Holistic lessons from a pandemic…prevention is better than cure

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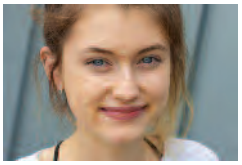

I'm a student at Imperial College London, in my second year of the medical biosciences course. I'm passionate about medicine, particularly the fields of holistic health, functional medicine and psychiatric care as I believe that, in order to deliver high-quality care, treatment of both physical and psychological illness must focus on the patient as an individual rather than as an ailment to be cured. In the future, I aspire to lead a hospital, or other medical organisation, which emphasises a patient-centred approach to health-care and integrates insights from a wide range of fields to treat disease at its roots.

Key points

- By failing to prepare, you are preparing to fail
- Creating population health: people's physical and mental resilience
- Cultivating a society with good natural defences
- Preventing non-communicable diseases (NCDs)
- Education, dietary improvements, physical activity, sleep
- We cannot rely on modern medicine to solve all of our problems
- Pandemic challenges to mental health: fear, isolation, trauma, bereavement
- Children's sense of security and increased risk to mental health
- Healthcare staff declining mental health
- Psychological resilience, social support and team wellbeing
- Compassion of key workers and volunteers in the community
- Future focus on lifestyles and social support for resilient bodies and minds

This year's BHMA student essay competition had a huge response. The title was 'Holistic lessons from a pandemic' and many applicants commented that writing their essay had been a useful and enjoyable process. In their study schedules there was no time for reflection on this unprecedented event in the history of modern medicine.

The open title produced a huge range of responses and styles, with subjects ranging from pandemics through history and the HIV pandemic of the 1980s to the impacts of technology, the arts, race, politics, mutual aid, and the environment. It was an extremely difficult task to produce the shortlist and we must thank our extended team of markers who made it possible to make a fair assessment. The winner of the £250 prize was Lauren Wheeler, published here.

Prevention. The one message that has come out of this pandemic louder than any other. 'Stop the spread'; 'Stay at home'; 'Track and trace'; all strategies to prevent us from contracting a virus that we failed to prepare for and are struggling to contain. Without a vaccine or effective treatment for Covid-19, the healthcare system has been unable to rely on its traditional 'diagnose and drug' model of treating patients only after they become ill. Instead, patients depend on their own army of immune cells, which determine whether they will fend off illness, or succumb to it.

Benjamin Franklin famously quoted 'By failing to prepare, you are preparing to fail'. Undoubtedly, the UK failed to prepare an adequate strategy for combatting a pandemic. Nor were we equipped with the necessary resources to handle such a crisis. Arguably, however, our greatest failure was our inability to prepare our population

from a health perspective; to encourage practices which develop people's physical and mental resilience; to cultivate a society that could fall back on its natural defences when novel technologies were not an option. In this essay, I explore where we fell short leading up to the pandemic and what we can learn to avoid making these same mistakes again.

Lessons learned: resilient bodies

Aside from age, some of the main risk factors associated with death from Covid-19 are pre-existing health conditions such as diabetes, obesity and cardiovascular disease (PHE, 2020). The majority of these conditions fall into the category of non-communicable diseases (NCDs), which are defined as conditions which are not transmissible and which tend to have a long duration and slow progression (WHO, 2018a). This observation is strikingly similar to trends observed in the UK in the recent past, with 89% of all deaths attributed to NCDs (WHO, 2018b) and premature death accounting for 2.6 million years of lost life in England and Wales each year (UK Parliament, 2017).

Given that a large proportion of NCDs are preventable, it is not unreasonable to suggest that a large number of lives lost during the coronavirus pandemic could have been avoided too. However, as it stands, our healthcare system is centred around a model of treating patients once they become acutely ill, responding to problems rather than preventing them. The patient-centred, lifestyle-focused approach which holistic healthcare advocates is undervalued in time-poor primary healthcare settings, even though interventions, such as education to enable people to make dietary improvements, increase their physical activity and get sufficient sleep, can be provided at essentially no cost.

While the NHS has said it intends to put a greater emphasis on combatting these conditions through lifestyle interventions, according to its most recent long-term plan (PHE, 2019), similar promises have been made before and have not been fully realised. According to the 2014 Five Year Forward View, the organisation was set to undergo a 'radical upgrade in prevention' (NHS England, 2014). Unfortunately, as was expressed at the time by the Academy of Medical Royal Colleges, 'little meaningful development was made' (UK Parliament, 2017).

When it comes to the current pandemic, it is too little, too late. Crucial bed spaces are being taken up by patients who didn't have to fall ill in the first place, leaving less space in intensive care for the elderly and others who are susceptible to severe complications from the virus. Had we started to implement strategies for preventing chronic conditions earlier, perhaps we could have cultivated a healthier and more resilient population who were better equipped to weather an unpredictable health threat.

In terms of how we approach healthcare going forward, the pandemic has demonstrated that we cannot rely on modern medicine to solve all our problems. We have, and will again, face pathogens which we cannot destroy with synthetic drugs or scientifically engineered treatments. This time we must follow through on a commitment to improve the health of society as a whole, not just those who are seriously ill.

Virtual Reality, a painting by medical student Freya Elliott, Barts and The London School of Medicine and Dentistry, exploring the theme of solitude and the encounter in healthcare during the Covid-19 pandemic. Made originally for *Interpretive Voices*, a creative enquiry challenge for medical students and clinicians during lockdown. www.creativeenquiry.qmul.ac.uk/?page_id=2012

Lesson learned: resilient minds

Unfortunately, the failure of the current system to prepare our bodies to battle coronavirus physically is just one side of the story. As a nation, we are also struggling to navigate the challenges which the pandemic poses to our mental health. Even before Covid-19, the prevalence of mental health conditions in the UK was staggering, with mental illness being cited as the second-largest source of burden of disease (MHFE, 2020). However, it appears that the problem may be escalating. Crisis helplines have reported a spike in demand since the lockdown began, while access to services for those already struggling has dramatically reduced (Mind, 2020). It is predicted that the economic impact of the virus will also significantly affect mental health, disproportionally affecting deprived communities, with past recessions indicating that job losses and financial insecurity correlate strongly with increased an incidence of mental distress (WHO, 2007).

For those who have experienced trauma during the pandemic, such as Covid-19 patients and bereaved loved ones, it will certainly be vital to provide a programme of tailored psychological support to prevent negative mental health outcomes. Studies on the Sars-CoV virus suggest

that 64% of survivors still had clinically diagnosable levels of depression, trauma and anxiety one year on from their illness, indicating that support will be necessary both in the immediate aftermath of the outbreak and in the years to come (Lee *et al*, 2007). On top of this, more than 50% of healthcare staff are already reporting declines in their mental health as a result of this coronavirus (Thomas and Pinner, 2020). According to the literature surrounding disaster-exposed organisations, being proactive, by providing access to informal social support and monitoring team wellbeing, is the most effective way to foster psychological resilience within this population (Brooks *et al*, 2020).

Furthermore, we mustn't underestimate the impact that the crisis will have on young people's mental health in the years to come. Despite not being severely impacted by the virus itself, many children, especially those classed as vulnerable, have been exposed to extended periods of uncertainty and fear during the lockdown. Observations from previous pandemics suggest that these experiences have detrimental impacts on children's sense of security and also increase their risk of developing mental health disorders (Douglas *et al*, 2009). Not only will this increase demand for young people's services in the immediate future, but it will probably go on to affect this generation's wellbeing in later life. Alongside being strongly correlated with psychiatric problems in adulthood (Schilling *et al*, 2007), adverse childhood experiences (ACEs), such as psychological trauma, exposure to mental illness or domestic abuse, have also been linked to a higher prevalence of health-harming behaviours in later life. For example one study found a strong dose-dependent relationship between the number of ACEs a child experiences and their likelihood of developing conditions such as heart disease, obesity and cancer (Felitti *et al*, 1998).

As we look to the future, it will be important to consider not only how we can prevent significant mental health impacts as a result of Covid-19, but also how we can empower communities to look after their mental wellbeing in the future. In the wake of the pandemic, we need to prioritise meaningful connections both between healthcare professionals and patients, as well as within communities. We should endeavour to create a society in which people are equipped with the skills to manage their emotions in healthy ways, to speak openly about their feelings and to seek help before they reach breaking point.

Lessons learned: a holistic future?

It seems ironic that the main strategy adopted to combat the pandemic, prevention, is one which proponents of holistic medicine have been advocating for in the healthcare system for years. In the aftermath of the virus, we must stress the importance of this message and ensure that the integration of preventative medicine into the NHS is made a priority. We must shift our attention towards avoiding crisis, rather than treating them once they escalate to unmanageable levels.

While the virus may have served to highlight the anxiety that can be induced by disconnection, a problem which was becoming increasingly pervasive in our pre-pandemic world, we can learn from the astonishing acts of compassion displayed by keyworkers and volunteers in the community. We have proved that society is capable of adapting quickly to change and can adapt again as we return to a new normal – hopefully guided by a renewed appreciation for close relationships and kindness towards others.

By focusing on lifestyles holistically, cultivating resilient bodies and minds, we can create a society which places a greater value on physical and mental health, community and connection. Not only will this better prepare us for a future pandemic, but it will also allow us to come out of this current one stronger than before.

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