



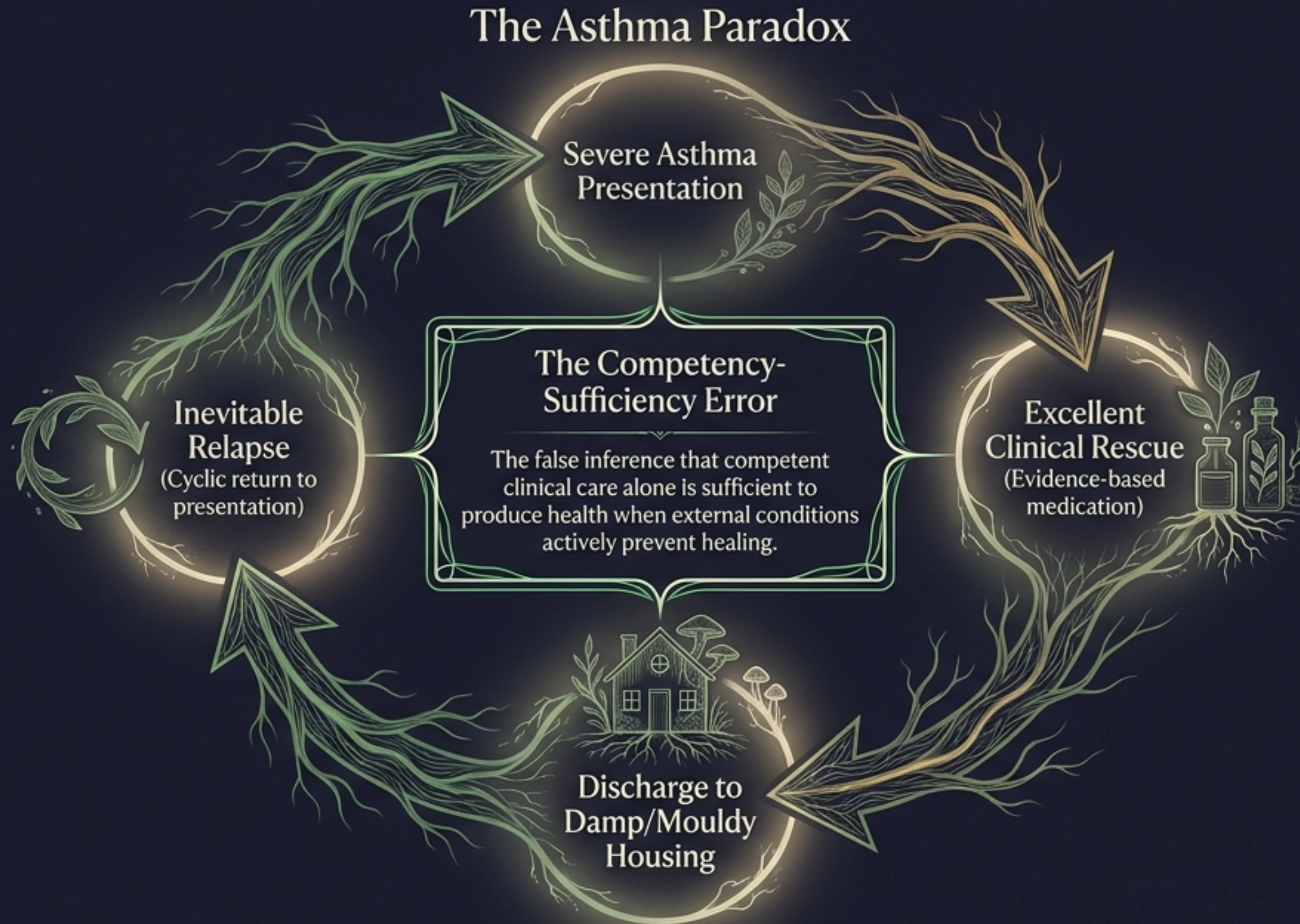
From Competent Physicians to Healing Societies

A Life-Grounded Framework
for Medical Education and
Planetary Flourishing

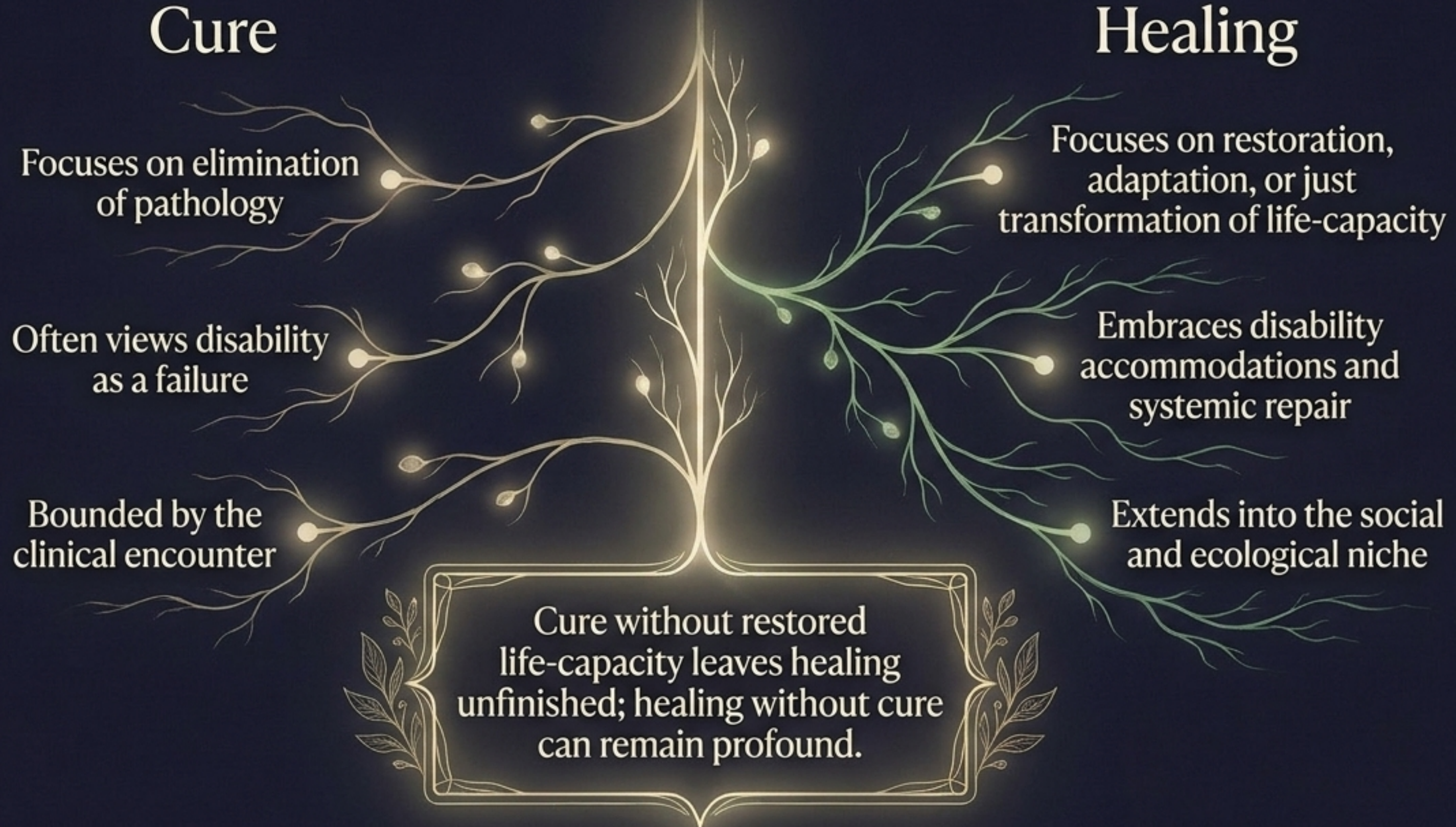
Based on the work of Bichara Sahely, BSc,
MBBS, DM (Internal Medicine)

Integrating salugenesis, salutogenesis, structural justice, and
the conditions that allow life to heal.

Excellent Clinical Care Does Not Reliably Generate Health



Redefining the Goal Beyond the Elimination of Pathology



The Engine of Recovery Requires Both Internal Repair and External Conditions



The body must undertake its own repair;
the world must not systematically make that repair impossible.

Healing is an Interconnected Ecosystem

**Structural
Coupling of
Organism
and Niche**



ECOLOGICAL AND PLANETARY LIFE-GROUND

COMMUNITY AND INSTITUTIONAL CONDITIONS

Housing, care, work, civil commons, governance, rights

LIFE-COURSE AND INTERGE- NERATIONAL DEVELOPMENT

Development, historical injury, cumulative burden, opportunity

PSYCHOSOCIAL AND RELATIONAL LIFE

Safety, trust, agency, belonging, culture, communication

ORGANISMAL AND FUNCTIONAL INTEGRATION

Clinical care, function, rehabilitation, treatment burden

CELLULAR AND BIOLOGICAL HEALING

Danger response, repair, resolution,
functional reintegration

Exposure Reduction:

Removing physical, chemical,
or systemic burdens.

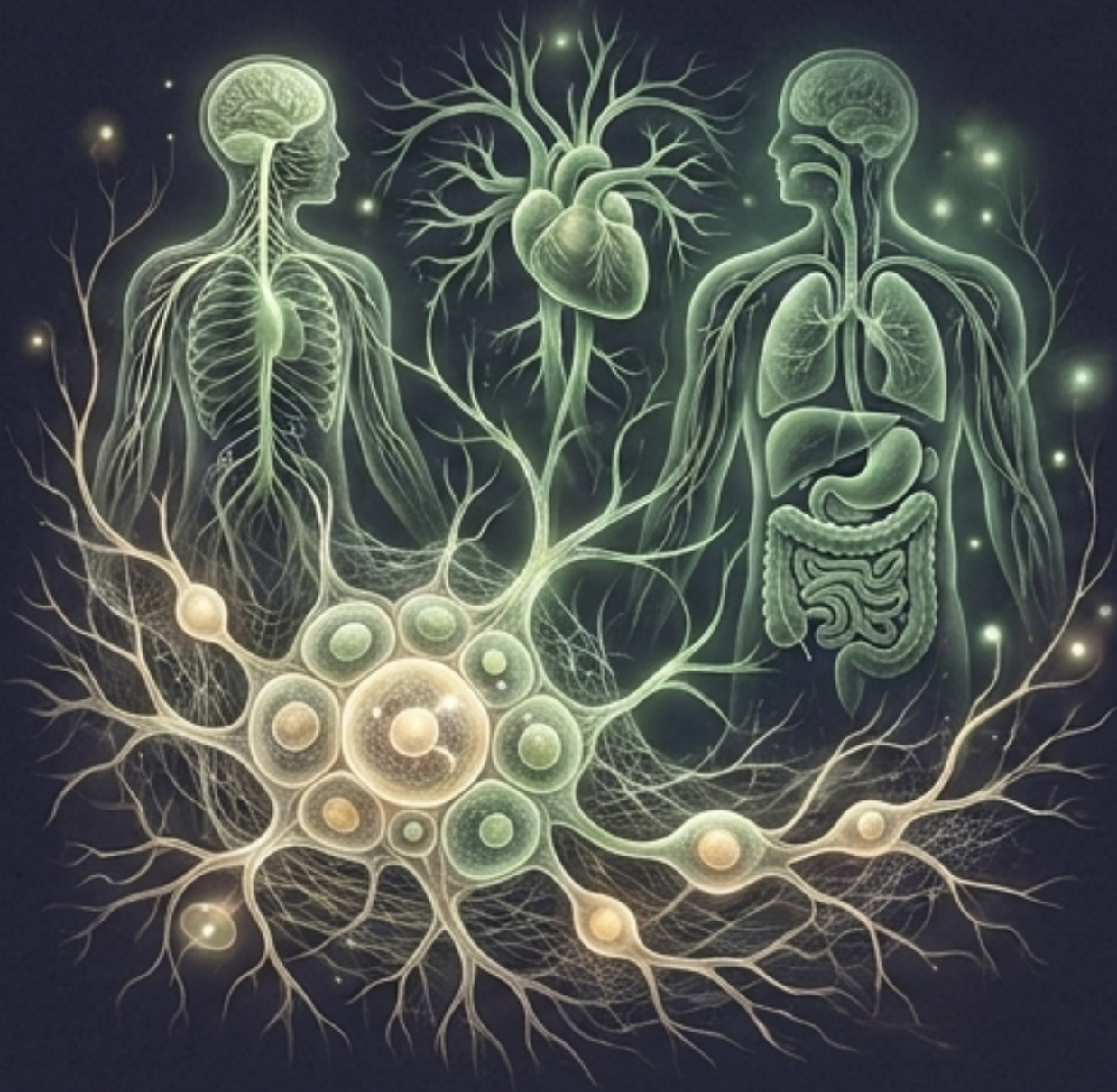
Repair Processes:

Supporting biological,
relational, or structural
recovery.

Protective Margins:

Rebuilding the reserves
(time, physiological,
ecological) needed to
absorb future disturbance.

The Clinical Domain is Indispensable but Incomplete



Level 1: Cellular & Biological

Supporting regulated injury responses, inflammation resolution, and cellular danger signaling.

Level 2: Organismal & Functional

Restoring integrated clinical function, managing treatment burden, and guiding physical rehabilitation.

This is the domain of traditional medical competence—where clinical excellence prevents mortality, but cannot single-handedly guarantee holistic recovery.

Healing Requires Safety Across Human Networks and Time



Level 3: Psychosocial & Relational

Rebuilding safety, institutional trust, agency, and culturally meaningful communication (Trauma-awareness).

Level 4: Life-Course & Intergenerational

Addressing historical injury, cumulative disadvantage, developmental timing, and equitable opportunity across generations.

Recovery Cannot Rely on the Displacement of Harm



Level 5: Community & Institutional

Repairing the civil commons—housing, work safety, accessible justice, and closed-loop clinical handoffs.

Level 6: Ecological & Planetary

Protecting ecological integrity, climate stability, and water/air quality.

The Non-Displacement Test:

Restoring capacity in one place (or clinical setting) must not depend on systematically externalizing waste, emissions, or labor exploitation onto other communities.

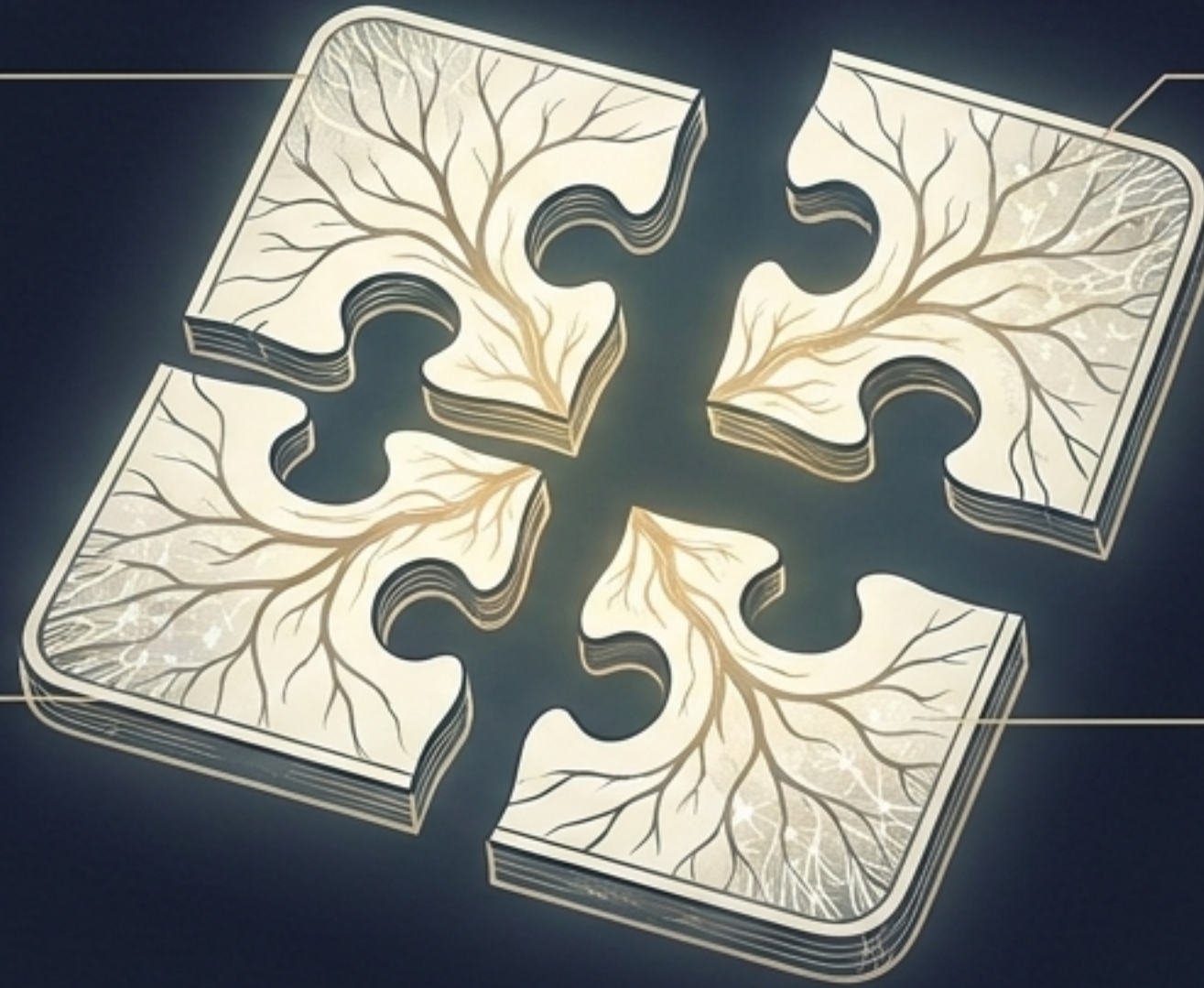
Why Existing Educational Models Remain Fragmented

Physicianship
(Scientific &
humanistic practice)

Structural Competency
(Diagnosis of systemic
causes)

Planetary Health
(Ecological
interdependence)

Social Accountability
(Institutional community
responsibility)



Healing disappeared not because it became irrelevant, but because **institutions divided the work** and assessed each fragment in **isolation**. They lack a unifying purpose.

We Cannot Transfer Systemic Failures onto Individual Clinicians



The Authority-Resource-Obligation Rule

No social responsibility can be transferred to learners or clinicians without the corresponding **power, resources, and support.**

A resident cannot be judged responsible for unavailable housing; a hospital cannot claim success merely because a resident documented that housing is unavailable.

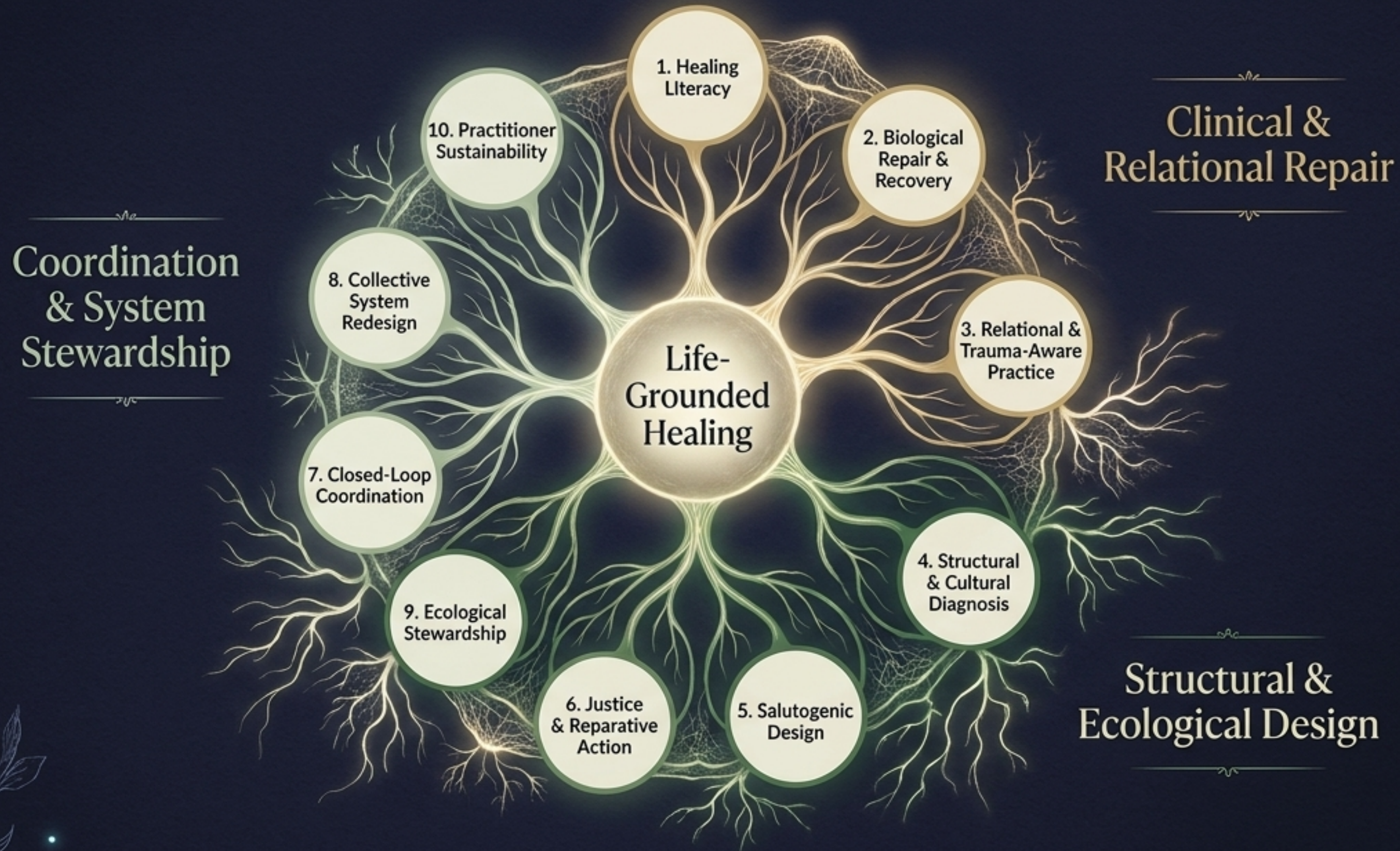
Matching Accountability to Legitimate Authority

Actor	Responsibility	Required Conditions	Evaluated By
Learner / Clinician	Diagnose, refer, and appropriately escalate barriers.	Protected time, supervision, clear scope.	Observed practice and documentation of escalation.
Healthcare / Educational Institution	Provide resources, community partnerships, and accessible referral pathways.	Leadership, funding, transparent data.	Handoff completion rates and unresolved-barrier responses.
Governments / Public Authorities	Regulate harm, fund the commons, sustain ecological life conditions.	Democratic legitimacy, public investment, enforcement capacity.	Health equity, ecological indicators, and housing standards.

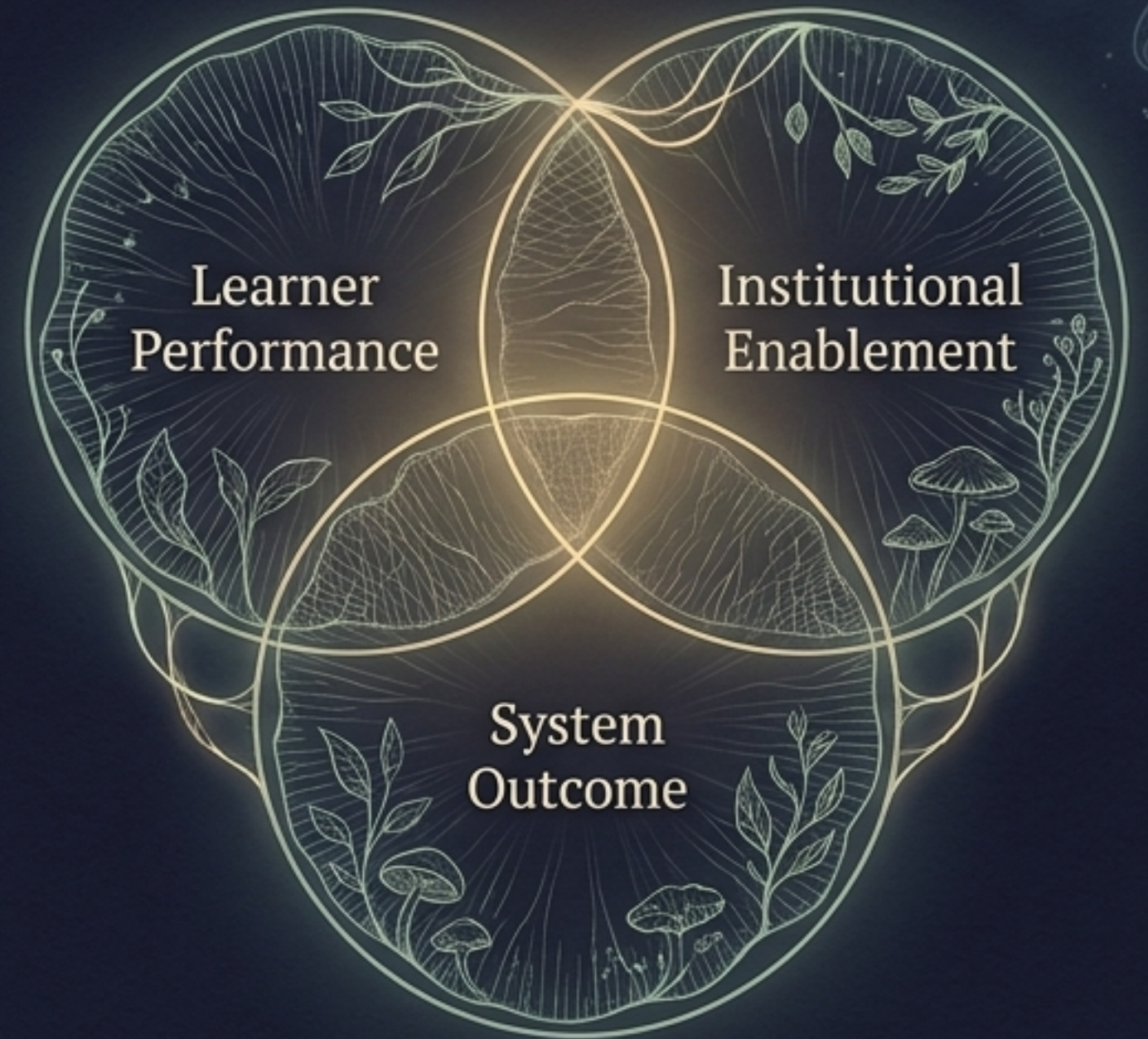
The Authority-Matched, Closed-Loop Pathway



Translating Philosophy into 10 Observable Domains



Implementation and Assessment Justice Over 24 Months



A learner can perform perfectly in a failing institution. A favorable outcome can occur despite poor practice. Fair assessment demands we measure them separately.

The Central Question for Medical Education

THE OLD PARADIGM:

Did the individual physician
perform competently?

THE NEW PARADIGM:

**“After competent action has
occurred, what remains unhealed,
who has the authority to change it,
and did the relevant actors
collectively create the conditions
under which life could heal?”**

