

# **“BACK TO THE FUTURE” – Developing a whole person approach to health care**

**Book proposal to be edited by, and main authors –  
Dr Michael Sheldon and Dr Michael Harper**

With additional chapters by Dr Nick Read, Dr Ross Bryson, Dr Mervyn Suffield, Dr David Chaput, Debbie Roberts, Dr Naomi Beer and James Ashdown, and others.

## **Background**

The scientific humanistic model of medicine which has been practiced for some 100 years in the West has been spectacularly successful (ref). Most of us owe our lives, or that of a loved one, to the drugs and interventions which have been developed based upon a scientific experimental approach which has discovered much of how we work and how to intervene when things go wrong.

However the story is not one of complete success as there are many quite deep cracks in the medical scientific edifice. People are now living longer and have many means of alleviating physical pain and suffering (ref). The quality of life has also improved for many, although the experience and appreciation of health as reported by a significant number of people appears to have diminished (ref). It is reported that over half of all patients in the developed world are dissatisfied in some way with the medical model and have consequently visited alternative practitioners (ref). Whilst some of these work closely to the western model of medicine, others adopt a completely different model of cause and treatment (for example acupuncture and homeopathy). Does this matter, do these alternatives work in a different way or are they just harmless placebo interventions? (Provide some discussion and refs to CAMS)

The rise of an Evidence Based Medicine (EBM) approach to practice has been met with a variety of responses. On the one hand it is felt that the medical professions are at last agreeing about what is the very best medical practice based on research and seeking to make this available to everyone equally. On the other hand practitioners are pointing out the weaknesses of a statistical research approach based on a selected population which is difficult to apply in a particular patient's illness (ref). The doctors who developed the EBM approach stressed that the research evidence was only part of the picture, and any intervention needs to be tailored into the patient's specific context (ref). Whilst the majority of doctors will agree on the importance of the individual person's context it seems that this personal component of medical practice in the developed world is under threat – mainly due to time and financial pressures. There is probably a diminished level of understanding about the patient as a person and their illness than in the past, and this book is an attempt to help redress this balance by examining how the whole person is affected in ill-health, and how they recover to good health.

The authors come from a variety of health care backgrounds - General Practitioners, Hospital Physicians, Palliative Care specialists, Nurses, Counsellors and the best experts of all – patients.

We all seek to practice a whole-person approach to medicine and we have recognised and explored the importance of dealing with the whole person to both reduce illness and promote health.

We believe that now is the time to fully integrate the EBM part of scientific medicine with the patient centred approach of a whole-person model of care. This book seeks to outline the theory and practice of this whole person approach and how it may be applied in a wide variety of health care settings.

### **Target audience**

All doctors and health care workers in countries where English is spoken. We intend writing the book at the level of medical students and junior doctors with a minimum of medical jargon so that it may also be appreciated by nurses, health care workers and also the general public.

### **Authors**

The main authors are –

#### **Dr Michael G SHELDON**

After many years as a General Practitioner in a variety of practice settings, he became an academic GP first at Nottingham and later Bart's and the London school of medicine. After early research into Audit, Medical Records, Computers in Medicine and Decision Making he concentrated on developing a more holistic approach to ill-health which culminated in the development of a whole-person approach which seeks to include the best approaches of many of the newly developing models of health care. After some years introducing good practice into several developing countries, mainly in Africa, he returned to a GP practice in East London to start a Whole Person Clinic in which the practical aspects of the whole person approach were explored.

#### **Dr Michael HARPER**

Michael completed his general practice training whilst serving on a short service commission in the RAF; subsequent to this he became a GP principal in Port Talbot, where he worked for five years. His interest in the whole person approach then led him to a career change into palliative medicine, together with developing a private practice concentrating on wholistic approaches to healing. In 1996 he moved to London, to take up a post as Medical Director of the Greenwich and Bexley Hospice, and honorary consultant to the local NHS Acute trusts. In 2000, he became Director of Burrswood Christian Hospital and Place of Healing, which operates a very wholistic model of practice, combining medical and psychological care with spiritual ministry. Since the beginning of 2007 he has been part time Medical Director/Consultant at St Richards Hospice in Worcester.

Additional contributors may include –

- Dr Naomi Beer – a GP in east London who has conducted research into doctor's beliefs
- Dr Ross Bryson – a GP in Edgebaston who has developed a whole person GP practice which includes a chaplain

- Revd Dr Nick Read – a research chemist who became a counsellor in medical settings, and is now a priest in charge of a church in south London
- Dr David Chaput – a retired London Hospital consultant in pharmacology and medicine, who now teaches post-graduate courses in whole person approaches in a wide variety of international settings
- Debbie Roberts – a District Nurse in Merseyside who specialises in helping people with CFS and similar problems.
- James Ashdown – a “professional” patient with chronic health issues
- Suzanne Owen – Matron at Burrswood Hospital in Sussex (or even Kent)
- Dr Jo Spitzer – North London GP and specialist in treating orthodox Jews.
- Dr Salma Ahmed – GP in east London with a high proportion of Asian Muslim patients and Muslim herself
- Dr Peter ?? a non-believer but humanist and caring doctor (WHO) ? Bob Lefever or Paul Toon
- Dr Gareth Tuckwell – palliative care specialist
- Dr Mervyn Suffield – GP and expert in providing long term care for the elderly
- Revd Dr Russ Parker – Counsellor, Anglican Priest and leader of the Acorn Christian Trust
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### Outline of the book

The order of the book will follow a logical argument through the failings of modern medicine, and the attempts to develop alternative models. We then develop the theory of a whole person approach and translate this into practice. Actual developments are described and finally we discuss outcomes, evaluation and research.

### Suggested chapters and contributors

| <b>WHOLE MEDICINE</b> |   | <b>PERSON</b>   | Editors: Mike Sheldon and Michael Harper |  |
|-----------------------|---|---|--|--|
| <b>Chap.</b>          | <b>Title</b>                                    | <b>Notes</b>  | <b>Author</b>                            |  |
| 0                     | Outline of book (this paper)                    |   |  |  |
| 1                     | Introduction - Who, What, Where and Why?        | Outline and introduction to the whole book  | <b>MS</b>                                |  |
| 2                     | The success and shortcomings of modern medicine | Discuss the scientific humanistic model and variations  | <b>MH</b>                                |  |
| 3                     | Developing new models of health care            | New approaches in our post-modern society. What they are trying to fix, and a broad description of other western models | <b>MH</b>                                |  |

|    |   |  |               |
|----|---|--|---------------|
| 4  | Body, soul and spirit                         | Develop the anthropology necessary for a whole-person approach   | <b>MS</b>     |
| 5  | Spirit and spirituality                       | Full discussion of spirituality and health with definitions  | <b>MS</b>     |
| 6  | Belief systems                                | Faith and placebos, and patient's beliefs and expectations   | <b>MH</b>     |
| 7  | Medical beliefs                               | Doctors belief systems, based on Naomi Beer's research   | <b>NB</b>     |
| 8  | Modern medicine from the patient's perception | James Ashdown  | <b>JA</b>     |
| 9  | The theory of a whole-person approach         | Main introduction to WPM – outline of anthropology, assessment to make a diagnosis, outcomes and therapy. Also include definition of health.   | <b>MS</b>     |
| 10 | Principles of a whole-person approach         | Mike's 10 principles   | <b>MS</b>     |
| 11 | Putting theory into practice                  | Developing principles of practice from the theoretical understanding - stress the importance of integration – Mike's 3 simple rules. Full discussion on outcomes goes here. Also making a diagnosis. | <b>MH +MS</b> |
| 12 | The physical assessment                       | Assessing a patient's problems – the physical aspects of the patient   | <b>MS</b>     |
| 13 | The psycho-social assessment                  | The psychological and social histories   | <b>NR</b>     |
| 14 | The spiritual assessment                      | The spiritual history and assessment   | <b>MS</b>     |
| 15 | Tools for patients                            | Therapeutic interventions to enable patients to change   |               |
| 16 | Spirituality from a Muslim viewpoint          |  |               |
| 17 | Spirituality from a Jewish viewpoint          |  |               |
| 18 | Spirituality from a Christian viewpoint       |  |               |

|    |   |  |                  |
|----|---|--|------------------|
| 19 | Spirituality from a secular (non-religious) viewpoint   |  |                  |
| 20 | How can a doctor support all religious viewpoints?  |  | <b>MS</b>        |
| 21 | Some models and practical examples of WP care   | Start with our clinic and discuss ordinary GP care   | <b>MS</b>        |
| 22 |   | The Burrswood approach to whole person care  | <b>MH</b>        |
| 23 |   | The whole person nurse – describing the “Burrswood” nurse  | <b>SO</b>        |
| 24 |   | Karis experience with chaplains in Primary care  | <b>RB</b>        |
| 25 |   | ME nurse viewpoint   | <b>DR</b>        |
| 26 |   | Care of the elderly  | <b>MSuff</b>     |
| 27 |   | Hospice care and palliative medicine   | <b>MH</b>        |
| 28 | Teaching the WP model   | 7 step model by David Chaput   | <b>DC</b>        |
| 29 | Research and evaluation   | What will need to be done to demonstrate effectiveness and efficiency (?? Ask David Clarke in Trent) | <b>MS</b>        |
| 30 | Summary of the benefits and disadvantages of applying whole-person principles to health care situations | Perhaps look at suffering and shalom<br>How to maximize benefits and minimize disadvantages          | <b>NR and MS</b> |
| 31 | Bibliography and suggested reading  |  |                  |

MS Mike Sheldon  
MH Michael Harper  
NB Naomi Beer  
JA James Ashdown  
NR Nick Read  
RB Ross Bryson  
DR Debbie Roberts  
MSu Mervyn Suffield  
DC David Chaput  
SO Suzanne Owen

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