



Salutogenic Eudaimonics and The Future of Primary Care Medicine

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Intro

In the meta-crisis of our time, despite the profound uncertainties that we face in nearly all directions, something is becoming increasingly clear: Many essential aspects of our flourishing (or even survival) are contingent upon the depth and quality of our understanding of a concept that we have all but ignored: the concept of *health and healing*.

I realized, having been educated as a physician (and having worked for two decades in countless hospitals, ERs, nursing homes, and clinics nationwide) that although I was taught a great deal about disease, I knew almost nothing about healing.

What does it actually mean for us *to be healthy*, what does it mean *to heal*, and what requirements, tools, and skills nurture these life processes? The answers to these questions are, I believe, of primary importance as we face the challenges of our time both locally, as well as on a global scale, at a species level, as a planetary civilization.

Related to the concepts of health and healing is the notion of individual (as well as collective) *resilience* and *antifragility*. It is clear that Covid-19 is not the only pandemic we face on both national and global scales, and more de-stabilizing and disruptive forces will surely be met in the near term by our increasingly inadequate and outdated institutions and infrastructures.

While our existing medical system is focused almost entirely on sick care, we believe that *in the future the school, monastery, and hospital will all be one place*—a place which integrates education and personal development for children and adults, *along with* optimized healthcare.

In the spirit of this vision, our path forward is devoted to rapidly prototyping models which supplement our understanding of pathogenesis (the basis of disease) with a deeper understanding of health, healing, resilience, and anti-fragility, and which are designed to support and enhance them.

We call this vision *Salutogenic Eudaimonics*.

2 Words Worth Resurrecting

Salutogenesis

Salus (health), **genesis** (the origin of, to be born)

Salutogenesis: the sources and origins of health, and the pathways of supporting and nurturing healing. A medical approach focusing on factors that support human health and well-being, rather than on factors that cause disease (pathogenesis). The word salutogenesis was coined by Aaron Antonovsky.

Eudaimonics

Eu (good), **daimon** (demon, spirit)

From Eudaimonia, a Greek word commonly translated as happiness or welfare; or pertaining to "human flourishing or prosperity". Used as the term for the highest human good, and so it is the aim of practical philosophy, including ethics and political philosophy, to consider (and also experience) what it really is, and how it can be achieved.



The Catalyst

A new north star

While many of our societal pillars, industries, and institutions will undergo major overhauls concurrently, our healthcare system is poised to lead the way.

The astronomical costs of the US healthcare system are simply unsustainable for much longer. Along our current trajectory, the millennial generation is projected to spend **two thirds of their entire lifetime earnings** on healthcare according to Forbes magazine. The entire federal budget of the US treasury in 2019 was \$3.4 trillion, yet spending on healthcare totaled over \$3.7 trillion. And by 2027, spending on healthcare alone is expected to exceed \$6 trillion annually.

Meanwhile, despite our bank-breaking efforts, numerous simultaneous epidemics and pandemics continue ravaging our society alongside Covid19: chronic disease and obesity, addiction and overdose, anxiety and depression, autoimmunity and allergic disease, and (for the first time since WWI) our life expectancy has declined for two years in a row.

Meaningfully re-inventing our healthcare system is necessary for its own obvious reasons, but doing so will also provide the keys for the re-invention of our other societal institutions. **If we can begin with a coherent understanding of what makes us healthy as humans, we can extend this vital source-code into the design of the many other systems supporting our society.**





The Vision

Our vision starts with simple concepts and core principles.

1. We need to soberly assess our current system of healthcare and keep what is good, discard what is bad, and add what is missing—and do so quickly, efficiently, and effectively.
2. We need a better understanding of health and healing: An updated cartography and epistemology of healing is essential. If we don't grasp this clearly, we will find it impossible to design new systems of education, criminal justice, agriculture, childcare, commerce, media, architecture, city planning, and even governance which are supportive of wellbeing and human flourishing. Neither will the exponential technologies we build—infotech (AI), robotech (automation), and biotech (synthetic biology & genetic engineering)—be in service of our best interests, nor those of our children and their children.
3. We need to expand our recognition of health and healing beyond the confines of clinics and hospitals and see their extension directly into our communities and our landscapes—and support, celebrate, and nurture those local enterprises and endeavors already in place which are life and health-affirming, (i.e. currently existing “salutogenic eudaimonic” enterprises).

The Cloud and Ravel Philosophy

What is the underlying philosophy of the new primary care medical model?

The first step of salutogenic eudaimonics is to heal the healthcare system itself. This will only come from acknowledging the extraordinary gifts of modern medicine with a profound gratitude, while meeting its heartbreaking inadequacies, ineptitudes, and inequities with a steady gaze and a willingness to change and evolve systemically.

We have identified 10 aspects of the current institutional healthcare system which are no longer acceptable or tolerable. But our goal is not simply to offer a critique. Rather we sought to clearly name the existing problems and then to build a functioning model deliberately designed to address them. It is based upon a straightforward concept:

“Keep what’s working, add what’s missing, and discard the rest”.

Here we outline the 10 major problems (i.e. heartbreaks) of the existing healthcare system as well the core design principles which were developed as a response to each problem (from which we built our primary care model).

[A detailed description of each of the 10 problems and their corresponding solutions, a deeper discussion of health and healing, and elaboration of the other ideas expressed in this e-book are available as free PDF downloads from Cloud Medical]

Problem (The 10 Heartbreaks)	Name	Solution (Core Principles)
1. The healthcare system is the #1 cause of bankruptcy in the US	PAYMENT	Provide 10x the care at 1/2 the price
2. The healthcare system is the 3rd leading cause of death in the US	PRACTICE	Try <i>much</i> harder to Do No Harm
3. We continue to allow & enable rampant conflict of interest, and perverse incentives	PROFIT	Keep the karma clean and stop conflating prescribing with selling
4. We often withhold power from our patients	POWER	Always empower our patients!
5. We often discount the innate healing capacity of our patients	POTENTIAL	Always recognize our vast healing potential
6. We often poorly rank <i>risk/benefit</i> and <i>cost/benefit</i> ratios and discount various biases inherent in publications	PRECISION	Interpret and apply data as unbiased patient advocates
7. We tolerate hidden agendas and a lack of systemic transparency	PERSPICUITY	Openness, honesty, trust, transparency
8. Our patient privacy laws protect the wrong parties	PRIVACY	Full spectrum privacy protection
9. We are far too beholden to special interests	PERSONAL FREEDOM	Loyalty, allegiance, and devotion to our patients—above all else
10. Our system is vampiric and the “healers” have lost faith in our own profession	PASSION FOR MEDICINE	Heal ourselves and our system before trying to heal our patients

What is Health & What is Healing?

Reconnecting the 4 Disconnections

<p>OUR ESSENCE</p> <p>Our attunement with the deepest and most fundamental aspect of our being which is already fully awakened and is all-loving, all-knowing, eternal, and infinite</p>	<p>THE BODY</p> <p>Our fully-embodied relationship with the 50 trillion mortal cells (and organs and organ systems) which comprise our physical body with all of its homeodynamic energetic states</p>
<p>ONE ANOTHER</p> <p>Our “inter-being” in authentic, nurturing, accountable relationships with others, perpetuating no further trauma and rather providing space for healing and full expression.</p>	<p>NATURE</p> <p>Our individual and societal stewardship and custodianship of Nature and the building of systems which support life—beyond purely extractive and toward regenerative models</p>

Being healthy means to being well-connected to all 4 quadrants above. Building resilient and anti-fragile systems to support those connections is the essential task of the Salutogenic Eudaimonic society.

The word “*health*” is related to both the words “*whole*” and “*holy*”. This implies the importance of integrating various forms of fragmentation and separation, as well as reconnecting to the sacred.

Our modern lifestyle tends to disconnect and separate us from our bodies, from our highest selves, from one another, and from nature. **Any meaningful path to health and healing requires reconnecting to all four of these aspects of life.**

To paraphrase Yuval Noah Harari, we have fallen into the trap of “*working at jobs we hate, to buy stuff we don’t need, so we can post about it on Facebook, and have people we don’t know well respond with, ‘OMG, so jealous!’, only to end up feeling empty inside.*” This state exemplifies the four disconnections.

The antidote is straightforward, available, and affordable:

To discover what our bodies need in order to function optimally on a cellular level. To discover what we truly want in life and why we were born. To be present with one another and say, “I see you and I feel you, both as a singularly unique individual as well as a human being with whom so many commonalities are shared”. To relate to Nature as both a mother who provides all of our needed resources, as well as a lover who requires our care and devotion.

These are the pathways to health, to healing, and to falling in love with being alive. And there are many useful tools, skills, and practices which can help us along our journey. On a fundamental level, **healing** is a bio-psycho-spiritual-relational hormetic process supported by an integration of the various “opposites” or “polarities” arising within each of the 4 quadrants. And **health** can be heuristically understood as “**4 quadrant anti-fragility**”.

These pathways also form the basis by which we can begin to heal our collective and ancestral traumas, as we shift from a paradigm of “*Us-vs-Them*” to the most salutogenic eudaimonic epiphany of all: **There is no “Them”. There is only “Us”.**

The Path

...But the existing institutions, infrastructures, and industries are so entrenched. They are such dominant, powerful, interwoven oligopolies.

Where do we even start?

What can we do?

How do we know what will work?

We don't need any bulldozers or demolition teams. The old paradigm is self-destructing. And we don't need to have all of the answers.

But we do need to design and build and rapidly prototype pragmatic, practical, functional, and scalable models **which have the concept of health and healing spliced into their source-code.**

Who should join the cause, if not healthcare workers? Where should we start, if not with the healthcare system itself? When should we begin, if not now?

Some of our experiments will fail, others will succeed. And much will need to be iterated and optimized through trial and error (and can co-exist in parallel with the obsolescent systems which are not life-affirming and no longer serve our needs) during a transitional phase.



The Infrastructure

What kind of infrastructure is needed?

1. A new paradigm and payment model of primary care that heals the “10 heartbreaks” of the existing healthcare system and is able to provide a devoted and dedicated primary care physician for each American while radically decreasing the total cost of care.
2. A new integrated platform and marketplace for purchasing local healthcare nationwide which is salutogenic and eudaimonic.
3. A new CO-OP which is supportive of the producers and providers of food, goods, and services which are already salutogenic and eudaimonic (particularly those sourced from the local bioregion). Imagine a community-owned combination of craigslist and [amazon.com](https://www.amazon.com) for consciously and artisanally produced versions of most of the things we need to live full lives.
4. A new community-based action plan based on the concept of **40/40/40**: We can purchase and consume 40% less energy, water, fuel, food, and other resources than we currently do (without compromising our quality of life). We can produce 40% of the products and services that we need locally (rather than importing 98% as we now do). And we currently operate at only 40% of our full capacity as human beings which leaves us with enormous untapped potential to expand beyond our “normal” self-imposed limitations.

Cloud Medical serves as an “idea lab” for prototypes of all 4 models.



The Prototypes

How far along are the prototypes?

1. Our payment model (called Direct Primary Care or “DPC”) now has a 10 year track record and proof of concept. We offer patients 24/7 access to their personal physician via cell, text, email, and in-office visits with no co-pays and provide comprehensive primary care and round the clock urgent care, including general pediatrics, gynecology, and office-based surgeries. **We developed Cloud Medical to solve the 10 major problems present within the existing system.** Combining Cloud with a healthshare (which pays for major medical expenses such as hospitalizations, ER visits, and surgeries) provides a **full-stack healthcare option** at about half the cost of the cheapest high-deductible Kaiser plan for many families, individuals, and businesses.
2. The integrated purchasing platform and healthcare marketplace, www.Ravel.Health, beta-launched in August of 2020 and is currently enrolling patient-members while undergoing continued optimization. This is a true marketplace for healthcare, not just sick care. Soon it will include not only salutogenic healthcare services, but also personal care products and local organically-grown food.
3. The CO-OP is in an early developmental phase. We are building a community-owned exchange for goods and services that are produced using sustainable, regenerative, organic, socially-conscious, triple bottom line, impact-driven salutogenic eudaimonic principles. We aim to support, celebrate, and constellate those artisans, farmers, business owners, and entrepreneurs who are already shining stars—particularly those who are locally-based.
4. The 40/40/40 community-based action plan is in a pre-launch phase. We plan to integrate local resources and experts to lead us toward practical, pragmatic approaches to move toward local self-sufficiency, optimal resource-management, and community coherence—all with the long view of asking how we become **“worthy ancestors”** to those who come after us.



We believe that these 4 prototypes provide the necessary elements to help chart the course toward scalable and sustainable salutogenic eudaimonic communities.

Roles & Dream Teams

How will the roles of primary care physicians change to help solve the healthcare (meta) crisis?



- To become unflinching advocates of our patients and be singularly aligned with their best interests (on their terms).
- To be actively supportive of the local *salutogenic eudaimonic* elements already taking root and sprouting in our communities.
- To identify the areas which need improvement and assist with those efforts.

These are the roles that primary care doctors are beginning to rediscover and embody. They are the reasons that many of us became physicians. But they have been neglected and must now be reclaimed from our ancestral lineages as healers.

Primary care physicians are poised to become the real allies in health and healing that our patients need and deserve, as well as key members of our patients' personal healthcare "dream team" which includes bodyworkers, therapists, counselors, coaches, nutritionists, integrative practitioners, and (perhaps most importantly of all) local organic farmers and ranchers. Ravel.Health is designed to help patients and healers connect in communities nationwide and build such teams *locally*. By definition, these networks need to remain as decentralized and locally autonomous as possible.

The new healthcare dream teams are also beginning to harness the extraordinary potential of group visits. Our culture of separation and disconnection has caused extreme levels of loneliness. By using the principles outlined in "The Community Cure" by James Maskell, we can heal our isolation while simultaneously upleveling health in many other areas of our lives through collective intelligence and the safe sharing of our authentic truth with others.

Scale

Are there enough Primary Care providers?

Yes.

By some estimates, primary care visits account for nearly 90% of all healthcare encounters. There are 220,000 primary care physicians (PCPs) in the US, and our *average* patient panel size is 2300. Not only is this number too high (hence the absurdly perfunctory “11 minute” visits), but because of the way the current system is designed, our allegiance is no longer with our patients. There are myriad barriers that stand between the doctor-patient relationship, and **at the heart of the dysfunction is the fact that we use insurance to pay for primary care.**

Insurance is very useful for high-cost services such as hospitalizations and surgery, but it is inappropriate for primary care services and always has been. It is not only inefficient in the context of primary care, it is the *proximate cause* of the ailing doctor-patient relationship which we believe is the central issue.

The use of insurance to pay for primary care is a fundamental problem of the US healthcare system and many of its dysfunctions emanate from this central error.

Unlimited round the clock primary care without copays by a devoted personal board certified physician costs: approximately **\$80 per person / month** (about the cost of a daily cup of coffee). No insurance is needed for this.

By reducing patient panels from 2300 by over one third (to 1500), and adding 1 or 2 nurse practitioners or physician's assistants to the team, we can simply eliminate insurance from primary care and affordably provide a comprehensive round-the-clock primary care team for every American.

**220,000 PCPs x 1500 patients
= 330,000,000 people**

(which happens to be the exact number of people in the US)

There is no “primary care shortage”. There are enough doctors for every American to have a personal physician on speed dial.

Summary

- Primary care can easily be unbundled from the unnecessary and inappropriate burdens of the insurance industry. Only by doing so can primary care physicians regain the sovereignty required to lead the way toward healing the 10 heartbreaks of our existing system. Surgeons, hospitalists, and other specialists will and should continue to operate within the insurance-based payment model. Their charges are appropriate for such coverage. Not so for primary care.
- For about \$80/month, with the DPC model, every American can have full access to a devoted personal physician with whom they contract directly. A vast array of comprehensive primary care, urgent care, office-based surgeries, procedures, and disease management services are included in this fee with no co-pays (like Netflix for primary care) whether health conditions are managed in the office or via encrypted text, phone, email, or video conference.
- There are enough primary care physicians for all 330 million of us, and there need not be a “primary care shortage” if PCP’s convert to Direct Primary Care models. Governments, NGOs, and employers can subsidize the low DPC monthly fee for those in need.
- DPC can be rapidly deployed and scaled nationwide, and 1300 primary care practices have already successfully disentangled themselves from insurance by employing this model. DPC reduces the frequency of unnecessary ER visits, and enables early detection of serious health problems at a time when their management is less complicated and far less costly. It is the surest, fastest way to bend the healthcare cost curve.
- This model effectively and efficiently provides the backbone of the eudaimonic principle of “Healthcare for All” which is local, relevant, decentralized, and personalized (in contrast to the misguided goal of “Medicare for All”).
- Many patients can combine their DPC membership with a low-cost healthshare (for major medical expenses) and spend 50% less on their healthcare.
- **DPC alone is not enough, but it is the first step toward healing the US healthcare system. Once taken, further innovative measures can then be implemented by PCPs to address the 10 heartbreaks—with a refreshing and collaborative esprit de corps.**
- By taking this initial crucial step, primary care physicians can enter into our true role: becoming guides of salutogenic eudaimonics for our patients and local communities. We can devote ourselves to both resolving illness as well as nurturing health.
- By developing the concepts of salutogenic eudaimonics in diverse local communities, PCPs and the many others involved in these meaningful endeavors can help shine a light on various practical and pragmatic aspects of human wellbeing and flourishing, as well as both individual and collective resilience and sustainability in the face of future challenges and stressors.
- Physicians and practices who are interested in this model are invited to apply to be listed on the Ravel.Health platform and join the future of healthcare.

-We primary care physicians never signed up to become robotic slaves employed by the insurance industry.

-We must fight for the soul of American healthcare, for our own souls, and stand up for our patients on behalf of our true profession.

-The only way we can survive the great toil and challenge of our profession (which has only become greater with COVID-19) is to reclaim the sacred bond of the doctor-patient relationship currently being damaged by the insurance industry.

-Primary care physicians, even more so than other specialists, are in the ideal position to lead the way toward meaningful healthcare reform. This is the responsibility and the opportunity of our lifetime.

-Through such leadership we can hopefully chart the course toward a wise and just *salutogenic eudaimonics* in our local communities and beyond.

Appendix

The 10 Core Principles - Expanded

Problems (The 10 Heartbreaks)	Names	Core Principles
1. Healthcare is the #1 cause of bankruptcy in the US	PAYMENT	We must lead toward drastic reduction of our national healthcare costs. Direct Primary Care (DPC) is the most promising innovation capable of meaningfully bending down the cost curve. Combined with a healthshare, most individuals, families, and businesses can save approximately 50% on their total monthly healthcare spend. This model is available nationwide today.
2. The healthcare system is the 3rd leading cause of death in the US	PRACTICE	We must reorient from a purely pathogenic sick-care model based on synthetic pharmaceuticals and surgery as our only tools toward a model that incorporates salutogenic principles. The purely pathogenic model is FAR too dangerous. Functional integrative medicine and naturopathy are better at seeking "source causes" rather than bandaid approaches. A growing number of PCPs are being trained in functional medicine by the IFM, A4M and similar organizations. This is an excellent start.
3. We allow rampant conflict of Interest & perverse incentives	PROFIT	We must stop conflating "prescribing" with "selling". They are very different! DPC physicians receive adequate payment from their patients (\$80 per member per month provides a more than reasonable salary) so that NO additional selling and marking up tests, supplements, drugs, or therapies for profit is necessary whatsoever. All such products and services can be provided at wholesale cost (All diagnostics, medications, and products are provided at net-zero profit). This keeps the karma clean.
4. We often withhold power from our patients	POWER	Our major goal should be, plainly stated, "patient empowerment". We must retire the pretentious and outdated paternalistic approach of "doctors know best". By getting to know our patients as human beings with their own values and aspirations, and embracing humility for how little we actually do know, we can help orient our care to support them on their own terms.
5. We often discount the innate healing capacity of our patients	POTENTIAL	Physicians who tell their patients that "they will never walk again" effectively "curse" their patients, similar to voodoo. They are imposing their own limited views which are not based on fact. This happens far too often and there are myriad examples (E.g. Lance Armstrong was initially told he would "never bike again" upon his testicular cancer diagnosis).
6. We often poorly rank <i>risk/benefit</i> and <i>cost/benefit</i> ratios and discount various biases inherent in publications	PRECISION	There are certain interventions that have very high benefit at very low risk. But many of our drugs have marginal beneficial effects with significant potential for adverse ones. We must always advocate for our patients and help them select the safest <u>and</u> most cost-effective treatment options. If you believe that "we already practice that way", read #1 & #2 above.
7. We tolerate a lack of systemic transparency	PERSPICUITY	The healthcare system operates behind a massive wizard of Oz screen. This is a key problem that enables bad behavior and fraud. We should never prescribe a test or a therapy without knowing the cost to the penny—and share this information freely.
8. Our patient privacy laws protect the wrong parties	PRIVACY	HIPAA may protect patient from snooping neighbors and passers-by, and while this is appropriate, there is no protection against insurance companies and governmental agencies. Doctors should help their patients shield sensitive data from such large entities. If sensitive data is to be shared, it should be anonymized, consensual, and the patient should be compensated.
9. We are far too beholden to special interests	PERSONAL FREEDOM	Most medical consensus panels are composed of "experts" who are paid large sums by pharmaceutical and other for-profit companies and many are employed by hospitals whose incentives may not line up with our patients' best interests. The independent direct primary care physician is the rare healthcare guide who is not beholden to or biased by special interests.
10. Our system is vampiric and the "healers" have lost faith in our own profession	PASSION FOR MEDICINE	When the "healers" are disillusioned, jaded, and have unexpressed heartbreaks about systemic dysfunctions (such as the ones noted above) the transmission to our patients can be neither salutogenic nor eudaimonic. We must be intellectually honest and define the true causes of why our profession is so broken. The politicians won't fix them because a.) they don't know how, and b.) they are too entangled with special interest groups. Who is left to lead the way toward a sane and ethical system if not us?

A Call to Action

*I want to unfold!
I do not want to remain folded anywhere,
Because wherever I am folded, there I am a lie.*

Rainer Maria Rilke

In the midst of witnessing all of the current Covid-19 era tragedies, suffering, and pain, never in my life have I sensed a greater collective force broadcasting strong signals of the natural evolutionary leap beyond the conventional, existing dominant logic of our time. I hear the hopeful, helpful, welcoming, nourishing, unifying, healing voices becoming louder, more widespread, and more coherent. Some call these voices “2nd Tier”, or “Integral”, or “Post-Progressive”, or “Metamodern”, or “Game B”. Others speak of the age of the “Eagle and Condor”.

Carried by those voices is both a clarion call and a rallying cry. The rallying cry insists on collective justice, transparency, honesty, fairness, and equality. It also affirms that we can no longer bear to carry the wounds of the past and must at last undertake the journey of healing together. The clarion call demands that we rise into our fullest individual potential, orient ourselves toward our highest personal integrity and deepest truth, and face our own shadows with valor and evolutionary love. The coronavirus pandemic has only intensified and amplified these voices and their injunction: The greatest intellect is inadequate and insufficient to address our multifactorial challenges—we also need our deepest wisdom.

The message we all need to hear this this: We *already have everything that we need* to build the most beautiful world which our hearts know is possible (to borrow Charles Eisenstein’s phrase). The next move is simply to see it. To see it with refreshed eyes that can constellate the stars that are already shining brightly, and bring them together into a more interconnected framework or network—a frame/net that, like most good ideas, doesn’t just come from thought, but also from a much deeper place. A realm of openness and willingness to receive—to receive and breathe in. To accept insight and inspiration with gratitude, recognizing that it doesn’t simply arise from the conventional place of analytic cognitive focus that we use to solve an ordinary math problem. We can incorporate multiple forms of intelligence: Yes, concentration, but contemplation and meditation as well. Such “sensing” comes from:

A place where siloed information does not exist.

A place where the future can be remembered.

A place that can only be entered by saying:

“I don’t know, but we know”.

The path to healing always begins with a first step which is universal. Healing begins when we transform our relationship with our fears and our flaws—be they personal or collective, real or perceived. Our fears, flaws, frailties, insecurities, and vulnerabilities in fact hold the keys to our fullest abundance, to our greatest gifts, and to our most vibrant health. Only by seeing them as our teachers—rather than as shameful aspects of ourselves that we painstakingly keep hidden, covered up, unacknowledged, or denied—can we integrate them and ultimately transcend them. And through this transcendence we discover our true essence and capacities as human beings.

In this way, we are all healers.



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