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EDITORIAL

WHOLE PERSON CARE: MORE THAN JUST A NEW NAME

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Forty years ago my area of interest was called psychosomatic medicine. The notion that the psyche (mind) impacted the soma (body) fascinated me. Researchers hooked up yogis in India to primitive scientific equipment that monitored their respiration and heart rates while they meditated or reclined on a bed of nails. Western psychotherapists offered psychoanalysis for patients whose neuroses apparently led to functional paralyses and other unexplainable medical problems. The term fell out of favour and was replaced with Behavioural Medicine reflecting the influence of Skinner and other behaviorists. Psychologists conducted research showing, for example, how symptoms could be a conditioned response (called anticipatory nausea and vomiting) in cancer patients receiving chemotherapy; thus, Systematic Desensitization – a technique used to counteract conditioning was offered to prevent the development of this problem. Then the field called Health Psychology emerged. It was broader, including behaviours (e.g. exercise) and cognitions (e.g. beliefs, expectations) that contributed to health rather than focus exclusively on factors that triggered illness (e.g. stress). In the 2000s another term became widespread, one that is used to this day: Mind-Body Medicine.

In medical practice similar name changes have occurred over the years. Biomedicine was challenged by Engel in 1977[1] when he introduced the biopsychosocial model of illness. It stated that the appearance of illness results from the interaction of diverse causal factors, including those at the molecular, individual, and social levels. Conversely, psychological alterations could, under certain circumstances, manifest as illnesses or forms of suffering that constitute health problems. Later, palliative medicine specialists incorporated spiritual factors as it was evident that it was important for a significant number of patients in their care.[2] Over time the notion of patient-centered care called attention to the fact that patient needs, values and choices, should be considered when recommending treatment plans. For example, women with

breast cancer may choose a lumpectomy rather than mastectomy when body image was central to their psychological well-being.

Subsequently the idea of relationship-centered care emerged. It can be defined as care in which all participants appreciate the importance of their relationships with one another. It is founded upon 4 principles: (1) that relationships in health care ought to include the personhood of the participants, (2) that affect and emotion are important components of these relationships, (3) that all health care relationships occur in the context of reciprocal influence, and (4) that the formation and maintenance of genuine relationships in health care is morally valuable. Relationships between patients and clinicians remain central, although the relationships of clinicians with themselves, with each other and with community are also emphasized.[3]

Now whole person care – an extension of its predecessors – is being incorporated into medical environments (schools and hospitals) across the world. While it is firmly rooted in idea of relationship, whole person care aims to combine internal resources of ill people *and* their caretakers with the biotechnological resources to promote healing.[4] It manifests as mindful congruence; i.e. taking into account the self, the other, and the context. Thus, it is more than just a new name.

In this volume various aspects of whole person care are depicted. Lapum, for instance, in her poem and commentary on self-care following patients' deaths reminds us that the well-being of those who provide service, in this case a nurse, is critical for them to carry on day in and day out.

Briedis, a medical student who won an award for his essay wrote, "I affected a small repair on a structure that had taken Mr. and Mrs. Jones a lifetime to build. I had the time and the opportunity to discover that the pain management plan suggested by a palliative care team was not, after all, quite right for this man. I held the "healer" baton for a precious thirty minutes before passing it back to others involved in this man's care. I cannot wait to carry it again."

Bell et al. using a 5-point scale, along with free text comments, measured and compared views of Ugandan healthcare staff and students with those of visiting international colleagues and students from a region of United Kingdom. Domains identified were: (1) attitudes to whole person medicine; (2) attitudes to spirituality and illness; and (3) attitudes to the training of healthcare staff in spiritual care.

A paper co-authored by a clinical psychologist and psychiatrist goes to the heart of whole person care by emphasizing how being mindful and communicating in a congruent manner makes space for healing in both the person(s) seeking care and those offering service. Studies pertaining to the therapeutic alliance were reviewed.

The ambitious collaboration described by Frolic tells the story about how a dedicated group of like-minded "pilgrims" aimed to change the health care culture where they laboured. Their work ties in well with Lapum's call for care for the caregivers.■

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