

# Editorial

**David Peters**

*Editor-in-chief*



## **Squaring the circle: nursing and the future of holism**

Doctor-nurse stereotypes are not what they were, thank goodness: male doctor – old school tie, waging war against disease; female nurse, ministering angel. Yet there's an inevitable tension between their roles, and the archetypal male-female split lives on, since every healthcare discipline has its more or less divided loyalties to cure or care. Between doctors and nurses the polarity seems extreme – doctors can move on to the next patient or the next emergency; nurses can't. Is this why the problem of 'burn-out' was first described among nurses?

Nevertheless, as Denise Rankin-Box reminds us, some practitioners – be they nurse or doctor – have a certain healing presence, which she associates with a capacity for engaging with people unconditionally, however distressed they are. Why then, since feelings come with the healthcare territory, have medical and nursing training ignored them and left us so ill-prepared for the powerful emotions our work sometimes stir up? This author compares holistic teamwork to a symphony. Highlighting the need for inter-disciplinary harmony, she implies that until we share a healing paradigm where treatment processes are more caring, and care is valued as something therapeutic, discord is likely to prevail.

Anne Cawthorn however rolls out a working model for collaboration: nursing-as-therapy attuned to the high-tech, high distress world of a regional NHS oncology unit. Here, nursing as therapy creates therapeutic space where patients can feel safe enough to deal with deep human predicaments; for who else but nurses, when it comes to the holistic symphony, will harmonise the darker tones of suffering in the NHS? Denise Tiran argues that midwives too must make clearings in the jungle of obstetric imperatives, for women to experience normal pregnancy, birth and early motherhood.

And, though a diagnosis and treatment programme (in obstetrics as elsewhere) can provide doctors with emotional distancing and control, they too need to hear patients' stories, especially in long-term conditions; a point powerfully made in William House's article about chronic pain. In which case it would be fruitful, as our authors suggest, for doctors to learn from good nursing practice: reflectiveness, mindfulness and compassion and the benefits of professional supervision. For there is a strong case that caring and communication improve outcomes; even that they improve practitioners' own well-being. These are topics JHH will take up in a new section over-viewing the evidence base for holistic interventions, a regular feature which begins in this issue with the first of James Hawkins' series on non-pharmaceutical options for psychological illness.

Whenever doctors and nurses discuss holistic practice, the cure-care polarity fuels the debate. Naturally, the same differences run through our nursing articles too: that caring matters, that not all problems can or should be medicalised; that doctors should listen more. These truths have even greater significance now medicine is so gripped by the New Reductionism, which is why holistic healthcare must square this circle, moving us beyond the cure or care polarity into a world where caring medicine works alongside therapeutic nursing. Would this hold back the flood of nurses leaving the profession; re-enthusiasm would-be recruits? Would it restore morale to a medical profession obsessed with outcomes? It might, but caring doesn't happen by magic. Yes, it has to be nurtured individually, but also by organisations and by health policy that really (not just rhetorically) values service-users' needs and experience, and cherishes the work-force that can provide practical holistic healthcare.