

## Swimming upstream:

practising whole-person medicine in a reductionist medical culture

Scientific advances have prolonged many peoples' lives though medicine, surgery and public health measures. The NHS has performance targets that enumerate how effectively this is being done. As the targets are linked to finance, some argue that compassion for the patient has been lost, or considered of less importance than physical outcomes.<sup>1</sup> There are no targets that measure hope, empowerment, or comfort, no boxes ticked when a guideline is set aside to accommodate a patient's wishes. Reductionism has reduced the practise of medicine to the biomedical model, to the detriment of the mental, emotional, spiritual and social aspects.

### THE REDUCTIONIST PARADIGM

Over the last few years numerous papers have been published advocating the reintroduction of a whole-person approach to medicine.<sup>2</sup> National and international healthcare organisations, including the NHS, General Medical Council, and the World Health Organization have produced guidance encouraging care that includes biological, psychological, social and spiritual aspects. Yet the NHS is financed and organised around quantifiable, physical outcomes for patients. Is it possible to provide whole-person medicine within this framework or is it time to move away from the reductionist paradigm?

Sophocles wrote, '*All men make mistakes, but a good man yields when he knows his course is wrong.*' There is increasing recognition that we need a different approach to health care, a cultural shift or even a revolution. A revolution can refer to the uprising of a people to change the status quo or to coming full circle — in this case, returning to an understanding of people as whole beings rather than complex machines.

### A WHOLE-PERSON APPROACH

The Kings Fund describe a number of initiatives in person-centred care where the common characteristic was action that 'reflected dissatisfaction with the status quo

*and understanding of the possibility of more effective alternatives.<sup>3</sup>* On 29 November 2018, at Leicester Medical School, a group of medical educators, from a number of teaching organisations, met for a 1-day workshop [from which this article gets its title] to consider how to take a whole-person approach to health.

Commentators have identified government policy and financial structures as key areas where change is needed to encompass a whole-person approach to health.<sup>4</sup> Others suggest that the locus of leadership should move away from professionals to stakeholder communities.<sup>3</sup> These views were shared by participants at the workshop. However, there was also discussion about the role of the media in shaping the healthcare narrative.

The reductionist view is supported by media portrayal of medical advances that can fix (or enhance) the human 'machine'. Public health campaigns reinforce this by highlighting symptoms that require medical intervention.<sup>5</sup> The message to the public seems to be that if you have a symptom it can — and should — be diagnosed, treated, and ultimately cured. This is assimilated by applicants to medical school, generating further cohorts of doctors with a predisposition towards a narrow focus on physical outcomes. It is not just news outlets' fascination with whizz-bang medical technology that has an influence; TV medical dramas also influence peoples' perception of doctors.<sup>6</sup> It may be difficult for patients to accept moves towards thinking '*social before medical, exercise before pills*',<sup>4</sup> when the received wisdom is that medical science has a pill for every ill and that medicine is a series of dramatic interventions resulting in a complete recovery.

### WORKING WITH THE MEDIA

Returning to Sophocles, how can the public be persuaded that continued pursuit of biomedicine is the wrong course to take? Delegates at the workshop considered individual and organisational interventions. Additionally, they suggested that working with

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media outlets to highlight the evidence for a whole-person approach may be effective. Research into media influences on public perceptions suggests that if no alternatives are presented, the overriding narrative is much more likely to be accepted.<sup>7</sup> However, the same authors acknowledge that in the media '*the most powerful groups can establish the dominance of specific messages.*' Changing from stories of exciting medical advances to a narrative that extols a more holistic and compassionate approach is a necessary but vital part of this healthcare revolution.

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### REFERENCES

1. Heath I. How medicine has exploited rationality at the expense of humanity: an essay by Iona Heath. *BMJ* 2016; **355**: i5705.
2. Miles A, Asbridge JE. Contextualizing science in the aftermath of the evidence-based medicine era: on the need for person-centered healthcare. *Eur J Pers Cent Healthc* 2013; **1(2)**: 285-289.
3. Ham C, Charles A, Wellings D. Shared responsibility for health: the cultural change we need. The Kings Fund, 2018. <https://www.kingsfund.org.uk/publications/shared-responsibility-health> [accessed: 11 Apr 2019].
4. Speech by Andy Burnham, Mayor of Greater Manchester. Place-Based Integration and Whole Person Support: the Greater Manchester Model. Manchester Central, 10th October 2018. <http://www.gmhs.org.uk/wp-content/uploads/2018/10/Andy-Burnhams-public-service-reform-speech-2.pdf> [accessed: 11 Apr 2019].
5. NHS Employers. Calendar of national campaigns 2019 to 2020. 2019. <https://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-and-wellbeing/sustaining-the-momentum/calendar-of-national-campaigns-2018> [accessed 11 Apr 2019].
6. Quick BL. The Effects of viewing *Grey's Anatomy* on perceptions of doctors and patient satisfaction. *J Broadcast Electron Media* 2009; **53(1)**: 38-55.
7. Happer C, Philo G. The role of the media in the construction of public belief and social change. *J Social Political Psychol* 2013; **1(1)**: 321-336.