

# THE ART OF HOLISTIC CARE: WHAT SHOULD THE GP KNOW?

*Back to the future ...*

The theme for the 1998 GP Congress has appropriately been chosen as "The art of holistic care". Why did the organisers of the Congress choose this artistic theme? Although the family physician is in the ideal position to practise holistically, this is not always the case. There are many reasons why we have lost the art of holistic care, some of which we will explore in this article.

## **The dilemma of inappropriate undergraduate training**

Because of continuing curricular overload and the influence of superspecialisation on undergraduate teaching, medical education is now under serious consideration. The "basic doctor", who is the product of undergraduate training, is neither qualified to practise either as a specialist or as a family physician. He/she has to undergo additional vocational training to equip him/her with the necessary knowledge, skills and attitudes to be able to practise independently in his/her respective fields. Why then, after seven years of intensive and costly training, are the medical schools unable to deliver a competent medical doctor? What has gone wrong in the educational system?

## **The influence of the biomedical approach on medical education**

One of the main reasons for this phenomenon is the fragmentation of medical education. This is the result of the reductionistic approach of the biomedical model where undergraduate teaching is almost entirely conducted by superspecialists with tunnel vision in their respective fields. These teachers have little or no understanding of the holistic nature of medical care that would be expected from the medical graduate once he/she enters the promised land of caring for patients - after all, that is what motivated these students to pursue a career in the medical field.

Medical students are not adequately exposed to generalists with a holistic approach to patient care. Patients are also aware of the lack of empathic, holistic care by these "technocratic" doctors and often gravitate to so-called alternative medical practitioners who may have a deeper understanding of the patient's inner needs that goes beyond just a physical diagnosis and treatment.

**Van Velden D, MBChB, MPraxMed,  
Dept of Family Medicine and Primary  
Care, University of Stellenbosch,  
PO Box 19063, Tygerberg 7505**

## **The limitations of allopathic medicine**

The medical profession is also constantly confronted with the limitations and failures of allopathic medicine, as well as the ever-increasing cost of medical care that threatens the future of general practice. The changing disease pattern has resulted in the reduction of mortality and an increase in life expectancy. One result is the increase in the prevalence of morbidity that causes important disability yet has low or zero fatality.

The increasing demands of patients for holistic health care and a growing awareness of the value of stimulating the natural healing capacities of the body, rather than just the treatment of the disease, necessitate that doctors must emphasise prevention above treatment.

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*"Holistic care should take into consideration all aspects of body, mind and soul to optimise the function of the healing system ..."*

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The future general practitioner will have to concentrate more on the prevention of lifestyle-related diseases and increasing the quality of life, rather than just on traditional diagnosis and curative care. The focus will be on the implementation of measures for health promotion and disease prevention, rather than just to stop patients from dying! There must be a realisation that prevention always supersedes treatment in importance. Whether the focus of prevention is external, as in disinfecting drinking water, or internal, as in taking antioxidant supplements and natural tonics that boost immunity, preventing disease is almost always easier, cheaper and surer than treating disease.

The apparent lack of interest of the modern doctor in holistic care and the influence of lifestyle on health and disease patterns is not surprising. It should be seen against the background of the spectacular rise of modern scientific medicine, also known as allopathic medicine, by the middle of the twentieth century. The biomedical model from which conventional medical theory and practice derive, focuses almost exclusively on disease and its treatment, rather than on health and its maintenance. Worse, the biomedical model discounts or entirely writes off the importance of the mind and lifestyle-related influences on the health and disease paradigm, looking instead for purely physical causes of changes in health and illness. Modern medicine almost entirely ignores the importance of the spiritual aspects of our health, understanding the knowledge that

we are not our temporary material bodies, but the eternal spiritual souls within our bodies.

## **Lifestyle modification**

Lifestyle modification is now accepted as a proven method for reversing a number of common, debilitating, chronic and degenerative diseases. Doctors, hospitals and universities are starting to realise that conventional medicine is caught in an economic crunch because of its reliance on technology that is inherently and increasingly expensive. They are starting to consider ideas about health care that would have been unthinkable a decade ago. There is an encouraging movement towards integrating standard and complementary approaches to medical care. The introduction of natural, non-invasive measures for the amelioration of both common and life-threatening illnesses may trigger profound changes in the practice of medicine itself.

Doctors need to be able to communicate effectively with their patients. They must have the skills to motivate patients to implement meaningful changes in their lifestyles that will have a profound influence on their health and well-being. Motivation to change behaviour is almost impossible in a society with secular value systems, resulting in the often-heard outcry of our patients: "But everything I like is either illegal, immoral or fattening!" Behaviour modification cannot be accomplished permanently on the horizontal level only, but patients need to be motivated on the vertical level to increase the quality of their lives on the physical, mental and spiritual planes. This is where the art of holistic care comes into play.

The recent exposure of the serious cardiovascular valvular side-effects of two well known weight reduction drugs that were previously considered to be safe, highlights the real danger of certain allopathic drugs<sup>1</sup>. Economic forces dictate the philosophy of the promotion of medications, often without sound scientific evidence of possible serious side-effects. Even the thalidomide scare did not discourage pharmaceutical companies from developing potent new drugs, despite the fact that adverse reactions might take years to become exposed.

## **The changing disease pattern**

In developed countries, chronic and degenerative diseases are the principle causes of death in middle and old age. Neoplasms, ischaemic heart disease and cerebrovascular disease cause three-quarters of all deaths in the 35-69 age group and two-thirds in the 70+ age group. For the first time, death from neoplasms heads



Neoplasms	39.8%
Circulatory disease	38.8%
Ischaemic heart	27.3%
Cerebrovascular	6.2%
Arterial	1.8%
Other non-rheumatic heart	1.6%
Other	1.9%
Diabetes	1.3%
Chronic obstructive lung disease	4.7%
Pneumonia	1.2%
Cirrhosis	1.9%
Central nervous system disease	1.9%
Other medical	5.8%
Injury or poisoning	4.6%

**Table I**  
**Percentage of mortality attributed to different causes, in persons aged 35-69, England and Wales, 1992**

the list (40%), followed by death from ischaemic heart disease (27%).

The majority of these diseases are wholly or partly chronic or degenerative and conventional medicine on its own has little influence on their outcome. Lifestyle modification, as a safer and more effective alternative, could have a profound influence on future disease patterns by enhancing the body's natural healing powers against these chronic and degenerative conditions.

#### Vascular disease

In the 35 years from 1955 to 1990, mortality from vascular disease decreased by >40% in both men and women in middle and old age. Just how the credit for the reduction in mortality from vascular disease should be apportioned between preventive and therapeutic measures, is controversial. However, there is no doubt that effective treatment for hypertension and, in more recent years, improved treatment for myocardial infarction, have played a part, as have screening for hypertension, coronary bypass operations, as well as a reduction in dietary saturated fat and an increased level of physical fitness. The reduction in mortality is even more remarkable given that cigarette smoking has increased everywhere.

This reduction in mortality could have been even more spectacular if a serious effort were made to reduce the incidence of cigarette smoking in all the populations of the world.

#### Neoplasms

The contrasting increase in mortality from neoplasms is disappointing, however, because there have been improvements in therapy. The reasons for the increase, which from 1955 to 1990 was limited to men, are, however, clear. One of the reasons is the improved recognition of myelomatosis and brain cancer. The greatest part is due to the increased prevalence of cigarette smoking that occurred in all developed countries between 1930 and 1970 and extended in many countries to the 1980s. This affected primarily men and has spread only gradually in women.

It is encouraging to note that the mortality from cancer not attributable to smoking decreased, which is, in part, due to environmental influences and improvements in lifestyle. To reduce the incidence of cancer, serious consideration should be given to lifestyle modification, which is quite evident if the sources of cancer are taken into consideration.

#### Modifiable sources of cancer:

Diet	10-70%
Smoking	30-34%
Chronic inflammation	25-30%
Infections	10%
Occupational	4%
Alcohol	3%
Urban pollution	2%
Drinking water	1%
Sex	1%
Drugs	1%

#### Morbidity

A time will come, which may not be far in the future, when mortality will be so reduced that, barring accidents, most people can expect to survive to the biological limits of human life. As the expectation of life is prolonged, the prevalence of morbidity and its relative importance will increase with the increasing prevalence of those types of morbidity that cause important disability, yet have low or zero fatality. These include osteoarthritis, osteoporosis, various causes of blindness and deafness, incontinence and anxiety and depressive neuroses.

We are, therefore, increasingly faced with the need to complement measures for increasing life expectancy with measures for increasing disability-free life expectancy and to focus research on the extension of the latter. This will have a major impact on the quality of life that will add not only years to life, but also life to years.

It is important to realise that chronic and degenerative diseases are seldom caused by a single exposure to a single agent acting on its own, but are the result of a series of changes that build up over time and may be produced by many different agents. The most important single factor that can be avoided is smoking. Increasingly, however, we are learning that one or more of the links in the chain of events that eventually produces chronic and degenerative disease, can be broken by an adequate intake of some micronutrients. The purpose of food, however, is not only to increase health and longevity, but also to purify the mind and consciousness. It is expected that advances in nutritional medicine will have a major impact on the health and disease patterns of the future.

#### A paradigm shift in the philosophy of health care

The relative limitations of allopathic medicine stem from the fact that conventional medical education is frozen in a disease-orientated mode, where doctors believe that health requires outside intervention of one sort or another, while proponents of natur-

al hygiene maintain that health results from living in harmony with natural law. This is in accordance with the two most famous admonitions of Hippocrates (460-370 BC): "First, do no harm" (*Primum non nocere*) and "Honour the healing power of Nature" (the *vis medicatrix naturae*). In ancient Greece, doctors worked under the patronage of Aesculapius, the god of medicine (4th Century BC), but healers served Aesculapius's daughter, the radiant Hygeia, goddess of health, who came to represent prevention of disease. Panacea, another daughter, represented treatment, and his son Telesphoros, who normally accompanied him, represented convalescence.

Medical writer and philosopher René Dubos has written: "For the worshippers of Hygeia, health is the natural order of things, a positive attribute to which men are entitled if they govern their lives wisely. According to them, the most important function of medicine is to discover and teach the natural laws which will ensure a man a healthy mind in a healthy body. More sceptical, or wiser in the ways of the world, the followers of Aesculapius believe that the chief role of the physician is to treat disease and to restore health by correcting any imperfections caused by accidents of birth or life."

#### The success story of allopathic (Western) medicine

It is, however, important to put the value of conventional medicine into perspective: In the West, a major focus of scientific medicine has been the identification of external agents of diseases and the development of interventions against them. An outstanding success in the middle of this century was the discovery of antibiotics and, with that, great victories over infectious diseases caused by bacteria. This success was a major factor in winning hearts and minds over to the Aesculapian side, convincing most people that medical intervention with the products of technology was worth it, no matter what the cost.

In the East, especially in China, medicine has had a quite different focus. It explored ways of increasing internal resistance to disease so that, no matter what harmful influences we are exposed to, we can remain healthy - a Hygeian strategy. Although the Western approach has served us well for a number of years, its long-term usefulness may not be nearly so great as the Eastern one. Conventional medicine is very effective in managing trauma, diagnosing and managing medical and surgical emergencies of all sorts: haemorrhages, heart attacks, pulmonary oedema, acute congestive heart failure, acute bacterial, parasitic and fungal infections, diabetic comas, bowel obstructions, acute appendicitis, and so forth. It has also made great strides in the prevention of many infectious diseases by immunisation, replacement of damaged hips and knees, getting good results with cosmetic and reconstructive surgery and the diagnosis and correction of hormonal deficiencies.



**What are the medical failures of today?**

Conventional medicine has failed to treat most viral infections and to cure most chronic and degenerative diseases. It also cannot effectively manage most kinds of mental and psychosomatic illnesses, nor most forms of allergy or auto-immune disease. Most of all, it cannot cure most forms of cancer, which has become the principal cause of death in the developed world.

The biomedical model from which medical scientists work stifles movement toward Hygeian medicine. Research on healing and on alternative medicine is primitive or non-existent, because people who set research priorities and disburse research funds are not interested in these fields.

Insurance companies dictate how medicine is practised by their policies of reimbursement. They will not pay for most of the interventions aimed at the prevention of disease or the promotion of health because there is the perception that there is no reliable research data to support their effectiveness or their cost-effectiveness compared to conventional treatments.

**What should the physician know?**

The solution to the problem is to propose curriculum reform in medical education. Future doctors will have to be taught alternative models of science and health and be encouraged to study the healing power of nature. Doctors will have to develop themselves into healthy role models for patients, to facilitate the paradigm shift from the reductionalistic biomedical approach to the holistic philosophy of science, with reference to new models based on quantum physics that replace old concepts of Newtonian and Cartesian dualism. Emphasis should be placed on the healing power of nature and the body's healing system, on mind/body interactions, including placebo responses.

**The psychological and spiritual approach**

Instruction in the psychological and spiritual aspects of health and disease, including knowledge on the positive influence of relaxation and meditation on health and well-being, is as important as practical experience and knowledge about the influence of nutrition, exercise and drug therapy on the physical body. Doctors must have a thorough understanding of spirituality, realising that it has to do with the non-physical, immaterial aspects of our being - with energies, essences and the part of us that existed before and will exist after the disintegration of the body.

In spite of a great deal of research demonstrating the causative role of stress in illness and the interplay of emotions and immunity, most medical researchers and practitioners assume that physical causes can explain all diseases and that physical treatments - usually drugs - are the only ones that count. This is clearly demonstrated in the field of psychiatry, which is almost completely dominated by a biomedical model that views all disturbed mentation as the result of disturbed brain chemistry and so offers us drugs as the only treatments worth using.

**Conclusion**

Holistic care should take into consideration all aspects of body, mind and soul to optimise the function of the healing system. Doctors must be aware of the powerful consumer movement that is responsible for a renaissance of alternative medicine world-wide and the growing openness to it within the medical profession. Doctors must re-evaluate the natural treatment modalities such as diet, exercise, music and meditation, employed so successfully by early physician philosophers such as Pythagoras of Crotona (530 BC). The more we embrace the concept of modifying lifestyle holistically to increase the body's healing potentials, the more we will expe-

rience healing in our lives. The less reason we will have to use medical interventions that are unnecessary, sometimes damaging and inordinately expensive. Healing-oriented medicine would serve us much better than the present system, since it would be safer and surer as well as cheaper. Doctors must accept the challenge to teach their patients the practice and principles of healthy living; to teach them to take care of the physical needs of their bodies and, in addition, to use their minds in the service of healing in order to become less, rather than more, dependent on health professionals.

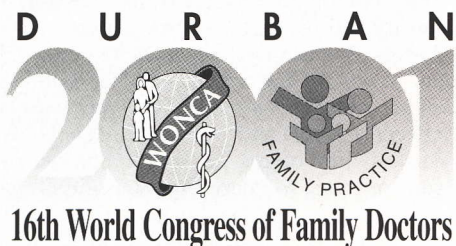
In medical emergencies, technology must be used to stimulate the healing system. The best ideas and methods of both conventional and alternative medicine must be available to all patients. In the ideal situation, doctors and patients must be partners working toward the same goals, where insurance companies would be happy to reimburse for preventive education and natural treatments, knowing that these efforts were in their own best interests. ●

**References**

1. Connolly HM, Crarey JL, McGoon MD, Hensrud DD, Edwards BS, Edwards WD, Schaff HV. *Valvular heart disease associated with fenfluramine-phentermine*. N Eng J Med 1997; 337:581-8.
2. Peto R, Lopez A, Boreham J, Thun M, Heath C. *Mortality from tobacco in developed countries: indirect estimation from national vital statistics*. Lancet 1992;339:1268-78.
3. Peto R, Lopez A, Boreham J, Heath C, Thun M. *Mortality from tobacco in developed countries, 1950-2000*. Oxford, United Kingdom: Oxford University Press, 1994.
4. Office of Population Censuses and Surveys. *Mortality statistics: cause*. London: Her Majesty's Stationery Office, 1994. (Series DH2. 20.)
5. Nicolaides-Bouman A, Wald HN, Forey B, Lee P. *International smoking statistics*. Oxford, United Kingdom: University Press 1993.
6. Doll R. *Chronic and degenerative disease: major causes of morbidity and death*. Am J Clin Nutr 1995; 62(suppl):1301S-5S.

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Garth Brink, Convenor  
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