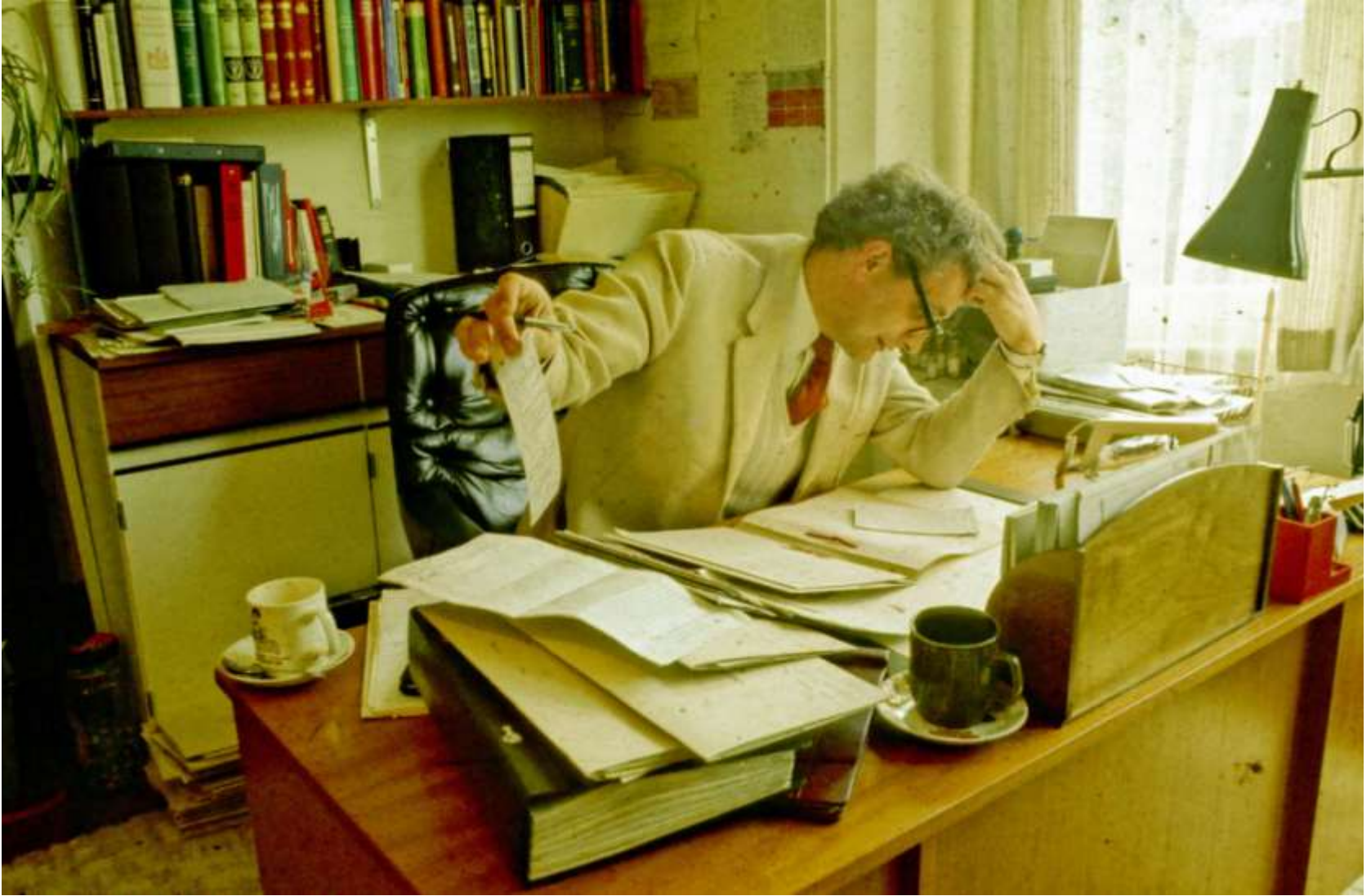


Whole Person Healthcare

Adding the spiritual needs of patients

Dr Michael Sheldon

BA, MB, BS, MBCS, FRCGP, MICGP, Dip Theol.



1973 – Starting from scratch in a portakabin in the grounds of Banbury Hospital

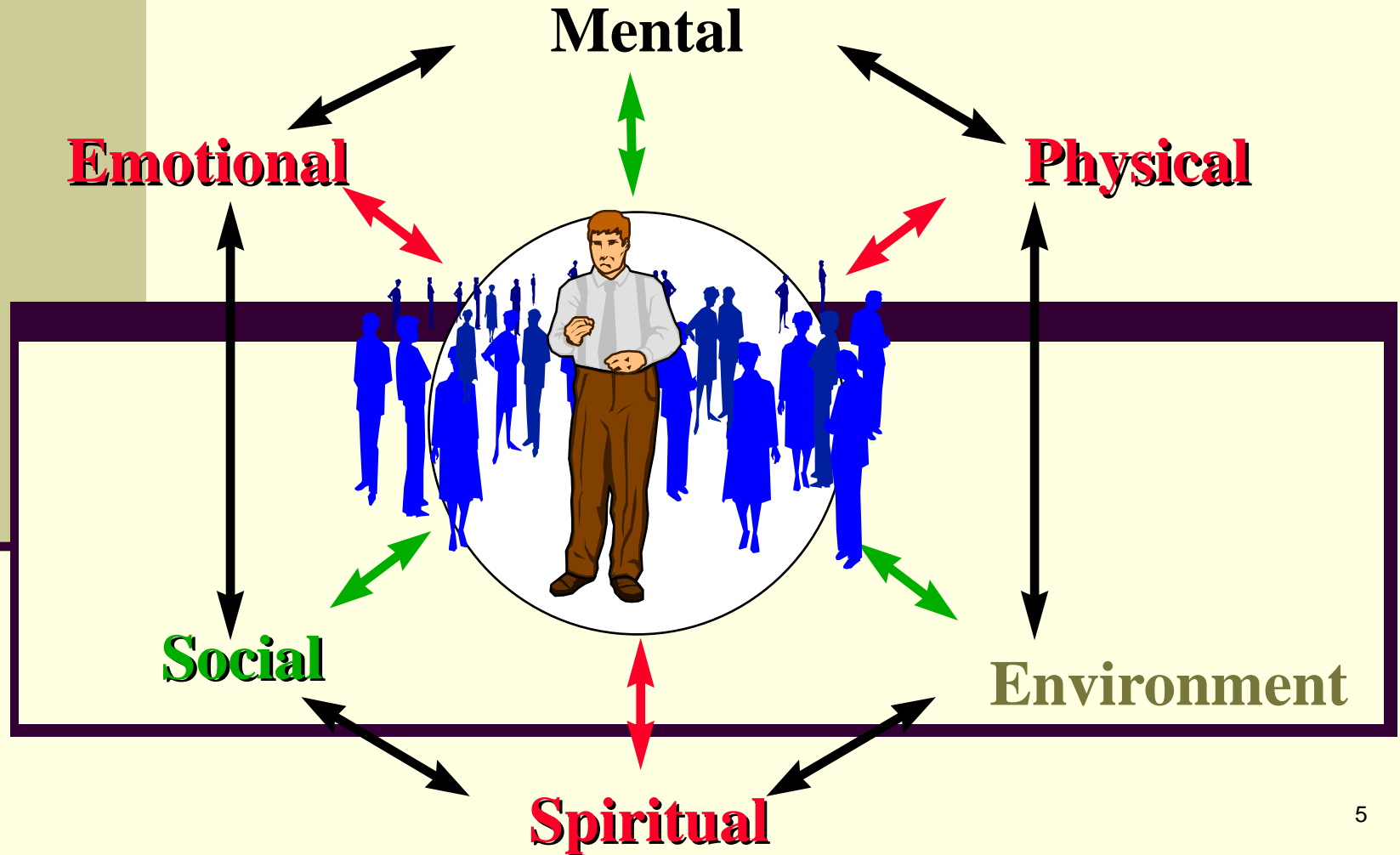


The Complete GP

- Country Practice
- Academic – teaching and research
- Third world primary care development
- Back to Academe
- Finally inner city London practice



Whole-person health



Bio-medical model of medicine

- Biological basis of body
- Mind is dependent on brain activity
- No dualism
- Physical not metaphysical
- Disease categories based on pathology
- Laboratory results take precedence
- Therapy usually physically based
- Physician's responsibility

A post-modern “wholistic” model

- Patient’s experience of illness
- Importance of understanding health
- Patient choices
- Co-operation rather than paternalism
- Doctor as advocate and support
- Team work

	“OLD” philosophy	“NEW” philosophy
Cause of disease	Natural (physical)	Multi-factorial
Model of man	Superior animal	Physical + metaphysical
How to study people	Quantitative, statistical analysis	Qualitative
	Objective observation	Narrative – telling story in context
	Placing the person within an event	Placing events within the personal story
	Logic and facts	Reflection on experience and beliefs

The current philosophy affects the treatment given

- Obviously the illnesses diagnosed and the treatments offered depend to a large extent on the belief system underlying current medical practice.
- This belief system starts with an understanding of what a human is – so we need some anthropology

What is a whole-person?

- **Physical being**
 - Physical body
 - Physical needs, reflexes, basic desires
 - Biological level of functioning

- **Rational being**
 - Thinking and reasoning
 - Feeling - emotions

What is a whole-person?

- **Social Being**

- Made for relationship

- **Spiritual being**

- Moral behaviour
- Purpose and meaning
- Belief system
- Fully human –

- **what does it mean to be human?**

What is the spirit?

- Old model of body, soul and spirit not helpful as leads to dualism
- New model based on “golf ball” picture
- Seamless functioning of the spirit in ALL human activity
- Spirit connects us with God/Spirit World

Old “Western” dualistic picture

SPIRIT

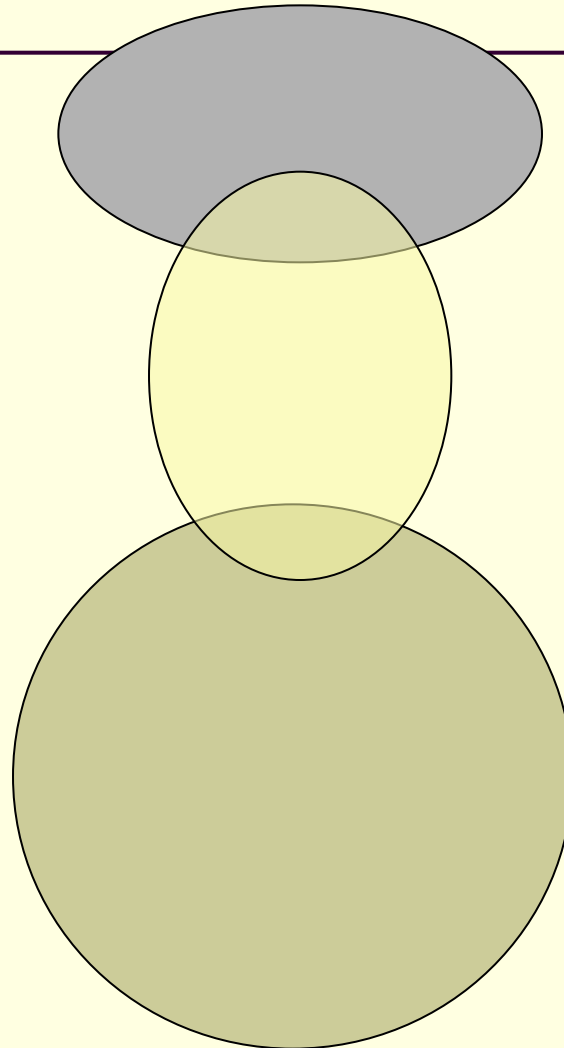
Communion
Worship

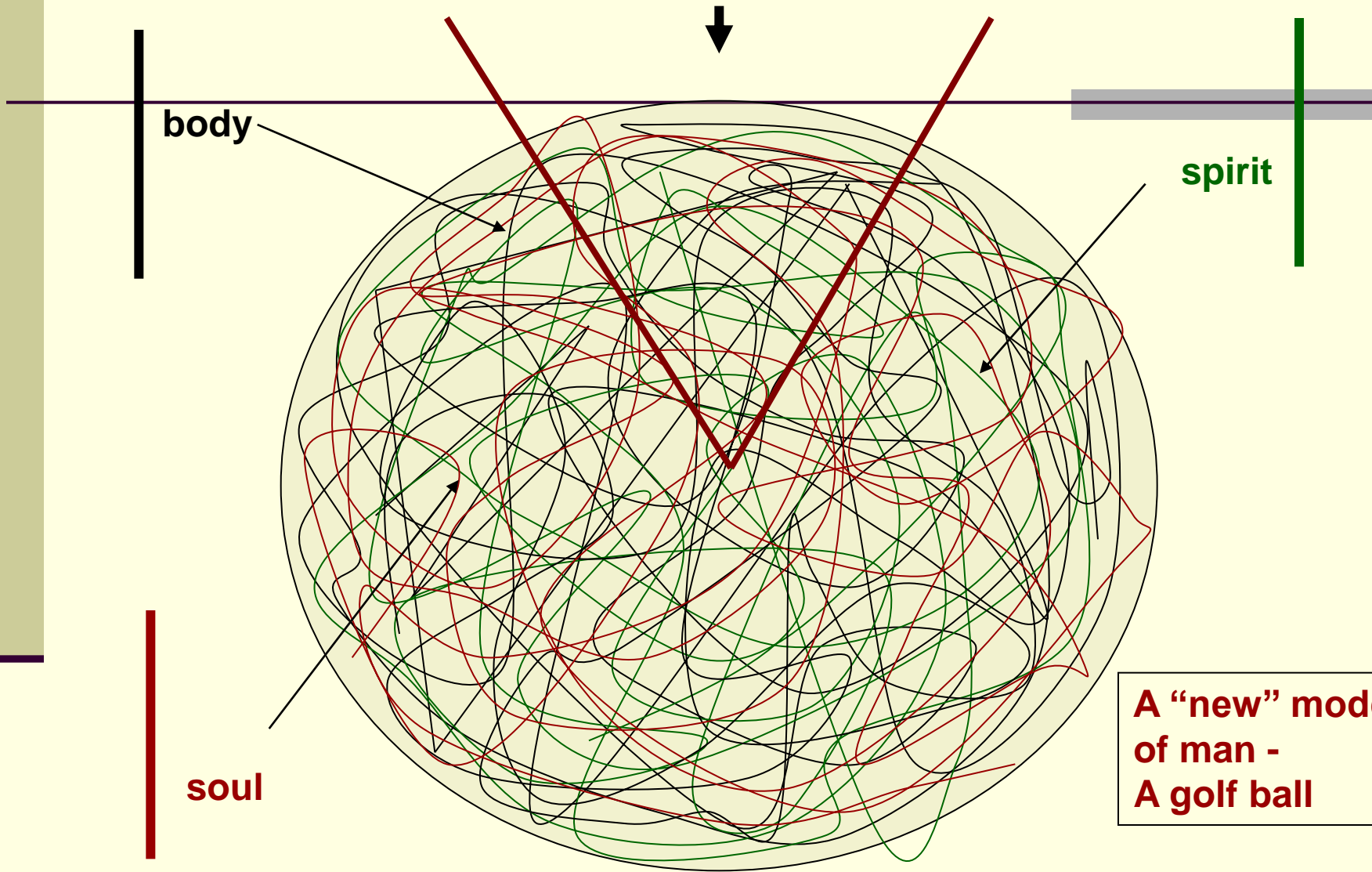
BODY

Senses
Physical body
Sexuality

SOUL

Mind, intellect
Emotions
Will





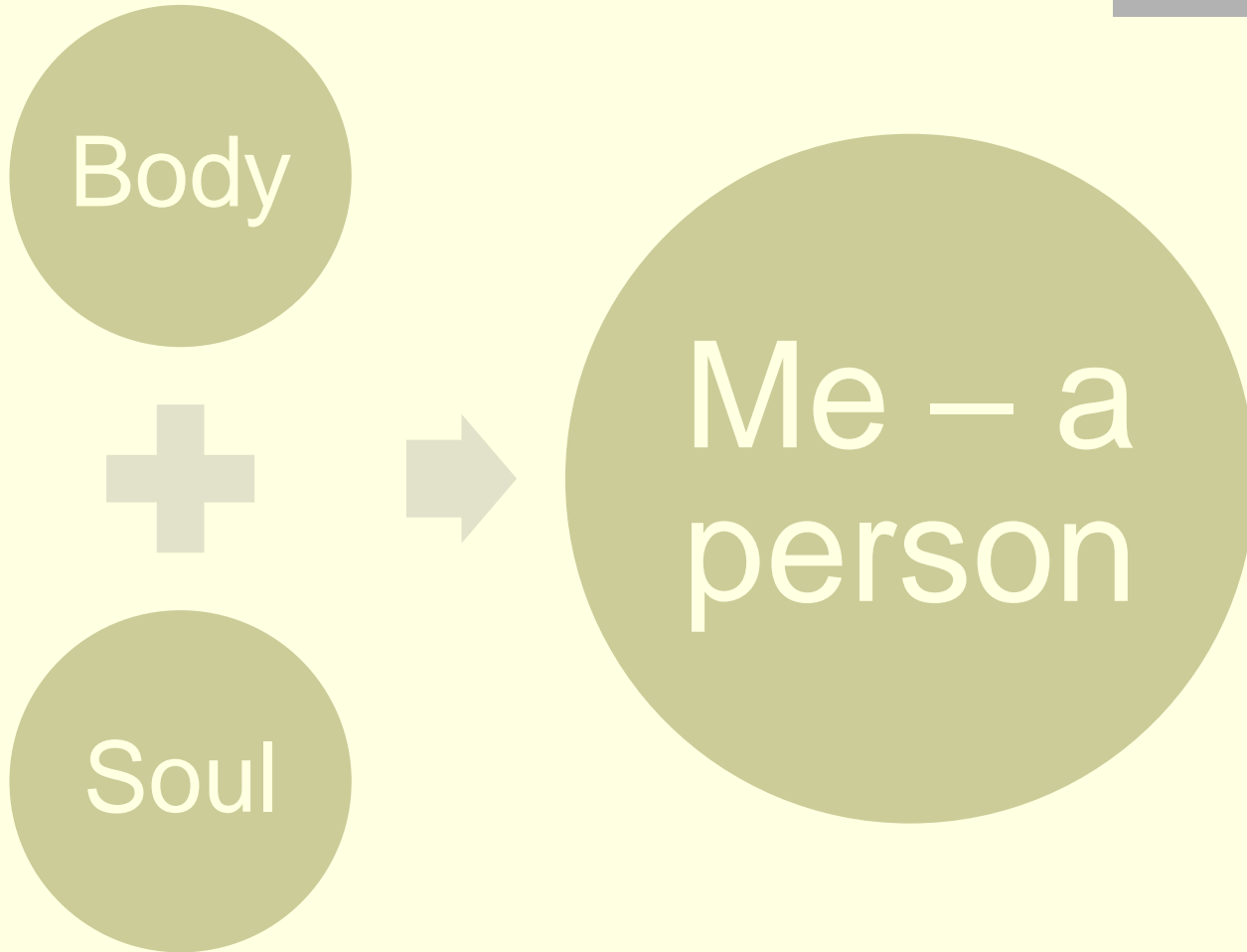
body

spirit

soul

**A "new" model
of man -
A golf ball**

No Dualism Please



What is man?

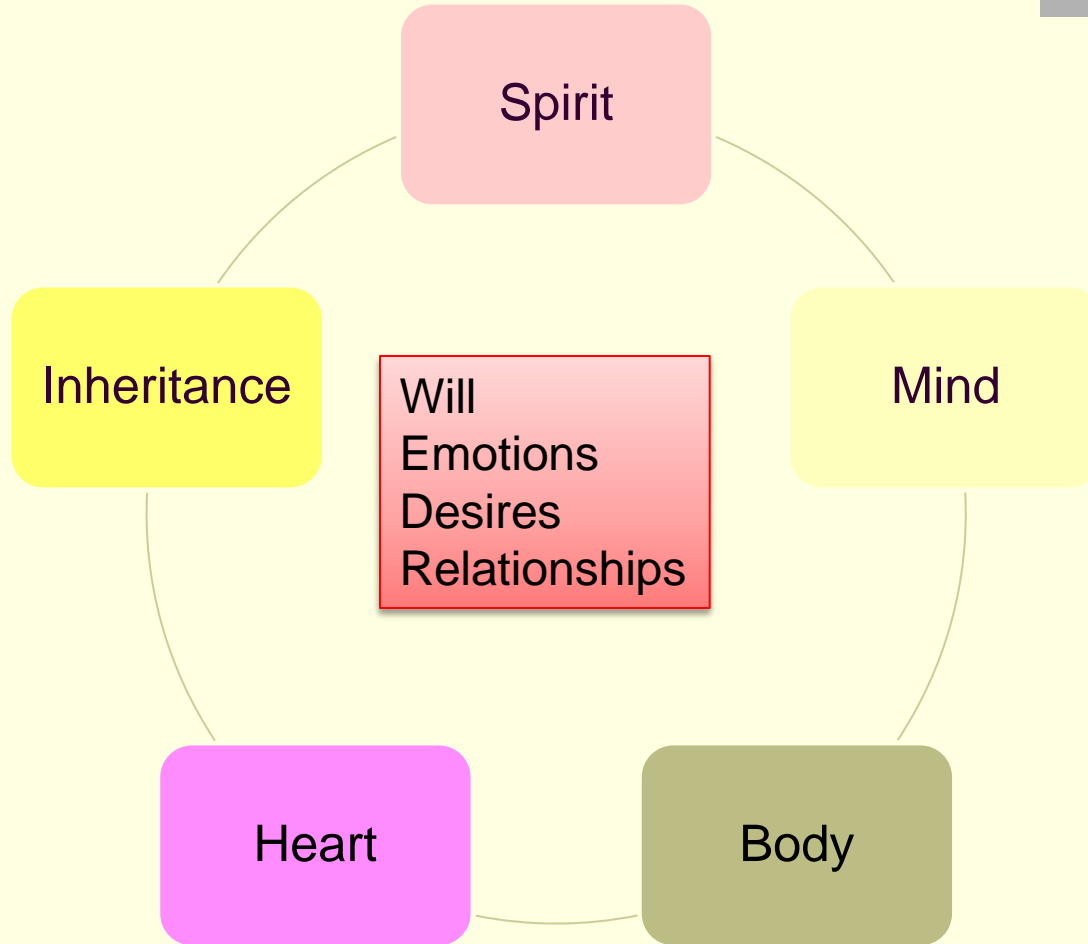
I am a person

I have a body

I am a living soul

God has made me
a spiritual being

I am an indivisible whole person



What is your anthropology?

- You need definitions of –
 - Body, soul and spirit
 - Heart, mind and strength
 - Old man and New man
 - New creation
- How do the soul and spirit interact?
- What is a whole person?

Integrated health care

The whole-person approach seeks to integrate the best from the bio-medical approach with social science, psychology and other appropriate models of humanity, including spirituality.

Illness = disease + person

The Three Windows

■ **Physical window**

- Normal 'medical model' view of problems, translated into a whole-person approach

■ **Psychological window**

- Normal psychological counselling viewpoint looking at mind, emotions and life events

■ **Spiritual window**

- Looking at the spiritual and religious aspects of a person's health problems

7 stage model of the human spirit

- 1 Self-image
- 2 Relationships with others
- 3 Relating to the world
- 4 Moral and ethical practice
- 5 Purpose, meaning and choices in life
- 6 Belief and faith
- 7 Religious Experience

1 Self Image

- Each person is a **unique** individual
- View of themselves and **self-understanding**
 - Realistic view of strengths and weaknesses
- Ability to “**love**” **self** and then others
- Ability to grow and **mature** and acquire **wisdom**

2 Relationships with others

- Family
- Friends
- Strangers

- Quality of ability to relate, to give and receive love, to mend broken relationships and relate appropriately in different situations

3 Relating to the world

- Locus of control – themselves or others?
- Attitudes to work
- Social responsibilities
- Cultural influences
- Creativity

4 Morality and ethical practice

- Basis of their personal ethics
- Are they based on external standards
- Attitude to religious standards of morality
- How aware are they of their conscience?
- Attempts to act morally and consequences

5 Purpose and meaning

- What hope do they have for the future?
- Priorities and purposes in life
- What fulfilments and disappointments have there been?
- What are the desires of their heart?
- Choices and decisions –will power to carry them through

6 Belief and Faith

- What do they put their faith in (faith is belief in action)
- Concentrate of health and healing rather than everything in life
- Beliefs which were handed down to them
- What do they actually believe in ?
- How do they put their faith into practice?

7 Religious experience

- Cultural or religious influences
- Describe their personal religious journey
- Knowledge and practice of religion
- Religious beliefs about health

What would whole-person care look like?

- Major differences would be –
- 1: Integrated team includes patient
- 2: Full assessment of person through three windows
- 3: Diagnosis made in whole person terms
- 4: Continuing assessment is dynamic
- 5: Therapy will be multi-disciplinary but integrated

Principles of whole-person health

- 1 Patient is central
- 2 Importance of narrative
- 3 The true story of the patient's health
- 4 Man – whole greater than the sum of the parts
- 5 Making a diagnosis
- 6 Definition of health
- 7 An integrated health care team
- 8 Self-help by patient is encouraged
- 9 Outcomes to be achieved
- 10 Growth, development and maturity

1 Patient is central

- Illness is the patient's experience (distinguish from disease and sickness).
- Each person is unique in physical and personal make-up.
- Patient has great needs during illness – to understand, to adapt, to cope and to survive in a positive way.
- It's their health problem, they need to help themselves, to help make decisions, to adapt their beliefs, fears and behaviour.

2 Importance of narrative

- Life is a story
- Do we know what our story is?
- Can we change our story?

- Narrative medicine helps the patient to make sense of their pain and suffering so that they can cope with it. It gives them the power to change their story to a healthier one.

Telling the story

- Telling their story increases a person's understanding of their health.
- Importance of language – verbal, non-verbal and emotional.
- The more times the story is told the nearer it can come to the truth.
- The story is told within the context of a trusting relationship

Importance of story telling

- Wittgenstein
- Speaking to another brings objectivity into the subjective
- Practice it now

Rules of story telling

- Absolute confidentiality
- Listener does not interrupt, just encourage
- Afterwards three questions –
 - How did you feel?
 - What would you like to have changed?
 - What actions will you now take?

3 Seeking the truth

- As the person increases in their understanding of the truth about their health issues so they have the power to become healthier
- They can then better adapt, cope, make allowances, take action, seek appropriate help, make better decisions etc.

4 Model of a whole-person

- We have a model of man as –
 - Physical being
 - Social being
 - Rational being
 - Spiritual being
- The whole is greater than the sum of the parts
- You cannot separate off the different parts of a person and treat them separately.

5 Making a diagnosis

- Bio-medical model
 - Diagnosis made in patho-physiological terms
- Patient-centred model
 - Diagnosis made in terms of problems
- Whole-person model
 - Diagnosis is **layered** on three levels

Whole-person diagnosis

- Bio-Physical level
 - Signs and symptoms which are the end result of multiple internal and external factors
- Causation level
 - Multi-factorial causations of the physical end-points of symptoms and signs
 - Patho-physiological
 - Psycho-somatic
 - Life events
 - Attitudes and beliefs
- Person level

6 Definition of Health

- A new definition of health is needed.
- Health is a statement about the present moment which mainly indicates the **functional ability** of the person.
- Health has as many multiple facets as the person does

NOT the definition of Health

- NOT the absence of disease – we all have diseases
- NOT the absence of symptoms – we all experience pain and suffering
- NOT complete happiness and fulfilment

The real definition of Health

- Strength to be human – to live and die
- Minimising morbidity and then -
- Adapting to residual pathology
- Coping with pain and suffering
- Growing through difficulties
- Learning compassion and kindness
- Coming closer to “inner peace” - Shalom

The strength to be human

- To be human –
 - In relationship with self
 - In relationship with others
 - Free to mature and grow
 - Fulfil the purpose of our life
- Health is not a state but a journey
- Health is relative and not absolute
- We become the people we are through our relationships with others

7 The health care team is integrated

- The individual doctor being responsible for all of a patient's health needs is no longer appropriate
- BUT – a collection of arrogant health care professionals, all fighting to guard their territory, and telling the patient different things
 - is worse than useless – its dangerous

An integrated health care team

- The patient needs to be at the centre of the team
- An integrated team has –
 - Skill mix
 - Respect for one another
 - Awareness of own limits of competence
 - Cooperate and support one another
 - Teach each other
- This implies – time to meet together, and good communications

8 Self-help by the patient is encouraged

- Health is a life-long affair
- The patient is the best person to conduct the orchestra – BUT needs to be able to hand over the baton when too ill.
- This requires –
 - Courage and confidence
 - Knowledge and understanding
 - Good health seeking behaviour

9 Outcomes to be achieved (1)

Physical

- Limitation of harmful effects of diseases
- Cure wherever possible
- Limitation of consequences of diseases
- Maximise physical functioning
- Reduce morbidity
- Prolong life and a good quality of life

■ Psycho-social

■ Spiritual

9 Outcomes to be achieved (2)

■ Psycho-social

- Relief from psychological pain
- Improved relationships
- Greater understanding of own health
- Ability to take preventative action
- Ability to adapt to a healthier life-style

9 Outcomes to be achieved (3)

■ Spiritual

- Personal growth
- Increasing compassion and relationships
- Peace at heart (relief from anxieties)
- Hope for the future

10 Maturing and developing

- To be healthy is to have greater control over health related decisions
- We can learn and so mature in our health
- In different stages of our lives different aspects of health become more important.
- A healthy life ends in a healthy death

Three key questions for today

- 1 What are the spiritual health care needs of patients?**
- 2 Are these needs to be met within the health-care system?
- 3 If yes, who is going to meet these needs – and how?

Is spirituality part of a medical model?

- **Three responses –**
- 1 Not at all, it may be important, but like the need for sewers and clean water, not part of a medical model. (Dualism)
- 2 Yes it is an important part of the delivery of health care, involving equality, respect of patient's beliefs, compassion etc.

The third option

- The spirit plays an important part in both becoming ill and then in overcoming ill-health, so it is an integral part of any successful model of health care.
- BUT this presents 3 big challenges
 - What is spirit and how does it act in health?
 - How do we assess spiritual illness?
 - When we understand more, how do we treat spiritual ill health?

Spirituality and health care

- How can the health care service meet patients spiritual needs?
- Distinguish between spiritual and religious needs.
- What are the options?

Whole Person Clinic Methods

Primary care setting

Referral by GP

1 to 1 ½ hr sessions

Three therapists

GP (2 sessions)

Counsellor (3 sessions)

Pastoral counsellor (2 sessions)

Session together to integrate findings

Feedback with patient

Action plan agreed with patient

Further therapy available if indicated

An integrated assessment - physical

■ Physical window

- Listening in a relaxed manner to the patient's story
- Build up a trusting relationship
- Concentrate on the medical aspects
- Picking up on verbal and non-verbal clues to explore further
- Exploring their health beliefs
- Appropriate examination and investigations

Taking a herstory

Traditional

Present complaint

Past history

Direct questioning

Add on social history

DOCTOR - agenda

Whole-person

Open up to patient's story

Active listening

Observe patient's belief system

PATIENT - agenda

Tools needed for a whole person approach

- You cannot attempt a whole-person approach unless –
 - 1 You change your attitude towards **time**, a whole-person history always takes much longer than the usual medical model one
 - 2 You really **care** about the patient, empathise with them and seek to do the best for them (LOVE).
 - 3 You can build a relationship of **trust** in which you can share of yourself and let the patient be vulnerable with you.

The doctor **listens** to the story

- Participative listening and not passive
- Telling the story will vary according to the listener
- Be involved and not a distant objective observer
- Open ended, interested questions
- Share feelings, explore reactions and opinions
- Accept the story as the patient has told it

End of first interview

- Best to always have at least two interviews if dealing with a new issue which is not straightforward.
- At the end of the first interview you (and hopefully the patient) have an understanding of what the health problems are.
- Don't close down quickly and try to come up with a diagnosis etc at this stage.
- If indicated do an examination, order some tests, and arrange to see again soon after.

This is not easy for doctors

- Doctors have three big problems –
 1. Medical arrogance
 2. Need to remain objective
 3. I haven't got the time

Psycho/social assessment

- Done by a counsellor
- Usually takes 2 to 3 sessions
- Patient gives permission to share findings with other team members
- Report is integrated with the other physical and spiritual findings.
- This assessment can be combined with the spiritual one

Psychological Assessment

- **Tools and questionnaires** are useful – give the patient some homework before the session.
- Map and time-line of life events and how they link with health problems
- Map of close relationships – let the patient draw it themselves
- Open ended questionnaires

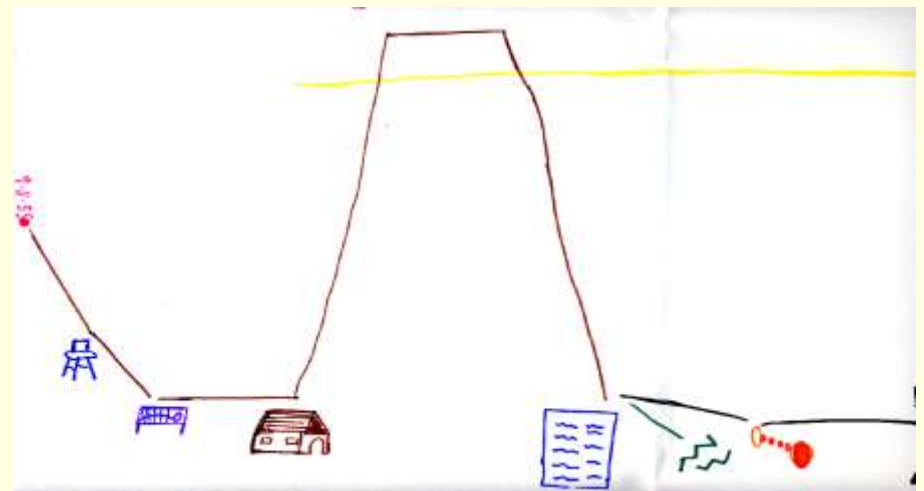
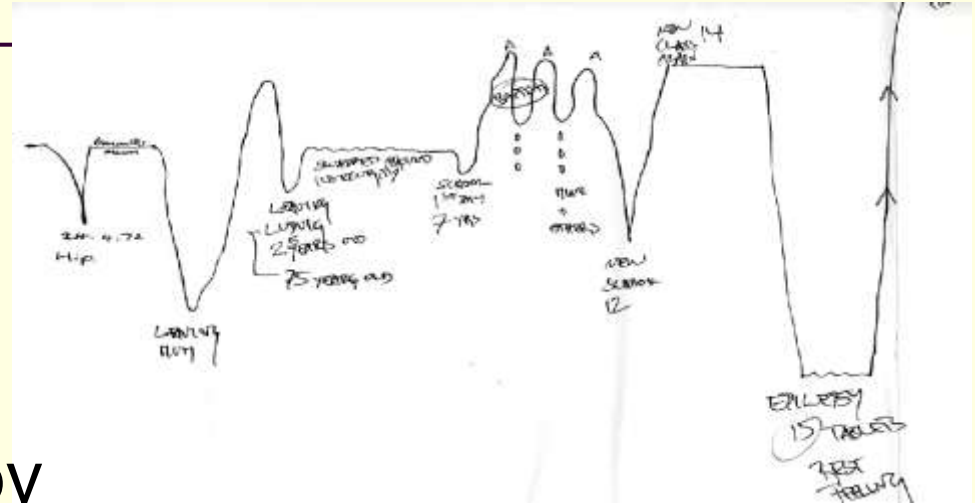
Getting the whole story

- Guard against focussing down to soon
- Get a clear idea of the sequence of events
- Draw on other peoples information and perspectives



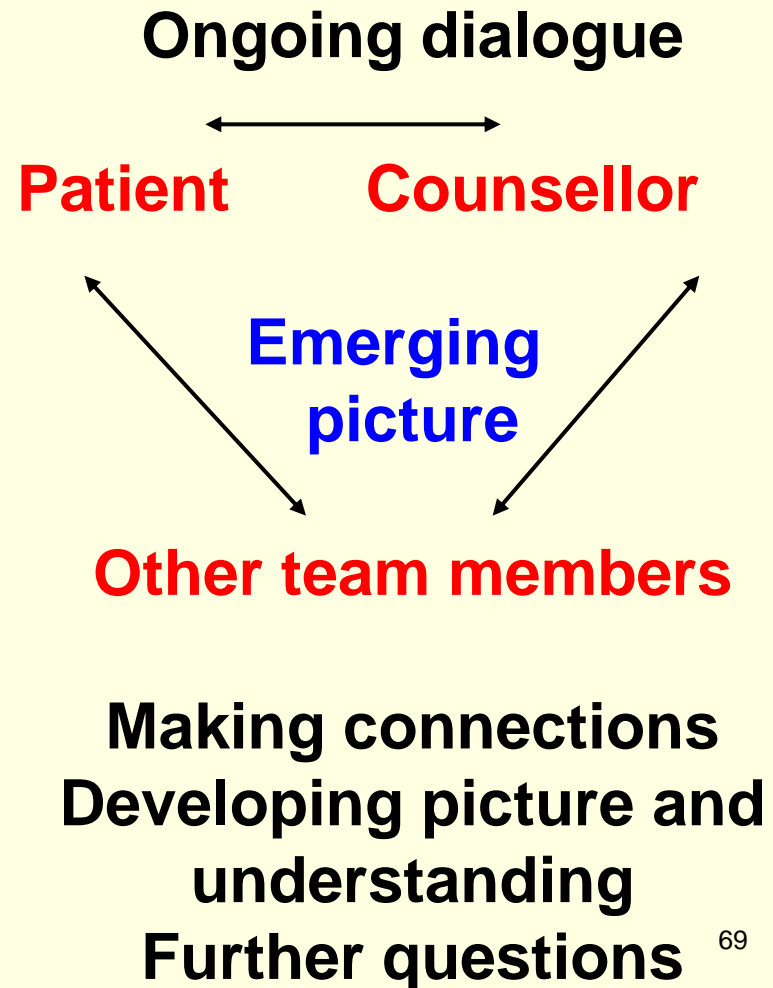
Life-line

- Timeline starting from birth.
- Key episodes in their lives are represented by peaks and troughs, symbols, words and numbers.
- Tell their story as they go along.



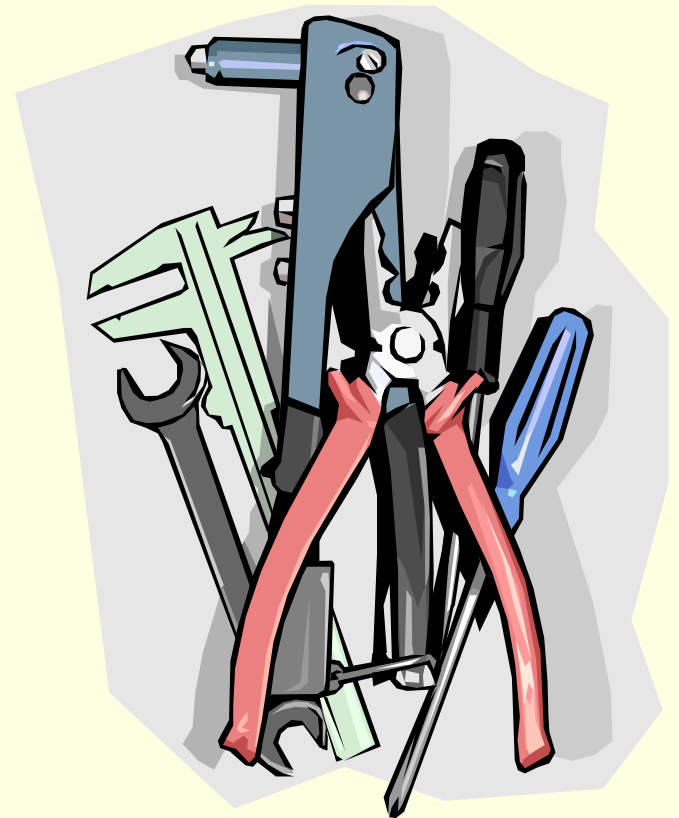
Analysis of the information

- Emotional, medical and spiritual
- Sequences
- Repeating patterns
- Triggers
- Significant events
- Significant people



Additional questionnaires and counselling tools

- Personality
- Specific questions
- Counselling assessment ratings
- My relationship with my Father/ Mother
- REBT



Spiritual Assessment

- Alongside the psychological assessment or separate from it.
- Questions range over the 7 areas in the spirit model, leaving religion until last.
- Be attentive to clues – both verbal and non-verbal, and follow any leads the patient gives
- Of course be non-directive and respect the patient's opinions and beliefs – however “wrong” you think them to be.

1 Self Image questions – part 1

- Can they identify their personal strengths –
- - and weaknesses?
- How do they describe themselves – what is their self-understanding?

- Are they too self-critical, or do they not like criticism from anyone?
- What fears and anxieties do they have?

1 Self Image questions – part 2

- What is their view of suffering?
- Can they consider that they grow and mature through hardships?
- How have they learned from past experiences?

- NOTE that in order to get these questions answered you need to practice an open-ended but directed questioning style.

2 Relationships with others

- Discuss their relationships with -
 - Family
 - Friends
 - Strangers
- Quality of ability to relate, to give and receive love, to mend broken relationships and relate appropriately in different situations
- Much of this may already have been covered in the Psychological part of the interview

3 Relating to the world – part 1

- Locus of control – very important test
- Best to give a standard questionnaire before this interview to give you an answer as to whether they see that they themselves have a significant control over their own lives.

The Perceived Health Competence Scale

	Strongly DISAGREE		strongly AGREE		
1 It is difficult for me to find effective solutions for health problems that come my way	1	2	3	4	5
2 I find efforts to change things I don't like about my health are ineffective	1	2	3	4	5
3 I handle myself well with respect to my health	1	2	3	4	5
4 I am able to do things for my health as well as most other people	1	2	3	4	5
5 I succeed in the projects I undertake to improve my health	1	2	3	4	5
6 Typically, my plans for my health don't work out well	1	2	3	4	5
7 No matter how hard I try, my health doesn't turn out the way I would like	1	2	3	4	5
8 I'm generally able to accomplish my goals with respect to my health	1	2	3	4	5

[NOTE: For scoring purposes, items 1, 2, 6, & 7 need to be reverse scored (i.e., 1=5, 2=4, etc.) before summing across all eight items.]

3 Relating to the world – part 2

- Attitudes to work and money
 - Is work stressful?
 - Do they have a good balance in their lives?
- Social responsibilities
- Cultural influences on education
- Creativity

4 Morality and ethical practice

- Basis of their personal ethics
- Are they based on external standards
- Attitude to religious standards of morality
- How aware are they of their conscience?
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5 Purpose and meaning

- What hope do they have for the future?
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Putting the assessment together

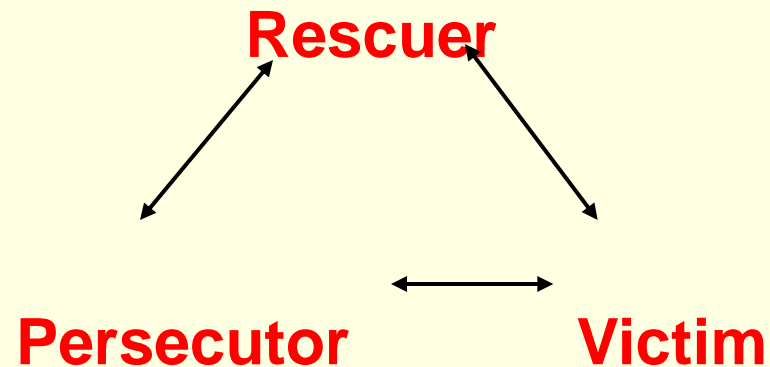
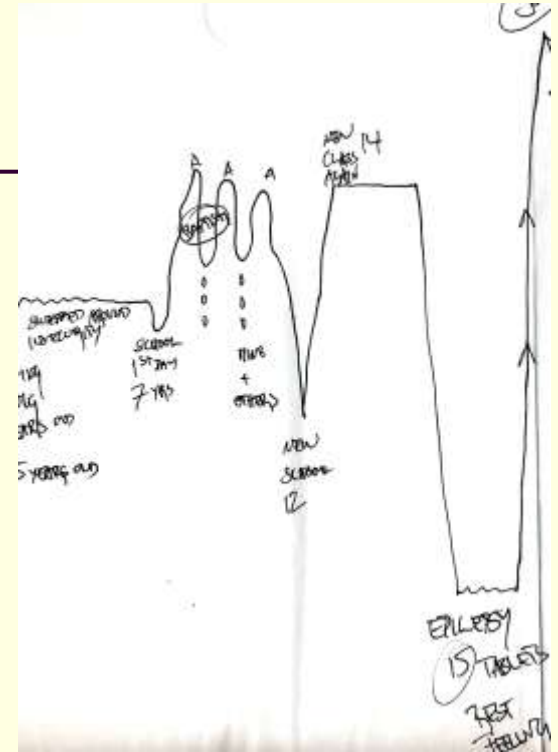
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- A report is written which will be shared with the patient.
- The patient is given the opportunity to study the report and influence the final version.
- Process finishes with the production of an **action plan**

Involve the patient in the assessment

- Value of integrating objective listening with subjective telling to arrive at the “truest” version of the patient’s health story.
- The patient must understand and accept the assessment before they will be motivated to get better
- Give them the assessment – it is their property

Patient F01 : lifeline

- 28 year old receptionist
- Born in a Scandinavian country
- Suffers from epilepsy with frequent fits
 - makes her fearful.
- Constant terror about everything:
“fear of being invaded”
- Had two names for herself
- Negative relationship with men and her own language
- ***“I feel assaulted by my own language”***
- Felt she had to rescue everyone
- Dominant and crushing influence of her father.



Patient F01

Significant people network



Patient F01 - recommendations

To offer several follow-up sessions to look at:

- Her fear and desperation associated with her epileptic fits.
- Looking at her need to rescue everyone.
- Her relationship with her Father.

REBT

**Boundary
setting**

**Questionnaire-
experience with
parents**

**Transactional
Analysis**

Patient F01 - outcomes

- Returning to her home country to study
- Felt more integrated
“I feel as if I leave as one person”
- Significant shift in her relationship with her father and other men

More balanced view about receiving and giving
-significant shift in her attitude and response to the epilepsy



General Conclusions

- Therapy starts with assessment
- Counsellors- broad training and knowledge base (mind/body/spirit)
- Effectiveness of the team – communication, confidentiality and collective understanding of whole-person approach

The Team:

- ❖ ***Educating***
- ❖ ***Inspiring***
- ❖ ***Enlightening***
- ❖ ***Motivating***
- ❖ ***Empowering***



Some of the most creative work is carried out at the boundaries

So how can we be part of the answer?

- What do we do?
 - Medical practice
 - Counselling
 - Pastoring/Chaplaincy
 - Social work
- Do we just acknowledge each other and make referrals?
- What does it mean to become integrated, whole person therapists?

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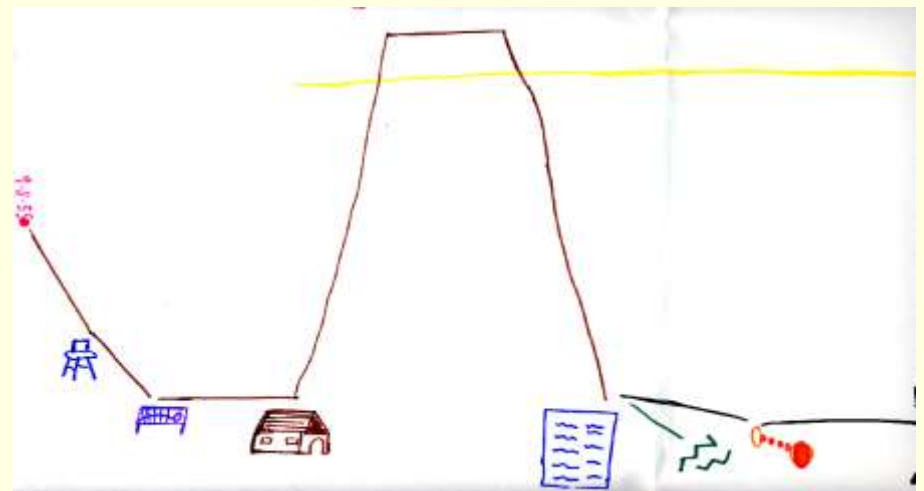
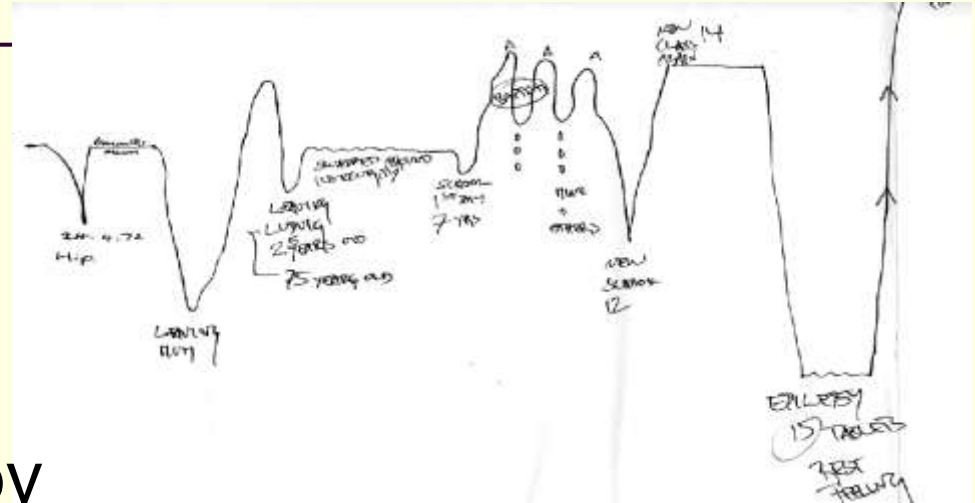
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- Be attentive to clues – both verbal and non-verbal, and follow any leads the patient gives
- Of course be non-directive and respect the patient's opinions and beliefs – however “wrong” you think them to be.

Who provides spiritual care?

- Up to now, any spiritual needs have been met by a chaplain.
- Is there a problem with this?
 - Christian denominations
 - Other religions
 - Non-religious
- Distinguish between spiritual and religious needs

Putting the assessment together

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Spiritual Care Advisors (SCA)

- OR – Community Health Chaplains
- To provide a core level of Spiritual Care provision, integrated with other health care professionals, and able to refer on to a wide variety of religious “chaplains” as required.



Centre for Faith, Science & Values in Health

A Post-Graduate degree course

in the

**Whole-Person approach to Health
Care**

Whole Person Healthcare

Validated by the University of Gloucestershire, this PG course is suitable for doctors, nurses, counsellors, chaplains and any other health care professional wishing to integrate the psychological and spiritual dimensions into a patient's care.

Later in 2011 we will make the whole package available as a Distance Learning Module at reasonable cost

Further Resources

- www.wphtrust.com
- www.wholecare.com
- www.drmiakesheldon.com

