

# THE WELLTHCARE MANIFESTO

## THE PROBLEM

The problem for health is health care.

This is not an attack on a profession and industry that has improved the lives of billions of people. It's an acknowledgement that health care contributes only 20% of what it means to be healthy. The rest comes from our genes, our behaviours, social factors and the environment.

To be more precise, then, the problem for health is that we tend to see it only through the eyes of health care.

Wellthcare is about the 80%. It's about creating health, especially through our networks, communities and contexts.

We call this value 'Wellth'.

## WHY NOW?

The health care industry has peaked.

Through science and through trial-and-error it has tackled the acute and the episodic, the emergencies and the infectious.

But it has met its match in the chronic.

Health care must improve. And we have no doubt that it will. More people will be able to access it. The quality of care will get better. And the cost of care will drop so that access and quality can increase further.

But it'll still only contribute 20%. We have to embrace the 80.

And now.

## CAN WE NOT PREVENT?

We can – for the acute and the episodic.

But the chronic has us beat.

The people in the 20% can tell us what to do, to prevent chronic conditions. But they cannot make us do it, at least not many of us – and certainly not those of us with fewer choices in our lives.

Besides, prevention, as it's described today, is a time-delayed form of health care. It is valued on the basis of reducing the risk of needing care; it's seen only through the eyes of the 20%.

We have to create health, not just prevent sickness – the 80%, not just the 20.

## IT'S NOT COMPLICATED

But it will be complex.

People aren't predictable, they're not machines. So finding new sources of health-related value from networks, communities and contexts will not be predictable either.

But we have to go there. To find the 80%.

This is a problem for current thinking: what

can be predicted exists; what can't does not. But such thinking may have to get out of the way.

The value we're looking for is emergent, complex, irreducible. It'll take new forms of measurement to realise it, more qualitative than quantitative. And what we find is likely to be more local than global – because all communities are different.

Communities don't care for current thinking.

But they can care for each other.

## IT'S NOT A DEFICIT, IT'S ME

To the 20% we're pathology, deficits to be managed – often at any cost. But what it sees in a pathology slide says little about us, our lives, our hopes and fears – and our pockets.

Health is broader than what health care sees. Health is a means to an end, a vital tool to get to where we want to go, to achieve. Creating health, including the contribution of health care, has to serve our ends, our wants.

And we want what we want, not what we're told to want.

## ONWARDS, TOGETHER

We don't yet know how to create health but it's not too early to start trying.

By not knowing, we can't be top-down. By not knowing, we can't be bottom-up. By not knowing, we have to find middle-out.

And we have to work out what that means.

To find new sources of health-related value we need to experience health as more than just the absence – or risk of – disease. And we have to do more doing – to do ourselves into new ways of thinking.

This is what Wellthcare is about.

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## THE WELLTHCARE EXPLORERS

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## JOIN US

To become part of the Wellthcare movement either [email us](#) or subscribe to receive the [Pioneer's Log](#) by email.

## ACKNOWLEDGEMENTS

Wellthcare would like to thank the following people for their feedback on earlier versions of the Manifesto (alphabetical by surname): Charlotte Alldritt, Dan Simmons, Richard Smith, Lissanthea Taylor and Tim Williams.