

Whole person care: a hope for modern medicine?

The concept of whole person care Offering medical care to a patient in full recognition of his individual needs, aims, and values, that is, focusing on his intrinsic completeness as a human being, has recently gained appreciable importance as a therapeutic approach.^{1,2} Paradoxically enough, this “whole person care” concept has primarily been promoted in the countries with the most technologically-oriented health care systems.

In modern conventional medicine, whole person care has gained special recognition thanks to palliative medicine, which has always upheld the need to simultaneously offer support to patients in the physical, psychosocial, and spiritual dimensions, as the key domains of care.³ Daily practice also highlights the fact that an individual, even when cast in the most hopeless situation in terms of human perception, that is, approaching his or her own death, is still well capable of growing as a person, being creative, and facing imminent uncertainty now fortified by new, or rediscovered, hope. Whether this process is actually suppressed or boosted depends to a large extent upon the relationship between the patient (and his loved ones) and the attending physician (and the therapeutic team).

This is a mission statement in palliative care. However, what makes us believe that such an approach might be universal also in those medical domains which have little, or nothing, to do with the issues of dying at large? To some extent, this is addressed in the guidelines for medical schools, as published by the Association of American Medical Colleges in 1999.⁴ The learning objectives of the prospective physicians are clearly defined as those which have to help them provide compassionate treatment to patients not only in respect of their own privacy and dignity, but also with regard to trying to make sense of the patients' own life narratives in terms of their own beliefs and values.⁴ One might, therefore, venture to say that studying whole person care in the times of technologically oriented medicine should help embed in a young physician's mind certain “hands-on human skills” that make him adequately equipped to deal with vulnerable people. Also, in terms of making optimal medical decisions by way of supporting and

helping those who face up to making decisions about themselves, seeking out and identifying what is really essential for them, and what they truly believe in. Current requirement to obtain a patient's informed consent for specific medical treatment, in consideration of his or her system of values and his or her goals may not only stand for acknowledging the patient's decision-making freedom, but frequently enough, may create a mental burden, or even inadvertently become a no-way-out kind of a dilemma.

Many patients have never even pondered which values are the most crucial to them, how they might be related to specific treatment choices, and hardly comprehend what they are actually being asked about. Often enough, it is hard for them to fully grasp which specific course of a medical intervention has been proposed, what might be potential consequences of their therapeutic choice, its likely benefits and/or disadvantages (“I just want to live on, that's all”). So, an attending physician may not merely act as a provider of different medical “products”, waiting for his “customer” to order a specific one.

In the United States, a country of the most technologically advanced and oriented health care systems, priding itself with an almost unlimited respect for the patient's freedom of choice, this kind of approach has prompted a steady rise in the use of intensive care units within the patient's last 30 days of life (“to survive at all costs”), along with booming health care expenditure at the end of life.⁵ It is rather dubious, however, whether this is the right way to alleviate the suffering in the majority of patients, boost their sense of personal growth, help them attain essential objectives at the end of life, while offering them comprehensive support and compassion.

However, in the light of the whole person care approach, an attending physician should help the patient effectively reconcile and integrate the spiritual needs and values personally important for him with “the technical dialogue”, especially while making decision on treatment options. All in all, clinicians should not allow medical aspects to suppress a human being within a patient, nor within themselves.

TABLE 1 Differences between curing and healing^{2,10}

Curing	Healing
Main problem: a disease or symptoms	Main problem: suffering
Physician's mindfulness and intervention focused on the treatment (one-directional process)	Physician's mindfulness focused on the patient (reciprocal process)
The patient depends on the attending physician's medical expertise.	The patient discovers that own resources are sufficient to grow as a person and that he or she is actually in command.
More in the attending physician's hands	More in the patient's hands
Saving and holding on to what is there; protecting against any change	Requires acceptance of change; letting go of what is there
The attending physician as a competent "technical" specialist tries to repair what has gone wrong within the body.	The attending physician as a "wounded healer" witnesses the patient's suffering at first hand, helps him or her open up to true hope that may come at any moment.

What is whole person care all about? As this concept is frequently open to misrepresentation, saying what it is most definitely not about seems a prudent option. Whole person care is not to be construed as coordinated health care services rendered by a diversity of professional bodies specifically directed at the most vulnerable groups of patients, by way of facilitating the most efficient use of available resources, even though this description is widely encountered in literature and numerous projects.⁶

Whole person care does not only mean comprehensive care encompassing all dimensions of a human being, even though this remains most certainly one of its crucial aspects. What is whole person care, then? In various models, the following 3 features prevail:

- 1 Special role of spirituality in medicine;
- 2 Curing and healing as the most essential objectives of medical interventions;
- 3 Three crucial components of the whole person care system: a patient (and his or her loved ones) plus an attending physician (and therapeutic team) plus a relationship between them.

Special role of spirituality in medicine Different concepts of spirituality in medicine and spiritual care have been proposed.^{1,7} The Polish Association for Spiritual Care in Medicine defines spirituality as: "the dimension of human life that relates to transcendence and other existentially important values."⁸

Spirituality entails:

- 1 Religiousness of a person, especially his or her relationship with God, personal beliefs and religious practices, community interaction;
- 2 Existential quest, especially with regard to the meaning of life, suffering, and death, issues of own dignity, who one actually is as a person, a sense of individual freedom and responsibility, hope and despair, reconciliation and forgiveness, love and joy;
- 3 Values by which a person lives, especially with regard to oneself and other people, work, nature, art and culture, own ethical and moral choices, and life at large.^{1,7-9}

Spiritual care provided by an attending physician or a nurse commences with their openness to

the patient's spiritual dimension (including their own), which allows for therapeutic presence (being on hand, ie, "here and now", practice of mindfulness); boosting the patient's dignity and his or her sense of being a unique human being; readiness to help out in the patient's quest for "the meaning"; and self-development, as a person and as a professional.²

Curing and healing as the most essential objectives of medical interventions Modern medicine teaches physicians how to cure (ie, rectify whatever has gone wrong within a body), whereas ages ago it also strove to train them to be healers.¹⁰

What is healing, actually? Michael Kearney defined healing "as the process of becoming psychologically and spiritually more integrated and whole; a phenomenon which enables persons to become more completely themselves and more fully alive".¹¹ Unquestionably, Kearney, as a palliative medicine specialist, also has in mind the patients who have to deal with the prospect of imminent death. Clinicians working in palliative care know only too well this paradox of becoming "more fully alive" and whole as a person at the end of life. Robert Twycross highlighted it, while citing the words of a dying doctor: "You can't die cured, but you can die healed".¹² A physician should not only focus on curing the illness, but also acknowledge the simultaneous process of internal healing, which, interestingly enough, might be fully reciprocal in character. Tom Hutchinson and Balfour Mount proposed how an attending physician may support the patient in this internal healing process. Hutchinson addresses it this way: "Perhaps the real goal of medicine should be to support patients in their healing journey, to help patients move towards life with a greater sense of connection and meaning and a new relationship to wounding and suffering."² Mount highlights that healing occurs "in the now."¹³

That is why whole person care requires from a physician being on hand, "here and now", alongside this totally unique one and only person in the world (TABLE 1).

Three components of whole person care A patient (and his or her loved ones), an attending physician

(and therapeutic team), and the relationship between them, every single constituent is of crucial importance, not just the patient alone. Whole person care restores the healing significance of the relationship between an attending physician and a patient. Furthermore, it reminds a clinician that he or she actually has a professional duty to take comprehensive care of themselves, which entails: 1) developing self-awareness why one has become a physician, a nurse, etc; 2) identifying one's own fears and having them rationalized; 3) acknowledging one's own emotions, limitations, helplessness; 4) ensuring adequate support system for oneself; 5) taking good care of one's own professional development; and 6) taking good care of one's own spiritual life.

Puchalski and other authors promoting education in spirituality in medicine and whole person care highlight the importance of integrating the physician's own spiritual life as an essential component of his or her professional development.^{1,2,10} Being open to one's own spiritual dimension and an opportunity to share one's professional experience and reflections with others may effectively help avoid professional burnout and depression among medical professionals, as well as restore the joy and pride of being a physician (or a nurse).

The future of medicine It is not the loony visionaries, nor those lost in the conceptual neverland, that strive to restore the concept of whole person care to modern medicine. On the contrary, these are the people who noticed in their clinical practice that dependence on the technological advances, calculation of efficiency indicators of specific medical interventions, and relying exclusively on the "patient's total autonomy" simply leads nowhere nor indeed may it be construed as the best therapeutic option for the patient. It has now been clearly reiterated that medical sciences are supposed to serve the patients in the first place, and not the other way round. The principles of whole person care are already well acknowledged in developing compassionate health care systems that recognize a particular significance of spirituality in medicine, as well as in developing the new standards of good clinical practice and attendant education.

What would the future of medicine look like, should it follow this path? Gregory Fricchione's words seem to aptly encapsulate it: "Those who practice medicine must be both competent and compassionate. Indeed, as a profession, medicine must strive to unify the scientific and the spiritual, with both methods of relating serving as potential reflections of compassionate love at the bedside."¹⁴

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