

# Whole Person Health Care

A foundation article by Dr. Mike Sheldon.

## The Success of Scientific Medicine

These are exciting times in medical science with many new and fruitful avenues of investigation and treatment opening up for doctors. Cancer no longer holds quite the dread it did in the past. An understanding of the human genetic makeup appears to offer many ways in which we can alter these genes to provide better health. Never have there been so many good therapeutic treatments and useful surgical advances. We seem to have reached the pinnacle of scientific success and the only potential problem is one of the financial cost of these new advances. True - or not?

These scientific medical advances certainly have changed health care and life expectancy in developed countries, and could further improve life expectancy in developing countries if only the resources and political will were available. People in the developed world already have less disabling morbidity and longer life spans, so we must be succeeding - up to a point.

One of the less obvious costs of these advances, however, has been the necessity of adopting a scientific humanistic world-view within which medical science can observe and manipulate the world. This states that we live in a closed physical domain where everything can be understood by cause and effect explanations which are all open to mankind's powers of reason.

This has led to a reductionist form of rationalism relegating everything that cannot be 'proved' by observation and experimentation to the non-scientific metaphysical world where 'facts' are replaced by 'faith'. But most of science itself is built on faith - that is, there are basic scientific assumptions which have to be accepted as true because they themselves cannot be proved.

## An Alternative View

Confidence in such rationalism began to be challenged among philosophers as long ago as the eighteenth century. However, the reliance on analytical method and the expectation that science can provide the answers has persisted much longer among both scientists and the general public.

After more than a century of uneasy relations with the major religions, especially Christianity, physical science has now emerged as the main provider of beliefs and ideas about the world to people living in Western society.

When faced with a personal crisis, people living in Europe and the USA are now more likely to consult their family physician than a minister or priest; to use Prozac rather than prayer. Science and medicine are credited with the ability to colonise outer space, cure cancer, develop unlimited quantities of sustainable fuels, and prevent genetic disease.

To counter this success story of medical science there is increasing evidence that patients report more, not less, ill-health than in the past. This may be a softening of people's expectations so that they tolerate less pain and inconvenience, or it may be due to those physical problems which science has solved being replaced with other illnesses and health issues that are resistant to these advances.

It has been reported recently that up to 50% of the population in developed countries are prepared to consult an alternative practitioner for health issues because the 'western' model has not been sufficient to answer their health needs. We are moving into a new world-view, that of post-modernism. This way of interpreting the world has evolved through the past four decades in Western society, and reflects an increase in the prominence of individualism, a rejection of paternalism and authoritarianism, and a sense of the complexity of life in societies.

This view of the complexity of life has begun to question many of the assumptions of the scientific humanistic view-point, especially when it comes to considering the health of an individual person. So ill-health can now be described in social or personal terms as well as scientific ones. The power of the mind over the body is stressed and many people believe in the importance of spirituality. How can we make sense of all these strands and use them for our benefit?

### **Principles of Whole-person Healthcare**

Over the past decades there have been several movements within medical practice which have sought to bring together the best of the physical scientific view-point with a person-centred approach, in which the experience and strength of the individual is allowed to play a part in creating a healthy life - in spite of increasing disability and eventual death which faces all of us at some time.

Whole-person medicine seeks to bring together the best of these post-modern health care expressions whilst not losing the benefits of a physical scientific approach. Starting from the base-line of the best Evidence Based Medicine the additional set of beliefs or principles upon which a whole-person approach is based are set out below.

#### **1 A whole-person model of man**

Any model of medical care starts with anthropology, the understanding of how men and women are made and function. The current western medical model is based on a scientific humanistic anthropology where man is considered as a superior kind of animal with highly developed intellectual, emotional and social components.

A whole-person understanding of anthropology accepts that the physical component of people has many similarities to the animal kingdom, but the person-hood side is well developed into a psyche (soul) and spirit. Thus any understanding of ill-health demands a description of the problem in physical, psychological, social and spiritual terms.

#### **2 Health and illness involves the whole person**

We can no longer define health as the absence of disease.

Genetic science has opened our eyes to the fact that most of us are 'diseased' before birth. When any person is examined closely you can find some evidence of disease within them, that is there is evidence of a patho-physiological process which has already, or will in the future, cause ill-health. Nor

can we use a definition that talks of freedom from symptoms and suffering – for studies have shown that we all have some pain or physical symptoms of dysfunction almost every day. Rather we need to begin to consider health as the way we adapt and cope with our internal and external environments.

Being healthy is more about managing the health problems we have rather than the absence of any problems. Health is therefore a dynamic in which we grow and mature throughout our lives, and is the strength we have to enable us to live life to the full and complete the tasks to which we have been called. It involves an equilibrium between ourselves and the world around us, which is based on right relationships and values such as respect and loving kindness.

Health is a therefore a journey through life and into death where we always seek to adapt to disability and suffering and cope with pain and difficulties in a way which matures us as whole people.

So we can summarise our understanding of health with the statement that

### **Health is -**

understanding the truth about one's self, having a right self-awareness

the ability to adapt to and cope with changing situations, both internal and external

being fulfilled, and completing one's goals in life

being in right relationships with others

putting one's faith in those things which promote health

completing the journey through life towards maturity

being in a right relationship with the world and the Transcendent (God).

### **3 The patient is central**

Illness is the patient's experience of the disease and other health-related processes working within them. These symptoms are interpreted by the patient and affect the way they live.

Each person is unique, and a pain which one person would shrug off as they continued working may force their neighbour to stop work and retire to bed.

Each person's health story is different, but in the whole-person approach we validate their story by listening to it, help them to understand its complexity and then give them the power to change their story to one that is healthier - that is enabling them to function more effectively than before.

Above all else we seek to maximise the person's ability to understand their health story and so participate fully in the process of becoming healthy again.

### **4 The importance of narrative - the true health story**

The narrative approach to medicine has emphasised the importance of the patient's experience and understanding of their health problems. The story they tell reflects their beliefs about health and their understanding of how they came to be ill.

It is in the telling of their story that the patient comes to realise how they got to where they are, and should enable them, with appropriate professional help, to re-write their future story to one that is healthier.

An understanding of the true health story is an essential first requirement for going on to change that story. The understanding of the patient comes mainly through the telling of their story to the listening health professional who can help the patient reflect on the events and situations which led up to the problem, and the likely factors which will keep the person in ill-health if they are not changed.

### **5 Making a diagnosis in whole person terms**

In the bio-medical model the diagnosis is usually made in patho-physiological terms. Thus the observed alterations in tissues, organs and physiological functions are used to name the condition the patient has.

In a patient-centred approach the illness is more usually described in terms of health problems, recognising that some of these problems may have a biological basis, and others being psychological or social problems.

The whole person approach goes one step further and recognises the complex, multi-factorial nature of the causes of ill-health. Thus a headache, whilst having a common final physical pathway, may be caused by a physical disease (a tumour), or a psychological condition (depression), or a social condition (stress due to over-work) or finally a spiritual condition (a broken relationship due to hurt and un-forgiveness).

It seems obvious to state that the treatment follows on from the diagnosis, so it is important to unravel the causes of the problem, especially when several co-exist, so that treatment may be effective.

## **6 The integrated therapeutic team**

The doctor is no longer a 'single-handed' healing professional but one of a growing team with a wide variety of skills and training.

The doctor may still be at the centre of this team but he or she must no longer act alone. An integrated team including nurses, counsellors, carers and other therapists are needed to help patients regain their health.

An integrated team demands good communication and support between the professionals, carers and patient.

## **7 Healing therapeutic relationships**

Much research has centred on the value of a trusting and continuing doctor/patient relationship, with the person of the doctor being seen in the role of healer. Perhaps we need to talk of the relationship between the patient and all the people involved in caring for them.

Therapist is a term which can cover doctor, physician, counsellor, physiotherapist and all others including carers. It therefore seems best to reduce the use of the individual terms like doctor, nurse, chaplain and counsellor and assume that everyone who enters into a 'healing relationship' with a patient is a therapist for that time and that encounter.

We therefore make an immediate assumption that no one person can be 'the therapist' for a patient, as so many different skills will be needed in a whole-person approach. However we do also need to recognise the individual skills and training required in a therapeutic relationship and so retain the well known titles except when talking generally.

These healing relationships require a level of trust to overcome the vulnerability felt by patients as they share intimate details of their life experience. This trust depends on acceptance, respect and affirmation from the therapist.

Each therapist needs to concentrate on the patient and participate in their narrative as an informed and supportive friend on the journey.

## **8 Self-help**

A vital part of empowering patients to become healthier is the provision of tools and methods which the patient can use themselves to improve their health.

There will be times when the patient needs to be dependent on therapists and carers; however, at all times we should seek to involve the patient, encouraging and empowering them to be fully involved in the process of becoming healthier.

## 9 Successful outcomes

The obvious first successful outcome is that the person is healthier, although the extended definition of health is needed (as outlined in section 2 above).

- Thus the patient has increased self-awareness and power to change their health story.
- They have a greater ability to help themselves in therapeutic terms and also the ability to help others.
- They will have matured in their ability to cope with distressing situations and also learned to adapt themselves and their environment.
- They will have more courage and security to face life's challenges.

## 10 Health, peace and well-being

Finally we need to recognise that good health is not an end in itself, but a part of the rich tapestry of life.

Many people have chronic illness and disabilities, yet each of these can maximise their health status.

It is the main objective of a whole-person approach that each patient can arrive at a place of inner peace (Shalom) and well-being.

The process of health care therefore lasts until death, and the right balance needs to be struck to avoid the danger of over-medicalising life's problems, and on the other hand ignoring hidden health issues which reduce the quality of life.

### Summary

These 10 principles form the basis of a whole-person approach.

This is definitely not seen as an alternative approach to the usual medical model, but rather a complementing and completing of the physical scientific approach, which on its own is insufficient to meet all of the health needs of people.

Thus it is an integrated model of health care taking the best of medical science and adding a person centred approach with an understanding of the multi-factorial nature of ill-health and a diagnostic approach which recognises that people are spiritual beings as well as physical ones.

Dr Michael Sheldon, 12th June 2008