now they are openly discussed and remediated, and malpractice suits and payments are relics of the past.

Many diseases that plagued your ancestors have cures, such as cancer and Alzheimer's, and nobody has to die waiting for an organ donation. At the same time, there has been the recognition that too much care, just like too little care, is harmful. Advances in technology have enabled the return of on-site visits so that every individual can receive care where it's most convenient, including in schools

so that children never have to miss class and parents and caregivers never have to miss work.

You shudder at the inhumane practices of just one generation ago, when mental illness was stigmatized as personal failure or a source of shame, and when those with substance addiction landed in prison instead of being proactively offered behavioral or medical health treatment. Thanks to those changes in attitudes, the culture of mass incarceration has ended and the financial savings from not having to run a massive prison system nationwide has been redirected to create housing for the homeless population.

Back in 2016, there were still debates



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over whether healthcare was a right of every citizen. That discussion has since been settled. Now healthcare is guaranteed for all, meaning that health insurance is moot and obsolete. With the acknowledgment that a shorter life span is linked to poverty came the clarity that improving health for many people begins with ending poverty. Fast-food establishments are plentiful, but they exclusively sell healthy foods. Ads for cigarettes, french fries, and sodas are found only in museums. Food deserts—neighborhoods where healthy food is not available—are a distant memory, and you cannot imagine any child going hungry. All of those advancements have resulted in dramatically extended life expectancies for everyone.

DOES THAT SOUND too far-fetched to be true? Perhaps. But imagine what those in 1966 might have said about the advances in medicine we have in 2016, such as the widespread use of vaccines for diseases such as measles that killed thousands of children, and CT scans that can visualize every organ in seconds. A future of healthcare that is rational, efficient, egalitarian, and proactive is in our grasp, but there are steps we must take today to make it a reality.

First, we need to go back to the basics of what healthcare is supposed to be about: taking care of people and meeting their needs, on their terms, where they are. We need to accelerate the movements to have patients and doctors as shared partners in medical decision-making. We need to make real change to the reimbursement system to help doctors spend more time with patients. Doctors should be reimbursed for time spent caring for and listening to patients, rather than for procedures performed on them. That will reorient our system to providing the right amount of care, not too much care.

Next, we need to change medical education. To drive bright students to areas

of greatest societal need, medical school should be made free for those who commit to working with underserved populations and geographies, as well as into the primary care field, which cares for the whole person and not just one organ system. We should increase programs that begin developing students from as early as elementary school to become future health professionals, especially those who come from rural and urban communities, to improve the chances of their staying



in their neighborhoods to serve them.

Last, we need to change the conversation from healthcare to overall healthfulness, which will require bold, broad, and innovative solutions. Healthcare is about the care we get from hospitals and medical facilities after we are already ill, but research shows that 60 percent of what determines our longevity depends on where and how we live, work, and play. It depends on attention to our overall emotional well-being. We must understand that a healthy life starts early, and therefore have successful public health interventions such as early childhood education and programs that send nurses into homes to help pregnant women and young mothers.

LET'S ENSURE THAT health is part of every conversation about the future of our society. There is no such thing as a non-health sector. If our children are unhealthy, they can't learn. We need all

leaders to consider not only the fiscal impact of every policy but also the health impact. The recent travesty of lead poisoning in Flint, Mich., has demonstrated that government officials and businesses must be held accountable to put public safety ahead of profit and cost cutting. If there is a proposal for new schools, communities need to ask for plans showing how classrooms will be designed to maximize wellness (healthy air quality, plenty of options to move about) and how the school system will require innovative programs to give students access to fresh fruits and vegetables, not just in school hallways but at home, too. That must be seen as being as essential as the need to plan for fire escape routes. Similarly, if there is a proposal for a new city development, then doctors, health professionals, and patients alike must work together to ensure that there are walking and bike paths, and plenty of parks—which improve both physical and mental health. We must invest in physical infrastructure that makes exercise and exposure to nature an integral part of everyday lives so that no one has to put “working out” on her calendar, then be tempted to ignore it.

Person-centered health, exceptional quality of life, and health equity are all within our grasp. To get there, we have our work cut out for us, but the future of our society—and the generations who are not yet born—depends on us to be courageous and to look to do what is possible. All of us must speak up, call out the injustices that we see, and demand a future focused on good health for everyone.

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