The Good Life (3)

People who hope for a better world feel the need for a shared vision of the "good life" that is flexible enough for innumerable individual circumstances but comprehensive enough to unite people in optimistic, deliberate, progressive social change. This shared vision of the "good life" should promote and sustain conviviality and solidarity among people, as well as feelings of individual effectiveness, self-worth and purpose. A shared vision of the "good life" is always adapting: it encompasses suffering, loss and conflict as well as pleasures, reverence and common goals of improvement. An emergent framework for the modern "good life" is based on some form of humanism, particularly pragmatic or civic humanism, with room for a spiritual dimension that does not seek domination. Finally, the environmental crises of the planet require a broad vision of a "good life" that can harmonize human aspirations with natural limits. All this needs to be an ongoing and open-ended "conversation," best suited to small geographic groups that can craft and then live an identity that reflects their vision of a "good life."

Written by Gary Chapman

Online Community Service Engine (62)

An OCSE should provide the following macrofunctionalities:
• User management
• Communication and dialogue
• Information and publishing
• Community awareness
• Calendaring
• Work group support features
• Monitoring and statistics

A framework for extending these functionalities is also required. This framework should also support the vital function of communicating across community boundaries thus enabling a network of cooperating communities that share technical expertise and content. In addition to the general macrofunctionalities, an OCSE should be able to be integrated with modules that offer relevant features for any specific type of community, such as teaching modules for learning communities or deliberation facilities for civic and community networks. The OCSE should be implemented on standard base technologies, such as the lightweight directory access protocol to handle authentication and authorization and Web services for providing standard interoperability among modules. Each deployment of the engine should be created as an instance of the engine, including the set of functionalities necessary for each specific online community.

Written by Fiorella De Cindio and Leonardo Sonnante

Positive Health Information (74)

Health information in the developed world exists in vast quantities, for the general public and for health professionals. Much of this information depicts good health in terms of vigilance against the failings of our own bodies. Communicated in a negative style, this serves to create distrust and dependency on a high-tech, commodity health system by emphasizing danger from external, uncontrollable forces. Language may not only be negative; it can also be empty; complex issues are broken down into broad statements with little meaning. This style of communication places the cause of ill health on the individual.

Health-related discussion forums, that include both lay and professional perspectives but avoid the influence of industry funding, offer a way to make sense of information from various health related sources without falling victim to negative language and information; people put information into the context of everyday life and validate positive perceptions of themselves. Health information should emphasize the idea that people are inherently healthy. It must inspire trust in the body’s ability to heal itself, once a healthy path has been taken. Where information of this kind is insufficient, either create it or supplant it with participant-controlled interactive forums.

Written by Jenny Epstein

Patient Access to Medical Information (95)

Patients have poor access to information in their medical records. Many patients have difficulty describing their condition accurately. At the same time, the clinician is expected to provide excellent care without up-to-date information. Moreover, seldom is a single clinician involved in any patient’s care; no single person is in a position to mediate between the complexities of medical technology and the real-world experience of the patient. Furthermore, medical records often contain inaccuracies of which neither patient nor medical providers are aware.

Use patient access to medical records as a bridge between medical science and its practice as the patient experiences it. Patients themselves are willing to contribute; they need access to their full electronic health records so as to see for themselves what clinicians have written about their individual consultations, the results of tests, letters from specialists, and what medications they have taken and are taking. Let the public, patients, clinicians and other healthcare providers have up-to-date access to accurate medical information, regardless of location. Use robust systems to protect privacy and confidentiality. Above all, educate and encourage practitioners and the public in patients’ use of online medical records to actively manage their health.

Written by Amir Hannan