

Editorial

David Peters

Editor-in-chief



On remembering our roots

Another new journal? Holism – how 80s! Surely – so sceptics tell us – the British Holistic Medical Association’s mission burned out years ago. Our reply is that though holism will have to be the future of healthcare, only a lot of hard and intelligent work will make it so. And why does holism matter? In case you have forgotten holism’s radical roots and what inspired the BHMA’s founders, I want to ground our new journal firmly in some history.

In 1977, ahead of widespread suspicion about pharmaceutical progress and hi-tech medical possibilities, George Engel published his memorable challenge to bio-medicine.¹ Acknowledging its undoubted triumphs, he deplored how bio-medicine’s de-humanising reductionism was shaping healthcare. Though mainly concerned with its wasteful failure to harness humanity’s innate psychological and systemic resources Engel, like Ivan Illyich,² understood how medicine, in becoming applied biotechnology, steals our collective ability to create health: that its side-effects are not only personal, but social and cultural too. His bio-psych-social model confronted the power structures generated by processes Michel Foucault called the ‘biologisation of medicine’.³ It still does.

Against this background, and throughout the 1970s, there had been inspiring news about research into altered states, yoga and biofeedback. Simultaneously, alternative therapies were moving in from the fringe and from the east, even as the high level wellness movement and humanistic psychology completed a pincer

movement from the far west. So we had the threat of dehumanisation, fragmentation, social decay on the one hand, and the promise of new healing horizons and human potential on the other. Anticipating both bio-medical nemesis and a new age of therapeutics, Patrick Pietroni and the BHMA’s founding group came together in the early 1980s to proclaim healthcare of the body, mind and spirit; healthcare based on patient partnership, informed choice and participation. This would usher in new multidisciplinary approaches, entail practitioners taking their wellbeing seriously and involve researching *with* people rather than *on* people. It called for healthcare to comprehend psychodynamics and relatedness, and have more insight into vitality and what erodes or promotes it.

So the BHMA came about, and survived because many were (and remain) in a quandary about biomedicine’s promises and perils. Though we shared a vision of more holistic approaches to healthcare in 1983, no one could be sure how much technology the new way would preserve nor what post-modern medicine might become. For 20 years ago the pharma-industry seemed to be running out of ideas; the human genome project was science fiction; a primary care-led NHS was cloud cuckoo land. However, in 2004 it seems obvious that medicine is nowhere near the peak of its bio-technological trajectory. But nor will it find magic bullets to cure the west’s epidemics of chronic stress- environment- and lifestyle-mediated diseases; its disorders of mood and desire. In fact bio-technology’s promise of alleviating suffering and enhancing prevention does not sideline holism or mean it is out of date: rather the opposite. The

challenge to holists now is to work systemically alongside smarter versions of biomedicine, to humanise healthcare, making it more effective by harnessing systemic and individual potential for wholeness.

What – to take a simple but likely example – if in five years time, pharmacies are selling over the counter genetic risk factor kits for arterial disease or cancer? Would we be fooled into accepting genetics as destiny, forgetting that genes are not hardwired and that gene-expression depends on context? And wouldn't this amplify the need for new forms of health creation, for 21st century holistic healthcare based on an emerging science of health and wellbeing, and a growing understanding of how learning, relatedness, behaviour, lifestyle and environment affect health?

In the 80s the BHMA pointed out – when few had – the perilous lack of wellbeing among the healthcare professions, the need to reform the medical curriculum, to champion better births and more respectful deaths. And we reached out to colleagues who practiced in unfamiliar ways – homeopaths, acupuncturists, osteopaths. The BHMA even ran some of the first ever stress management courses for doctors and nurses. All this made 1980s holism a radical counter-culture, yet 20 years on these notions are entirely mainstream.

It might seem then, that holists in healthcare – like the grit in the oyster – have served their purpose. But mainstream care is no pearl and much of it still seems far from holistic. Though there's a tide flowing for holism within conventional medicine, it's easy to hear the rattling pill-boxes of a new reductionism too. Whole swathes of psychiatry have lurched into a post-Prozac haze; the gene-jockeys are predicting they will G-engineer cures for every kind of ill and, behind this futuristic biotech smokescreen, there is a creeping re-medicalisation of life and death.

On the other hand there has never been more interest in wellbeing, health creation and the environment than now, nor more general concern about stress, pollution and community decay; more

readiness to explore innovation and cooperation between healthcare professions.

Our first issue highlights several crucial areas of concern: the therapeutic relationship, developing holistic change as the NHS reorganises, working and learning together, healthcare stress, making integration happen, and the new public health. Michael Dixon GP and Chair of the NHS Alliance writes about the human factor; Paul Thomas, Professor of Primary Care Research at TVU asks how whole population healthcare can hold on to the sorts of long term human relationships that the best UK primary care has always fostered; Sue Morrison shares inter-professional insights from her work in London's ground-breaking Marylebone Health Centre; Ruth Dixon, Professor of Primary Care Research at Keele looks into health worker wellbeing; Peter Mackereth describes his team's award-winning approach to using complementary therapies in a national oncology centre; Robin Stott argues that reducing individual and corporate ecological footprints (starting with the NHS) is a public health imperative. In addition we introduce our regular features – news, reviews, research summaries and our columnist William House.

We want to show how holistic thinking and practice can be embedded into existing healthcare structures, including primary care organisations, managed care programmes, knowledge networks and collaborative initiatives. And because we believe whole person care depends on whole people practising it, we will ask what makes health workers happier, healthier and more humane. How can new ways of thinking about whole systems, healing teams, empowering organisations and healthy communities take holism forward?

References

- 1 Engel GL. The need for a new medical model: a challenge for biomedicine. *Science* 1977; 196: 129–136.
- 2 Illyich I. Limits to medicine. Medical nemesis: the expropriation of health. London: Pelican, 1976.
- 3 Foucault M. The birth of the clinic: an archeology of medical perception. London: Tavistock, 1976.

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