The importance of holism in medical care today and ways this can be promoted

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“...every living person has his own peculiarities and always has his own peculiar, personal, novel, complicated disease...’TOLSTOY
The importance of holism

The term ‘holism’ was coined by philosopher Jan Smuts in 1926, derived from the Greek hólos, meaning ‘whole’[1]. Aristotle captured the essence of holism in his Metaphysics when he stated ‘the whole is more than the sum of its parts’. Applied to healthcare, holism is the art and science of caring for a person in a way which considers all aspects of their body, mind, spirituality and emotional state in relation to “[other] individuals, the environment, or populations, either separately or in various combinations”[2].

In the traditional biomedical model, health is simply viewed as absence of pathology alongside normal function. Treatment or cure involves drugs, procedures and surgeries, prescribed by a knowledgeable physician. Essentially arising as a reaction against biomedical reductionism, a model of medicine in which patients are arguably viewed as diseases rather than as individuals, holism has become an increasingly important concept in modern-day healthcare[2].

Unprecedented improvements in health, longevity and technological innovation over the last century, whilst impressive, do not necessarily make people today healthier in mind and body, or more satisfied with the healthcare they receive. Simply improving knowledge about the aetiology and pathophysiology of diseases, or increasing healthcare expenditure, a move which is often advocated, does not consider the broader context of health and the complex interplay of factors including social, cultural, economic and environmental which influence it. Indeed, “people are complex, and live in complex communities in a complex world. All aspects of this world have an impact on the health of the people in it”[3].

This has been perhaps most recognised in areas such as mental health, but clearly influences physical health also. For example, social inequality and low socioeconomic status have consistently been correlated with increased morbidity and mortality[4]. Financial deprivation and social housing are linked with poorer health and disability[5], and even factors such as neighbourhood perceptions are linked to differences in self-reported health and functioning[6]. These factors have been reflected in government recommendations for the improvement of public health, in which social recommendations predominate[4, 7]. Psychological factors too affect physical well-being; for example, studies indicate optimistic patients have better outcomes from surgery and increased quality of life[8]. Conversely, anxiety and depression do not only increase morbidity and mortality from concomitant physical illness, they lead to a higher incidence of physical illness[9, 10]. Clearly, physical wellbeing impacts one’s mental wellbeing, and “the role of physical illness in predicting
depression is well-established across a wide spectrum of illnesses”[9]. This recognition encourages healthcare and allied professionals to address the wider causative factors of illness which can lead to more successful treatment. A more comprehensive approach based on this correlation is seen with George Engel’s biopsychosocial model, which upholds that physical, psychological and social factors impact a patient’s health[11].

Furthermore, holism has led to a positive redefinition of health in terms of wellbeing, as opposed to the more negative biomedical characterisation of health as the absence of disease or loss of function. This is echoed in the World Health Organisation’s definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”[12]. However in holism, the emphasis is not on ‘complete’ wellbeing, which some have criticised as unreachable[13]. By encouraging the reconceptualisation of health as the pursuit of subjectively defined wellbeing and happiness in spite of the unavoidable frailties of the human condition, holism rejects the perpetual search for a biomedical and physical perfection. As the philosopher Illich stated, “Health is not freedom from the inevitability of death, disease, unhappiness, and stress, but rather the ability to cope with them in a competent way”[14]. One could say that this sentiment has greater and greater importance as life expectancy and the concomitant prevalence of chronic and incurable illnesses increases.

However, critics argue that caring for patients in a way which embraces all aspects of their being and environment is idealism, and leads to unrealistic and overwhelming expectations of health professionals[15]. Physicians and allied health workers are concerned with maintaining and improving the health of their patients. This is more achievable if health is defined in terms of absence of symptoms or disease. If health is determined by total wellbeing, and essentially everything affects wellbeing, how do health providers try to deliver health? However, others argue that health care providers should at least “understand and honour the whole [patient]” and whilst “we cannot treat all of these areas...we must guard against defining health problems only as things we can treat”[3].

In addition, holists argue health professionals are not obliged to provide total well-being for patients. Rather, a fundamental tenet of holism is the encouragement and empowerment of individuals to take primary responsibility for their own health or illness. In fact, according to holism, traditional medicine overly emphasises the responsibility of health workers for patient health, by encouraging an acquiescent dependency on their authority based on perceived expertise[15]. Holism argues healthcare providers should instead focus on educating patients and assisting them in the attainment of skills and resources needed to assume self- responsibility[15]. Furthermore, by
encouraging patients to become ‘stakeholders’ in their own health, holism aims to reduce the traditional distance between practitioner and client in favour of a more egalitarian, open and reciprocal relationship[15]. Indeed, holism argues an open and reciprocal relationship can be transformative for the practitioner as well as the patient.

**Promoting holistic healthcare**

In adopting a holistic approach to a patient’s wellbeing, a multidisciplinary approach should be encouraged, particularly as patients and the situations in which they find themselves are complex and they are likely to present with multiple issues. Assessment of a patient’s needs encompassing social, emotional, spiritual and physical should be followed by referral to appropriate services. A collaborative approach between services, professionals and community groups can achieve a more comprehensive and optimal service, supported by regular inter-agency and multidisciplinary team meetings to plan for and support a patient’s progress.

As well as working co-operatively with other agencies, holistic practice should include an openness towards utilising all forms of therapies aimed at the benefit of patients, including complementary, faith-based and alternative, whilst participating in an inquisitive and active appraisal of their effectiveness. Research has shown patients are increasingly using complementary and alternative medicine (CAM)[16], the appeal of which is mainly its more holistic approach[17, 18]. To advise about the efficacy and safety of CAM, doctors need to understand its potential benefits and limitations. The BMA and General Medical Council have recommended doctors providing CAM should be adequately trained[19], and training in and practice of CAM should be better addressed within organisations and medical education[16, 20]. Doctors training in CAM report positive benefits both for their patients and themselves, such as “the opportunity to engage their feelings, trust their intuition, and enjoy therapeutic touch”[16]. For patients, specially trained doctors are important for the professionalisation and integration of CAM with conventional medicine[16]. Looking ahead, the issues of training, accreditation and regulation of CAM should be addressed, to foster its development, acceptance and integration[16].

Holism emphasises the importance of an open and reciprocal practitioner-patient relationship, with the doctor or therapist being an active participant. However, for this to be successful, practitioners should adopt healthy lifestyles to set personal examples for patients. It has been shown physicians who are proactive about their health more frequently discuss health promotion with patients[21]; and healthy and resilient physicians are also better at providing care, hope and comfort to patients[21].
Additionally, practitioners should cultivate an understanding of their own limitations, as well as the demands of the medical profession. The challenging nature of medicine means there is a relatively high incidence of stress, mental illness and ‘burnout’[22, 23], alongside related problems such as alcohol and drug misuse[24]. Furthermore, doctors who engage patients more through their emotions need more regular support and supervision[16, 24]. Naturally, healthcare workers must nurture their own mental and physical wellbeing in order to support that of others.

This includes supporting colleagues by creating a supportive environment and recognising failure to cope[25, 26]. Studies have shown worsening mental health begins from medical school, highlighting the need for early teaching of the art of resilience and coping strategies[21, 24, 27]. Measures include stress-reduction oriented teaching modules and use of mentorship and role models[21, 28]. Providing a supportive faculty and learning climate is both protective against and aids in recovery from burnout, with a strong correlation existing between level of perceived support and resiliency[27].

**Conclusion**

We need to re-establish the core value of healthcare, namely the well-being of all people. This entails a consideration of the interplay of personal and social factors that affect individuals’ situations; their rights, needs and responsibilities; and the way health workers can provide support, resources and knowledge so they can make choices that will better enable them to function in their environment, and overall lead to a healthier society. For me, holism is encapsulated in the phrase “we are not doctors for particular diseases, or particular organs, or particular stages in the life cycle — we are doctors for people”[3].
References

1. JC, S., Holism and evolution. 1926, New York: Macmillan.