

From Competent Physicians to Healing Societies

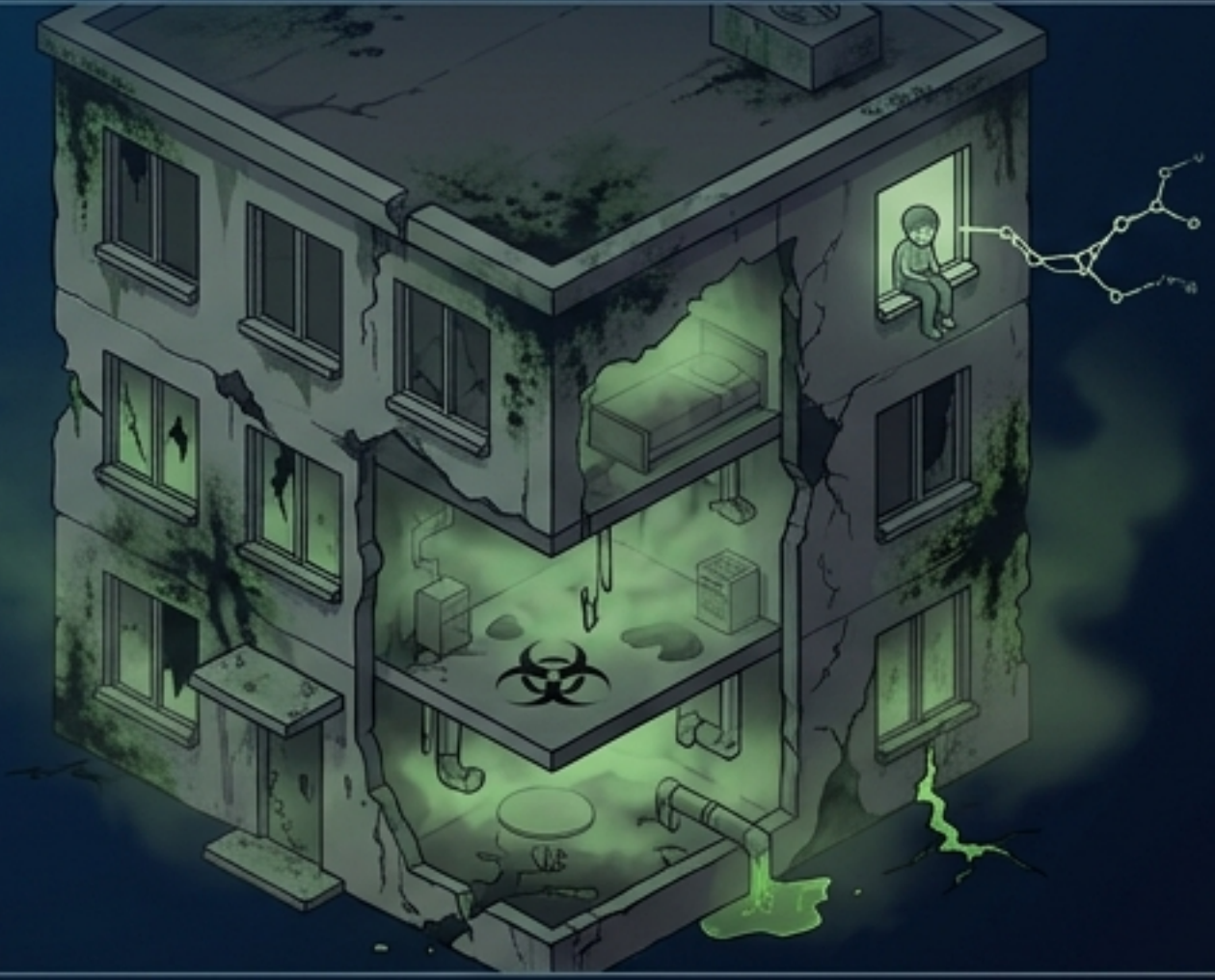
A Life-Grounded Framework for Medical Education,
Distributed Accountability, and Planetary Flourishing

THE EXCELLENT INTERVENTION



- Rapid recognition of asthma distress.
- Evidence-based treatment administered.
- Accurate documentation.
- Safe discharge.

THE UNFINISHED HEALING



- Landlord ignores moisture source.
- Relocation is financially inaccessible.
- Healthcare and housing systems never connect.
- The child returns weeks later.

The clinical team fulfilled every conventional expectation, while the child's healing remained structurally impossible to complete.

**[Perfect Clinical
Intervention]**



**[Toxic Niche /
Ongoing Exposure]**



**[Regenerating
Disease]**

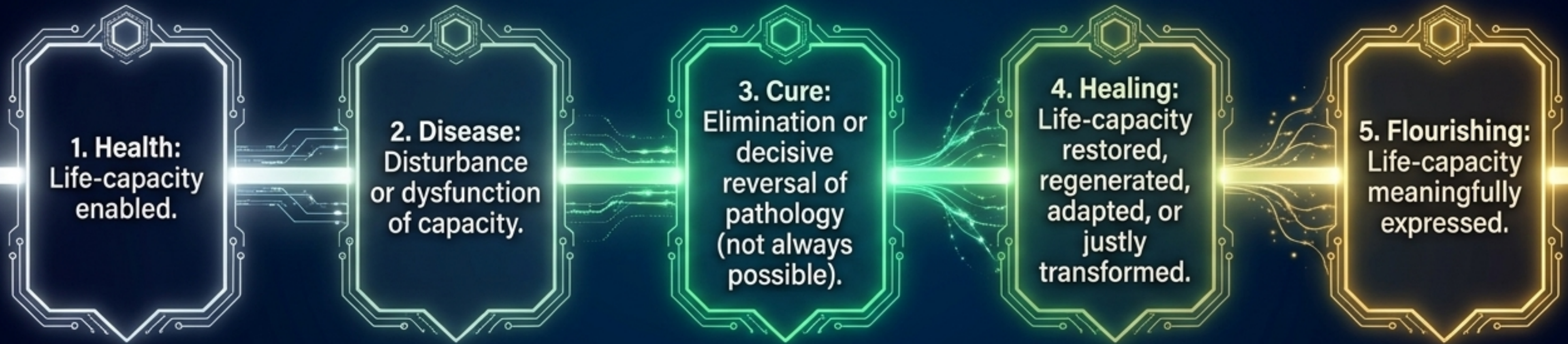


THE COMPETENCY-SUFFICIENCY ERROR

The unexamined inference that because competent care is necessary for a good outcome, it is sufficient to produce health.

Education helps a learner identify an unsafe dwelling, but gives them no legal authority, housing supply, or institutional coordination to repair it.

'The Blueprint of a Living System'



Cure vs. Healing

Cure

- Focuses on bodily pathology.
- Goal is elimination.
- Often a binary state.

Healing

- Focuses on structural/ecological conditions and agency.
- Transcends suffering.
- Can occur even when disease persists or at the end of life.

The Dual Engines of Health: Salugenesis and Salutogenesis

Salugenesis - The Internal Work

Salutogenesis - The External Field



Organism-Niche Coupling

The organism's internal work of biological healing and recovery (danger signaling, inflammation resolution, functional reintegration).

An organism cannot complete repair independently of the niche that enables it; nor can favorable external conditions replace living processes.

The external field of health-generating affordances (housing, social connection, clean air, institutional trust).

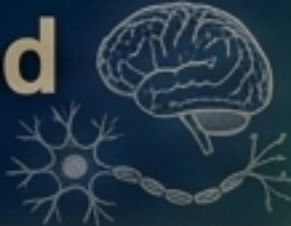
LIFE-GROUNDED HEALING ARCHITECTURE

From biological recovery to just institutions and planetary life-support

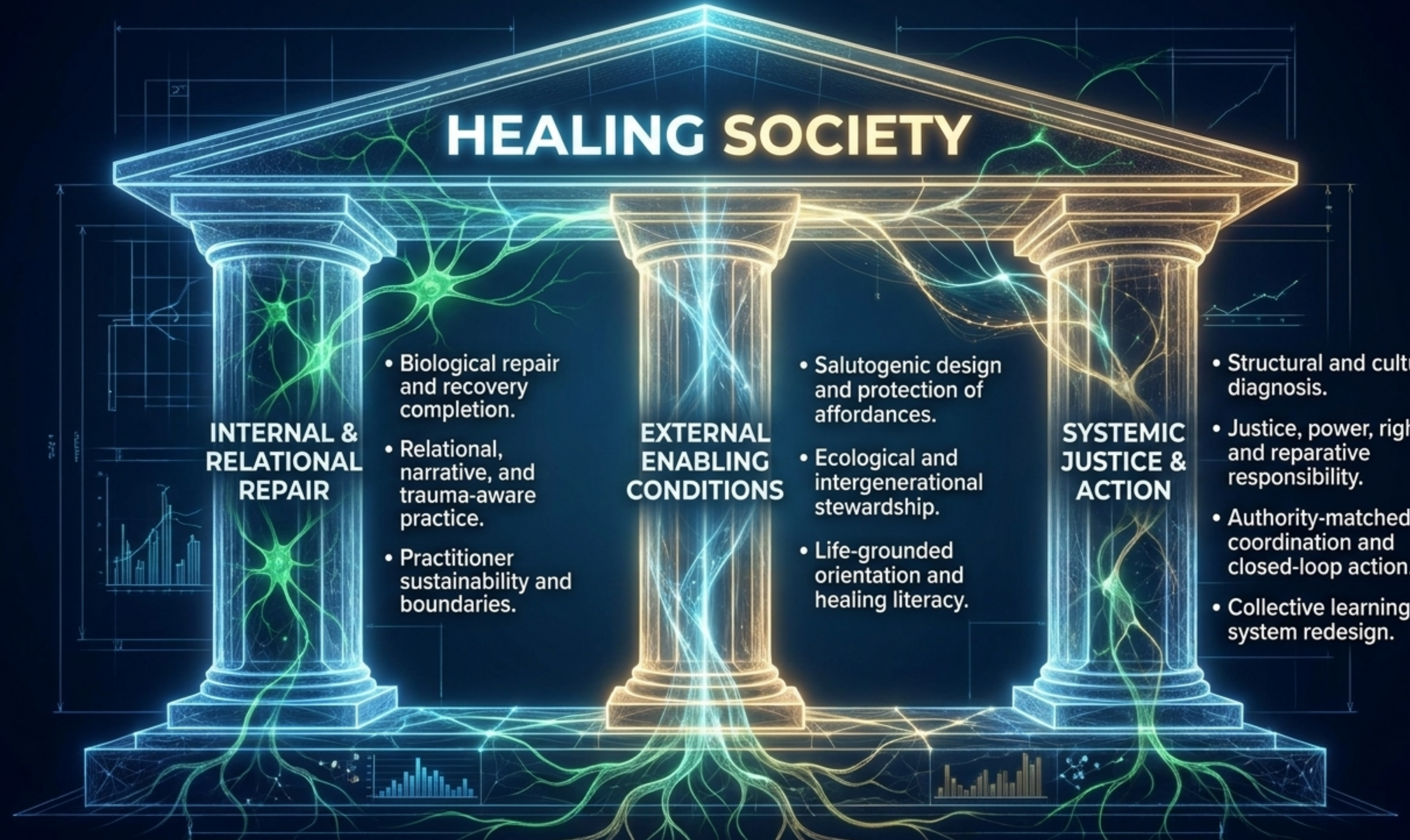


1. **Cellular & Biological:**
Injury response, metabolic regulation, repair
2. **Organismal:**
Integrated physiological function and rehabilitation
3. **Psychosocial & Relational:**
Safety, trust, agency, trauma awareness
4. **Life-Course & Intergenerational:**
Cumulative burden, historical injury, developmental timing
5. **Community & Institutional:**
Housing, legal access, workplace safety, civil commons
6. **Ecological & Planetary:**
Water, air, climate stability, ecological non-displacement

Competency Gap Matrix: A Paradigm Shift in Healing

	The Disease-Centred Professional 	The Life-Grounded Healer 
Unit of Competence	The individual learner/practitioner.	The collective (clinician, team, institution, ecosystem).
Timescale & Attribution	Billing episodes, discharge dates, academic rotations.	Months, childhood development, generations, ecological cycles.
View of Disability	A defect that must be eliminated before a person can flourish.	An interaction between impairment and inaccessible environments.
Core Question	Did the physician perform competently?	Did relevant actors collectively create the conditions for life to heal?

HEALING SOCIETY



INTERNAL & RELATIONAL REPAIR

- Biological repair and recovery completion.
- Relational, narrative, and trauma-aware practice.
- Practitioner sustainability and boundaries.

EXTERNAL ENABLING CONDITIONS

- Salutogenic design and protection of affordances.
- Ecological and intergenerational stewardship.
- Life-grounded orientation and healing literacy.

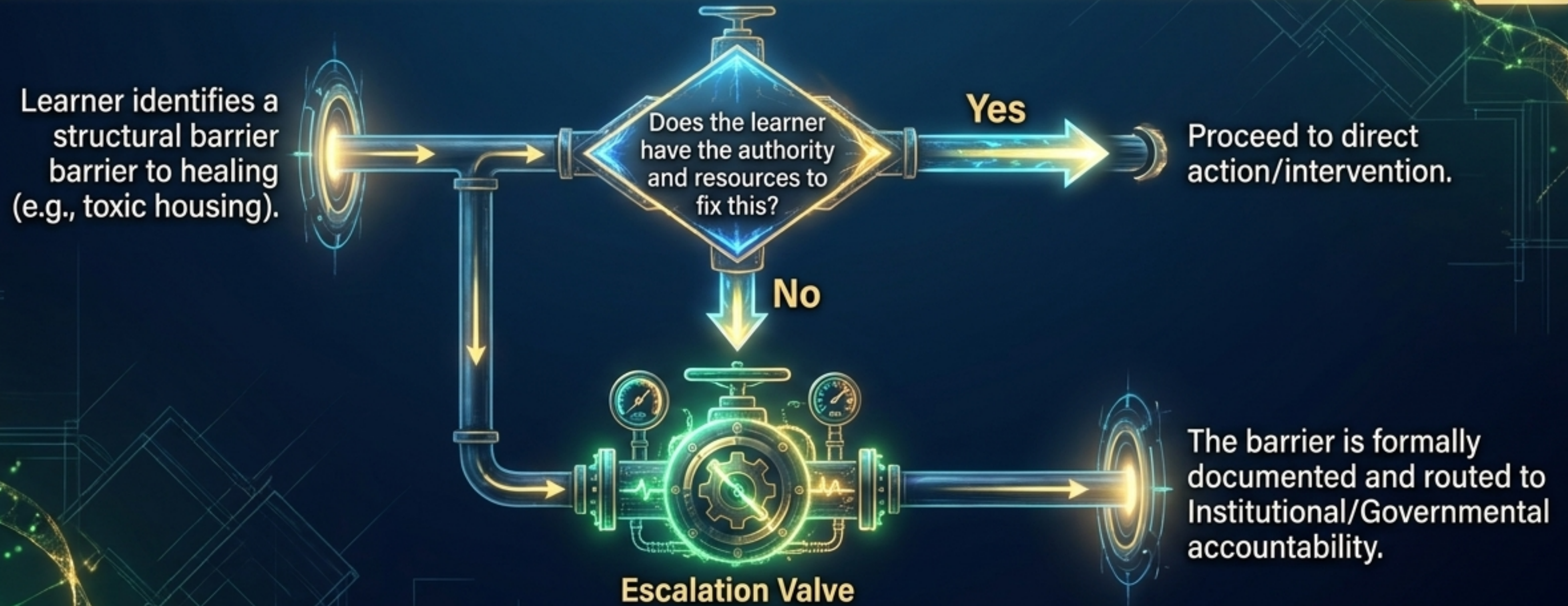
SYSTEMIC JUSTICE & ACTION

- Structural and cultural diagnosis.
- Justice, power, rights, and reparative responsibility.
- Authority-matched coordination and closed-loop action.
- Collective learning and system redesign.

Distributed Accountability

Actor	Legitimate Responsibilities	Required Enabling Conditions	Accountability Evidence
Learner/Clinician	Diagnose, treat, refer, escalate.	Protected time, referral pathways.	Completed appropriate escalation.
Interprofessional Team	Coordinate care, close handoffs.	Role clarity, collaborative tools.	Handoff completion.
Healthcare Institution	Provide partnerships, accessible care, improvement systems.	Funding, community governance.	Unresolved-barrier response.
Governments	Protect rights, fund commons, sustain ecological life conditions.	Democratic legitimacy, enforcement capacity.	Housing, rights, ecological indicators.

The **Authority-Resource-Obligation Rule**: No actor should be assigned **responsibility** for a healing outcome without corresponding authority, adequate support, and an accountable pathway for escalating barriers.



This rule protects patients from abandonment and clinicians from unlimited moral injury, preventing institutions from disguising systemic failure as a trainee's lack of resilience.

The Closed-Loop Pathway



CASE STUDY: HEAT & INFRASTRUCTURE



Older adult with **chronic kidney disease + heat exposure**. Clinician manages medication, activates community cooling access.

Transportation, power grid, housing standards. City is responsible for emergency communications and accessible energy.

The Non-Displacement Test: Healing here cannot mean harm elsewhere.

A solution that protects this patient through intensified emissions or unaffordable energy burdens elsewhere fails life-grounded healing. Policy must consider urban canopy and clean energy.



Performance

(The Learner)

Measures: What the learner did (recognition, appropriate escalation).

Context: A learner can perform perfectly even in a broken system.



Enablement

(The Institution)

Measures: Did the hospital/university provide the pathways, interpreters, and protected time?



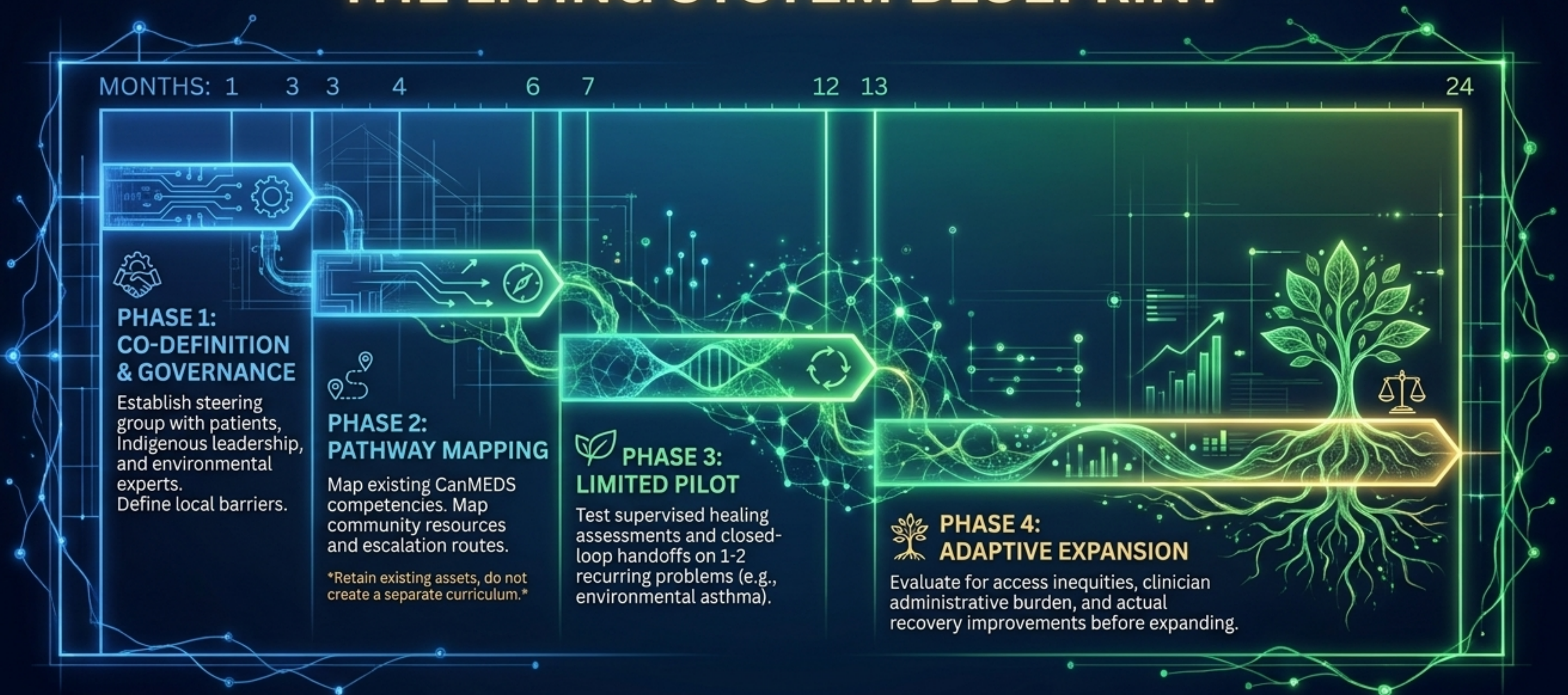
Outcome

(The Patient/Environment)

Measures: Functional recovery, community-defined success, ecological integrity.

Guard Against Measurement Violence: Do not confuse referral volume with actual repair. If outcomes are linked directly to trainee progression, learners will avoid complex cases.

PHASED TIMELINE: THE LIVING SYSTEM BLUEPRINT



**CanMEDS
Clinical
Excellence**

**Structural
Competency**

**Indigenous
Relationality**

**Social
Accountability**

**Planetary
Health**

HEALING

Synthesis Statement:

Healing is not another individual competency to add to a checklist. It is the **unifying telos (orienting purpose)** that connects **biological recovery, social justice, institutional accountability, and planetary life-support.**

The central educational question changes from "Did the physician perform competently?" to **"Did we collectively create the conditions for life to heal?"**