our values: whole-person medicine

'To practise whole-person medicine which addresses our patients' physical, emotional and

Laurence Crutchlow explores the second of CMF's values

This second of CMF's values might at first glance appear relatively uncontroversial. After all, it is not that different from the World Health Organisation's (WHO) famous definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.[1] Spiritual care is embraced in at least parts of the NHS. Yet the world's definition of whole-person medicine, particularly when looking at spiritual care, is quite different from our own. Hence this CMF value is well worthy of thought.

how does the world see whole-person medicine?

I remember seeing a *Tomorrow's World* programme as a child that tried to calculate the value of a human body – the answer was about 80p (in mid-1980s values), mostly derived from using body fat to create soap! Few medics see the human body in such mercenary terms, but we can easily just focus on the physical material of our bodies. Many drugs are best understood at molecular level, so it is not surprising that we try to reduce our bodies to the smallest particles we can understand. This is helpful in research, but how many of our patients (or us) really live as if the body was nothing more than a collection of atoms?

If humans are more than molecules, then medicine must be more than just physical. UK medical school curricula recognise this, with the GMC's *Tomorrow's Doctors*[2] requiring that students are able to apply to medical practice not only biomedical scientific principles, but also psychological, social health and population health ideas.

Although the original WHO definition doesn't include 'spiritual', there is no shortage of reference to 'spiritual care' in the NHS. Questions about faith are routine in psychiatry and palliative care, but are increasingly asked in other areas as well.

what is real whole-person medicine?

So does the 'whole-person medicine' that we see in the NHS bear any relation to whole-person medicine as we might understand it from the Bible? How might biblical whole-person medicine look?

The main tension is in defining spiritual health and care. Even respected Christian authorities agree that the term 'spirituality' itself is not easy to define.[3] Throughout Scripture, true spirituality cannot be separated from the Holy Spirit. Paul, writing to the Corinthian church, clearly differentiates between the spirit of the world, and the Spirit of God.[4] He goes on to say that those without God's Spirit see the things of God as foolishness, and only those who are truly spiritual – with the Holy Spirit – can 'make judgments about all things'.[5]

In the secular world, there are numerous (and often vague) definitions

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of spirituality; one of the clearer is contained in a Royal College of Psychiatrists booklet:[6]

'Spirituality involves experiences of:

- a deep-seated sense of meaning and purpose in life
- a sense of belonging
- a sense of connection of 'the deeply personal with the universal'
- acceptance, integration and a sense of wholeness.'

There is nothing wrong with these things in isolation; indeed they may look 'Christian' to the casual observer. But they are at best a pale shadow of real spirituality – of the Holy Spirit, the third person of the Trinity, dwelling in us. 'A sense of belonging', for example, could be accepted by believers in almost any major religion, and could actually perpetuate beliefs that stand in the way of accepting Jesus. A patient may very well draw some sense of community from a Hindu temple for example. Indeed this might well benefit their health. But they are unlikely to be drawn to Jesus this way.

Care based around secular principles may well be helpful in the sense of counselling, and making patients feel valued. But it will not be true spiritual care. Jesus himself made this explicit when he healed ten people of leprosy. Only one of these ten responded by praising God, and it is he alone of the ten that Jesus tells 'your faith has made you well'.[7]

what are the challenges to true spiritual care?

There are two main problems. The first is obvious enough – people who feel that spiritual care of any kind has no place in the NHS, such as the Secular Medical Forum[8] (currently campaigning against NHS-funded hospital chaplaincy).

The second is more difficult. It is easy to think that because we have fulfilled NHS definitions of spiritual care, we have done enough. As the secular definitions do contain some element of Christian truth, this can happen easily. We can mistake well-meaning and patient-centred care for truly spiritual care. Real spirituality includes Jesus; other forms of care, however well-intentioned, cannot be called 'spiritual care' in any true sense.

how might whole-person medicine look in practice?

It is easy to see how Christian spiritual care might work in an environment where many patients are Christians, and where biblical stories are still part of day-to-day life. In this kind of environment, a Christian doctor looking to bring true spirituality into a consultation would most of the time be welcomed. This might have been the case in the UK a number of years ago. It is not now.

Patients and colleagues come from many differing faith backgrounds; some have no faith;

many are unsure; many are devoted followers of other religions. It is not surprising that to say true spirituality only comes from the Holy Spirit is met with hostility.

How then do we practise genuine whole person medicine? Does we have to talk about faith with every patient we meet? Do we have to ensure we get spirituality into every question we ask in a lecture?

This can be answered on two levels.

First, we do need to make sure that our faith really permeates every area of our life. We cannot be 'Sunday only' Christians who undergo a chameleon-like change as our church service ends. Our faith should be apparent in our conduct, our words, our attitude to those around us. This is important even for the pre-clinical student with no patient contact. In clinical practice such attributes may well lead to opportunities to talk about true spirituality; often with colleagues, sometimes with patients. So our own spirituality is present in everything we do.

Second, we must make sure we respond to the presenting complaint of the patient in front of us. Most clinical encounters don't go much beyond physical medicine; jumping straight from a question about how an ankle was twisted to a direct question about spiritual things would be disconcerting and probably unhelpful.

But suppose the ankle sprain occurred after a fall, which had occurred when the patient was drunk. Further questions reveal that this isn't just a one-off end of term night out, but that the patient is struggling seriously with loneliness and is developing a dependency on alcohol without realising it. A sensitively asked question about faith at this point may well provide an opportunity for real spiritual care – sometimes given by us, perhaps more often by a referral to someone else. Here we can meet the need for whole-person medicine, and do more than just offer advice about the ankle.

Not every patient will want spiritual care; if the answer to a gentle question about faith is a clear no, then we should respect that and move on. We also mustn't forget patients' physical needs. I remember an old practice manager relating the story of a Christian who had worked in the surgery years ago. He had apparently been very keen to pray with patients, which the manager thought unusual but not necessarily wrong. A complaint had been received from a patient about him; not about the prayer offered, but because nothing had been done about the headache with which the patient presented! We must avoid the temptation to focus so much on a patient's spiritual need that we don't treat their physical ailments. But when we deal with their physical needs appropriately and compassionately, it may well open the door for more genuine whole-person medicine.

So in summary, as students do study well so that you can practise good quality physical medicine. Don't dismiss emotional and social aspects. To truly provide spiritual care, we must make sure that we are spiritually fed ourselves, and willing to share the joy in us with everyone we meet, patients included. ▪

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