

this week

The Advice Zone	132
Does the whole in health care need to be filled holistically?	133
Julie Sladden	
The way I see it... Merits of a convoluted career path	135
Harriet Nitch-Smith	
Advice for doctors in financial trouble	136
Michael Baber	
Tips on... Post-presentation questions	137
"You were good but someone else was better": a look at interview feedback	138
Olivier Picard	
solutions.doc	139
Fifteen minutes with... A professor of complementary medicine	140
Leyla Sanai	

“You were good but someone else was better.” No doctor wants to hear those words after an interview. “You were exquisite,” would be more like it. Making better use of interview feedback increases your odds of hearing the latter. On page 138, Olivier Picard helps you get the most out of vague interview feedback with his no-nonsense advice.

If you don't get the job you'd set your heart on, don't fret. Harriet Nitch-Smith p 135 explains how she ventured off a conventional career course after being unsuccessful in landing the surgical rotation she desperately wanted. Her journey took her into breast surgery, research, and histopathology. It took her five years to find her niche, but she reckons it was well worth it. I'm sure you'll agree, especially as she picked up an MD along the way.

Whether your career path is conformist or quirky, money matters. If you don't know your APR from your P60, you need Michael Baber's latest advice, tips, and information p 136. Financial advice often comes at a cost, but Michael shows you how to get some impartial free feedback.

Talking of feedback, Career Focus would love to hear from you. ■

Sabina Dosani editor, Career Focus
(sdosani@bmj.com)

Career Focus needs you. We welcome your rapid responses, whether in direct response to an article in Career Focus or as a way of sharing your own ideas and experiences. We are especially interested in upbeat ideas from which other doctors can benefit. As long as it isn't libellous or offensive, we'll post it. We print a selection on our letters page.



Does the whole in health care need to be filled holistically?

Whole person health care looks at minds, bodies, and spirits. *Julie Sladden* argues that a lack of whole person health care contributes to some of today's NHS problems, and talks to people trying to tackle them

“The microscope is good at seeing genes, but the person is disappearing from the doctor's view,” thinks Professor David Peters, clinical director of the University of Westminster's School of Integrated Health, who believes that the NHS is facing a serious crisis and should adopt a whole person approach to health care. “We need holism in medicine more than ever before.” The British Holistic Medical Association held a conference recently examining how whole person care can become part of mainstream health care.

A bit of history

The term “holism” was first used in the 1920s by South African statesman and naturalist Jan Smuts, but the concept is much older. Ancient Hebrews conceptualised humans as “whole people,” who could not be separated into distinct parts, hence the need for a resurrection body in the afterlife. In contrast, the Greeks believed that humans were made up of distinct parts—mind, body, soul, spirit—and death was a breaking apart of the spiritual (the immortal) from the body (which dies). Hippocrates recognised the moral and spiritual aspects of healing, and believed that treatment could only occur with consideration of attitude, environmental influences, and natural remedies. While this integrated approach has influenced traditional healing systems in the East, developments in Western medicine have led to a separation of human emotional and spiritual dimensions from the physical body.

Mind-body link

So how does holism relate to health? The World Health Organization defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.”¹ Perhaps even this definition is wanting as no provision is made for spiritual aspects of health or for the “health” of families, communities, and society. Clearly, health consists of more than just individual physical and psychological wellbeing and even these two aspects of health appear to be inextricably linked.²⁻⁴

Shift in attitudes

Holistic health care is often associated with complementary medicine. Perhaps this concept of whole person care is one of the reasons behind the increasing number of patients consulting complementary therapists. This shift in public attitudes has been recognised by the General Medical Council (GMC), which states “graduates must be aware of the existence and range of such therapies, why some patients use them, and how these might affect other types of treatment patients are receiving.”⁵

The University of Bristol has addressed this GMC guidance by introducing a new module into the medical curriculum—Whole Person Care. The module aims to address holism in medicine by introducing students to key ideas in whole person care, including emotional health in medicine, the “art” of medicine, defined as the whole of medicine minus evidence based medicine, and complementary medicine. Only time will tell whether

Further Information

- Values in Healthcare: a Spiritual Approach—for programme seminars and workshop information contact Joy Rendell, Values administrator at values@jankifoundation.org; 020 8459 1400; www.jankifoundation.org
- British Holistic Medical Association—www.bhma.org; 01273 725951.

these changes will provide future doctors with a better concept of what health encompasses, but so far student feedback has been encouraging.

Values in health care: a spiritual approach

The spirituality component of holistic health is difficult to define, qualify, and quantify; and how does one practise “spirituality” in health care? To help answer these issues, a group of healthcare professionals has developed a programme that aims to address these issues. Consultant psychiatrist and programme director Sarah Egger explains, “A group of us started meeting together in 2000 to explore how a spiritual dimension of whole person medicine could be integrated into the current healthcare system. We explored how best to help others and ourselves identify and apply core values in health care.” Four years of effort has culminated in the launch of “Values in Healthcare: a Spiritual Approach”—a spiritual development programme for all healthcare disciplines.

Core values

Values can be described as our core beliefs or the principles by which we live, or how we aspire to live. Who has inspired you and influenced your life and work? What values or qualities did they demonstrate? Compassion, kindness, practicality, dependability, integrity, humour, and honesty may be some of them. The BMA has identified a number of doctors’ core values, including: “competence, integrity, confidentiality, caring, compassion, commitment, responsibility, advocacy, and a spirit of enquiry.”⁶

Values affect how we live and work. One cause of NHS stress is when we are unable to honour values because of constraints or demands. For example, if you value listening to people but do not have the time to listen in the way you would like, or if you value family time but find your workload is too great to allow the time or energy you need. The Values in Healthcare programme aims to help healthcare workers identify their values and develop ways of reflecting them in their professional and personal lives.

Experiential, supportive, and inclusive

“Spiritual skills don’t necessarily come automatically,” explains Sarah Egger. “So we decided we would detail a series of workshops in the programme, with the aim of “experiential” learning. Values in Healthcare focuses on the provision of spiritual tools, such as visualisation, appreciation, meditation, listening, reflection, creativity, and play.”

An underlying principle of the programme is “physician heal thyself.” General practitioner and programme contributor, Craig Brown, explains, “By supporting and helping healthcare professionals enhance their spiritual health, patient care naturally improves.” As well as addressing personal values like peace and compassion, the programme aims to equip healthcare workers with skills relevant for the workplace including cooperation, listening, respect, calmness, and humour.

Although focused on spirituality, the programme has not been directed at any particular “religion.” Sarah Egger says, “We’ve kept the whole spirituality extremely broad so that it will appeal across the board. People from different religions have looked at it and found it inclusive.”



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What’s the verdict?

The programme has received input from a variety of individuals drawn from healthcare professions and settings worldwide. A recent pilot involving a small number of healthcare workers in the United Kingdom showed a self reported reduction in stress and anxiety and improved self worth and wellbeing following the programme.

Compassion versus targets

A lack of whole person health care and spirituality may have contributed to some current healthcare problems. Certainly, this idea is supported by increasing numbers of patients using complementary therapy. Professor David Peters thinks it’s affecting healthcare professionals too: “Compassion and imagination are too often forced to give way to targets and performance measures. So doctors and nurses are losing the confidence they once had that they made a difference to their patients. Some are even leaving the professions.”

As with all aspects of medicine, when it comes to whole person medicine and “spiritual health,” we must seek, explore, and carefully examine the evidence. Spiritual health is difficult to measure but we could all benefit from taking a moment to reflect on values that drew us to, and continue to keep us in, medicine. Whatever values you hold, make sure they are your own. As for me, I’ve always found the principle of do as you would be done by a good place to start. ■

Julie Sladden psychiatrist and freelance medical journalist
Leicester
Julie.sladden@doctors.org.uk

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