

## Is there hope for a national healthcare plan that really works?

Kathleen O'Connor, a Seattle health care consultant, recently put up a \$10,000. prize to anyone who could suggest a better way to manage our healthcare system. While completing a book on health care reform, she was apparently struggling with the final chapter, titled: Where do we go from here?

Her prize was won by Vaughan Glover. His suggestions, presented in a 50-page paper, earned reviews for "brilliance."

Dr. Vaughan Glover, 53, is not a medical doctor. He is not even an American. He did not attend an Ivy League school. He is not affiliated with any university. He is a dentist from Arnprior, Canada, working in an office across from a Canadian Tire and a chip wagon. Dr. Glover has been practicing dentistry for 30 years and raised three children in Arnprior with his wife Betsy. His own practice offers a model for healthcare reform.

His ideas and beliefs can be summarized as follows:

The only way to reform healthcare is by mobilizing the overwhelming power of the grass roots movement that is currently changing the health consciousness of our society. All of this is only possible because of this information age that returns the power back to the people. We are finally in an age where "Power to the People" is possible, because information can be disseminated better and faster via email, without needing the approval of higher management or bureaucracy.

Most of us have given over control of our personal health to our doctor, who is controlled both by our personal health insurance company and by the possibility of a liability lawsuit, keeping his/her malpractice insurance premiums well over \$100,000 per year. Medical doctor information sources and training seminars continue to be funded both by both government bureaucracy and the drug companies, mostly for reasons of control and profit.

There is very little room left for intuition and patient review of what would work to the patient's best interest, when you are only allowed to use information from the bio-chemical-mechanical model in America. For starters, we need to combine that information with the electro-magnetic model from the East, and the energy field model from many other sources. It is too difficult to combine them when diagnostics must be done with high tech instrumentation, funded by the profit motive rather than the need to help each patient as an individual.

The better approach is to design a Healthcare System around Health, rather than design a healthcare disease model around an existing System that is not working. Health should be people-centered and the purpose of the system should be to support the health of the people. Too often, health systems serve the politicians, businesses, insurance companies or special interest groups at the expense of the people. The US government (and most other Western-style bureaucracies) has been unable to reform our expensive, unfair system because the basis of the system is to maximize profits for the drug companies. Otherwise they will go out of business, and there wouldn't be any drugs, even the ones needed for emergency care. It's left up to the PR departments to put the proper "spin" on the ad campaigns to convince us that we need their drugs and diagnostics, even if all they do is to hide or mask the symptoms and offer us horrible side effects.

The prize committee appreciated that Glover included a national, government-funded safety net in his proposal along with the idea of personal savings accounts -- ideas that would normally come from opposite ends of the political spectrum.

"I've spent 10 years, really, boiling this thing down," said Dr. Glover, wearing a white lab jacket over a shirt and tie. "It's really frustrated me that the patients seem to be losing control of the health care system."

He has spent so long thinking and researching the fundamental ills of health care in North America that he has amassed a 200-page manuscript, which he hopes to turn into a book, called Journey to Wellness.

Dr. Glover's ideas are deceptively simple. He is proposing what he calls an "Informed Patient Centered Model," which, in reality, is a tectonic shift in how care would be delivered.

Currently, Dr. Glover sees the system working roughly like this: In his country, they have a Canada Health Act, which sets out several lofty principles, the most sacred of which is universality. A group of politicians decides, on an ongoing basis, how much money health care is entitled to; another regime decides how much doctors will make and how many hospitals we can have; another group decides -- because resources are limited -- what expensive tests will be available to whom.

At the end of the food chain, in walks the patient, getting whatever care the system is able to eke out. If he needs to wait a year for a hip replacement, so be it: the care is universal, it's accessible, it's affordable (in Canada); it just isn't very good. In the USA, there is great care available quickly for the wealthy, somewhat limited care for those working for companies that offer health insurance, and very limited offerings to all of the others. Very few understand the options available to them.

Dr. Glover's model reverses the whole hierarchy. Start with patients. Give them loads of information -- in person, online, in books -- about what promotes good health.

Give the patient a "primary provider coach," which could be a nurse or a nurse practitioner. Together, the team works on the whole idea of supporting good health, not just curing disease. And so the very definition of "health," so different today than 20 years ago, he argues, goes hand-in-hand with the new approach.

Behind the coach provider is a ring of help: doctors, hospitals, alternative care providers, church and charity groups, schools, private insurance companies, family and friends.

To make the system more financially responsible, Dr. Glover is suggesting personal savings accounts reserved for health. You need care? This drives home the point that someone is paying for all that free help.

A patient with a cold, for instance, could explore a range of treatments and, rather than accept a prescription without question, would make a judgment about whether to pay for a pill from his electronic account or utilize insurance or some other approach.

The healthy person can roll their funds over to the next year. In typical Canadian fashion, Dr. Glover's ideas are receiving more attention now that he's made a splash in the U.S. "This has opened up a lot of doors," he said.

Still, he described Canadian health officials as "very, very hesitant because this is a time bomb. There are people out there who believe you cannot change the system." In particular, he's been told that tampering with the concept of universal health care is "political suicide."

He's careful not to step into the minefield of public-versus-private medicine in Canada, but rather puts it this way: "I don't think that's up to me to decide. I think patients should decide what they need and I think governments should do everything they can to support the health of the people."

Dr. Glover recognizes that Governments are not visionaries; rather they react to what they think the public wants. Health professionals have not demonstrated the leadership and visionary skills to reform a health system that is very rewarding to them just the way it is. **Change must come from the people. It is organizations such as American Holistic Health Association and the will of the people that will develop a model and a system that are accountable to the people.**

Dr. Glover is currently focusing on writing his book, *Journey to Wellness*. It is being designed to be interactive by having the readers respond to the ideas in each chapter thru a web site. The book and the web site are to be completed by September 2004.

The above article was created by combining news stories from:

the [Seattle Post-Intelligencer](#) and the [Ottawa Citizen Article](#)

with added thoughts from the Gossamer Wood llc Healing Retreat Center

Dr. Vaughan Glover would welcome hearing your ideas. E-mail him at [r.glover@trytel.com](mailto:r.glover@trytel.com)

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There is a more recent overview of this at:

<http://www.fcpp.org/publication.php/1937>