

Chapter 1

Who, What, Where, When and Why?

These are the basic questions you the potential reader need to have answered before you invest time and effort in reading the chapters in this handbook.

WHAT an odd title – why “**Back to the future**”? The film of the same name was an interesting example of science fiction where the characters can go back in time, but this book is very much looking forward to the future. Medicine has many challenges and none more important than getting the right balance between the scientific advances, which have produced many investigations, pills and medical interventions all of which can dramatically improve our fight with disease, and the personal attention needed by our patients as people who play a vital part in creating and maintaining health within them.

PS – I now don't like this title – I think it gives the wrong message. We can't go back – times have changed and although we know that something has been lost which we want to regain, we have to find new ways to go forward and we need to discover new remedies in order to regain that which was lost.

Can we partner these new scientific advances with the right dose of personal care and interaction which addresses the whole health needs of patients, not just the physical but also the psychological and spiritual?

WHAT is this book all about?

The aims and objectives which this book is aiming to accomplish may be summarised as follows –

- The main challenge facing modern medicine today is maintaining a balance between the scientific evidence of best practice with the personal context of the unique individual before us in a wide variety of medical settings.
- Do we provide a mechanistic or a personal model of medicine, and what are the benefits and costs of each?
- Healthy relationships – how to make, build and develop in families, communities and with health care professionals in times of sickness
- What do we understand by sickness, illness and disease and what do we mean by health, wholeness and healing?
- Time poor health systems and how to take full advantage of opportunities to maximise the benefit from the limited time available.
- The traditional “western” medical model – is it now time expired, or can it be given a new lease of life?

- Developing new approaches to health care. Of course nothing is really new, but most variations of the medical model have something important to say. We discuss them and draw out lessons.
- The whole person approach – a full explanation of what it is and how it will help the health of all patients
- Practical issues around the practice of a whole person approach to health care
- Understanding what spirituality is and how it affects health.
- The role of religion in health and health care provision
- Beliefs, placebos and healing.
- How to research and evaluate care in this potentially “softer” area of medicine where the traditional trials of intervention are less easy to carry out. Looking at qualitative and descriptive studies and what we can learn from them.
- Bibliography and references for further study.

WHO are the authors?

Brief biographies – these will be expansions on the ones in the introduction

Mike Sheldon

Michael Harper

Other contributors

WHERE and WHEN has the experience been gained on which the book is based?

The authors have worked in a cross-section of health care situations including -

- General practice in the UK
- Palliative medicine in hospices
- General Hospital medicine
- Community Nursing
- Counselling settings in the community
- UG Education in medical schools in the UK and a large number in many other countries
- PG training, again both in the UK and in a wide variety of international settings on all five continents
- Whole Person Clinic in a UK General Practice setting
- Use of chaplains in a General Practice situation
- Hanbury project – helping inner city homeless and alcohol and drug abusers in rehabilitation
- Burrswood – a Christian whole-person hospital

WHY is it important?

We believe that the topic of a whole person approach to health is important for several reasons –

- Health is important to all of us, and seems to be difficult to maintain in the modern world. There is no shortage of advice, but little agreement in the area of a holistic or whole person approach which integrates the physical with the psychological and spiritual.
- The spiralling cost of health care means that the most precious commodity of all – time – is increasingly difficult to find.
- Advances in medicine are usually beneficial but always come at a price. How do we maximise the benefits and minimise the dangers of therapeutic interventions?
- Part of the price of medical advances seems to be the neglect of the patient as a person. How can this be reversed?
- Medical models always needs to change as circumstances change. How can this be a continuous process to maximise the benefit to patients?
- What changes can be made to improve our current medical systems in the developed world?

Definition, ideas and practical issues discussed in this book.

A brief summary of the main issues tackled in this book -

1 Models of Health Care

What are the models of health care that have been used in the past and today in different parts of the world? Do they make any difference to health? What have been the recent developments and what are the implications of the belief system in medicine and in the society it serves?

2 Holistic or whole-person

The word holistic was developed to imply covering the whole rather than the individual parts. Unfortunately it has come to be more recognised as implying using an alternative philosophical approach to medicine which incorporates alternative treatments such as acupuncture, homeopathy etc. The term whole person is now widely used to describe an approach to medicine which fits within the mainstream of western medical science and seeks to extend the current medical model to incorporate the whole person – physical (the body) psycho-social (the mind and social aspects of the person) and the spiritual (which will be defined and is not synonymous with religion or faith).

3 Illness, disease and sickness

We use these words without understanding the distinction –

Illness is the experience of the patient – the combination of physical changes and psychological responses (such as anxiety) which produces suffering, pain, discomfort and the experience of “being ill” which implies not being healthy

Disease is the patho-physiological entity recognised by medical science as consisting of a set of symptoms and physical signs and confirmed with pathological test showing changes in the body organs and mechanisms.

Sickness is the role given to the ill person by other people. We call a person “sick” who because of their illness needs special help and attention. Thus they may be excused work, encouraged to rest and lay down some of their normal responsibilities.

4 Health and healing

We will discuss the meaning of health and provide new whole-person definitions. We examine the concepts of curing and healing. Also defining health to cope with all people at all stages of their lives.

5 Anthropology of body, soul and spirit

The foundation of any model of health care is an anthropology. What is it today, and is it appropriate. What alternative understandings are there of the physical and metaphysical aspects of human life.

6 Spirituality

What is meant by spirituality? How can we define it for use in health care. How does it impact on health?

7 Different religions and there approaches to health and illness

Developing the concept of spirituality according to some of the main religions in the world today. How do these religions affect the actions and behaviour of their followers?

8 Practical issues of a whole person approach

Discussion around the practical difficulties of practicing in a whole person way, tackling the key issues of: time; engagement; dependence; therapeutic relationships; good outcomes etc. These will be illustrated with descriptions of a wide variety of health care settings.

9 Enabling patients

How can we assist patients in developing their own strategies to maximise health? What tools can we give them to help themselves.

10 Evaluation and Research

How can we evaluate the effectiveness of a whole person approach. What research has been done, and what research methods are likely to be of value in the future?

Final Notes

Use of personal pronouns – we are writing this book out of our life experiences. It’s not meant to be a dull impersonal text book (although we will stick to a suitable academic rigour). This topic is an important part of our lives.

Inclusiveness – men and women are equal in all things except where they are not! We have tried to be inclusive and even up the gender language, but please forgive us where we err.

Finally we recognise that we are not writing as uninvolved observers but as enthusiastic practitioners. We are aware that this means that bias and prejudice can creep in. We have attempted to counter-balance by inviting authors from a variety of backgrounds, however, again please forgive and correct us where necessary.

Feedback can be given through the web site set up to support this work at www.wphtrust.com

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