

**Annual Conference:
National Health Policy Conference 2005:
Creating Covenants to Heal Health Care
February 2, 2005**

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

[START RECORDING]

DAVID BRAILER: For those of you who are wondering where's the desert, I want you to know you'll find it at the break. We, throughout the five-year history of the National Health Policy Conference, have sought luncheon speakers who were provocative and who could present a fresh new prospective, and this year is no exception.

Glenna Crooks is President of the Strategic Health Policy International and she's been toiling in the fields of health policy for more than 20 years serving both the public and private sectors, as a policy advisor in the Regan Administration as a Vice President at Merck and Company. But today, Glenna is going to focus on covenants in healthcare covenants between providers of healthcare and the patients they serve. Some of our leading health policy leaders have commented on her recent book Covenants. Jack Meyer says it punctures the myth that some villain is responsible for all the problems in the healthcare system and forces us to acknowledge our own personal responsibility. It also highlights the needs for covenants that bind the healers and the sick and the critical need for ethical codes and community values. And as Bill Roper said, it raises a novel idea thinking anew about the basics of the healer patient relationship and it challenges all of us to come together.

So without further ado and having achieved my one major

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

role for this luncheon system, giving you a quiet audience, I now turn to my friend Glenna Crooks.

GLENNA CROOKS: Thank you, David. I'd like to thank you and John for the opportunity to be here. This really is quite an exciting day for me to be back in what is a home community for me, the policy world. You know something about me; before I go farther I want to know a bit more about you. Can I see the hands of those physicians and surgeons who are in the room? Thank you. And nurses? Pharmacists? Others who are trained in the clinical sciences in any way, physical therapy, respiratory therapy and so on? Thank you. Are there any healers here? I'm looking. I don't see one hand go up. There's one. Thank you very much.

It looks to me like I've got my work cut out for me because my task today is to convince you that you are all healers. You are in this room today in my way of looking at healthcare today, you are a healer. Now how do I come to that? Well, I came to this town as a pretty green policy walk. It's my pleasure today to look at this audience and see a number of you who trained to me to be a good deal less green. Jackie Noist, who was the first Washington representative of any organization to come see me, Fitz Hugh Mullin, John [inaudible] and the reading that I did and the brilliant writing that he was doing during the time that I was here.

I hope I learned my lessons well. When I left here, I

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

became the Typhoid Mary of public policy. I took it everywhere with me. I exhorted everyone that I thought to just get involved. I was so impressed with what we did here in Washington, at the way that we identified problems and we worked together to find solutions. I was convinced that if only more people got involved in this process, that we would do an even better job. As you've heard, I've done this in the private sector and eventually I set up a firm to do it. But over time something changed. Over time I saw that more and more of our healthcare problems were debates that were being resolved in political settings. And it was my observation that politics was hardwired for conflict not consensus. And in fact, that was no way to achieve healing. In addition to that, over time, I saw that there were good people who were burning out and good products that weren't making in onto the market place and services that weren't being paid for and I saw people suffering everywhere.

Well, I'm a social scientist by training so I took that background to apply to this field of health policy and healthcare generally. And I gave myself the luxury of a sabbatical for awhile to write. I had to figure this out. Well, I knew there was covenant relationship between healers and patients, so what I wrote, a book that never really very much saw the light of day, was called Broken Covenants: The Rise with the Public in Health Policy. What I wrote about was

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

all of the ways in which we in the health community were trying to serve the public and how it wasn't working out, that the public was angry. They were demanding changes and I carried that to the ultimate conclusion, which I wasn't sure, was going to be positive.

I sent it to a couple of people; Dick Meyer was one, to take a look at. And the word came back, when they saw it, they said Glenna; this is a very angry book. Well, in that moment I realized that I had been gripped by the same anger that I saw everywhere. Well, my publisher, of course, was very happy. We're going to Oprah. We're going to Oprah. They could just see it. But I did a lot of soul searching at that point. I decided that I really didn't want to be part of the politics I eschewed; that I really did want to be part of the solution. I wanted to craft a different way of looking at healthcare. I didn't want to have just another book on the healthcare market there are plenty that describe what the problems were and, as you've heard, tried to find a villain.

Well, it was at that point in time that I went really deeper into my own social science roots. And here's what I found, and if you had asked me the month before I found this literature and really dove into it, that I would be on stage today talking about this issue I would have said there would be no way. Here's what I learned, much to my own surprise, in every culture that we know of historically, because they left us

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

written records or they left us artifacts or we sort of intuit what primitive man must have been, there are two gifts that proceed from God in the monotheistic cultures or the Gods in the polytheistic cultures, that is the law and the healing arts. Now, if you're interested in the law part of this, Alan Durschiwz has written a companion book to mine it's called the Genesis of Justice. I wanted to focus on the health, the healing aspects. Healing was a gift from the divine. It proceeded from the divine through a healer. That meant that the relationship was different and special. It was called a covenant. And I'm going to talk a lot more about covenants but first I want to stop and talk about contracts.

The law and contracts structure how you would relate to your fellow man. So if we had a falling out between us, there was a judge and the judge had a set of laws and the judge would adjudicate or we would have a contract. And as you know, because you've all done deals, I'm sure, a contract has a beginning, a contract has an end. Everything in the contract is specified, who will do that. And a contract presupposes that the other party will fail. And as a result of that there are terms built into the contractor that say if you fail, here's what you owe me and if I fail, here's what I owe you.

So that said, if you have a falling out with your fellow man, here's how we're going to deal with it. If we're going to have a relationship, here is what it is going to be

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

like. That is not a covenant. A covenant is essentially different. A covenant once you enter into it really doesn't end. Some people say it might end with death, other people say not even that. Now there's all kinds of covenants between husbands and wives. We know that as marriage. We've kind of watered that down a little bit in our society. But there are covenants between kings and their subjects, between fathers and sons and there were covenants between healers and their patients.

Now a covenant has a particular formula, a covenant statement. You start out and you ask the divine or whatever you hold sacred to witness what you are about to do. You make certain promises and then you say, and if I do this, may good come to me, and if not, may the reverse be my life. You literally invoke a curse upon yourself if you do not uphold the covenant. You don't need a judge to adjudicate this. You have asked what you hold divine; you have asked God, if that is the name you give it, to witness this and to punish you if you do not do that.

Now in my view in healthcare today, the perfect definition of hell. We have taken covenants and contracts and we have put them together. And so it so no wonder that one-third of physicians age 50 say they intend to retire in the next two to three years or half of hospital administrators say if they had to do it all over again, they wouldn't. Now

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

covenants in healthcare got expressed in a particular way it is called the Oath of Hippocrates. You might not have thought of it as a covenant but it a classic covenant statement. It begins and it says, I call upon what I hold sacred. In some of the ancient versions of the oath the old healing gods are mentioned, and some medical schools still use those words today. There are certain promises made and so forth. Now it is, however, to kinds of covenants, and this is really important, this is where we went wrong. If you want a villain, its Hippocrates, I found the bad guy. There are covenants of grant and covenants of obligation. I'm going to tell a story to help you understand the difference. I'm going to draw upon our common judo Christian culture. The covenant of grant we know best is between God and Noah. Noah steps off the boat. The waters have receded, and God says, Alright I won't destroy the Earth anymore by flood. Noah doesn't have to do anything for that he just gets it. It's not until Sinai that we see a more mature covenant; it's called a covenant of obligation. You do this and I'll do this and we are all in this together. And I tell people if you really doubt where all this came from go back and read Leviticus, not as a spiritual person but as a public health informed person. It is brilliant public health.

So smart, in fact, that a Jewish community during one of the waves of the Black Plague in Europe who followed those prescriptions in Leviticus had a mortality rate that was only

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

five percent of that of the surrounding Christian community. It works. It's good stuff. What it does is demonstrates how it's the patient, the healer and the community all in this together. Now here's what happens in the Oath of Hippocrates, it is first of all a covenant of obligation but only among the healers. It says I will study and I will learn and I will teach my fellow. I will treat his sons as my sons. In the ancient versions of the oath it even says we'll live together. That's quite an obligation that is established. But then it says I will show up at the patient's house and treat them. I will keep their information private. I will grant health to them. So literally the patient is not asked to do anything. They are granted this bounty from the divine through the healer.

Fast forward to sophisticated health financing systems now in which an old covenant of grant between the healer and the patient is supplemented with finance care. The patient doesn't have a lot at stake in those public policy terms that we think about. Well, ions pass, Ammonites comes along. He is a brilliant philosopher, theologian and physician. He rewrites the Oath of Hyprococes. He adds convents of obligation for the patient. He says, and may the patient take my medicines and follow my advice and avoid the advice of meddlesome quacks and friends and relatives who don't know what they're doing and will probably kill them. So it's the first time that we see an

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

obligation introduced on the part of a patient. Now, by the way, even though there are some medical schools in this country who do what is called the Prayer of Ammonites instead of the Oath of Hippocrates, that is not the oath that structures the way that we approach healthcare today. Well, it was with some temerity that I'm here to say that both of those guys fell short because they forgot to add the community. And that's where I think we need to move now.

I have a three-part prescription for addressing this issue. The first one is a renewed reinvigorated covenant of obligation among all healers. And I define healer very broadly, and that includes everybody in this room. It seems to me that we in health policy, pharmaceutical sales representatives, the insurance company bureaucrats, we are nothing more than the very sophisticated extension of the ancient tribal healer. Our societies are more complex today. We have incredible information, even at our worse. We are organized in ways that are so much more sophisticated than any culture before us could have even imagined. It takes all of us working together in order to move issues forward, and by gosh we have got to stop fighting.

It seems to me that when we sit down around the table to talk to one another, we are looking to see what we can get, thinking in some scare way that if somebody else gets it, we won't have it. I'm here to tell you I've traveled the world in

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

some of the worse places in Africa, and we have so much. There is so much that we can bring to bear on healthcare. We really ought to set aside our notions of what is scarcity here in this country. Now, by the way, I think that those traditional clinicians, those people we tend to think about as healers naturally, I think they have a lot to teach us about what it is they did and what it is they bring and have brought to every venture that we have in healthcare.

We have elaborate systems, as you know, of licensing and accreditation and so on in order to assure that they are good at what they do and that the facilities that we go to, likewise, are. But it's time that we brought some parity to the other healers as well. Peter Jennings talked to the family physicians in Florida just recently. I reminded them that Peter Jennings is going to spend more time this year talking to your patients about healthcare than you will. And by the way, what is he saying? We really don't know. He doesn't have to be accredited or those people who write his scripts in order to communicate messages. No study was ever done on the American media but there was one done on the Canadian press. It found that 50 percent of the information and advice columns for the elderly was wrong and 25 percent was potentially deadly if followed.

It seems to me that all of those people who extend beyond the traditional clinician healers now need to see what

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

they're doing in precisely the same sacred way that those clinicians have acknowledged from the time that they began their training. But we can't stop there. The next thing that we need to do is bring patients into a covenant again and this time a covenant of obligation not a covenant of grant. My own view here is that these old covenants of grants have created dependency on the part of our patients. And so much like when I was a child and the food just showed up on the table and I didn't really know what my dad had to do to earn it or my mom had to do to manage it all, I just expected it then. Too many of us as patients just expect that the healthcare system is going to be there for us.

Down the street from me is a practice in southeastern Pennsylvania. They consistently get the highest quality ratings of any practice in the region. They tell me that in two years they will be out of business. I wonder if their patients know. I'm sure their patients would care that that is what it's getting to be. Now I do think, by the way, that some of us patients are growing up. We are becoming adolescents. We are now becoming independent. And so we are deciding whether or not we will take our medicines and whether or not we will combine them with prescription drugs or herbals or so on and then whether or not we'll tell our doctors, even though the combination could be deadly, particularly if we had surgery.

I think it's time now that we start to address that

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

issue and move to a point where we can become interdependent. That is a more adult level as patients ourselves. I have a personal story to tell and that's always dangerous, but it illustrates the point of how embedded these covenants of grant really are. A number of years ago I had a mammogram. Between the time the mammogram was done and the results came back I found a lump. The mammogram missed it. Now the lump came out, it was benign and I'm fine, right. So I'm going to my doctor every year and she's saying I want you to have a mammogram and I'm saying, um-hum, and I'm taking it home and I'm throwing away the slip because I do not trust the technology. And every year I go back and she's flipping through the chart and she's saying, didn't I order you a mammogram? And I said, yeah, you mean it's not there? You know this healthcare system it is such a mess. She said, well, I'll call and get it. I said, no, no, no, don't worry about it, you're busy, I'll call, I'll call. I said this for four years.

Now one day I'm on stage just like this and I'm telling the story about adolescent patients and all of a sudden it hits me, that's me. I'm behaving like an adolescent. So in typical adolescent style I decide I'm going to gather the data and confront my doctor. And that the next time I see her I am going to come clean, and I did. I said, you know, I found my own lump before and I'll find my own lump again. She looked at me and she said, make me happy, get a mammogram. In one

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

instant I grew up, in one instant. Because that's when I realize that, you know what, I do want my doctor to be happy. I don't want her bailing out of practice. Mary McKinley is an excellent clinician and she is a wonderful person and I like going to see here. And in addition to that there are a whole lot of times I can't go to see here because sometimes I travel 50 to 7=80 percent of the time so chances are if I get sick, I'll be out of town and I'll want her to trust me enough in this relationship that when I call her and say here's what's going on, that she will treat me because there is an interdependence between us.

One of the proposals I have, thinking of provocative, is that we begin to consider -- no, we need to go farther than that -- that we accredit patients. I would love to be an accredited patient. I would love to be able to demonstrate to clinician that, in fact, I understand my medical history, I know all of the conditions that I have, that I'm willing to manage it. That I would take my medicines as appropriate and so on. [inaudible] means something, you know, I mean like a frequent flyer deal or if I'm in Seattle, you know, and if I get sick and I have my accredited patient card, that a local physician would be more likely and willing to treat me because after all they know I'm not a big risk in malpractice. You know, it seems to me about time that we can step up to that place as patients, but that's not enough either.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

We also need to call and hire communities into these covenants as well because far too many of our social problems and community problems have been relabeled healthcare problems and laid at the feet of the healthcare system. So if I was a healer and Littleton, Colorado once the dust has settled from the shooting in the high school, I would have called the leaders of the community together and I would say, you know what, when we figured our cap raises, we never believed, we never could imagine that children would take guns to school and shoot other children. And by the way, we will do the best job we can with their bodies and their minds, but where do we send the bill? And we as healers if you don't want to deal with sexuality with your teenagers and your babies have tiny babies, we will do great in the neonatal intensive care unit, but by the way where do we send the bill? Oh, and elderly and nursing homes, you don't want to take care of your parents, we'll do a great job. Where do we send the bill? Now, I also want communities involved because no individual healer and no individual patient can do this alone.

We cannot exhort people in neighborhoods of poverty to eat well when the grocery stores don't have the kind of food that I can get at Whole Foods Market, when the restaurants surrounding their community are not healthy restaurants. We cannot tell the elderly to take a walk after dinner if the streets are not safe. We can't expect our children to be

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

anything other than obese if we build subdivisions without sidewalks and they can't walk to school or ride their bikes. The community has got to be in this as well.

Is this going to be an easy thing to do? I'm going to tell you, no, it's not. This is a hard, hard paradigm to shift. But I don't think we have really much of a choice. David was asking me over lunch, what's been the reception as I've gone around the country and I've talked about this, and I have to say the receptions been rather good. I've had people come up afterwards, men usually, bringing a colleague with them to say, you're right, I haven't seen a doctor in 10 years and I need to and I'm declaring in front of my colleague here that I will go home and I will make an appointment and I that I will follow through on what matters now to me and what I need to do in order to be healthy and taking care of myself.

Shifting a paradigm is not going to be an easy thing to do, but one of those things that I do think is possible. In order to help this, by the way, I make a deal with all of the audiences before which I speak. I say this, if you will seriously consider that there is a different way, if as policy people when you do your work, when you lobby your causes, when you construct your analysis, when you design your programs, when you think about solutions, if you would just think about all of the players who were involved, the healer, the patient and the community, if you would see that they are all in this

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

together, if you would shift your view away from patient centered healthcare, where I think we will further entrench the dependencies, and towards health centered healthcare in which the patient, the healer and the community all have this common stake and are all in interrelationship at adult levels with one another, if you will do that, then I'll make you a deal. For the next 30 days, if you are working on a project and you have a question, like I wonder if this has a covenant spin, how would she think about this, has she ever thought about this before, then I offer you a free consult, call me. On the sheets you have there at your place, you have all of my contact information or Google my name and you'll find my website. I invite you do to that. This is my contribution to creating what I think is such important waves of change within healthcare.

You are all healers in my view and it is my mission to heal the healers because they cannot give what they do not have. So the investment that I make in thinking about these issues, the investments I will make personally in talking to you are the kind of investments that will grant me the greatest level of satisfaction so that I can look back at my career and say not only did I love closest to mountaintops, but I really made a difference for down in the valleys where most people live and most people work. I've watched you today at this meeting and all of the breakout groups. You are a very polite

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

audience. I've seen you give applause to all of the speakers that you've had, but there's one thing I want to do before I leave and that is to say that I personally don't want any applause, but I want to ask everybody in this room who stood up -- raised their hand rather about the health professional that they were, I want them to stand up, please.

All of you who have taken an oath, physicians who have taken the oath of Hippocrates or the Prayer of Ammonites; nurses who have taken the Nightingale Pledge; those people in pharmacy who took a similar one. There are some schools of health system and hospital administration that also take oaths as well. If you took an oath at sacred level to heal, I want you to stand because I want everybody else in the room to see you. These are the people from whom I draw my inspiration. These are the people who had the courage to put themselves on the line in ways that most people in the country and many people today in healthcare don't. And I think they have something to really teach you. I want to thank you all for what you've done and for how you have enabled me to think into these questions of healthcare today. You are my heroes and you are the ones who deserve the applause.

DAVID BRAILER: Well, it's hard to think of a question, isn't it, to ask Glenna. So we can all -- I would take a question if any of you do have one if you get to the microphone. I will, in the time we're waiting for Wendy

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Valentine to come back before us and tell us what happens next, I'm at that stage in my career where I'm being a little reflective and I'm going to get tomorrow night to reflect back over my 30 plus years and I'm going to tell the State Coverage Initiative audience about all the opportunities we had and all the excuses we offered for not expanding coverage significantly. But what you reminded me of was when I began my career as a community health planner where I worked in the community, and I think somehow we've lost that. I did really enjoy those days because I felt like I was a part of trying to find answers and I could play that role. But it gets harder the more senior we get. I suppose more we're in these elaborate financing and administrative systems, it's harder to be down there at community, but you've reminded me of that joy so I hope all of you have a similar memory and if there isn't a question, Wendy can tell us what we do now. There is a question. It is hard to see out there. Remind us who you are, where you're from and the covenant you'd like to be in.

ANN BEAL: For all of those who don't remember me, I'm Ann Beal. And I ask this question as a physician. I like the idea when you talk about entering the profession as a healer because I think that's something that motivates a lot of us. However, I want you to talk a little bit more about this interaction between covenant and contract because as you talk about covenant you talk about almost a mutual promise that

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

patient and provider make to one another. However, when my patients "fail me" and don't follow through, they suffer. When I fail them and I don't follow up, I end up in court. So there's a contract component whereby if I don't do what I'm supposed to do, then there are serious implications, ramifications from that. And so while ideally we would all want to be healers, at the same time there are realities about other types of motivations in terms of how we might practice. And I should say that I do not believe in limits in terms of malpractice just given that this is Washington. But I think that when doctors do not do the right thing, they need to be held accountable.

GLENN CROOKS: That's true. I'll reflect on the last part of this, which was when doctors don't do the right thing, they need to be held accountable. And the oath, in fact, says they will. And they will be held accountable whether the public ever knows about it or not because they've asked the divine to intervene in that regard. My own view of so many of our policy positions and processes right now, and malpractice is a case in point, is that we're tinkering at the margins until we get some of the fundamentals. During the days of the Patient's Bill of Rights, for example, I wrote an editorial which you didn't see because nobody would publish. And essentially the theme of the editorial is if a patient can sue an HMO, can an HMO sue a patient and why not. I used

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

hypertension as the example and I described everything that the healer would have to do to screen and diagnose and treat and counsel and check on follow up and, you know, treat again if the particular approach wasn't the correct one and yet pointed out the patient didn't have to do anything. And yet 15 or 20 years from now that same patient has a heart attack or a stroke accordingly, the healers will have to take care of them and all within some fiscally constrained system and it seems to me that is way out of balance. That part of where we need to get is this ends a balance. In order to do it I do believe it's going to take a series of both carrots and sticks.

I can reflect on the experience of Dr. Stan Gall, for example, with regard to one particular issue. I know I'm doing a long answer, David, but let me go there. He has a deal with his employees in his medical practice. He gives them free flu shots. If they get the shot but then later they get the flu, which is possible of course, they get paid sick leave. If they choose not to get the shot and they get the flu later, they don't get paid sick leave. He's beginning to balance. We've seen a number of other moves to start to balance as well, an employer in Utah who charges obese employees an additional \$50 a month in healthcare because that's what they judge the differential in their premiums to be as a result. So I think it's going to pay some conceptual changes. It's also going to take a series of small changes like the ones I've mentioned to

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

begin to teach patients and help them grow up, you know, into that covenant as well.

DAVID BRAILER: Shoshanna?

SHOSHANNA SOFIR: Hi. I'm Shoshanna Sofir from New York City. And my concern has to do with the issue of vulnerability. Patients are, in fact, vulnerable. That's one of the reasons why the divine cared enough to get involved to the extent of having these kinds of covenantal relationships. So it's very distressing for me also to hear you talk about a family who agonizes, often for months and years, before putting a family member in a nursing home as somehow having left off their responsibilities to their families. There is a vulnerability there and I think we have to recognize that vulnerability at the same time that we do not take power away from people because we can because of their vulnerability. And to me that's the definition of patient-centered care, that you recognize the patient's vulnerability but also recognize that the patient is not just vulnerable. They also have concerns and they might be both vulnerable and feisty. They might be both vulnerable and incredibly smart and sophisticated and either trustful or mistrustful depending on what their experiences with healthcare have been.

So I think we need to recognize in everything we do that there are vulnerable people out there and that some are more vulnerable than others. And that differentiation -- one

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

size does not fit all in our healthcare system. And part of our problem is that we've been trying to make one size fit all and it just doesn't. I mean I do my work to try to put tools in the hands of patients, but I do that knowing that some of them are going to be able to use them; in some cases their families will be able to use them. I work with communities so that the communities are able to use them. But there is a need and there is a vulnerability and that's what is at the heart of healthcare, the vulnerability. That's what the healer is working with. I have to tell you that I'm not a "clinician", but when you said is there anybody in the room who is a healer, I was going to raise my hand. I didn't have the guts to do it. And the reason for that is because to me the heart of all of this is about communication and I believe that it's communication as much as the surgeries and the medicines that are a part of that healing process. And I believe that you would agree with that. That you can't have communication unless everybody recognizes both the other's strengths and the other's vulnerabilities. I think in some ways the patients haven't been willing to recognize the vulnerability of the clinicians in the world but the clinicians have to keep recognizing both the strength and vulnerability in the patient. We're not going to make it here. We're not going to make it here. We're going to have an economic system and not a human one. Thanks.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

GLENNA CROOKS: And I will not disagree with anything you said. I would add that I actually not only respect the vulnerability of patients but their power and their potential as well. And if the American Medical Association is even half right that a \$100 billion of our expenditure are coming from behaviors and personal choices that we are making, then it's going to be very important that recognize when patients are capable, that they are full parties to what's going on. So that would be my comment there.

DAVID BRAILER: Well, I think we've achieved our objective for the lunch. We've got you thinking. So let's thank Glenna. She said we didn't have to, but we're going to. And Wendy's going to remind you what's in store for this afternoon.

WENDY VALENTINE: Dr. Cooks has generously brought 150 copies of her book, which are available to you free of charge to the first 150 who can get to registration for those of you who would like that. Please do go to your breakouts at two and come back here at 3:45. We have two really excellent sessions, Dr. Governor Sebelius from Kansas will be talking about Critical Issues for State and the final panel of today is really, we think, is a blockbuster, Jack Meyer will moderate a panel on the Future Entitlements: When Push comes to Shove with Alice Rivilin and Rudy Pennter, followed by a reception. So enjoy your afternoon and we'll see you back here later.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

[END RECORDING]