

Medicine as if people matter

Report of a BHMA focus group

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Summary

A focus group of trustees and staff of the British Holistic Medical Association met together early in 2007. In it were two GPs, an osteopath, a homeopath, an aromatherapist, a medical ethicist, and three non-health professionals; altogether three women and six men with ages ranging from their 30s to their 60s. The group was asked to consider the current significance of holism in an industrialising NHS. In the course of their discussion, a phrase emerged which the group felt captured the essence of holistic healthcare.

Cost, cure and care: biomedicine in difficulty

The focus group's members agreed that the biomedical model of health-care is in trouble, and may yet prove unsustainable. Many human problems are not amenable to technological solutions, and although the costs for organisations delivering them are soaring, safer more effective treatments based on the biomedical approach have been disappointingly slow to appear, particularly where chronic disease is concerned. Though biomedicine is highly dependent on technological fixes, cures still seem a long way off, and drugs and surgery – even used appropriately – have inherent downsides: adverse events are a growing problem. Staff in the NHS often have to deal with people in difficulty and distress. Care is an issue: some NHS users experience it as fragmented, impersonal and disempowering, and the satisfaction of staff and users of the NHS greatly depends on how they encounter one another. Levels of staff stress and dissatisfaction may be making NHS recruitment and retention more difficult.

Putting the heart back into healthcare

The group observed that healthcare workers generally take up their

careers because they want to work with people; they start out by believing that the people they serve matter. One member (a GP) spoke of the need to recognise the kinship of carer and the person cared for. 'We act with kindness because we are one kind...cut from one cloth.' Someone else remarked 'we will all be patients eventually'. And the importance and effectiveness of therapeutic relationships is well known. The idea began to emerge that the NHS is not making the most of the human resources available to it: people's ability to self-care and self-heal; communities' capacity to create better health; the wellbeing, altruism and goodwill of its staff. The group, several of whom know the NHS well, have experienced that many who use it or work in it feel like square pegs in round holes.

The biomedical model is designed around drugs and surgery, and the NHS is relatively well resourced to deliver them. But many people have problems which are not amenable to those approaches: it is impossible for instance to apply the biomedical model unless there is a clear diagnosis and a definitive treatment based on good evidence. Real life is not so neat. One member summed up the consequences: 'If all you have is a hammer, it tempts you to deal with every problem as though it's a nail. What the NHS needs is a bigger toolkit.'

People who don't easily fit into the biomedical model

- People with long-term medical conditions (or who are at serious risk of developing one)
- People with mild to moderate mental health problems
- People with medically unexplained physical symptoms (MUPS)
- Pregnant women
- Frail elderly people and their carers
- People living with a fatal disease, or who are dying

Some members of the group talked about GPs and nurses who have said the NHS tick-box culture is making them lose heart. The group agreed that the 'heart' of NHS healthcare has been its vast reserves of individual goodwill and shared vocational values. Pondering on what the most essential feature of holistic healthcare might be, the group concluded it would be *'medicine as if people matter'* and proposed that the mission of the BHMA should be to do work that supports patients and staff whose needs are poorly met in the NHS. In particular, the group identified:

- people with long-term conditions
- people with medically unexplained physical symptoms
- frail elderly
- staff who aspire to deliver medicine as if people matter.

Values add value

The group saw goodwill, customer care and high morale as immensely valuable aspects of corporate capital. What, asked the group, has been the organisational cost of thinking about and organising healthcare in ways that ignore our natural healing processes and fail to make use of the great value that is added when people work for 'a cause'? We were concerned that the NHS might be losing the time-honoured vocational sense of working together for health, and wondered whether this had a lot to do with the difficulty in recruiting and retaining staff.

Do NHS staff actually feel valued?

Unless they feel they matter, how will they deliver medicine as if people matter?

Medicine as if people matter became the group's watchword for holistic patient-centred care.

The group also wondered about the ideals and drives that inspire or compel people to enter healthcare professions, and whether staying person-centred and compassionate might confer some protection and resilience in the sometimes stormy world of healthcare. How might the BHMA develop its educational role to support practitioners' resilience and compassion?

Where then, asked the group, have the great ideals that illuminated the healing professions gone; have altruism and selflessness become just too unfashionable? Could a sense of common goals and ideals be renewed? It was suggested that 21st century healthcare needs a

new Hippocratic Oath and that the BHMA should initiate a project to create it.

Who you are makes a difference

Healthcare staff often have to deal with people in difficulty and distress, and they work inside high-demand organisations where risks of harm – to staff and patients – must be managed with utmost care. The group was reminded that time pressures are inevitable in an increasingly industrialised NHS aiming for greater productivity and throughput. Tick-boxes and targets are everywhere, and the work is at times terribly stressful. Risk-vigilance, data-collection and evidence-based practice are constant and unavoidable concerns, and staff are having to deal with users who not only have rising expectations, but in some cases have come to hold the health professions in low esteem. But since the NHS isn't about to scale down or become less busy, staff will need support and training to ensure they maintain their resilience and humanity. How will staff preserve their capacity for respect, concentration and compassion unless the organisations they work in treat them with respect, and provide opportunities for growth and re-creation? In which case, the group asked, what models are there and what evidence to support health workers to remain patient-centred, respectful, curious about individual difference, and open to patients' physical, psychological and spiritual needs?

Core values underpinning holistic practice

- Compassion – being considerate and caring towards others
- Respect – for ourselves, our patients or clients, our community, our culture and our place in nature
- Openmindedness – healthcare needs many good ways of being and doing
- Competence – committed to ongoing professional and personal development
- Self-care – looking after ourselves so we can be healthy citizens and effective practitioners
- Engagement – doing what we can to change the systems we live and work in for the better

The group wanted evidence about the potential cost-effectiveness of developing resources to deliver medicine as if people matter. Might it restore people's trust and confidence in the NHS, and reduce the numbers of prescriptions, or hospital referrals and admissions; could it improve user engagement in health promotion, preventive- and self-care; might it increase job satisfaction and raise morale and so reduce staff stress and staff wastage? Might it even drive down rates of adverse events, complaints and litigation? We thought these were all likely outcomes of more patient-centred care.

Only connect

It was pointed out that 20th century medicine, knowing little about the body's intelligence and mind-body interconnectedness, kept the mind and emotions at arm's length. But 21st century healthcare science is increasingly aware that the mind and the body are one. Members of the group were convinced that the human capacity for wellness can be triggered in many ways: better nutrition, exercise, relaxation, meditation and stress reduction techniques among them. We agreed that medicine is beginning to take an interest in methods such as these, though the human healing system remains a largely untapped and mysterious black box, as yet under-researched and too little used in mainstream medicine. Future healthcare, so we believe, will understand mind-body medicine better and make far greater use of it. Meanwhile, the group suggested the BHMA should provide a source of information for patients and practitioners seeking to learn about ways of triggering wellbeing: in particular self-care approaches that anyone coping with illness, facing surgery or living with a long-term condition could make use of with minimal professional help.

The BHMA's *Sound Health* CD series is felt to be a good model for this.

The group thought complementary approaches can have a useful place in a pluralistic patient-centred system, and that the BHMA should aim to offer on-line information to support evidence-based choice.

Some guiding principles for future healthcare

- People have bodily, psychological and spiritual needs.
- Any suffering is significant whether or not it can be explained 'scientifically'.
- Health is part of our social capital, and must be nurtured at every level (from the genome to the ozone layer).
- Most UK premature deaths could be prevented – and much chronic disease alleviated – by adopting better ways of life.
- Support for personal and social wellbeing are essential aspects of good healthcare.
- A better understanding of natural and human healing resources would make healthcare more sustainable.
- Holistic health – and social care – require complex co-operation between diverse disciplines, agencies and sectors. We need to respect one another's contributions.
- The development of holistic approaches will call for more research with people rather than on people.
- Health and social care should strive to become patient-centred.
- The wellbeing of those who work in a healthcare system is its most important corporate asset.

Making a system that fits people

We spent time thinking about the consequences of practicing medicine as if people don't matter, taking as an example people living with long-term medical

conditions (LTMC). Someone with an LTMC such as heart disease, disabling arthritis, a declining neurological disease like MS or cancer, or someone with persistent mental health problems, needs more than drugs alone to recover or make the best of life. Recovery of wellbeing and optimal function were seen as crucial pieces of the healthcare jigsaw, because the person matters as well as the disease. So advice and support for health and wellbeing are essential, alongside diagnosis and a choice of acceptable appropriate treatments. Nor would an approach focused only on diagnosis and treatment be able to engage a person in managing the health problems they have to live with. Ideally, the person concerned would be helped to make informed choices about their health problem, only handing over responsibility to compassionate helpers when they had to be less independent.

The same, we believe, should go for people using NHS maternity services, child development clinics, even services for the elderly – many of whom are old and frail though not always because of a disease (though not uncommonly, one GP observed, because of the multiple drugs they had been prescribed). For great swathes of the NHS, a holistic approach – not just treating disease but preventing it and lessening its impact by improving wellbeing – is now indispensable.

Yet how, the group asked, can the NHS provide active support for health and wellbeing when it barely succeeds as a safety net for people with acute disease? Nor will it be possible for an NHS already fully occupied picking off the alligators of serious disease to drain the swamps of poor wellbeing and ill health they so often come from. It seemed that unless more people set out to get healthier, the burdens on the NHS will continue to snowball. Here the group observed two things: that social exclusion and trauma leave people feeling as if they don't matter, and so in many instances does the experience of not fitting into the medical model. But it was also observed that when people do feel they matter, they try harder to be healthy. Members requested evidence to support these ideas, and suggested that the BHMA explore ways of co-operating with voluntary and commercial organisations, as well as the public sector, to seek resources for enabling wellbeing, especially in excluded groups.

How will the BHMA proceed?

The four central ideas that emerged were concerned with improving the way we think about, practice, resource and organise healthcare.

Firstly, it isn't the person who fails to fit into the biomedical theory, it's the theory that doesn't fit the person. Since a person is more than the biochemistry of their illnesses, healthcare must go beyond biology. If it is to avoid fast-approaching crises of cost, cure and care, a

biopsychosocial approach will be essential. Secondly, then, in *practice* this would entail holistic person-centred healthcare, using an appropriate range of possible treatments: pharmaceuticals and surgery, but also appropriate psychological and social care or perhaps complementary therapies – depending on need, choice, evidence and resources available. Thirdly, resourcing more user participation and involvement in self-care, along with healthy community development and promotion of wellbeing, would help shift towards more holistic and systemic approaches. The localisation of healthcare on a more human scale could in time help de-industrialise the NHS, and make healthcare less impersonal and technology-driven. Fourth, as one member of the group put it, ‘we need to get the heart back into healthcare, and practice it as if people matter’.

How can healthcare organisations – medical schools, research funders, PCTs, or hospitals begin to make this happen? The group saw two barriers – biomedical blinkers and resource misuse: on the one hand medicine’s

preoccupation with searching for molecular causes and chemical treatments; on the other parallel medicine’s ignoring human beings’ in-built healing powers and the personal or communal roots of ill health. Doctors in training in particular need effective, compassionate ways of understanding individual health predicaments: the roots and impacts of a person’s illness; their beliefs, quandaries and choices when negotiating options for prevention or treatment. All these changes will depend on organisations’ grasp of the growing problems, a recognition of the opportunity holism represents, and their strategic use of resources. A system’s capital is not only financial, but human and social too. Skilled, compassionate staff given the time and organisational support to deliver more patient-centred care, would do so. The group suggested that values-driven healthcare organisations would have higher staff morale and wellbeing, and that this would make them more effective and efficient.

Some leading thoughts about holistic healthcare

It’s time to rethink health and healthcare. In spite of rocketing NHS budgets and advances in the medical management of diseases, patients and health workers alike are dissatisfied with the quality of healthcare. And increasingly researchers challenge the ability of traditional science to explain the dynamic interplay of factors required for good health, for an aliveness of spirit and quality therapeutic relationships. There is a widespread quest for better integration of healthcare effort, and more holistic understandings of health and dignity. With advances in science revealing that the body-mind behaves more like a self-healing hologram than a stack of diagnostic categories, there are great opportunities for holistic thinking and practice.

Actions arising out the BHMA ‘medicine as if people matter’ focus group

Peter Dale, acting director of the BHMA

The BHMA, approaching the 25th anniversary of its founding, has set out to review its role and relevance. Like any charitable organisation the BHMA must use its resources well, get its message out, its projects funded, and grow its membership. The background to the group’s discussions were the BHMA’s values statement, and some central ideas about the challenges modern medicine is facing. This group was seen as the first stage in developing projects strategically so that the BHMA can promote holism as a way of addressing medicine’s many current problems.

Putting the heart back into healthcare

The ‘medicine as if people matter’ (MAIPM) project will be searching for evidence, funds and co-workers to address questions and issues that have emerged from the focus group.

- 1 What is the evidence that NHS staff don’t feel valued?
- 2 What would ‘a bigger toolkit’ look like?
- 3 The mission of the BHMA should be to do work that supports patients and staff whose needs are poorly met in the NHS. In particular:
 - people with long-term conditions
 - people with medically unexplained physical symptoms
 - frail elderly
 - staff who aspire to deliver medicine as if people matter.
- 4 Who will be our allies in tackling these areas?
- 5 Do values add value?
- 6 How could the BHMA develop its educational role to support practitioners’ resilience and compassion?
- 7 The BHMA will initiate a project to create a new Hippocratic Oath.
- 8 How should health workers be appropriately resourced to deliver MAIPM?
- 9 What is the evidence to support potential cost-effectiveness of encouraging medicine as if people matter? Might it:
 - help restore people’s trust and confidence in the NHS
 - reduce the numbers of prescriptions, or hospital referrals/admissions
 - improve user-engagement in health promotion, prevention and self-care
 - increase job satisfaction and raise morale
 - reduce staff stress and staff wastage
 - drive down rates of adverse events, complaints and litigation?
- 10 The BHMA should develop a source of information for patients and practitioners seeking to learn more about ways of triggering wellbeing: in particular self-care approaches.
- 11 The BHMA should be able to offer on-line information to support evidence-based choice (eg CAM and mind-body medicine).
- 12 Is there evidence to support the notion that social exclusion and trauma leave people feeling as if they don’t matter? When people feel they matter do they try harder to keep healthy?
- 13 Can evidence be found to support the idea that encouraging healthcare organisations to boost staff morale and wellbeing will make them more effective?