

# Holistic healthcare and the NHS

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Healthcare in the NHS faces many challenges, but one that is rarely discussed concerns the nature of illness and how healthcare may help ill people. Current models of illness used by politicians and healthcare bureaucracy are unable to predict, explain or respond to a large number of problems or phenomena.

There are many examples. Back pain is largely associated with social and psychological factors such as being in debt, having a job with little control, and poor social circumstances and is not related to any disorder of the spine. Rates of disability and invalidity absence from work are increasing as disease rates decline. Twenty percent of people attending any hospital clinic have no disease to account for their symptoms and disability. And so on.

The current model used, usually implicitly by most people is the so-called *medical model* of illness, and it cannot account for these and other observations. Furthermore, despite its undoubted major strengths and successes, it is based on several demonstrably false assumptions.

A new way of thinking about illness is needed. In fact this was recognised in the 1970s, and a new model proposed - the *biopsychosocial model*, first publicised in the leading journal, Science, in 1977. This was the foundation for the World Health Organisation's International Classification of Impairment, Disability and Handicap (1980) and then the International Classification of Functioning.

The model has evolved, and a complete and up-to-date version is outlined here. The model recognises four levels of change or limitation concerning the person, four contexts, and two additional factors.

In terms of the person, there can be a change or limitation at one of **four levels**: the individual organ **within** the body (i.e. disease, pathology); the body as a **whole** (i.e. the person who has symptoms or signs); goal-directed behaviour, the person **interacting** with their physical environment ; and social position or roles. the person **interacting** with their social environment.

An ill person can also be placed within **four contexts**: their physical environment (i.e. observable features such as buildings, clothes, equipment, etc); their social environment (i.e. their friends, colleagues, family and, to a lesser extent, larger-scale culture and laws); their personal attributes (i.e. their own attitudes, expectations etc); and their temporal context which encompasses both where they are in the course of the illness and where they are in their own life.

Thirdly this holistic model also recognises that a person's **choice** may be an important factor in any illness, and that **quality of life** (or well-being) is another factor to consider.

Adopting this approach to illness leads to many insights into the problems faced both by individual patients and by whole healthcare systems. It specifically shows that many factors others than disease may influence the nature and severity of the illness experienced by a person, and that interventions to improve well-being and even health extend well outside simply treating the disease (if there is a disease). This model specifically predicts that illness may arise without any disease (pathology within the body) being present - as is observed.

However perhaps the key message is that the NHS should change from:

- considering someone who is ill as **a patient** in the sick role
- to considering them as a **person** who lives in their own particular context

Further details can be obtained from:

<http://www.noc.nhs.uk/oc/research-education/holistic-health-care.aspx>