New Trends in Health

Health care: thinking ahead

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The steps to be taken in order to secure the best possible health care for all people in the coming years will depend not only on what is desired in this field but also on what the wider future is likely to hold. An approach to the exploration of these questions, called "futures thinking", is outlined below.

"Futures thinking" provides tools that can help us to explore what might happen in health care during the coming years and, indeed, to clarify what we want to happen in this field. It acknowledges that:

- the future is uncertain;
- large parts of the future are nevertheless influenced by what we do or fail to do.

Trends

The degree of uncertainty about the future is, of course, much smaller in some areas than in others. For instance, it seems that one can predict fairly accurately how many people there will be in most countries in the year 2000 or 2020, but the values these people will hold and the state of their health are much less certain. Yet for any area it is important to identify the key trends, or patterns of change, shaping it.

A trend can be said to have become an issue when it receives increased attention in the mass media and elsewhere and, as a rule, is the subject of action. The earlier a trend is detected, the greater is the flexibility of organizations responding to it. Trends often become issues or even crises before measures are taken. At the crisis stage the decision costs for politicians are usually lowered but the range of options is narrowed. By attempting to look into the future we can be alerted to threats and opportunities.

Scenarios

Scenarios are compilations of trends that present differing images of the future, allowing consideration of a broad range of possibilities and presenting a valuable opportunity to learn about current thinking. A set of scenarios may include a best-guess extrapolation of current trends, a more optimistic alternative, one or more negative scenarios, and one or more structurally different scenarios, the latter challenging established ideas and capable of being used to portray more visionary possibilities as well as conventional ones. Clearly, it is always necessary to be sufficiently flexible to deal with the unexpected when it occurs.

Fig. 1 shows how a set of scenarios can consider both changes in key areas of health care.

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### Fig. 1

**Scenarios for health care in the USA**

<table>
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<tr>
<th>Scenarios</th>
<th>Continued growth / high technology</th>
<th>Hard times / government leadership</th>
<th>Buyer's market</th>
<th>High spirit transformation</th>
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<td>Factors increasing / decreasing demands</td>
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<td>Delivery systems &amp; hospital needs</td>
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<td>Outcomes / % of GNP</td>
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<td>The future of health care can be compared across key elements</td>
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and forces working in society at large: according to these scenarios, health care would move in its current direction to a future of continued growth, high technology and significant biomedical advances, but access to it would be unequal and little would be done to eliminate poverty, the main correlate of ill-health.

“Hard times/government leadership” refers to continued economic difficulties, a revolt against the health care system, and a system with more frugal yet even more sophisticated care. The “buyer’s market” makes physicians and health care providers compete on the basis of their outcomes and uses consumers’ taxes for basic health care. Paradigms in the individual, and more concerned with community health. The “healing and health care” scenario assumes an emerging civilization that focuses particularly on how we will make greater use of our mental, emotional and spiritual capacities in healing.

The scenario technique has been used by the Pan American Health Organization in its work for Latin American and Caribbean countries, and Nicaragua has developed scenarios exploring its health care systems under various assumptions about structural adjustment policies and other factors.

In practice the most likely scenarios, and the ones that organizations most often tend to reinforce because they are thought to be most likely, are not the most desirable. We often fail to create the futures we desire. At this point the next step, vision, comes into the picture.

### Visions

A vision is a compelling, inspiring statement of the preferred future. Whereas a scenario

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increases our flexibility in the face of an uncertain future, a vision inspires us by stating what we are working to create, what higher contribution flows from our efforts, and what we could strive to become.

In the public sector, certain leaders and organizations have provided visions to inspire and motivate, as with WHO’s health-for-all campaign and the futures commissions in the USA. In 1991, health leaders from all parts of the world issued the Saitama Declaration on the next steps towards the realization of the vision of health for all. It should be noted that there are clear distinctions between strategic plans and visions: whereas, for instance, the former are directional and work towards the future, visions are end-state orientated and work backwards from the future (1).

Strategies

Once a vision has emerged, integrated sets of actions or strategies are needed at a high level so that it can be realized. The relationships between scenarios, visions and strategies are indicated in Fig. 2. A vision is guided by the threats and opportunities of the external environment (upper half of Fig. 2), best summarized in scenarios, and also by the internal strengths and weaknesses of the organization or community concerned and its competitive position (lower half of Fig. 2). Strategic planning often includes an analysis of an organization’s strengths and weaknesses and of the opportunities and threats presented by the external environment. However, effective strategies can be developed to go in several directions. The vision identifies the compelling and inspiring destination towards which the organization is heading.

Health futures

Trends, scenarios, visions and strategies are an integral part, at least implicitly, of most decision-making in the health field. Their power to make decision-making wise comes when they are made explicit and consciously shared to provoke thought, stimulate imagination, clarify options, relate values to long-term developments, and move people to take action.
WHO is examining the experiences gained in the public and private sectors of many countries in the use of health futures to achieve these objectives. An international consultation was held in July 1993 to share recent applications of studies in this field. The topics covered were:

- the macroenvironment of health, including studies showing the potential health effects of changes in the economic, social, technological, political and ecological environment;

- future health status, with emphasis on morbidity patterns, changing lifestyles, and aging;

- alternative health care systems likely to emerge in response to current and future challenges and constraints of a political, social and economic nature in both the developed and the developing countries;

- emerging medical and health technology, with emphasis on its use and potential impact on health and health care delivery and costs, and with reference to ethics and human rights;

- future requirements of human resources for health;

- tools for “health futures” research.

This consultation has helped to bring this subject to the attention of WHO’s Member States. Further information can be obtained from any of the following. Dr S. Saperie, Chief, Strengthening Country Health Information Unit, Division of Epidemiological Surveillance and Health Situation and Trend Assessment, World Health Organization, 1211 Geneva 27, Switzerland. Ms C. Puentes-Markides, PAHO/WHO, 525 23rd Street, N.W., Washington, DC 20037, USA. Dr H. Zollner, WHO Regional Office for Europe, 8 Scherfigsvej, 2100 Copenhagen, Denmark.

Reference