



Designing the future in health

Moyez Jiwa, AMJ Editor
Christopher Kueh, Guest Editor, AMJ
editor@amj.net.au

Editorial

Please cite this paper as: Jiwa M and Kueh C. Designing the future in health. AMJ 2009, 1, 10, 90. Doi 10.4066/AMJ.2009.162

The importance of consumer involvement at all levels of the health services is widely recognised. However a Cochrane review published in the not so distant past concluded that research was still required to find the best ways of involving consumers in healthcare innovation.¹ The involvement of other than health care professionals in the design and evaluation of innovations has been promoted by the research funding bodies. However there is no strong evidence for the impact of such involvement, when those involved are recruited merely because of their interest in the condition in question.² It may be argued that much is lost in translation when involving consumers as experts and that there is a need to facilitate their input in a way that focuses more precisely on the goals of the project and not just on their status as the end user of research. Furthermore as is argued by spatial designers in this special edition of the AMJ most people at some point in their lives will lose the ability to function in one way or another. Therefore facilities designed to serve one 'special' group must also serve others and ultimately most people. Therefore the challenges of involving 'consumers' when designing innovations are multiple. But perhaps the most potent reason for involving experts in the humanities in health innovation relates to the definition of health as promoted by the World Health Organisation:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.³

By corollary factors that impact on our mental and social well being, indeed innovations that are specifically targeted in those domains also impact on our health. Therefore the design of the structures in which we work, rest and play are also serving the health agenda by ensuring that all who use those facilities, irrespective of their physical or cognitive capacity are able to contribute to society. Designers claim that human emotion is a very significant confounding variable in design for health. Therefore our authors suggest that the aesthetic qualities of the objects and symbols around us, indeed the very clothes our healers choose to wear, have a significant impact on our experiences and ultimately on the speed of recovery when we are ill.

In this special edition multidisciplinary research in health extend beyond the faculties of health science. Problems will

be analysed as more than objective clinical signs and innovations also for their functional and emotional impact. It will be argued that technology needs to be tailored to support the active involvement of the patient so as to accelerate recovery and enhance the acceptance of technology as an aid. It was a privilege to receive papers with a global perspective and so many that challenge the status quo in health research. We seek to foster the debate which will ultimately change the way we craft solutions to global health care problems from dementia to deafness, from the packaging of medicines to how we find our way around hospitals, from tools to measure the severity of pain to the design of websites to promote self help. As we plan future special editions on design and health care we welcome your in put and support. This edition will be published in multiple parts over the month of November. We would like to express our thanks to the authors and reviewers and we particularly welcome readers comments on the papers published this month.

Reference

1. Nilsen ES, Myrhaug HT, Johansen M, Oliver S, Oxman AD. Methods of consumer involvement in developing healthcare policy and research, clinical practice guidelines and patient information material. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD004563. DOI: 10.1002/14651858.CD004563.pub2
2. The impact of consumer involvement in research: an evaluation of consumer involvement in the London Primary Care Studies Programme. Wyatt K, Carter M, Mahtani V, Barnard A, Hawton A, Britten N. *Fam Pract.* 2008; 3:154-61.
3. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.