

‘Holistic Healthcare in Action: Reflections on the Past, Directions for the Future’

In recent years, there has been a mounting perception that the UK’s health system has forgotten how to care. Patients feel unsupported and are losing trust in an NHS¹ which has not got the time to *really* listen to their concerns. Health professionals are regularly worked to the point of burnout², with the requirement for daily, crisis-level prioritisation resulting in a loss of compassion not only towards patients, but also themselves.³ It was not always this way, and I believe the NHS care crisis reflects society’s competitive obsession with productivity and outcome, at the expense of nurturing the rich, unquantifiable aspects of human experience. Healthcare should aim to be holistic, tending to each person as a whole and nurturing apparent physical needs in the context of mental, spiritual and social needs.⁴ Holistic healthcare encourages curiosity into the root of ill health beyond a person’s physiology and aims to protect practitioners and the planet in the process.⁵ It is clear the UK must do more to prioritise a holistic approach to healthcare. In this essay, I will first reflect on areas of medical training in which a fundamental change in culture is needed, to protect the practitioner and promote the practice of holistic healthcare. Secondly, I will discuss the rise of medicalisation in society, with a focus on the recent surge in ADHD diagnoses, and how a reductionist approach to labelling can disempower patients from making positive choices to their life and health.

The ‘Hamster Wheel’ of Medical Practice as a Barrier to Holistic Healthcare

Throughout my time at medical school, I have been told by doctors to consider working abroad, where it is perceived there is a better work-life balance. It doesn’t take much questioning of the disillusioned doctors to understand why. I have heard from more than one doctor that, particularly in hospital, the overstretched NHS can make doctors feel like a ‘cog in a machine’. Doctors describe feeling unappreciated, overworked, burnt out and eventually desensitised to the caring aspect of the profession.² I find it extraordinary how the idea of caring for others – so central to why many of us decide to go to medical school – can be so worn out of doctors. While there are many systematic reasons to explain this caring fatigue, the expectation of self-sacrifice by health professionals stands out most poignantly to me.⁶ From the start of medical school, a subliminal aspect of our training is learning to disregard personal boundaries, in order to ‘get through’ each stage of training. This concerning and ubiquitous feature continues into the profession where it produces a culture which praises those who sacrifice the most of themselves ‘for their patients’, shaming those who choose to have families or work less-than-full-time as ‘less committed’ doctors. This culture feeds off the selected good-nature of doctors, the majority of whom display a degree of perfectionism,⁷ and

who will competitively ‘hoop-jump’ if that is what is required to be the ‘best’. The depressing consequence of the ‘hamster wheel’ of medical training is that it draws attention far away from what is truly important to the human experience of the practitioner outside of their career. This pressure to neglect to nurture the other parts of themselves is why I believe so many doctors are unsatisfied working in the NHS today.

I felt this reality most acutely when speaking to a doctor in her forties, training to be a plastic surgeon. She broke down in tears after a stressful case, describing how she had only ever wanted to be a mother, but had put her personal life ‘on hold’ to prioritise her training, which she now feared meant she had missed her chance to meet someone and have children. This conversation has weighed on my mind ever since – how can we feel empowered to deliver holistic care as doctors in a healthcare system which encourages us to disregard the other parts of ourselves which need nurturing?

A lot needs to change for doctors to feel they have the capacity to consistently provide truly holistic care, but it seems clear to me that changes must be made at the medical school stage, to not permit the setting of a standard of self-sacrifice, especially at such an impressionable age. Fundamentally, there must be systematic change to give health professionals the time and resources to carry out their care holistically and compassionately, without the need to cut corners. There also must be greater individual encouragement that each health professional should balance their career with other values such as devoting time to their personal health, family, projects or creative pursuits etc.

Medicalisation and a Societal Obsession with Productivity

A striking shift in public attitude since the turn of the millennia has been towards the medicalisation of problems previously accepted as natural human variation.⁸ There are many reasons for this, not least the exponential availability of ‘evidence-based’ medicine, which with good intentions, aims to apply a rigorous experimental foundation to conditions upon which further study and treatments may be developed.⁹

An unfortunate consequence of medicalisation can be the tendency to believe that a sub-optimal health experience must be the result of something beyond our control. This can disempower people from evoking the small daily changes to their life which could dramatically improve their experience of health.¹⁰

Medicalisation also often leads to reflexive disinterest in the root of the ill-health, instead causing practitioners to present the person with the relevant options for medical intervention and treatment, which may be part of the solution, but should not be the sole focus in a holistic healthcare model. This is due to a misplaced prioritisation to ‘fix’ the numbers which are awry on test results in modern healthcare, rather than exploring the mental, social and spiritual complexities of the individual in the first instance which are important

to their experience of 'wellness' and to see where adaptation can be made and support given.

Compared with early humans, the modern world is incomparably complex, as are societal expectations.¹¹ The human desire to believe every degree of variation is explicable may be driven from the societal expectation to strive to be perfect and productive, which is often not achieved.¹¹ In this way, medicalisation can be symptom of unsustainable societal attitudes, such as toxic productivity, distrust in community and a misinformed need to appear completely independent and 'successful'. In a society obsessed with productivity, a controversial but compelling case can be found in the idea the recent surge in ADHD diagnoses may reflect a societally-imposed pressure to be perfectly productive, rather than a reflection of a true pathological change.¹² I think this school of thought should only be applied to borderline cases, but it is certainly interesting to consider that if we were to delve into the life experiences of someone with the collection of behaviours associated with the condition ADHD, we may likely find a reductionist explanation for why each of these traits appear to have developed. Is it therefore most appropriate to place a label and diagnosis on a person displaying the borderline traits of ADHD with a view to medicate? Or would it be a more appropriate and holistic for health practitioners to instead invest time with these patients devising techniques to allow a personalised approach to cope with the demands of modern life? I think the latter is likely more empowering for someone struggling with disruptive behaviours, as it supports them to make small changes to day-to-day actions which are adaptable, impactful and within their control, even if a 'perfect' degree of productivity is beyond reach. I hope more emphasis is given to encouraging motivational interviewing such as this among health practitioners in the future, to empower patients to make small positive changes, rather than seeing a diagnosis as unmodifiable.

In summary, holistic healthcare is the gold-standard for care, prioritizing the patient, practitioner and planet, but is currently failing to be consistently applied. As explored in this essay, some reasons for this are the burnout and disillusion of health professionals, and a reflection of the ease of medicalising and categorising people based on test results and apparent physical illness, rather than the more complex exploration of the needs and values of a person as a whole.

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