

appreciate this future role if physicians consider, as part of their treatment, a continuum from providing information and knowledge, to explaining and educating, to advising during shared decision-making, to counseling for grief, life change, or personal crisis, to praying or deep intention to heal. What is remarkable and hopeful is the extent to which this already occurs in the practice of physicians, though often unrecognized.

Health Advisor and Wellness Coach

The fifth future role is the health advisor and wellness coach. Dr Morrison predicts that “the worried well could be soothed electronically through convenient and timely electronic information exchange with their physician.”¹ While this may occur, I see the continued vital place for a physician’s soothing in person-to-person interactions when the physician listens attentively, carefully, and empathetically. Although this essential human connection happens now, it occurs in a “physical medicine” context, so that physicians view this activity from annoying and ineffective to threatening and personally overwhelming rather than of high value. In a “personal medicine” context this high touch interpersonal approach is “the value” many seek and regard as medical care. As Internet use produces healthcare at a distance, this further disconnection of patient from doctor may

leave people at a personal or emotional distance too great to sustain the relationship necessary for advice, medical decisions, and caring behaviors.

Conclusion

New high technology is making an increasingly important contribution to the future of medicine. To counterbalance and complement its physical and emotional effects on patients and physicians, new high touch appears to be a solution to this dilemma, and one that rediscovers the person in the doctor and the patient. ❖

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Health Systems

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Wave that Kaiser Permanente Flag with Pride!

Since the first issue of *The Permanente Journal* was published in the Summer of 1997, the intent of the Health Systems section has been to give our readers an opportunity to develop an understanding of what it means to be “Permanente.” After decades of providing health care and developing a unique culture that has not been replicated, the story of the Permanente Medical Groups and their Health Plan partners is being told. There is no doubt in my mind that since its inception, this journal has provided the first detailed written record of just what Permanente Care is.

So what is the major conclusion that might be apparent to the readers of *The Permanente Journal*? I believe there is one theme that predominates throughout—especially noteworthy in the nonclinical sections: The best advocate for the patient in the examining room, and for US society in general, is the physician with the ideals and incentives of Permanente partnering with a health plan with the ethics of Kaiser Foundation Health Plan and Hospitals.

Patient advocacy—that’s the theme of the Health Systems section specifically and *The Permanente Journal* in general—and that’s the message that Americans need to hear. Legislators are too entangled in politics to be the best advocates for Americans. Certainly, community physicians lack the basic incentives, accountability, and leadership to speak for patients. It is the group model as exemplified by Permanente that provides the structure for care that best meets the needs of Americans.

The physicians, other providers, and the staff of Kaiser Permanente should be proud of what they offer society, and we are excited that *The Permanente Journal* can provide a voice for them. So speak out Kaiser Permanente—you have quite a story to tell! ❖