

Whole person medicine

Mike Sheldon explores an integrated understanding of healthcare

When I began my medical training, just over 40 years ago, we spent two and a half years learning the basic medical sciences - anatomy, physiology and biochemistry. Our teachers informed us that all medicine depended on these basic laboratory sciences. Later, clinical sciences such as pathology, immunology, medical imaging and haematology were added. During our clinical years we concentrated on developing our skills in medicine and surgery, as well as specialities such as obstetrics. The course completely omitted any psychiatry attachment and our general practice (GP) experience consisted of a half-day visit to a busy GP's surgery. There was no teaching in communication skills or sociology. It seemed that every good student wanted to be a physician or surgeon in the hospital, and any other career path, such as general practice, was considered to be falling off the ladder. I went into general practice after a couple of years of hospital jobs with virtually no real experience.

When I became a GP I discovered that things were not quite how I had been taught. I now had to deal with real people; their relationships, anxieties and fears. I found myself unable to spend a lot of time evaluating their underlying disease as I was so busy trying to deal with the actual person. I had to learn some sociology and psychology on the job, as well as how to counsel and listen to my patients when I couldn't do very much else except care for them. I began to doubt if this really was medicine and whether I should run back to the hospital job for which I had trained.

In spite of these anxieties, I decided to stay in general practice, and over the years have gone on to develop an interest in the concept of whole person medicine. I am now involved in running a whole person healthcare clinic. The aim of this is to empower and support patients with multifactorial medical problems in order to help them maximise their health and better deal with the psychological, emotional, social and spiritual aspects of their illness. To understand such an approach from a Christian perspective, we must consider the different ways in which health is perceived, what a Christian approach to health could involve, what such a whole person approach to medicine involves and how we can implement it.

The biomedical model

When I began to practise, the biomedical model of medicine that I had been taught, focusing primarily on curing disease, seemed deficient and incomplete. However, it is difficult to propose any obvious changes to this as it undoubtedly works well on some levels. I am alive today because on at least two occasions I have received timely medical interventions. I would probably have died if it were not for the dedicated surgeons and physicians who put my body back together again. Despite their skill, however, they were not able to give very much help to 'me': I became severely depressed during my treatments and nearly lost my faith, but this would not have been recognised as a problem needing their attention.

The biomedical model is based on a scientific humanistic worldview. The only dimension it considers is the physical one: we measure changes in the body and then apply drugs or surgery to try and bring it back towards 'normal'. The mind or the person is hardly considered at all as they are thought to depend on the brain. Increasingly as studies demonstrate a physical basis for mental illness, a chemical answer to the problem is often viewed as superior to the so-called 'talking therapies'.

Current trends

Today there appear to be two distinct streams of development within medical practice. On the one hand there is still scientific endeavour to develop evidence-based medicine, incorporating the best of clinical and laboratory research into everyday practice. This reflects the biomedical model and represents the culmination of a century of scientific advances in medicine.

On the other hand there is an increasing understanding of the importance of involving the person who has the disease in both management and prognosis. This approach is far from novel, but goes much further than any previous model. The person who is ill is not merely viewed as a set of symptoms in need of correction.

Many physicians have begun talking and writing about their experiences implementing this second approach to healthcare, and there are several trends discernable in the medical literature, underpinning this developing model of health and illness. Such trends can be broadly divided into the following areas:

1) Patient autonomy, choice and involvement

The patient is increasingly recognised as the most important person in the health encounter and their desires, feelings and wishes need to be elicited and then followed, unless there is an overriding reason why they should not be. Informed consent and the supplying of relevant information to the patient are essential pre-requisites if autonomy is to become a reality.

2) The importance of narrative

The patient's experience of their illness is recognised as a valid and important part of such a model. As their story unfolds, so the multiple facets of the illness may emerge and this enables any interventions to be informed. In telling their story, the patient may come to understand their experiences better for themselves, as well as which parts are relevant to doctors. The patient also feels appreciated when someone else values their story and listens to them.

3) The centrality of the doctor-patient relationship

The importance of a trusting relationship between patient and doctor has been stressed for centuries. At the heart of general practice there is an understanding that primary care involves the continuity of care where a GP oversees and advises on all aspects of health, and is the principle point of contact for the patient and their family over a period of time. With a decrease in church attendance, many of the patient's non-medical problems are also now brought to the GP, who consequently must be increasingly equipped to deal with social, psychological and spiritual issues as well. However, there has been a significant shift in this relationship over the last decade, as changes in both society and medicine have made such a role much harder to achieve. Together, these factors have led to the erosion of the image of a friendly local doctor who knew you and your family, and had the time to call round whenever you were ill.

Another difficulty is that with ever increasing specialisation in medicine, the role of the generalist is being overshadowed and neglected. Ironically it may also be argued that the need for a generalist who can advise the patient is greater than ever today: with an explosion of information, how can the patient discern what knowledge they need and find the wisdom needed to make personal decisions without the help of a healthcare professional?

I am reminded of the pertinent words of TS Eliot that are so applicable to modern life:
*Where is the wisdom we have lost in knowledge?
Where is the knowledge we have lost in information?*[1]

Any model of care advocating a whole person approach needs to allow for and encourage an adult-adult relationship between a generalist and the patient, who can work in partnership to put all illness related issues into perspective. Today this has to include social and value issues as well as purely physical ones.

4) Application of the complexity theory to health and illness

There has recently been an increased study of the application of the chaos and complexity theories to medical practice.[2] The concepts underpinning this have been discussed in a series of articles in the British Medical Journal (BMJ) addressing complexity science. Richard Smith, editor of the journal, described the essence of the theory as follows: 'In medical textbooks illnesses often have a single cause and cure. Yet most of the distress patients experience has multiple causes arising from their complex physiological and psychological systems operating within what may be a still more complex social system.'[3] The complexity theory therefore allows the inclusion of several different dimensions of health, including the spiritual, and indeed several Christian doctors are now exploring how complexity science can lead us to a whole person understanding.

5) The importance of spirituality in health

There have been several moves recently to affirm the importance to patients of religion and spirituality in healthcare. This is seen particularly in palliative care, where exploration of spiritual issues is now routine.

6) Salutogenesis: how to stay healthy

This word is used more in mainland Europe than it is in the UK. However, it expresses another very important concept. Whereas 'pathogenesis' refers to the study of the origins of illness, the term 'salutogenesis' refers to the study of the origins of health. Life is a balance between these two states - being healthy and combating disease are two sides of the same coin. Increasing emphasis is being placed on the importance of knowing and increasing the health resources of patients, building on the work of Aaron Antonovsky in Israel, who showed that in addition to treating the underlying pathology, internal health resources were vital if patients were to survive and grow through traumatic experiences.[4]

The nature of health

The World Health Organization (WHO) defines health as 'a state of complete physical, mental and social well-being'.[5] However, a Christian understanding holds that the physical and spiritual aspects of our nature are equally important. This suggests that health is more than just happiness and the absence of disease, pain and suffering.

The famous WHO definition is now widely accepted as being completely unattainable in any society. It starts by saying that health is the absence of disease, but I suspect there is seldom a living person who does not have some disease process going on within them. At the last count I had some 15 diseases in me, yet I consider myself to be healthy, as a great deal of health relates to the concept of adapting to disease processes (especially chronic ones) and living a fulfilling life in spite of them. A good socio-psychological viewpoint of illness is contained in Alan Radley's book Making Sense of Illness.[6] Radley starts by reiterating the difference between disease (a pathophysiological entity), illness

(the experience of the disease or condition by the person) and sickness (the role given to the person by others in society). He then points out that most doctors concentrate on the degree of ill-health that a person has, but that it is more beneficial to consider how healthy the person is and identify what can be done, rather than what cannot. Such questioning of how health is defined and perceived is important and can contribute to a Christian viewpoint regarding health.

Ian McWhinney in his textbook on family medicine[7] describes an article which appeared in the BMJ in 1968 reporting a case conference about a man who had died from a chronic illness. This also had a profound influence on my own understanding of health and medicine. The professor of medicine put forward the case, which presented many puzzling features and in which the cause of death could not be explained. The patient's family doctor was asked for his thoughts, and he explained some of the stresses and emotional upsets in the man's life and concluded that in the end the patient gave up and died because he had nothing left to live for. The professor could not accept this proposal and snubbed the family doctor, feeling he did not have a valuable contribution to make. Incredibly, this blinkered view is still held by many doctors today.

A Christian understanding of health

With some of the recent trends in approaching health and illness becoming increasingly popular, is there also a more specifically Christian alternative to the pure biomedical model on which much of our current medical practice is based? If such a model is possible, what principles would it follow?

Any model for helping people has to start with the understanding of the person. A Christian anthropology differs markedly from the humanistic one in that it subscribes to the following basic principles:

- God created mankind in his image, both for a relationship with him and for a purpose[8]
- We are both physical and spiritual in nature[9]
- Our relationship with God affects our health[10]

There is clearly much that can be written about how health is addressed in the Bible. I do not propose to go through that in detail in this article. One of the best books I have read on this topic is *Health and Healing* by John Wilkinson.[11]

He concludes that in the Old Testament health comprises:

- A state of wholeness and fulfilment in people who are a unified whole
- Obedience to God's laws
- Being in a right relationship with God
- The strength to live a long life

In the New Testament health refers to life, blessedness, holiness and maturity.

Thus Wilkinson concludes that according to the Bible men and women are a unified whole, and health involves being in right relationships with God and with others, whilst living morally and seeking to mature through life's experiences.

The whole person approach

An early paper by Elisabeth McSherry,[12] published in 1983, discusses the scientific basis of a whole person approach. It refers to many previously published works and concludes that: 'Academic medical science suffers from lack of comprehensivity and balance in how it operationally defines the health of the whole man. New social scientific evidence supports the importance to full health of the spiritual side of man, and new psychoanalytic theory provides the theoretic base for many of the new practice paradigms of whole person medicine.'

Donald Tubesing has published detailed accounts of the practical and theoretical implications of setting up Wholistic Health Care Centres in Chicago.[13] Such centres are church based and involve a team of doctors, nurses and pastoral counsellors. He calls for a whole person approach to health, including the spiritual. Peter Toon, a London GP, has summed this up nicely: 'To do what is right for our patients is not a matter of respecting their autonomy and acting beneficently towards them, but involves trying to see things from their perspective, understanding what they are feeling with our feelings, and not just doing good to them but liking them.'[14]

The Whole Person Health Clinic

Combining all of the above approaches and incorporating a Christian viewpoint of health, what are the underlying principles that describe a Christian approach to whole person healthcare? In the Whole Person Clinic I run, we first make the following statements about the patient and their illness story:

- The person's own story is at the heart of the process. The person is accepted and valued and their personal experience recognised as being of importance.
- The patient is encouraged to grow in understanding the impact of their story on their health, concentrating on the ways in which they themselves have affected their health and how they can influence it in the future.
- Whilst the patient's subjective experience is valued and explored, this is matched by an objective analysis of the story by listening therapists. This is then shared with the patient.
- An integrated approach is taken with three therapists exploring the patient's health and illness from three main perspectives - somatic, psychological and spiritual.
- The patient is a part of the therapeutic team and determines the final conclusions and plan of action.

The clinic operates within the domain of a primary care based specialist counselling service and takes patients who have multiple health problems in both the physical and psychological domains. Such patients are referred by local GPs or other suitable agencies. A significant amount of time is spent with each patient who in total sees three therapists - a GP, a counsellor and a pastoral counsellor. A fully integrated patient-centred assessment is conducted covering physical, psychological, social and spiritual areas of health. This aims to increase the patient's understanding of the mechanism of health in their own lives and thus empowers them to act in a healthy way and seek appropriate help for their problems. Such initiatives aim to strengthen the patient and enable them to access appropriate long term help as indicated. Operating within a Christian framework, the spiritual assessment is a general one and covers issues of all believers in the Christian faith as well as those of other faiths and no specific religion. Each patient is encouraged to explore any spiritual elements of their health problems in their own way and according to their own beliefs.

The desired outcomes for patients coming to the clinic are:

- Greater understanding of how their health is affected by the whole person
- A strengthening of their ability to cope with the effects of disease
- Increased health and resolution of psychological and spiritual aspects of their ill-health problems
- Empowerment in the ability to use healthcare facilities in an appropriate way
- Greater integration of the physical, psychological, emotional, social and spiritual dimensions of their health problems

Many people believe that their body is a temple to be protected and pampered. But a temple only exists to worship something other than itself. The person within the body is of far greater importance by far than the flesh and bones that contain it. However the two are inextricably linked together in life and any medical practice must treat both the physical container and the person within if a healthy and fulfilling life is to be achieved.

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The Whole Person Health Trust was set up to help develop new Christian approaches to healthcare delivery. We recognise that our clinic is just one approach. Some practices have introduced chaplains into the practice and others are applying whole-person principles into routine GP consultations.

If you are interested in further information please contact us through the website: www.wholepersonhealth.co.uk

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