

Newsletter

Holism: a better way of knowing

BHMA
British Holistic Medical Association

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Dr William House, Chair BHMA

co-production HOLISTIC UBUNTU

Nelson Mandela's memorial service was such a remarkable event – sad, joyful, overwhelming, contradictory, bizarre! But here I want to focus on a single word used by Barack Obama in his address and which the many thousands in the Soweto arena clearly rejoiced to hear: *Ubuntu*. There is no word in English that captures all its meanings and this is a great sadness to me. In the YouTube link below Mandela himself speaks about its meaning. Instead of attempting to provide English translations, he tells a brief story about the treatment of a stranger stopping in a village. However, the editors of the video offer the following English words: *respect, helpfulness, sharing, community, caring, trust, unselfishness*. You will notice that these are the very qualities too often missing in the treatment of patients in the NHS.

<http://www.youtube.com/watch?v=RGFdkBI0Tcl>.

Why is it that English, the language with the most words, has no word for this? I'm sure this is connected with the English culture having become deeply utilitarian. We have lost the ability think in terms of the relations between things. Perhaps the nearest single word we have is *holistic*. Since the publication of the Francis report on the Mid Staffordshire catastrophe, I have noticed that this word is appearing more often in NHS documents.

About a year ago I searched *holism* and *holistic* on mainstream healthcare websites – there were very few. Now NHS England has 16 hits for *holistic* – 11 of them in documents created in the past five months. *Co-production* – which is about working through relationship and therefore another aspect of holism – is also appearing more often – six in the past five months. So we seem to be trying to find words that convey the meanings carried by Ubuntu.



In his speech (link follows) Obama said of *Ubuntu* that it is....

...a word that captures Mandela's greatest gift: his recognition that we are all bound together in ways that are invisible to the eye; that there is a oneness to humanity; that we achieve ourselves by sharing ourselves with others, and caring for those around us.

<http://www.whitehouse.gov/photos-and-video/video/2013/12/10/president-obama-speaks-memorial-service-nelson-mandela>

It is very good that the NHS leadership is waking up to the need for holistic practice and co-production as essential elements, but it is clear from the documents that the more spiritual meanings carried by *Ubuntu* are still missing from the accounts of *holistic practice*.

What is to be done? I would like to shift the meaning of *holistic* to embrace the meanings of *Ubuntu*. This can be our challenge.

Please give us your ideas for how we could achieve this:

<http://www.bhma.org/pages/about/contact>

LIVING LONGER

The timebomb that isn't! ...but perhaps *income inequality is*.

We have been warned by politicians and some academics that there will soon be too few young people to support our ageing population. But Jeroen Spijker and Professor John MacInnes say this is wrong (Edinburgh University/ British Medical Journal 16 Nov 2013). This is because the measure in use (the old age dependency ratio) "is a poor measure of the burden of an ageing population. It counts neither the number of dependent older people nor the number who sustains them." This is because people not only live longer but stay fit longer. We can expect to be

fit to contribute to the caring of our extremely aged family and friends (and often also to the economy) well into our 70s and beyond.

They argue that if we measured remaining life expectancy – that is how much longer a person can expect to live rather than assuming that dependency starts at age 65 years as now – then it turns out that old age dependency has *fallen* in recent years and is unlikely to rise above current levels.

There is another twist to this! Currently, many long term conditions are on the increase because of unhealthy lifestyles and this might cause life expectancy to fall again. Spijker and MacInnes suggest public education is vital here. However, in their very influential book, *The Spirit Level* (review in next JHH), Wilkinson and Pickett argue that the biggest driver of dependency is income inequality. So the recipe for long and productive lives for us all is to **reduce the gap between rich and poor: Ubuntu again.**



Fauja Singh running the Mumbai marathon in 2013 aged 101

Good news on...



This is a break-through!

In September 2013 a three day conference took place in Dartmouth, USA. It was the culmination of more than 10 years of persuasion, development, negotiation and determination by many people in many countries. It was about medicalising human suffering in ways that may not help the sufferer, but generally have advantage elsewhere. To many of you this will seem long overdue! But it was actually a triumph. When many gain from the status quo, change is difficult!

As a GP for more than 30 years I became ever more frustrated and angry about the loss of clinical freedom to practise in the holistic way I believe is right. Since 2003 a substantial proportion of a GP's income has been linked directly to prescribing drugs that have been specified in accordance with a body of medical knowledge significantly created by pharmaceutical companies and other bodies that stand to gain from their use. This is immensely complicated because many of these medicines probably prolong life, though are often given to well patients with biometric risk factors. At other times complex and risky cocktails of drugs may blind everyone to a simple truth about an illness. Further, their (very costly) development is often at the expense of promoting simpler but less lucrative alternatives, such as advice about the effects of ageing and of lifestyle, and simple relationship and technique based therapies. **This is the antithesis of holism and Ubuntu.**

I first noticed this movement for change on 13th April 2002. I can be so specific because it was the date of a themed issue of the British Medical Journal (BMJ) with a lead editorial entitled "Too much medicine? - *Almost certainly*" by Richard Smith (editor) and Ray Moynihan (medical journalist). No doubt prior to this there were isolated groups of activists wringing their hands over the apparent impossibility of changing anything. But gradually these coalesced, concentrating energy and becoming a movement with momentum on both sides of the Atlantic. Since March 2013 the BMJ has carried a series of articles on various aspects of this problem – the current (14th Dec) is on *Medicalising and medicating unhappiness*. There is a further conference in Oxford UK on 15-17 September 2014. Follow this link: <http://www.preventingoverdiagnosis.net>.

The next brief piece in this newsletter is about another movement which is just beginning – do you want to join?

Help is on the way



for BURNOUT and stress in doctors and other healthcare workers.

I wrote to all our members in November asking for support and advice on this problem. Thank you very much to those who have written to me. We had a good response. I still owe replies to some of you – but I wanted to get this newsletter sent out before Christmas!

A group of health professionals, academics in various fields, and other practitioners have formed a cooperative network to lead a UK- wide movement to address stress and burnout in the NHS and amongst medical students at our universities. This is taking several approaches including providing training in various forms of stress management in the workplace, negotiating with universities and with NHS employers on good practice in staff care, building relationships with senior NHS executives who may be able to influence working conditions, and other opinion formers including the practitioner representative bodies. The group is also collecting a large body of evidence supporting the need for stress management and concerning the most effective methods of support.

Yet again, this situation shows how far we have strayed from holism and Ubuntu. Remember one of the founding principles of the BHMA is ‘physician heal thyself’.

This work is in its early stages. If you would like to be involved please contact Jill Herrett, BHMA administrator via the website: <http://www.bhma.org/pages/about/contact> and she can put you in touch with the group via the ‘Basecamp’ networking system. This is a small part of the BHMA work towards holistic knowing and action.

Lastly, Festive Greetings and Health and Good Wishes for 2014 to all of you.

William and the BHMA team