VIEW FROM THE THIRD ACT:

We Are Individuals, Not an Average



By Darren Somsen · Founder & CEO | Third Act USA, Inc.

Over the past few months, I've spent a lot of time writing about the shared history of those of us living in our Third Act. We share a generational timeline, a cultural backdrop, and a collective memory. But a shared history is not the same thing as a shared experience. Our generation does not make us interchangeable.

> *"We may have all seen the same band perform on the same tour, but we didn't see them from the same seat."*

In 1984, I saw the Eurythmics from a blanket on the grassy slopes of a ski resort amphitheater, with two friends beside me. The mountain, the acoustics, the company: those were the coordinates of my evening. You might have seen the same tour in a concrete arena, from an assigned plastic seat. We both saw the Eurythmics, but you did not see my show, and I did not see yours.

That distinction gets lost when healthcare treats a demographic profile as a complete picture of a person.

We may walk into a physician's office with similar symptoms, but we don't arrive with identical histories. I lived overseas. I had medical problems as a child. Fourteen years ago, I had a blocked ureter and a kidney stone. I've eaten foods you haven't and lived in environments you haven't. You have a history I don't share, either.

I'm not asking a physician to ignore the evidence. I'm asking them to remember that the evidence is a starting point, not a substitute for knowing the person sitting in front of them.

At one visit for urinary symptoms, my care included a urinalysis and a prescription for Macrobid. My concern was not simply that a familiar treatment had been prescribed. It was whether the history that made me different had received enough attention. From my side of the exam table, it felt like: symptoms entered, prescription issued, chart closed. Next room.

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When a clinic's schedule leaves little room for a complicated history, individuality starts to feel like a luxury.

So there we sit on the crinkling butcher paper of an exam table, answering a medical assistant's checklist. The questions move from one required field to the next in the electronic medical record. The assistant is doing the job the workflow demands. My complaint is with a process that can check every box without capturing the history that makes the patient different.

Here I am, an individual patient, receiving care that feels designed for an amalgam of the average.

A short appointment leaves little room to reconstruct a lifetime. I don't want a C-student summary of my life standing in for an actual conversation about it.

And what happens when we move to another state to be closer to the grandkids, change insurance networks, or start seeing a new physician? When the records don't follow us, or arrive incomplete, we are left rebuilding our own history for someone who has never met us. Once again, the patient becomes the person responsible for connecting the dots.

We are not asking every new physician to memorize our biographies. We are asking for the parts that matter to be available, understood, and considered before the conclusion is reached.

We are not an average. We are individuals with rich, complicated, highly specific histories. We should expect to be heard as people, not merely processed as members of a demographic group.

We may have heard the same song. That does not mean we heard the same show.

And that's my view from the Third Act.

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