

what is 'whole-person medicine'?

Laurence Crutchlow describes real spiritual care





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At first glance it appears relatively uncontroversial. After all, the World Health Organisation (WHO) describes health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity',¹ which isn't so different. In some parts of the NHS spiritual care is embraced. Yet the world's definition of whole-person medicine is often quite different from our own.

how does the world see whole-person medicine?

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?

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.

Though the WHO's definition doesn't include 'spiritual', there is 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? The main tension is in defining spiritual health and care. Even respected Christian authorities agree that the term 'spirituality' is not easily defined.³

Throughout Scripture, true spirituality cannot be separated from the Holy Spirit. Paul clearly differentiates between the spirit of the world, and the Spirit of God.⁴ He goes on to say that 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 of spirituality. A Royal College of Psychiatrists booklet puts it: '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'⁶

true spirituality cannot be separated from the Holy Spirit

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 dwelling in us.

what are the challenges to true spiritual care?

There are two major obstacles. The first are those who feel that spiritual care, of any kind, has no place in the NHS, such as the Secular

Medical Forum.⁷ The second is the temptation to think that we have done enough because we have fulfilled NHS definitions of spiritual care. However, real spirituality includes Jesus; other forms of care, however well-intentioned, cannot be called 'spiritual care' in any true sense. When Jesus healed ten people of leprosy, it was the one who praised God that Jesus told 'your faith has made you well'.⁸

what might whole-person medicine look like in practice?

Unlike a number of years ago, patients and colleagues now come from many differing faith backgrounds; some have no faith; many are unsure; many are devoted followers of other religions. To say true spirituality only comes from the Holy Spirit is usually met with hostility.

How then do we practise genuine whole-person medicine? Do 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 need to make sure that our faith really permeates every area of our life. Our faith should be apparent in our conduct, our words and 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 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 night out, but that the patient is lonely and developing a dependency on alcohol. A sensitively-asked question about faith may well provide an opportunity for real spiritual care – sometimes given by us, perhaps more often by a referral to someone else.

We mustn't forget patients' physical needs. When we deal with their physical needs appropriately and compassionately, it may well open the door for more genuine whole-person medicine. 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.

As students, 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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