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Contribution 2:

You can be healthy, even with sicknesses! Origin Holland: ‘Positive Health’ From ‘restoring to normal’ to ‘support ability to adapt’

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In this article, I will introduce Dutch ‘Positive Health’ as a means to support the patient’s self-direction. How this concept can be applied in Japan is still undefined, but I will indicate some approaches which might give a hint as to how to introduce it in Japan.

What is health?

Japan is ahead of all other countries in becoming a super elderly society. According to one overseas study, half of the children born in 2007 are projected to be older than 107. The Ministry of Welfare and Labor announced that as of September 15, 2019, for the first time the number of elderly above 100 exceeded 70,000 to 71,274. The National Social Insurance and Population Research Institute estimates that in 2025, the number will reach 133,000, in 2035 it will be 256,000 and will be above 532,000 in 2050. ‘The Age of 100 Year Life Time’ is what we must confront and ‘How people can live healthy and with vitality’ is a national issue.

What is ‘health’ to begin with? In Article 1 of the Physician Law, it is stated that ‘The physicians contribute to the improvement and enhancement of public health by leading medical care and instructing on health matters in order to ensure healthy lives of the people.’ No definition, however, of ‘health’ is provided here. When I read that when one is asked ‘What is health?’, not even doctors can give clear answers, I recognized this phenomenon. One’s perception of health is ambiguous. However, ‘ensure healthy lives of the people’ being the final responsibility, it is problematic that doctors cannot answer this question. In the widely quoted preamble of the charter of the World Health Organization (WHO) (entered effect in 1948), it is stated: ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ If health is ‘a state of completely perfect state’, then if there is a slightest problem, one is not healthy. That can be troublesome. Targeting perfectness leads to the pursuit of the ideal ‘state’; it is critically pointed out that that tendency increases dependency on

medical care. Today, the main focus of medical care is on the chronic diseases, such as elderly medicine and lifestyle-related diseases. There are only a few who are completely free of diseases or disorders. If the definition of health equates perfect health as the normal state, there is practically nobody who would be healthy. Therefore one needs to rethink the concept of 'health'.

New concept of health, 'Positive Health'

(1) The birth of Positive Health

In 2011 Machteld Huber, Dutch GP who later became researcher introduced a new concept of health in BMJ (British Medical Journal).¹ According to her, health is 'the ability to adapt and to self-manage, in face of social, physical and emotional challenges'. In other words, Huber proposes that health is 'the ability to adapt and to self-manage'. This approach does not consider health as a static 'state', but rather a dynamic capacity that can adapt as an individual or society changes; she presents health as an 'ability'. Her approach is: 'You may have disease or disorder, but in supportive environment, you can go forward in a positive manner. That ability is health!'

Huber emphasizes that her concept is not a definition but is a concept and named it 'Positive Health'. In 2016 she published a paper backed up with a large-scale study, this appeared again in the BMJ.²

In 2017 she founded a NPO called Institute for Positive Health (iPH) and became engaged in various activities.

(2) Elements that constitute Positive Health

Positive Health is characterized by a 'wide sense of health' composed of six dimensions of bodily functions, mental functions and perception, spiritual/ existential dimension, quality of life, social and societal participation and daily functioning. Surprisingly the Japanese word *ikigai* (*zingeving*) receives much attention in the Netherlands.

Huber devised a tool (reader chart) called 'spider web' which aids in grasping one's own state. The six dimensions are expressed as six axes, and each axis can be scored between 0 and 10. This tool is a subjective assessment of one's perception of his state. The inner surface that appears as one connect the scores of the axes reflect one's perception of health at that given time. In healthcare, Positive Health consists of the following three elements.

1. Patient can review his own life through this tool.
2. Together with the patient, healthcare providers can search what is important for the patient and what has to be changed in order to obtain it.

3. The patient himself takes the lead in taking a realistic action which the patient chooses on own.

'Self-leading' approach is very thorough. Healthcare professionals should not guide the patient to take certain direction; they should concentrate on listening, until the patient discovers what is important for him (*ikigai*). The two and a half days of training consistently develops this dialogue technique.

(3) Background of Positive Health development and deployment by municipalities in the Netherlands

The Netherlands is well known as a high level welfare state. However, in 2013 upon coronation the king said in the parliament that 'the high level welfare state in the traditional sense has ended' and urged people to change to 'participatory society' in which each individual should put out effort to self-help. In the background is serious financial burden; the healthcare sector is expected to formulate policy and operate in ways that are more efficient and effective. E Health and preventive approach, rather than more traditional sickness and cure approach, are encouraged.

One of the reasons for Positive Health being widely accepted in the Netherlands is that the philosophy of Positive Health of 'self-help, mutual help' matches such policy of the government. Thinking about one's health is related to the health of a community. According to Ms. Akane Chabot, interpreter and writer residing in the Netherlands, in the last few years, also with the push of the government, the concept of Positive Health is applied not only in the field of healthcare but in various other fields of society. Among some 380 municipalities, more than half uphold the concept of Positive Health and are working on a new type of community design in which medical care, prevention and welfare are fused.

(4) Examples of application of the concept in Dutch healthcare scenes

One may wonder how the concept of Positive Health is actually utilized in the Dutch healthcare scenes. In the Netherlands, every resident must register with a GP. In primary care with such GPs as the nucleus, Positive Health is obviously embraced. I will introduce a few examples that I have witnessed in the Netherlands.

1. Utilization by a GP in Utrecht

Dr. Karolien van de Brekel, GP, is a Japan fan. When we interviewed her about how she applies the concept of Positive Health, she replied: 'I use the spider web daily. It serves as a good starting point to have dialogue with patients.' Furthermore she said that by understanding and familiarizing herself with the concept, 'I listen more intently to my patients, and I came to realize that it is important to support them in concrete actions

that they themselves come up with. This approach does not tire me out, which is a great help.'

Currently Dr. van de Brekel is an official trainer of iPH and is active in introducing the concept backed up by her own experience.

2. Solo practice GP in Afferden, Province of Limburg.

I have visited Dr. Hans Peter Jung, one of the physicians with whom Dr. Huber associates.

After going under an arch of yellow roses, one enters the waiting room which makes you feel at home. There are sheets of spider webs available, and on the wall are posters of Positive Health. One can tell that Positive Health is present here during daily practice. This day I could accompany him to one of Dr. Jung's patients who has to make continuous use of electric wheel chair and artificial respiration. Dr. Jung took out a sheet of spider web and with a gentle smile he took time to ask his patient what was important to him and what was necessary to achieve it. The patient said that his physical state was an '8'. He said that he was happy with his current condition, because he could deal with the challenges he faces and is able to enjoy every day with his wife. He expressed his wish to be able to continue enjoying his current situation.

In Afferden, Dr. Jung leads residents of the community in projects to make the future of the village better. He has written an article on how effective Positive Health is in also reducing costs of the care. He has received the 'Compassieprijs' in 2017 for enabling better care at lower costs.

3. Utilization at a health center

Recently more GPs work within health centers than running solo practices. Various healthcare professionals (GPs, pharmacists, physical therapists, foot care specialists, yoga instructors, movement instructors, etc.) who share the vision of Positive Health are located in a health center in Meppel in the Province of Drenthe (northeastern part of the Netherlands) . This health center was initiated by four GPs. The flat facility is divided into 6 zones which are color coded. They emphasize prevention and avoid excessive medicalization. What is necessary for each patient is provided without 'fencing in' specializations. The motto of this center is 'Samen Beter' (in English 'Together Better'). It is not pursuing perfection as such, but bettering situation together. This motto was used also in Afferden; it is a pleasant motto, because it does not make you uptight.

Hope to inhibit excessive medical care and enable better ways of working of healthcare

professionals

By positioning health not as the ultimate objective but rather as means to achieve what is important for that individual (*ikigai*), not only does the view on health changes but the meaning of medical care and supporting techniques also change. ‘Treatment’ will no longer be attempt to ‘restore normalcy’ but it becomes ‘support one’s ability to adapt to disease or disorder’. From the investigation in the Netherlands and seeing some applications of Positive Health in Japan, I became aware that by learning to make this concept an integral part of one, our role as healthcare professionals changes to that of supporting what is important to each particular patient. I hope that this approach will transform the way healthcare professionals work and at the same time reduce excessive medical care. I hope that this new concept of Positive Health that began in the Netherlands can be of use to us in Japan.

[footnotes]

1. One can read the ANALYSIS paper ‘How should we define health?’ in the home page of iPH, NPO founded by Dr. Huber. (https://iph.nl/wp-content/uploads/2017/11/bmj-2011-343-d411163_huber_how-define-health.pdf)
2. M Huber, et al.: Towards a “Patient-Centred” Operationalisation of the New Dynamic Concept of Health: A Mixed Methods Study. *BMJ Open*, 6(1),e01009

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Deployment of Positive Health in Japan

Together with Orange Home Care Clinic in Fukui that specializes in primary care and empathizes with Positive Health, the Matsumoto Foundation planned training of this concept in Japan. Our wish was realized. Dr. Huber came to Japan in April 2019 and through the coordination by Ms. Chabot, the first training in Japan took place. At the end of May of the same year, 15 members have completed the course. They represented varied professions and included physicians, pharmacist (author of this article), community nurse, physical therapist, scholar, student, etc. Like the program in the Netherland, the training in Japan also took three days. The course materials were provided in Japanese, and Ms. Chabot interpreted the presentations. The first and second sessions took place at Orange Home Care Clinic. The participants began by filling out spider webs to reflect on their own states. After that, the members were divided into teams of 3, with roles as speaker, listener and observer. With spider web as the basic tool, we had a thorough training in applying various know-hows (such as Golden Hints for

Communication and the Ring of Actions) so that we would be able to actually use Positive Health. The third and final session took place in Amersfoort in the Province of Utrecht. During this session, each participant reported on how he or she actually used Positive Health, and discussions followed. After the last session, Dr. Huber handed out certificates of completion.

It is still unclear how this concept should be deployed in Japan where national character and national medical system differ so much from the Netherlands. As the first step, SNS platform named 'Positive Nippon' was initiated. It provides information on seminars and symposiums and introduces the concept to those involved with education. One physician specializing in primary care practices Positive Health by recording *ikigai* of his patients, and it is listed as 'goal/ what he/she wants to achieve' in their medical records.

A community nurse in Osaka who also works at a hospital says: 'Until becoming acquainted with Positive Health, my days consisted of pondering about what bother the patients. By focusing on resilience of my patients and what they like and what they would like to do, I was able to eliminate border that used to separate me from my patients. One patient told me: "I will share with you what it is like to be hospitalized." That energized me as a healthcare professional. I would like to spread this approach to other nurses.'

Since the revision of the Pharmaceutical Law, pharmacies and pharmacists must shift their orientation from formulation of medicine to people-oriented approach. I as pharmacist am considering how 'spider web' might be used as a dialogue tool with patients within the setting of community pharmacies.

Reference: Akane Chabot. Origin Holland, Positive Health~pioneering the future of integrated community care. (oranda-hatsu positibu herusu: chiiki hokatsu kea no mirai o hiraku), Nippon Hyoronsha, 2018.

About the author;

After having worked as hospital pharmacy pharmacist, Hasegawa worked for many years as a medical information specialist at a wholesaler of pharmaceutical products. Currently she is globally active as a special researcher at Tokyo University Future Vision Research Center, Lifestyle Research Unit, scientific consultant to Sakura Global Holding and pharmaceutical adviser for the Matsumoto Foundation. She is a deputy leader of GSI Healthcare Japan Council's Planning and PR Promotion Committee as well as belonging to the Secretariat of Single Use Medical Device Regeneration Promotion

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