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# Reimagining Health—Flourishing

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Clinicians spend substantial time monitoring patients for adverse outcomes. By assessing patients for high blood pressure, abnormal blood glucose levels, or cancer recurrence, clinicians may equate absence of disease with health. Public health officials, meanwhile, regularly track rates and leading causes of mortality, morbidity, or risk factors (eg, tobacco use, obesity, drug overdoses) that similarly apply a “deficits” framework to health. These approaches, while necessary and valuable, can fall short of capturing what is most important to people in their daily lives. A patient cares not only about physical health and test results “within normal limits” but also more broadly about being happy, having meaning and purpose, being “a good person,” and having fulfilling relationships.

If health truly is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (as defined by the World Health Organization 70 years ago), measurements must better capture outcomes that people consider central components of well-being. Clinicians now can consider a proliferation of more holistic measures of “well-being” from medicine, psychology, economics, sociology, and government.<sup>1</sup> Such measures come closer to capturing an individual’s complete well-being but often still fall short. Long-standing efforts to gauge life satisfaction—including shorter-term patient satisfaction surveys—can sometimes reflect whether patients received the care they wanted,<sup>2</sup> rather than whether that care actually enhanced well-being; they can be socially isolated, or struggle with addiction to opioids, for example, despite good patient satisfaction or life satisfaction rankings. Measuring life expectancy at birth, a common public health metric, focuses primarily on length of life, only sometimes acknowledging quality dimensions. While the health-related quality of life index developed by the Centers for Disease Control and Prevention (which includes physical health, mental health, functional limitations,

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measurements, whether focusing on happiness or resilience, vitality, stress, or loneliness, typically ignore physical health.

None of these metrics fully captures what people almost universally regard as essential to well-being. Furthermore, questions of character, defined as moral excellence and long viewed as central to well-being in almost all philosophical and religious traditions, are also often neglected. The term *flourishing*, used for thousands of years and literally meaning “to grow” or “to prosper,” represents a powerful way to view health in its fullest sense.<sup>1</sup> Flourishing has for years been effectively promoted by Seligman in the positive psychology literature, and the PERMA model (Positive emotions, Engagement, Relationships, Meaning, Achievements) has advanced research into psychological well-being. However, because this model addresses neither physical well-being nor questions of character, a recently proposed alternative measure of well-being, “the flourishing index,” divides universally desired factors contributing to flourishing into 6 key domains<sup>1</sup>: happiness and life satisfaction, physical and mental health, meaning and purpose, character and virtue, close social relationships, and financial and material security. In contrast to many previously proposed measures that are not as comprehensive, the flourishing index addresses 5 universally desired domains that constitute ends, as well as a sixth (financial and material security) that constitutes a critical means to securing them.<sup>1</sup> Self-report quantitative questions for the index are given in the **Table** and **Supplement**.<sup>3</sup> The index has been used in numerous countries<sup>4</sup> and has potential applications for clinical care as well as for population health, as discussed below.<sup>1</sup>

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**Table.**



 [Flourishing Measure and Questions<sup>a</sup>](#)

### Flourishing Measure and Questions<sup>a</sup>

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Additionally, population studies indicate that the domains related to psychological well-being are not only

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95% CI, 0.83-0.94).<sup>6</sup> Conversely, loneliness and social isolation are associated with increased mortality risk (RR, 1.29; 95% CI, 1.06-1.56).<sup>7</sup>

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## Flourishing in Clinical Care

Measurement of flourishing<sup>1</sup> makes possible weighing the effects of different treatment decisions not only on physical and mental health, but in the full context of what matters in a person's life. While this makes treatment decisions more complex, it lies at the heart of patient-centered care. Consider the following scenarios.

A man wrestles with treatment decisions over relatively advanced stage bladder cancer, knowing that a cystectomy will maximize life expectancy but severely hamper quality of life and happiness.

A scientist who experiences occasional psychotic symptoms is told that antipsychotic medications can suppress episodes but also could potentially impede his capacity for scientific work.

A young woman who tests positive on *BRCA* screening must consider prophylactic removal of her ovaries as a cancer prevention, which could leave her infertile.

Many of these decisions relate not just to health or happiness, but also more broadly to relationships, meaning, and purpose. In each of these cases, focusing exclusively on the health of the body may conflict with other important ends for the patient as a human being. Asking what a patient considers important across the flourishing domains is thus critical in evaluating the appropriate course of action. Medium- to long-term assessments of flourishing could represent a better way to evaluate care than shorter-term patient satisfaction surveys.

Within psychiatry, questions of flourishing may also be central to patient care. Interest has expanded in "positive psychiatry"<sup>8</sup> to promote positive mental health outcomes as well as psychological characteristics and activities that boost resilience to mental disorders. Addressing mental illness can promote relationships, purpose, or character; moreover, these aspects of flourishing, if left unaddressed, can exacerbate mental illness.

Considerations of flourishing are furthermore personally relevant for clinicians as well, especially given current attention to high physician burnout rates.<sup>9</sup> Greater attention to flourishing for clinicians could bring a heightened sense of meaning, control, and optimism that might help protect against professional

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## Flourishing at the Population Level

Flourishing also matters at the population level and can be enhanced. Many do-it-yourself “positive psychology” interventions shown to improve aspects of flourishing can be implemented by people on their own<sup>10</sup> and also have potential for widespread dissemination at low cost. Broad dissemination of such interventions could substantially influence population flourishing.

Promoting this approach will likely require a deeper understanding of determinants of population-level flourishing, which can include not only the typical determinants of physical health such as exercise, good nutrition, ideal body weight, and tobacco-free living but also participation in work, education, family, and religious community.<sup>1</sup> While these concerns extend beyond medicine, further policy efforts could promote a broader array of factors that enhance population flourishing. Already research is examining ways the flourishing measure might be used to assess and improve employee well-being at US companies as well as factory workers in supply chains in Mexico, Sri Lanka, Cambodia, and China.<sup>4</sup>

Flourishing could be relevant at a national level in driving priority-setting, goals, and implementation strategies. Government policy makers recognize that using gross domestic product as a singular measure for societal well-being is grossly inadequate and have started looking at measures, most notably “happiness,” that fall into a flourishing framework. Bhutan became the first country to establish goals for happiness, while the United Kingdom has included well-being in its national survey. Israel, Italy, and Thailand have made similar efforts. A World Happiness Report, first put forward in 2011, is now published annually. While there is still almost nothing comparable in the United States, the time has come to attempt to measure flourishing more comprehensively here as well.

## Conclusions

The concept of flourishing has the potential to capture health more broadly than existing wellness measures for both patients and populations. Asking questions related to flourishing can inform and refine many complex trade-offs for patients facing treatment decisions. The concept can potentially guide clinicians in assessing their own personal well-being as well as delivering better patient-centered care. At the population level, too, attention to flourishing may represent a more useful way to address policy and societal goals than current options. Such an approach could open a national conversation that reframes and reimagines traditional concepts of health.

## Article Information

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The authors have brought up a very useful concept in addressing the health of patients, clinicians, and the population in general. In particular, the indicated potential of "flourishing" in addressing clinicians' well-being is key, based on the fact that it will also help the physicians to provide better care to their patients. Apart from the high prevalence of burnout in physicians noted by the authors, Dugani, et al (2018) have documented the prevalence of burnout and associated factors among frontline primary health care (PHC) providers in low- and middle- income countries (LMICs) (1) Given the fact that the PHC system ...

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