10 Holistic approach

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Holistic modelling includes the ability:

- To use a bio-psycho-social model taking into account cultural and existential dimensions.

10.1 Introduction

Holistic care is understood as an approach to patient care in which all the patient's physical, mental and social factors are always taken into account, rather than just the diagnosed disease with or without psychosocial factors that influence the disease or the result.

Procedure for holistic care:

1. To obtain information about the *whole* of the patient (all aspects of the person, his well-being, social and professional integration, his hopes, aspirations and fears and all the biological, psychological and social aspects of his existence) and his interrelations to the rest of the world/the system. These pieces of information are like pieces in a puzzle without borders and never complete.
2. Synthesize all the collected information (the pieces of the puzzle) and arrive at a comprehension of how all aspects interact with the patient's well-being, social and professional integration, aspirations and fears.
3. To produce and offer an individualized management plan to the patient and family concerning all three levels, comprising not only therapeutic recommendations, but also counselling, integrated care and interventions with alternative input/choices.

Medicine is an intrinsic part of the wider culture. It is based on a set of shared beliefs and values, as with any cultural practice. The definition of holistic approach that is widely accepted for medical care, and will be used in this document, implies

caring for the whole person in the context of the person's values, his family beliefs, the family system, and the culture and the socio-ecological situation in the

larger community, and considering a range of therapies based on the evidence of their benefits and cost.

Holism, as Pietroni states, involves a

willingness to use a wide range of interventions... an emphasis on a more participatory relationship between doctor and patient; and an awareness of the impact of the “health” of the practitioner on the patient.

This individual focus makes it relate closely to family medicine. The holistic view acknowledges objective scientific explanations of physiology, but also admits that people have inner experiences that are subjective, mystical and (for some) religious, which may affect their health and health beliefs.

The recognition that all illnesses have both mental and physical components and that there is a dynamic relationship between components of systems (general systems theory) led to the development of the bio-psycho-social model of modern medicine. The position of the biopsychosocial model was spelled out most clearly by George L. Engel who argued that for psychiatry to generate a fully scientific and inclusive account of mental disorder, bio-reductionist accounts should be superseded by ones which adhere to the insights of the general systems theory, developed by Ludwig von Bertalanffy and Paul Weiss. The bio-psycho-social model was proclaimed as a paradigm shift because it apparently dissolved the mind-body split.

Understanding the illness (not disease) as a process, which gives equal importance to biological, psychological and social determinants for pathogenesis, diagnosis and therapy, forms the holistic approach with its consequent implementation to practical measures.

Using a bio-psycho-social model as the basis for cure and care implies an acceptance that many factors influence our understanding of what it is to be human. Family doctors accept a diversity of factors to be of relevance. Examples of factors may be:

- The natural disposition, including elements of gender, genetic constitution and typology;
- The micro-social environment such as the family and the macro-social environment, including the local community and the wider community with all its cultural and socio-ecological elements;
- The health beliefs and life experiences that make a person the entity that he/she is now;

- Health-maintaining resources in a person, like the understanding of events, the acceptance of meaning, the autonomy that leads to the conviction that life is manageable;
- Personal experiences including past illnesses, medical and social contacts.

As the list of factors grows, it is also important to stress that a basic awareness and understanding of one's own limitations as a doctor are crucial. Keeping in mind the fundamental autonomy of the patient, there is a limited opportunity for the family doctor to intervene occasionally and rather "tangentially", with an interesting but very scarce knowledge about the person's history, feelings and priorities. At the same time, the integration of influencing factors is crucial and constitutes the added value. This refers to system approach, where the whole is considered more than the sum of the parts^{102,103}.

10.2 Assessment methods

The information that gives an idea of how a GP really works as it concerns the holistic approach, could be received by two kinds of methods: direct and indirect.

10.2.1 *Direct*

- Sitting in with GP
Criteria used:
 - Facilitation of patients and giving time and interest to express personal problems;
 - Attitude versus time/ability to find time to show the attitude;
 - Portfolio of the patient ("pointed" image of the patient like in puzzles);
 - Michael Balint's¹⁰⁴ approach use: What is the presenting symptom, ability/failure to find what is behind it?
- Videotaped consultation analysis;
- Simulated consultation;
- Interviews with
 - Patients;
 - Members of the family;
 - Doctors;
 - Caregivers (formal and informal);
 - Other medical staff in the practice;

- Other non-medical staff in the practice;
- Others (patients' friends, other involved persons, etc.);
- Interviews with peers or specialized professionals.

10.2.2 Indirect

Medical records consultation for search of information concerning the three fields/levels. These, besides clinical assessment, should include:

1. Psychological assessment (symptoms, problems, presence of anxiety, depression, etc.)
2. Social assessment
 - Information about family composition and living conditions;
 - Satisfaction with personal/family life;
 - Knowledge about family ties and relationships;
 - Family tree knowledge;
 - Individual and family financial situation;
 - Profession and information on professional life;
 - Satisfaction at work;
 - Level of education;
 - Religion and beliefs;
 - Spiritual life/needs;
 - Social class and life.

A holistic method to assess the ability of the doctor to use an holistic approach might be to let the doctor role-play the patient with his problems and have him draw a picture of the patient.

10.3 Documentation tools

A broad range of documentation tools may be used to document the results of the above assessment methods, including check lists, scoring tools, interview protocols, observation lists and consultation maps.

10.4 Ability

Ability: To use a bio-psycho-social model taking into account cultural and existential dimensions.

Case vignette.

The family GP responds to a house call to see and assess Victor Lazlos, a known terminal cancer patient of 78 years of age who feels very tired and exhausted these last days, and has lost his abilities to conduct the activities of daily living. The patient lives in-doors for some months now and has no social contacts, while the family assumes full responsibility of the care. History taking, clinical examination and biology reveal no major disturbances, the disease passing through a phase of relative stability. Victor Lazlos has a depressive expression, and the discussion as well as the use of the GDS-30 scale confirms the diagnosis of a severe depression.

During the visit the patient's daughter has to leave to go shopping and asks the grandson to take care of his grandfather while she will be absent. This is done in front of the patient who feels hurt and useless, a burden to the family. Further discussion reveals that Victor Lazlos is a strong religious believer.

How do GPs demonstrate this ability?	Features of this ability	Assessment method	Who could assess?
<p>The personalized and holistic plan that is produced in agreement with the patient and his family:</p> <ol style="list-style-type: none"> 1) Regular doctor visits and biological control 2) Local home aid group visits three times a week for adequate follow-up and help to basic daily activities (bathing, etc.) 3) Treatment for depression 4) Counselling of the family to role-play as if they asked the help of the grandfather to look upon the grandson while the daughter is absent, and not the opposite (this will value the patient and make him feel useful and will give a meaning to his life) 5) Organize the house visit of a priest – monk, who is known and well respected by the patient 6) Organize escapes from the house environment as soon the condition of the patient permits it 7) Mobilize volunteers to visit and socialize with the patient and to escort him when later going out of the house 	<p>Some global (indirect) criteria such as:</p> <ul style="list-style-type: none"> • Patient's satisfaction • Family's satisfaction • Doctor's satisfaction 	<ul style="list-style-type: none"> • Sitting in with GP • Videotaped consultation analysis • Simulated consultation • Interviews with: patients, family, other doctors, caregivers (formal and informal), other medical staff in the practice, other non-medical staff in the practice, others (e.g. patients' friends) • Interviews with peers or specialized professionals 	<p><i>Internal</i></p> <ul style="list-style-type: none"> • Self-assessment • Work colleagues <p><i>External</i></p> <p>Special audit from:</p> <ul style="list-style-type: none"> • Peers • Quality assurance groups: <ol style="list-style-type: none"> 1) Associations of GPs 2) Delegates of insurance companies 3) State institutes
	<p>Information in medical charts on all three levels: for example checklists for:</p> <ol style="list-style-type: none"> i. Spiritual needs ii. Financial situation iii. Sexual life iv. Satisfaction at work v. Satisfaction with personal/family life 	<p>Medical records' consultation for search of information</p>	
	<p>Decision making and decision sharing approach (creation with patient and family of a management plan) – readiness of the patients to open up and trust the doctor to his questioning and suggestions</p>	<ul style="list-style-type: none"> • Sitting in with GP • Videotaped consultation analysis • Simulated consultation • Interviews with: patients, family, other doctors, caregivers (formal and informal), other medical staff in the practice, other non-medical staff in the practice, others (e.g. patients' friends) • Interviews with peers or specialized professionals 	
	<p>Looking after all the members of the family and take in account their suggestions (if possible by social conditions)</p>	<ul style="list-style-type: none"> • Sitting in with GP • Videotaped consultation analysis • Interviews with: family, other doctors, caregivers (formal and informal), other medical staff in the practice, other non-medical staff in the practice 	
	<p>Family calls the GP for matters not only related to biological health, but also for psycho-social problems – the patient shares completely his/her thoughts with the doctor and capacity to evoke changes</p>	<ul style="list-style-type: none"> • Medical records' consultation for search of information • Interviews with: patients, family, other doctors, caregivers (formal and informal), other medical staff in the practice, other non-medical staff in the practice 	
	<p>Rate of referral of the patients and families to the local social services (this is close to the notions of chapters 4 and 5 of the Educational Agenda)</p>	<ul style="list-style-type: none"> • Medical records' consultation for search of information • Interviews with specialized professionals 	
	<p>Openness, acceptance, empathy</p>	<ul style="list-style-type: none"> • Role playing • Sitting in with GP • Videotaped consultation analysis 	

Table 20: To use a bio-psycho-social model taking into account cultural and existential dimensions