Differentiating

Medical Delivery and Health Care Systems

and

Identifying Gaps

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Wednesday, February 27, 2013

18 months and 20 pounds ago, I stepped outside of the Medical Delivery System and began roaming about the Health Care System. It was a result of a verbal shove when a friend came over to my yard for morning TaiChi, asked why I was limping. I complained about pain; he asked what medicine I was taking; “only Metformin for my diabetes” I said; he said, “throw it away! That’s what’s keeping you diabetic. Change your diet for 20 days, eat fresh fruits and vegetables. Stop being a diabetic.” Three months later, my A1C dropped to 5.6. All my numbers fell within normal range. My PCP read the blood results, shook his head, wondered if I was the same guy he saw 6 months before, and said, “you’re not diabetic.” I’ve repeated the test six months later with the same results. After 30 years of being a diabetic, I’m finally recovering from the Medical Delivery system.

Thus began my journey for differentiating and understanding these two systems. We have too long allowed the interchange of these terms - Medical Delivery and Health Care systems - cloud our precision in understanding and thus our difficulty in identifying gaps in service. I share with you my understanding of these systems and my thoughts on the gaps.

The medical delivery system is part of the health care system. The following table shows similarities and differences. The systems are made up of different players, their structures differ, their motivators also differ, they have advantages, disadvantages, and challenges in each. They are constructed around different deep cultures.

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| Medical Delivery System | Health Care System |
| Players:   1. Sales – Western trained medical “professionals”, i.e., M.D., Nurses, Psychiatrists, Psychologists, Certified Nursing/Medical Assistants, Hospitals, Care Homes, 2. Manufacturers – Pharmaceutical companies, medical equipment and supplies, 3. Finance – Health Management Organizations, Insurance companies, Medicaid-Medicare,   Structure – hierarchical; elitist  Finance  Sales Manufacturers  Patient/Client ------ Government  Motivators   1. Sales - $$$, Patients, Manufacturers, Professionalism, Billing Requirements, Reputation 2. Manufacturers - $$$ 3. Finance - $$$, Politics   Advantages/Disadvantages/Challenges   1. Advantages – Assertive – aggressive , Financed, Methodical, “Cohesive”, well-defined, scientifically modeled, measureable, publicly acceptable, high-tech diagnostic and invasive treatment, specialization, 2. Disadvantages – “small” footprint in overall health, elitist, Money driven, non-adaptive, non-appreciative of low-tech practice, expensive, specializations, non-holistic/non-integrated, rushed (in treatment expectations and in medical visits) but slow in making appointments, unable to meet patient needs/demands, created false dependency, 3. Challenges – Near financial bankruptcy, need to continually develop new medicine and technology to meet or counter-act new or medically caused illnesses, need to undertake patient “recovery” in its underlying goals; need to expand its identity of the client from individuals to families, ohana, and community, laws of privacy and confidentiality, Need to meet all of the disadvantages listed above, needs to address death in more than as a denial or as avoidance.   Deep Culture: DIE  Domination – Conquest, Destroyer of all opposition, i.e. evil, illness, disease; Superiority, Elitism, Confrontational, Aggressive (Masculine) energy, excess Yang and often unable to return to Yin, Winning by overcoming (dominating) opposition, World seen in dualistic view with the view that the practitioner is always on the side of good and the “other” is always evil. “Shock & Awe” tactic among its tools,  Individualism – Reductionism, Separation, Extraction from nature of the singular element sought and eliminating the rest, purifying the extract into “medicine”, specialization of medicine to be able to see the tree, its bark, leaves, annual rings and roots, but missing the forest life. Nature’s secrets are enclosed (encased) within its wrappings and the challenge is to find the secret ingredient among the bulky wrapping.  Exclusion – We, Us, I vs. the other, the “good” vs. the “bad” or the “evil empire”, denying the “other” the very right to exist,  **D – Domination**  **I – Individualism**  **E- Exclusion** | Players:   1. Natural Environment, 2. Social and Cultural Environments, 3. Education Quality & Extent, 4. Physical comfort and protection – housing, clothing, transportation, 5. Food – quality, amount, 6. Physical Activity – work, play, leisure, recreation, 7. Spirituality/Character Development, 8. Ancestry consciousness and respect, 9. Medical delivery – Western, Eastern, Pacific, Indigenous, community, alternatives 10. Community organization & local culture, 11. Family – Ohana, 12. Soul work, 13. Emotional status, 14. Creation Stories, Dream Time, 15. Fishpond and Reef Ecology   Structure – communal; egalitarian  Spider-Web/Upena (net)    Motivators   1. Longevity 2. Life Quality 3. Reputation, Pride, Capability 4. Responsibility, Destiny, Gift, 5. Family 6. $$$ 7. Religious   Advantages/ Disadvantages/Challenges   1. Advantages – integrated, holistic, inclusive, able to pick and choose from a wide variety of practices, ability to use the multi-talents in the community, health is a group goal, available, inexpensive, continual awareness, egalitarian, wide footprint, low-tech, long history in community, 2. Disadvantages – Not scientifically appreciated, not well communicated, viewed with suspicion, not a “cohesive” system, because not well “measured” and portions are uncertain, it builds uncertainty and distrust, language & cultural barriers so access is uncertain, 3. Challenges – Broaden community acceptability, i.e. greater education of nature, of spirituality, of cultural practices, of physical, civil and martial arts; maintaining continuity of knowledge and practice; bridging the cultural, social, and educational gaps; develop cohesion such as a deep mapping of the multiplicity of practices in the various communities, overcoming the negative stigmatizations of cultural practices, Open up the Department of Health (Fed. & State) and its regulations to have a higher regard for cultural practices, Active participation in protecting the sources of medicine whether found in Hawaii’s nature or imported from Asia, America, or other foreign lands, Adopt a policy that health knowledge is a heritage of all mankind and all such knowledge and practice should have freedom of transmission across all national and State borders,   Deep Culture: OLA  `Olu`olu – non-dominating, casual, soft-approach, non-conflicting, respectful appreciation to the life of everything, regard for the whole as well as the dualism in all things, (Wuchi and Tai chi in Chinese Daoism, Nalu in Hawaiian Lua, the middle-path in Buddhism) maintaining balance in health, respect for the integrity of all knowledge and belief systems, co-existence, Winning by everyone improving,  Lokahi – holistic; integrated; individuals seen within an ohana; an ohana within a kulana kauhale (a town or village), within a district or an ahupua`a, etc.; the treatment of an individual ailment must take into consideration the total individual system, moving outward to family (including ancestors); acceptance of sources of knowledge from all contributors (including animals, plants, dreams, spiritual visitations, water, Bible, etc.), consideration of family health practices and treatment as part of individual treatment, and vice-versa; appreciating the multiplicity/overlapping of health systems from the mechanical-Cartesian approach to the Chinese concepts of Meridians, Indian Chakras, Hawaiian “inside-outside” or haole-Hawaiian sickness, energy fields, thought fields, etc.  Aloha – Adopting an attitude of caring, of inclusion, of respect, of being appropriate, in balance, Pono.  **O - `Olu`olu**  **L – Lokahi**  **A - Aloha** |

Gaps in the Medical System:

1. Soul Work for perpetrators of crimes or acts of atrocities, i.e. for Veterans or actors of passion who committed horrendous acts, sometimes assessed for post-traumatic stress disorders (PTSD) and treated only with medication and/or talk therapy. Western medicine is devoid of ceremony or other cultural practices to address this work and may (or may not) punt to the churches, or leave the client without help. Suicide rates continue to increase. Indigenous practices have a long tradition of addressing these ailments and even have names for the variety of ailments (Hawaiian – uhane hele, noho) and ceremonies or processes to addressing them (Hawaiian Ho`oponopono, La`au kahea),( Native North America – Sweat lodges, Wiping of the Tears ceremony). Such work is not unfamiliar among Oriental and Indian traditions.
2. The place of spirituality and environment in recovery planning. The primary approach to the treatment of mental illness is through the combination of pharmaceutical management (working with the human brain as seen as a chemical laboratory excreting too much or insufficient amounts of Seratonin, Dopamine, or [Gamma-aminobutyric acid](http://www.humanillnesses.com/knowledge/Gamma_Aminobutyric_acid.html) and to be controlled by one or another form of medication to regulate such flow) and social interaction (developing a social network to maintain an individual within socially acceptable conduct. This approach is generally known as a Best Practice of Illness Management and Recovery (IMR).
3. Honor, integrity and reimbursement of non-Western treatment. While non-traditional Western practices play a large role in the recovery to health of large numbers of our community, either the patient pays him/herself for such treatment or gets none of that treatment and suffers. Even if a primary care physician makes a referral to herbal doctors, or alternative treatments (except in very limited cases), the financial sectors of the system will not honor such referrals with reimbursements.
4. Western elitist and inflexible approach to other modes of treatment, a “know it all” DIE approach to health care which stymies real care in Hawaii.

Conclusion:

Kupuna Nana Very titled her book, “Change We Must.” Apropos

A hui hou,

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