

Members' Newsletter

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BHMA
British Holistic Medical Association

Chair: Dr William House

www.bhma.org

Welfare reform, NHS overload, malnutrition in working families, low educational attainment

What is the missing link?

These issues are in the news all the time but how often do we see them linked together? It's easy enough to recognize a problem; it's much more difficult to understand its root causes and even harder to believe that we ordinary folk are powerful enough to do something about them.

In this article I suggest the missing link is the high dependency and high inequality of our national culture. I also argue that we are not only able to make a difference, we citizens are the only ones who can.

I make no apologies for straying outside healthcare. At their roots all these problems are produced by the same combination of factors. We know from very good quality research that if we could only become more resilient and more equal we would all be healthier and happier, and this includes the rich.

Our culture in the UK has many redeeming features that make a wonderful place to live

..... but it is one of the most dependent, unequal, unhappy and unhealthy in the developed world. Do the people really have a choice in this? By taking a holistic view of our problems and acting together, I believe we can begin to find a way out of this sorry state.

High dependency in this context is not only about feeling we have no power, but also needing to have stuff and not coping well without it - lacking resilience. This is about expensive 'stuff' that we

could do without, or make for ourselves, but we are persuaded to buy in the belief that it will make us happy and solve our problems. Instead this makes us dependent on a high income and therefore vulnerable, stressed and in need of still more stuff. This vicious cycle is otherwise known as consumerism and our national and local economies are now dependent on high consumer spending. In this



high vulnerability and competitive culture, the strongest and more determined get rich and the weakest become poor. The more of the cake is taken by the rich, the less is left for the poor. We are taught to want stuff, but we can't afford to buy it. In the resulting inequality we all suffer but the poor suffer more.

There are an estimated 3 million people with malnutrition in the UK and one in three people admitted to hospital or care home are malnourished. Not only do the people suffer, but the obsession with consumption is damaging our wonderful planet. The effects of this will be felt by generations not yet born. The situation is unsustainable.

But this is NOT all doom and gloom. We, the ordinary people, do have a choice.

In order to act, we must understand. Such things are complex and we need people with the knowledge and the platform to inform and inspire us so we can act. In his recent article for The Guardian, *Food banks or dignity: is that the choice we offer the hungry?*, journalist, Jonathan Freedland, wrote about church leaders speaking out on the suffering of poor families.

[<http://www.theguardian.com/commentisfree/2014/feb/21/food-banks-dignity-hungry-denial-crisis>]. Another Guardian journalist, Simon Jenkins, wrote about the failure of most institutions to use their position to challenge the government [<http://www.theguardian.com/commentisfree/2014/feb/06/catholic-church-scandal-army-nhs-police>]. Jenkins cited the 19th Century French political philosopher, Alexis de Tocqueville who, based on his study of the emerging USA in the 1830s, offered a penetrating understanding of the pervasive anxiety of humans. From Tocqueville's viewpoint, when democratic society was for the first time taking over from aristocratic hierarchies, the dizzying possibilities of individual freedom gave rise to a terrifying individualism finally retreating into an exhausted 'quietude' - isolated, politically neutered and unproductive. It seems to me that this is too common in our population today. Tocqueville wrote that this renders us vulnerable to accepting subjugation to a strong central power - in our modern times in the West this collusion between giant corporations and democratically elected governments. Dictatorships or totalitarian regimes seem to be gradually transforming to the Western model.

Tocqueville's solution was the 'mediating association'. There is no shortage of these in the UK. However, in his article, Simon Jenkins cited the failure of many of these, to keep their own houses in order and to fulfil their obligation in holding the government to account: "Not just bishops, but doctors, lawyers, soldiers and prison governors work in a framework of professional obedience. They defer to the discipline of their culture." Regarding the need for a change in NHS culture, Jenkins particularly cites the "royal colleges" as being "in league with a managerial class now steeped in the target-driven centralism that [Jeremy Hunt] regards as the template for



Alexis de Tocqueville
1805 - 1859

public service'." I'm sure this is broadly true, but I believe that the Royal College of General Practitioners has turned a corner in this respect - this year's annual conference will be themed on 'resilience'. Also, as Freedland reports, "Vincent Nichols, the newly elevated Catholic cardinal, branded the way the welfare system functions 'a disgrace', while 27 Anglican bishops and 16 other Christian leaders blamed benefits changes for a 'national crisis' of hunger". So perhaps things are changing?

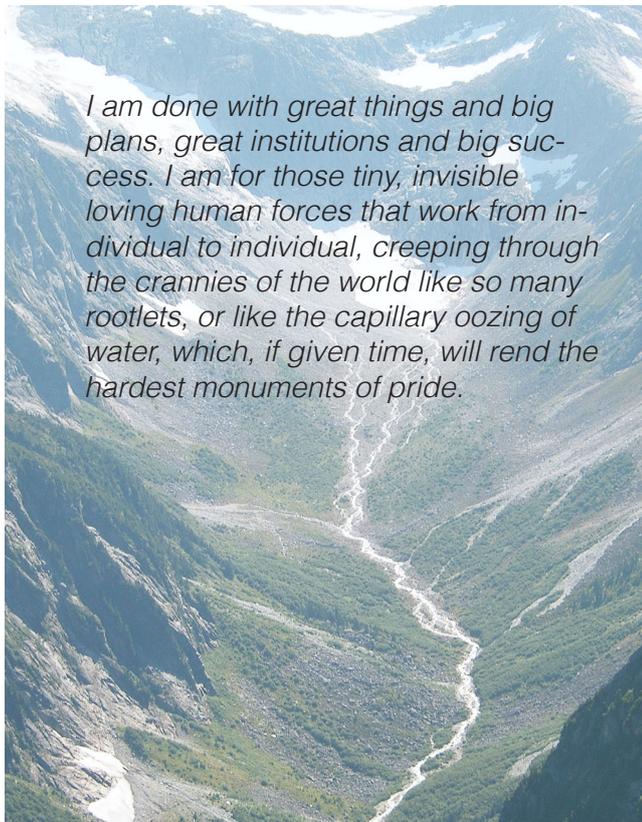


The problem seems to be that the mediating associations are often seduced by the power and prestige that comes with being close to government. They go native at the expense of the weak. Of course, the BHMA is another mediating association. How do we fare? After spending many years observing and reflecting on power in national affairs, I have come to the same conclusion as Bertrand Russell, that 'From any particular perspective, the locus of power is always somewhere else.' This means to me that it is everywhere: in every person, or more correctly, in the interactions between us. If we link this with another Bertrand Russell quotation....

'The only thing that will redeem mankind is cooperation.'

...we have the proper function of an association: people cooperating for a shared purpose. In our case the shared purpose is the holistic view of health and suffering. The BHMA is its membership. Our role is to inspire and enable us, members and followers, to understand the problems we face, to feel our own power and to spread this powerful, passionate understanding amongst our own circles through what we say and how we live out our values. We members of the BHMA, and the millions who are members of the innumerable other mediating associations, can inspire people out of their 'exhausted Tocquevillian quietude'.

It is a message of hope and an expression of our insistence on change. Ultimately, the politicians and corporations will act in line with the will of the people. Here is William James' beautiful and incomparable description of this process:



I am done with great things and big plans, great institutions and big success. I am for those tiny, invisible loving human forces that work from individual to individual, creeping through the crannies of the world like so many rootlets, or like the capillary oozing of water, which, if given time, will rend the hardest monuments of pride.

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A holistic view of... Care.data

This NHS England plan to take over control of most elements of your GP's medical records is a threat to privacy and a serious threat to holistic practice.

Many of you will have read about the Care.data proposal. The Coalition, through NHS England, plan to remove most of your medical records from English GP practices (which currently hold and control them), and place them under the control of the Health and Social Care Information Centre where they will be linked with the hospital data they already hold. This will be irreversible. The records will NOT be anonymised when they are uploaded. The stated purpose of this is to facilitate research and NHS planning. The records will not be available in their linked form for reference by doctors and nurses, though this would have been very useful.

However, the data will be sold to organizations that wish to buy them. This already happens for hospital records. Various levels of anonymisation will be applied before sale and the price is higher for more complete and confidential data.

Experts say it will not be difficult to identify individual patients from the high end data.

Whilst there are considerable potential benefits for research, it seems to me inescapable that the driving force of Care.data is the stimulation of the economy by selling the data, and more importantly, attracting pharmaceutical companies and other commercial and academic organisations to the UK. This is obvious from ministerial and prime ministerial statements. The introduction of Care.data has already been a shambles, with very poor public information and a twice delayed start date.

Holistic Implications

Most media coverage has been about the confidentiality issue, but there are also very important impacts on holistic practice. This is particularly in terms of **trust** and **the loss of the person in the data**.

Trust

Without trust healthcare is doomed to fail. We need trust in those to whom we turn when we are ill. We also need trust in NHS institutions and in government. Without trust we are fearful, and sustained fear causes illness and social dysfunction and delivers us to a vicious cycle of suffering. This was beautifully communicated in a lecture given, in 2000, by Norwegian physician and professor of medicine, Per Fugelli. He identified seven components of trust in general practice services: a just society, moral integrity, personal doctoring (a focus on the unique person and ongoing relationship), sharing of power, compassion, realistic medicine (clear and predictable limits) and competence. The Care.data project, being intimately part of the personal medical record system, should be facilitating all of these. Yet I see a disingenuous and incompetent public information effort, the very dubious moral basis for selling personal medical information and of using it to boost the bioscience industry, the apparent lack of concern for the human reality of the struggles and tragedies recorded within those data, and an implicit suggestion that data harvesting will enable the health and social care services to rescue us from ourselves.

So what do we do? Fugelli addresses the extent to which we should submit to the political realities of the 21st Century, which was just dawning

at the time of his lecture. He stated this: 'We must adjust trust to reality, but we must also adjust reality to trust. We must not modernize, adapt or obey, beyond trust.' In my view, Care.data is a step too far.

The loss of the person in the data

What strange contradictory thing is a person? We can never be understood, not even by ourselves. This offers opportunities to be misunderstood, even to be judged by others. So we guard not only our privacy, but our uniqueness. They are both at stake here. The information to be sent for safekeeping to the Health and Social Care Information Centre will be coded data – bits of computer code representing arcane words and numbers that place us in categories. Nowadays, this includes the bulk of our computerized medical record. When we and our record are separated from ourselves and from the people who know us, we become things. Bereft of our privacy and our uniqueness, we become pawns in someone else's game. GP, writer and founder member of the BHMA, David Zigmond, writes very well on this topic. His short article, *Language is not just data* was published in the March 2014 issue of the British Journal of General Practice (available free on his website here:

http://www.marco-learning-systems.com/pages/david-zigmond/05.03.14_Language_is_not_just_data.pdf .)

Zigmond eloquently evokes the power of language to tell a story that inspires respect and empathy.



Dr David Zigmond

Photo by Ruskin Kyle

Respect and empathy are the currency of human relationships and key foundations of health and wellbeing. The raw material for the researchers, if Care.data goes ahead, will be the expensive commoditized computer codes, categorical caricatures of humanity. Every pound sterling spent on this will not be spent on research into human qualities such as empathy and compassion. These should be the first currency that circulates around the NHS. A research agenda driven by money will place money in the driving seat of the organisation.

'How can we safeguard literature in our language, art in our (medical) science and heart in our practice?'

David Zigmond

GP practices cannot prevent your records from being sent to the Health and Social Care Information Centre. If they did, it would be an offence under the Health and Social Care Act 2012. The relevant clause was presumably inserted into the highly controversial Act in the full knowledge that information is power, and power is money.

This is what you can do

Individuals CAN stop their own and their dependents records from being uploaded. FOR THIS YOU MUST HAND IN A LETTER TO YOUR GP SURGERY giving name and address and stating:

I am writing to give notice that I refuse consent for my identifiable information [and for those for whom I am responsible - add names as relevant] to be transferred from your practice systems for any purpose other than my medical care. Please take whatever steps are necessary to ensure my/our confidential personal information is not uploaded and record my dissent by whatever means possible. I am aware of the implications of this request and understand that it will not affect the care I/we receive and will notify you should I change my mind. [delete words as appropriate]

Yours sincerely,

For extended version of these articles: go to <http://www.bhma.org/pages/blog/nhs-politics-economics.php>

For more detailed information on Care.data go to www.care-data.info - a website created by a GP and Caldicott data guardian in Hampshire.

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Forthcoming Events

Yoga and Health: Research & Practice: international conference

4-6 April 2014, London

Examining Yoga as an effective treatment for a variety of serious illnesses



Preventing overdiagnosis: international conference

15-17 September 2014,
University of Oxford

Course on integrating Complementary medicine in everyday practice for statutorily registered healthcare practitioners - 23-27 June 2014 London

For more information on events go to: www.bhma.org/pages/events.php