4 Relationship: Practising holistically

This performance area is about the ability of doctors to operate in physical, psychological, socio-economic and cultural dimensions, taking into account feelings as well as thoughts.

Holism may sound like a relatively abstract concept, but it embodies the broader mindset that characterises good GPs and the way in which they see problems and their effects as part of a bigger picture. *Why is this important?* It is because health has many dimensions and is affected by a variety of factors beyond the simple causes of disease. For example, holism means recognising that what the patient thinks and feels about an illness can strongly influence the degree to which they suffer *and* the rapidity with which they recover. Also, holism means recognising that the factors that aid recovery are much broader than the therapies available through traditional Medicine and include psychological approaches, social interventions, complementary medicine and so on.

A holistic approach is therefore not some form of a abstract GP creed, but has real practical significance, especially when problems are complex and treatment approaches are not clear-cut.

Holism has a number of meanings, but to illustrate its range and depth, here is a definition that we commonly use:

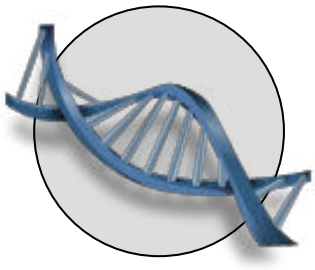
Holism is defined as 'caring for the whole person in the context of the person's values, his family beliefs, their family system and their culture in the larger community and considering a range of therapies based on the evidence of their benefits and cost'

This shows us that Holism, one of the core values of general practice, is very strongly linked to patient-centredness which is another core value.

Holism is often condensed to the shorthand of 'integrating physical, psychological and social components of health problems', the so-called bio-psycho-social model of illness. Practising holistically means not only having a holistic mindset, but also knowing how to translate this understanding into practical measures that improve the patient's health. For example, holistic practitioners will offer a wider range of options than simply medical ones (as mentioned above) and will also use other sources of help for the patient than just themselves.

Not surprisingly, when we look at the DNA, our deeper features, to practise holistically we need to show a good deal of empathy and sensitivity. This makes sense, because these attributes help us to be open and non-judgemental. Without them we cannot learn to value such things as the other approaches to health

Joined up?
See p14



care, the patient's thoughts and beliefs and the importance of how the problem is affecting the patient's life.

The thread of empathy and sensitivity also explains why 'practising holistically' is strongly related to communication and consulting skills, where as we have seen in the DNA box on page 24, it is also of great importance.

The performance area of practising holistically is described in three major themes or indicator progressions, which we will now look at in detail.

Needs Further Development	Competent for licensing	Excellent	
Enquires into both physical and psychological aspects of the patient's problem.	Demonstrates understanding of the patient in relation to their socio-economic and cultural background.	Uses this understanding to inform discussion and to generate practical suggestions for patient management.	**1**

Tip

This section overlaps with the first indicator progression statement in the 'communication & consultation skills' performance area.

See page 27

This first progression illustrates how we move from:

Asking about physical and psychological aspects of the patient's problem. This may not sound much, but without this step, we are poorly equipped to understand the *effect* of the problem.

Not only asking about, but also demonstrating that we understand the relationship between the patient and elements of their social, occupational and cultural background

Actively making use of this new understanding by discussing how the management plan can be tailored to take account of these factors.

Looking at each of the word pictures in turn:

Enquires into both physical and psychological aspects of the patient's problem.

This indicator is the first step in looking in a more holistic way at the patient's problem.

In any illness, physical and psychological factors may coexist. Physical illnesses have psychological sequelae and vice versa. For example, we often see psychosomatic symptoms manifest themselves as musculoskeletal problems, and we also know that musculoskeletal problems often have an important psychological component such as low mood.

Some physical symptoms, for example the so-called 'functional disorders' may be manifestations of psychological distress. These disorders include irritable bowel syndrome, non-ulcer dyspepsia and abdominal pain in children. Likewise, certain ENT symptoms such as globus may be the presentation of psychological problems, in this case anxiety.

This physical/psychological duality also manifests itself in the way patients choose to talk about, understand or accept (or not) their condition, with some patients experiencing the problem in physical terms and others in psychological (including emotional) ways.

Demonstrates understanding of the patient in relation to their socio-economic and cultural background.

Many educators consider this to be the most important competence in the whole performance area.

One of the challenges and joys of general practice is learning how people understand their health in relation to their world. Understanding British people means, in our multicultural society, understanding how people from diverse backgrounds think about health and illness, both how they are caused and how doctors can help. Overcoming personal resistance and prejudice in order to achieve this understanding is the starting point for learning to value the differences between people. We will revisit this point when we consider diversity on page 194.

Let's be more specific about how diversity and holism are linked. Social and cultural diversity particularly about diet, nutrition, gastrointestinal function and mental health really affects the health beliefs that patients have. To give two examples, some cultures regard what we would call 'hallucinations' as being normal experiences. Others, particularly from tropical countries, may understandably regard fever as being indicative of possibly fatal disease, rather than being a self-limiting 'minor' illness. Our 'empathy and sensitivity' deeper features are once again important here because if we do not have an open and non-judgemental approach, we can easily misunderstand or worse still, misdiagnose the patient. Thus in the examples just given, patients with hallucinations may be misdiagnosed as psychotic and those with viral illnesses as being neurotic.

Culture may affect how people think, but it also has a number of practical consequences. For example, culture may strongly influence naming systems, rites of passage rituals such as circumcision, personal ethics, expectations in terminal illness and death rituals. Culture is a holistic matter and as we can appreciate, it could have a powerful influence on how to best manage the patient.

Developing a holistic mindset

Even if you think your consultation has been one-dimensional, try to learn about the psychosocial dimension of the patient's problem by using computer codes and search facilities to explore and integrate the physical, psychological and social components that may appear in the records.

For example, what other physical, psychological or social problems are present?

Could these affect or be affected by the current problem? For instance, what about employment; could this be a factor?

Assessor's corner

Does the doctor ignore cues? The COT has a section on enquiring into psychological and social factors. Look at the trainee's scores in this area. If they remain persistently low, further action may be needed.

This might include looking at video consultations, stopping and starting the tape and asking 'what might the patient be thinking at this point?' or 'what other questions would you ask to explore psychological and social issues that might be relevant here?'

Connecting holism with diversity in your community

You may wish, or need, to learn about how different cultural groups in your patient community approach health and illness. You can learn about this from patients directly, from community leaders and from books.

Ask your colleagues how they have practised holistically with these groups. For example, how have they modified their diagnostic and treatment approaches as a consequence of their cultural awareness?

Holism does not just apply to cultures that are different from the indigenous one. The culture of British society itself has a profound effect on how people view their illness. For instance, British people are on the whole expected to be stoical. Also, British society (as with all societies) stigmatises some people and some behaviours. Therefore, people who smoke or who are obese are singled out in the media for particular scorn. Increasingly, doctors are at the sharp end of implementing government policy for example with smoking cessation and the medicalisation of obesity. Having a holistic mindset means that we should become aware of the potential effects of stigmatisation and take steps to reduce these.

Understanding patients also means understanding the ways in which they view the world. Unlike doctors, who are trained to look at health in (principally) scientific ways, patients don't usually take this approach, but seek to understand health in relation to their personal and family values and beliefs. Therefore, patients may voice their beliefs by saying, for instance, that some things happen because they are 'in the family', that taking tablets is 'not how I was brought up', that 'my father never took a day off work' or that 'uncle Fred smoked every day of his life and lived to 90'.

These values and beliefs are deep-seated and powerful. Having a holistic mindset means that we seek them out, respect them and wherever possible make constructive use of them. If we don't, our efforts might be misdirected and patient care might become frustrating for reasons that we don't immediately understand or respect.

Uses this understanding to inform discussion and to generate practical suggestions for patient management.

Once we understand the practical importance of holism, we are more likely to help the patient by discussing the problem more widely, using this to generate a broader range of practical options than we would otherwise have considered.

'Discussing more widely' means enabling the patient to disclose the factors that they think influence the problem and how it might be resolved, without fear of being embarrassed or ridiculed. Once we see for ourselves that holism leads to more effective management plans, it quickly becomes a central part of the way we work rather than an optional add-on.

Assessor's corner

To understand holism, the doctor should be open-minded and non-judgemental. There may be positive evidence of this.

Alternatively, there may be evidence that the doctor does *not* have this mindset. For example, does s/he display prejudice either in face-to-face patient contact or in discussions outside the consultation?

Needs Further Development	Competent for licensing	Excellent	
Recognises the impact of the problem on the patient.	Additionally, recognises the impact of the problem on the patient's family/ carers.	Recognises and shows understanding of the limits of the doctor's ability to intervene in the holistic care of the patient.	**2**

This second progression illustrates how we move from:

Recognising that the problem does not exist in isolation, but becomes significant because of a negative effect on the patient's life.

Recognising that patients rarely live in isolation. Problems that affect them will also have an effect on those that care for or about them, with possible wider health consequences that we have to consider as part of our holistic approach.

Demonstrating that although we can offer practical help and support with the narrow problem, our ability to influence the wider context, even when this is understood, is limited.

Insight from the curriculum

The curriculum says that 'blindness separates people from things. Deafness separates people from people'. How does this help you to understand the holistic approach?

Recognises the impact of the problem on the patient.

We may think that the impact of a problem is obvious, but sometimes this is an assumption. To be a good holistic practitioner, it is important not to assume but to clarify, as new and possibly important insights are often there to be gained if we are interested enough to enquire.

We should ask about the psychosocial impact of problems as this may influence the management options that are discussed and the anticipatory care that is given. For example, long-term problems frequently lead to an increased risk of depression, relationship problems, restrictions on employment and therefore on income. Knowing this will help us to (for example) keep a close eye on the patient's mood or better still, suggest ways in which problems like depression can be anticipated and averted.

Assessor's corner

From COT, is it apparent that the trainee is either attending to cues or missing important ones, for example concerning the patient's home or work concerns?

When discussing cases, can you build up a good picture of the patient's background from the information gleaned by the trainee?

Do you know in what way the problem is affecting the patient's life? If not, holistic enquiry may be missing.

Additionally, recognises the impact of the problem on the patient's family/carers.

Following on, the patient's problem may have devastating consequences for his or her dependants. For example, the children of substance misusers are particularly vulnerable and may end up becoming carers for their own parents.

Health problems in the parents, particularly mental health issues, may lead to physical problems and to behavioural problems such as enuresis and school refusal in the children. These connections can be made if we use the holistic approach and ask about the wider effects of the parent's problem.

Assessor's corner

What other forms of help does the trainee enlist in managing the patient's problem?

Are these people/resources appropriate? How is this explained to the patient?

Parents with special needs: an example of holism

In the section on 'services to young people', the curriculum describes the need to:

'Recognise the importance of supporting parents who have special needs'

Think about the needs of children of parents with substance misuse, mental health or domestic violence problems or severe chronic or short term conditions which affect their capacity to parent their children. Some children may need referral for multi-agency assessment and support services.

This may include referral to the health visitor for a comprehensive family needs- assessment in order to understand and address the impact of the parent's needs on the children's health and development.

How else could you support these children?

Recognises and shows understanding of the limits of the doctor's ability to intervene in the holistic care of the patient.

There are always limits to our ability to intervene, and recognising these is important in determining where to stop before more harm than good is caused. Of course, this applies to all medical interventions, but with the holistic dimension (unlike prescribing, for example) we may be relatively ignorant of what can realistically be achieved.

In addition, when practising holistically we are often delving into sensitive matters and there is therefore the potential for harm. For example, a common holistic approach is to involve the family. This can be valuable but the family will have their own views and maybe their own axe to grind so it is important that we proceed sensitively, wherever possible by involving the patient.

Holism and preventative care

Family members may develop health issues that have their roots in the patient's problem. Quite often, these can be predicted. For example, we might anticipate that a patient with erectile dysfunction could develop relationship or mental health difficulties (and indeed, vice versa). These effects can be discussed before they happen and in this way, averted or minimised.

Assessor's corner

Does the trainee recognise the effect of the patient's problem on others, especially on those that the patient is dependent upon? This applies particularly to children and the elderly. To help develop this skill, trainees could spend time with others involved in holistic care such as health visitors and counsellors who can illustrate how problems have much wider effects on the patient's life.

Likewise, taking responsibility for a palliative care patient or a patient with debilitating illness such as MS can help trainees to understand the impact that some health issues have beyond the physical dimension.

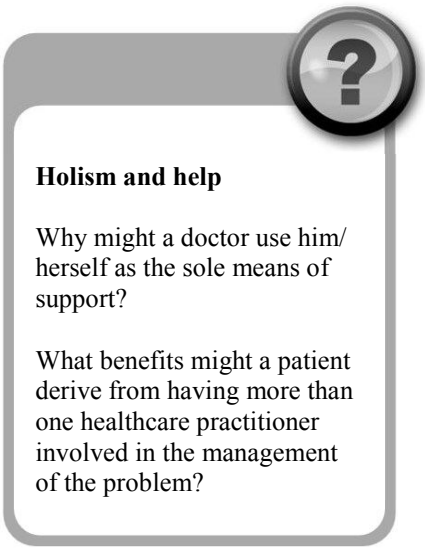
Needs Further Development	Competent for licensing	Excellent	
Uses him/herself as the sole means of supporting the patient.	Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient.	Organises appropriate support for the patient's family and carers.	**3**

This third progression illustrates how we move from:

A plan in which we provide help and follow-up in relative isolation of others who could help, such as the team.

A more sophisticated approach in which the roles & abilities of team members and others such as family members are also made use of to manage the problem & support the patient.

An approach in which we not only consider the impact of the problem on the patient, but also on the family and carers. As a result of this, the latter are supported along with the patient.



Holism and help

Why might a doctor use him/herself as the sole means of support?

What benefits might a patient derive from having more than one healthcare practitioner involved in the management of the problem?

Looking at each of the word pictures in turn:

Uses him/herself as the sole means of supporting the patient

It is natural to build the plan around the help that we, personally, can offer. This may come from a desire to offer personal support and this commitment is usually valued greatly by the patient.

However, such an approach is unsustainable as the patient cannot be supported long-term by one doctor. In addition, such an approach is unlikely to provide the optimum care for the patient because it doesn't encourage the use of other people and agencies who have expertise that might help the patient.

We might use ourselves as the sole means of support for a number of reasons, which we will now explore.

Occasionally, we feel it is our duty to do so perhaps because we interpret continuity of care as meaning a personal long-term commitment. This is rare nowadays as most doctors tailor their personal commitment for example by overseeing the patient's healthcare, managing some problems (such as chronic diseases) in partnership with other team members and others, such as mild depression, mostly on their own.

Sometimes, we work single-handedly because we are *unaware* of other appropriate forms of help both within the practice and without. This can happen if we don't know what's available or don't know (perhaps because we don't explore enough) what the patient needs. Rarely, the patient may be 'forbidden' from seeing another doctor perhaps because we have something to gain from dependency or because we don't wish our management to be exposed to an independent opinion or to external scrutiny.

These factors apply to all of us at some time in our career. Think carefully (and honestly) about which of these factors apply to you and what if anything you need to do to modify your approach.

Of course, we may end up being pretty much the sole form of support (or at least, feeling like it!) because of patient choice. Part of our role is to discourage dependency, where this is unhelpful, by being alert to it and by educating patients so that they understand the value of having others involved.

Holism and dependency

How would you achieve a balance between providing continuity of care and avoiding the pitfalls of dependency? What would you say to the patient?

Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient.

Support agencies in primary & secondary care are widespread and the problem is more often with knowing what is available, accessible and how it is best used. 'Targeting' also depends upon knowing the patient's needs and this in turn requires good communication skills to identify the patient's health beliefs and expectations.

Targeting can be improved by discussing with the patient what the various possible agencies have to offer, thereby facilitating an informed choice.

'Support agencies' could also be said to include the most important support of all, i.e. the family and social network. With careful handling so that the patient understands and agrees to the involvement of other people, it can be immensely helpful to hear the perspective of others who know the patient and then work with them to provide support.

Bear in mind that sometimes the patient is simply the lightning rod for more deep-seated problems, and this can become apparent when other people are brought in to discuss the problem. For example, behavioural problems in a child are likely to suggest problems in the family or at school.

The quality of other forms of help

How would you get to know the quality of what an 'agency' such as a hospital department or a community resource has to offer? Who would you ask and what outcome measures would you look for?

Organises appropriate support for the patient's family and carers.

This competence represents a very high level of holistic care, because to achieve this we must identify who else beyond the patient might be affected by the problem, whether they need to be supported and if so in what way.

One way of approaching this is to think of ourselves as constructing scaffolding around the patient to provide integrated support. The patient's family and carers would perhaps be the most important part of that support in day-to-day life and we have a role in helping them to fulfil that function.

We also have a role in identifying the forms of help that are needed, perhaps from other therapists and agencies. Beyond this, our experience helps us to be proactive in anticipating problems and making arrangements to, wherever possible, prevent these problems from occurring.

Supporting the supporters

- How would you identify the carers of infirm patients?
- Having identified carers in the patient community, what issues would you discuss with them?
- What forms of help can you provide carers?
- What would you do if the carer was not one of your patients?