



2021

Focus on optimal health, not ideal health

John M. Roll

Washington State University

Follow this and additional works at: <https://pxjournal.org/journal>



Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Roll JM. Focus on optimal health, not ideal health. *Patient Experience Journal*. 2021; 8(3):22-23. doi: 10.35680/2372-0247.1639.

This Personal Narrative is brought to you for free and open access by Patient Experience Journal. It has been accepted for inclusion in Patient Experience Journal by an authorized editor of Patient Experience Journal.

Focus on optimal health, not ideal health

Cover Page Footnote

This article is associated with the Patient, Family & Community Engagement lens of The Beryl Institute Experience Framework (<https://www.theberylinstitute.org/ExperienceFramework>). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_PtFamComm

Focus on optimal health, not ideal health

John M. Roll, *Washington State University*, johnroll@wsu.edu

Abstract

Providers strive to help patients live the best, healthiest life they are capable of living. However, those efforts should involve a careful assessment of what the patient's optimal health status is. It is deleterious to the therapeutic relationship to drive a patient towards a health status they are not able to attain. This article provides a brief commentary on the author's experience as a patient to illustrate this point.

Keywords

Quality of life, patient experience, human experience

I was born with asthma. Lately, as I near my seventh decade of life, my health care providers have begun referring to it as a combination of asthma and COPD. At some level I do not care what they call it, it is simply a part of me and I have never known anything different. I notice when I have a bout of bronchitis or a flare up of my condition brought on by an external trigger, but for the most part, I do not spend much time thinking about it.

I acknowledge asthma has impacted my life. I struggled with aerobic activities in primary school, had a hard time reading books to my young son because I was "short-of-breath," and am now unable to fully participate in the walking meeting scenario. Importantly, I know these decrements in my capabilities exist *only* by comparison to others. They do not exist because of an internal comparison I make but can only be derived by external comparisons.

Similarly, I take several medications each day. This is a reminder to me that I am different from others because many people do not daily medication. As above, however, the only reason I *know* I am different is because of this external comparison.

I recount the above only to show that my asthma as a health decrement is only knowable by me if I compare myself to others. If I compare myself to myself, I am how I have always been. There is no decrement in my health because I do not deviate significantly from the baseline of health I have enjoyed my entire life. I consider this my optimal health. Many people have better health (and many have worse), but the only health I can directly know is my own.

My motivation for writing this note is the almost uniformly demoralizing experiences I have had throughout my life at pulmonary health specialists' practices. This

arises when well-intentioned providers fail to recognize my optimal health for what it is. Instead, they look at a population-wide definition of ideal health and are disappointed when they fail to elevate me to that level of health.

This usually manifests itself along the following lines. I go to a pulmonary specialist for a checkup. They conduct some pulmonary function tests and perhaps give me a pharmaceutical challenge to see what may be possible. When they realize there may be nothing they can currently do, they say hurtful things (albeit unintentionally) I hear as, "I am glad you don't feel your asthma is bad.... but clearly it is"; "You should be careful traveling to Europe, it is too dusty"; "Get ready to be an old man with an oxygen tank who spends most of his life sitting"; "You bike ride--how do you do that?" Lest the reader thinks I am simply experiencing a bad practice, these and similar comments have been made to me by providers in multiple locales over the past 50 years. These may all be accurate statements motivated by a desire to help me. But they come across as pity that they cannot elevate my level of optimal health to their expectation of ideal health. Unfortunately, the main impact of these comments is to make me reluctant to return for subsequent visits.

I am happy with my optimal health. Since I have never experienced a better health status, I cannot imagine what it would be like. I cannot mourn something I have never experienced. I am a vice dean at a medical school, have had a fantastic career as a biomedical researcher, travelled the world, raised a family and been in a remarkable marriage for 25 years. I do not want for anything. I never feel bad about what I could have done if I did not have asthma. The only time I feel badly about my chronic health issue is after I visit a pulmonary specialist. If they would help me be thankful for the health I have and help me maintain that instead of trying to force me to consider

a health state I have never known and may be unobtainable, I would be much happier. Of course, I would love it if a treatment came along that enhanced my optimal health, but that should not be the goal of the therapeutic interaction. The goal should be to optimize the health I can have. I have a great quality of life, and I am happy. However, these clinicians do not seem to appreciate that it is possible for me to have a great quality of life without also having their definition of ideal health.

When I go to my primary care provider, my asthma rarely comes up. They ask how it is going and I say about the same and we move on. The primary care model of care seems much more humane and geared toward helping people live their optimal lives, not making patients (and their families) feel badly because they are not able to improve their health beyond their optimal level to an idealized level.

So, I ask the community of clinicians to consider their words and actions. Are you helping people live the best lives they can, or are you causing anguish by pushing them towards your definition of ideal health? I doubt my experience is unique to me or my pulmonary conditions. Please, keep helping people attain and maintain their optimal health but do not set up dichotomies between a person's optimal health and your idea of ideal health, as that is detrimental to your patients. We all have different realities we must live with. Please help your patients optimize theirs instead of labeling it as inadequate.