

# Holistic medicine or the humane doctor?

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**SUMMARY.** *The holistic doctor is sometimes proposed as an ideal. However, holism involves an expansion of medical categories to encompass most of 'normal' life as well as sickness. The humane doctor is suggested as a better ideal. He or she is wise, compassionate and liberally educated; and knows that there is more to life than medicine — both for doctors and their patients. Humane practice is promoted by a broad and rigorous education but inhibited by excessive busyness and pressurized conditions of work. This has implications for medical training and work practices.*

**Keywords:** *holistic medicine; medical philosophy; medical education.*

## Introduction

WHAT is the ideal kind of doctor? One common answer is the holistic doctor. However, the goal of holism may be misguided, and instead I suggest that the humane doctor should be our ultimate aspiration.

The concept of holistic medicine lacks precise meaning, but if the potential categories of clinical information comprise what the patient says, what the patient does, what the doctor finds and who the patient is, then holistic medicine may be defined as being concerned with who the patient is. Specific personal information thus takes precedence over the presenting complaint, dysfunctional behaviour or underlying disease revealed by examination or laboratory tests.

## Whole patient care

In one sense it is uncontroversial that a doctor should take into account the whole patient. It is not only diagnosis which dictates management. The relationship between doctor and patient will inevitably be modified by factors such as age, sex, class, race, religion, education and personality. These aspects may alter the way in which a medical consultation proceeds, but they are typically regarded as potentially distorting accurate diagnosis, rather than as being an integral part of diagnosis. A patient's social situation will also shape management: a given diagnosis might suggest a range of treatment options which will then be matched to individual needs and resources. Therefore, even the most paternalistic doctor would wish to know much about who the patient is in order properly to manage the patient's problems.

Respect for the patient's autonomy dictates that, except in the most acute emergencies, a doctor must be able to listen, discuss and negotiate at each stage of management (this is not strictly true since it is possible for some doctors to perform a valuable function as expert technicians, as long as their work is directed by other doctors having a broader outlook<sup>1</sup>). This general knowledge of who the patient is should not be termed holistic medicine; it is simply the best kind of normal medical practice.<sup>2,3</sup> However, advocates of a specifically holistic medicine are proposing something more than this, and something rather less desirable.

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## Holism or reductionism?

There is a special meaning attached to the word holistic when it is used by practitioners and proponents of alternative therapies;<sup>4</sup> and behind this meaning is a moral criticism of orthodox medicine.<sup>5,6</sup> When, for instance, homoeopaths, acupuncturists or herbalists describe a system as holistic, they are not simply saying that a therapist should take into account the patient's individual situation when planning management. There is also a claim that alternative therapies are morally superior to orthodox medicine in that they include information about who the patient is as an integral part of diagnosis. Holistic diagnosis includes features unique to the individual (for example, disposition and personality) and not only those features shared by other patients with the same diagnosis.<sup>5</sup>

To include personality as part of diagnosis is different from taking it into account in management. A homoeopath might use a knowledge of the patient's personality as clinical information on a par with detailed symptoms or signs before deciding on the appropriate remedy. Similar claims are made for almost all systematic alternative therapies — that they are not only interested in symptoms and signs, but use a range of knowledge about the individual patient in diagnosis, knowledge which may include such esoteric information as horoscope data, results of strange techniques of mystical imaging, or arcane physiological and photographic measurements.<sup>5</sup> This information is interpreted, not by comparison with other patients, but in the light of a purely theoretical pathology.<sup>2</sup>

Thus, every personal and physical detail can be incorporated into an holistic alternative medical system and, in that sense, can be explained. By explaining the complex in terms of the simple, holistic medicine is guilty of being reductionistic in the extreme: it explains life in terms of medicine. Everything which happens to a mind or body, the agony and the ecstasy, each mood and twinge, can be seen as merely an example of the workings of yin and yang (acupuncture), or caused by pressure on spinal nerves (chiropractic), or the result of a toxic industrial environment.<sup>6</sup> Such notions are just as simplistic as those caricatures of science (scientism) which purport to explain all human behaviour in terms of chemicals or instinct. Although holistic practitioners may have the highest therapeutic goals, holism is not intrinsically humane.

For holistic medicine there is nothing which it is not the therapist's business to ask, nothing which lies outside of the boundaries of his or her supposed expertise. The holistic doctor has taken over the function of priest in offering guidance as to the purpose of life: it turns out that the purpose is to be holistically healthy. The path of holism leads to the medicalization of society as a result of the breakdown of boundaries between health and sickness. In the end we would all become candidates for holistic therapy because holism has no sense of where medicine should end and the rest of life begin. Holistic doctors will settle for nothing less than positive health, a state of total well being. But well being is not possible when life is reduced to a medical system.<sup>7</sup> Medicine ought only to intervene where there is real or potential sickness, where it can do more good than harm.<sup>7</sup>

## The humane doctor

The doctor's role is, I suggest, more modest; not to be an holistic doctor but a humane doctor. Humane can mean human in the most creditable sense, embodying those qualities which distinguish us from other creatures. Humane further implies kindness.

Being humane is called humanity, which by association links medicine with the humanities or liberal studies appropriate to the educated mind — the ancient classics, literature, art, history and philosophy. And, of course, humanity is the word for human beings collectively.

### Education in the humanities

The ideal doctor should be humane in all senses of the word in addition to having the necessary and appropriate skills and knowledge to practise medicine. But the most interesting quality of the humane doctor relates to the humanities — to liberal studies — and this may give some guidance as to how we should promote humane practice in the fullest sense. I am not, of course, suggesting that every doctor should also be a scholar of Latin poetry or a moral philosopher. On the other hand, it is reasonable to ask whether the doctor should be an educated person<sup>8</sup> and whether it is enough to know only medicine in order to practise it well.

If we take an historical perspective and go back to the 18th century or earlier, we can compare the educated, high status physician with the trained, lower status surgeon or apothecary.<sup>8</sup> The physician was expected to be first and foremost a liberally educated gentleman. He would have studied classical literature, history and philosophy to graduate level before commencing medical studies which were, again, principally devoted to study of the classics such as Hippocrates and Galen. The surgeon or apothecary was more of a skilled tradesman, a doer rather than a thinker, and was trained by the apprenticeship system. The idea behind this division of medical practice was that the wise and educated physician would make a diagnosis and decide upon management, which the skilled and trained apothecary or surgeon would then put into practice. There was thus a distinction between wisdom and skill and between education and training. We have departed a long way from this ideal. Over the years there has been a trend towards skill and away from wisdom, towards training and away from education. From a situation where virtually the whole of a physician's university education was spent on liberal studies, we have arrived at a situation where none of the university education is spent on liberal studies.<sup>8</sup>

However, we now have a broader conception of what might constitute a liberal education. It is no longer believed that the classics have a unique power to educate. Of particular relevance to medicine is the conviction that a properly constituted course of study in science will have a similar educative potential to the arts. At first glance the position of a scientific education within medicine looks secure: at least two years of the five year medical degree are devoted to the scientific foundations of medicine. Unfortunately, the science taught in medical schools has not usually been of an educational nature, but instead consists of memorizing vast quantities of information taken down in lectures or copied out of textbooks. A small proportion of students spend an extra year studying for a science degree, which may act as an antidote by giving them time to read widely, think and debate, and to obtain some practical experience of their subject. But most students have as little idea of real science at the end of medical school as they did at the beginning.<sup>9</sup>

### Medical morality

Doctors are thus trained in only one mode of thought: the medical morality.<sup>8</sup> This is a distinctive, powerful and valuable mental discipline, characteristic of doctors and one which should not be compromised. However, the medical morality alone is not sufficient. It is important to have an educated medical profession, not just a skilled and knowledgeable one. As far as clinical medicine goes, the benefits of a broader perspective can easily be

explained: a skilled and knowledgeable doctor might know what to do, he or she might even know how to do it, but only the educated and wise doctor will know whether to do it, or when. Only a humane doctor can fully communicate — listen, understand, and advise.

The need to relate the practice of medicine to the rest of the human world is unavoidable. It applies particularly sharply when, as at present, there is pressure for medicine to overstep the traditional limits within which it broadly does good, and move into areas such as health promotion and counselling where its benefits are more dubious.<sup>7</sup> Only an educated doctor is likely to realize that the medical morality is not the whole of life. When medicine is the only system of thought available to a doctor, when all available time and energy are spent on medicine, when the doctor is only an expert technical specialist then how can he or she become aware of the incompleteness and imperfection of medicine? Medicine must be seen in context, practised with wisdom.

### Countervailing discipline

As a minimum level of education for a doctor, Downie and Charlton have suggested the concept of a countervailing discipline.<sup>8</sup> This is the idea that a doctor should have at least one other way of thinking than that of the doctor, one other system of mental discipline than that of medicine. A countervailing discipline should serve as a mental counterbalance and be corrective to the medical morality. It is another powerful system of thought with which medicine may be compared, and with which it may be found to be disadvantaged in certain respects. The countervailing discipline might be any substantial and developed branch of intellectual study which will bear comparison with medicine, a science, or indeed one of the humanities.

Of course, even the most thorough education will leave many people apparently untouched; there can be no guarantee that anything will stick. Despite the disadvantages stacked up against medical students and junior doctors, many doctors already achieve remarkable things in other intellectual disciplines: science, music, drama, writing and so on. Yet given the high quality and motivation of students being admitted to medical schools, and encouragement from the system rather than obstruction or indifference, some quite remarkable results might be expected.

### Constraints on humane practice

All the education in the world will not improve matters if the conditions of medical practice are inimical to the ideal of humane practice: if doctors live under inhumane conditions how can we expect humanity? A few years as a junior hospital doctor are usually sufficient to stamp out humanity and idealism in all but the hardest souls. Fortunately, some are later able to rehabilitate themselves; but certain specialties, particularly surgery, continue the frantic pace on an indefinite basis.

The busy doctor is therefore a stereotype we all recognize: too busy to listen, too busy to talk, to think, or to feel... And even if the public are dissatisfied with the attitudes of a busy doctor, there is a powerful professional ethos which maintains frantic activity as a norm. The ideas of 24-hour availability and of tireless devotion to service are noble ones, but for such ideals to work properly we would need the medical profession to be populated exclusively by superhumans or saints. Most doctors are, in fact, fairly ordinary folk and when they are constantly busy they become and remain tired, irritable, narrow-minded, rigid and impatient. If extraordinary demands are placed upon ordinary people, then something has to give; in the case of medicine it is all too often the doctor's humanity.

## Conclusion

If we want humane doctors, we must get used to the idea that doctors must not only practise medicine, they should also be educated people. The medical morality should not be the only mode of thought, and if a countervailing discipline is to thrive then time must be set aside. We should welcome reductions in hours of work and part-time training and practice not as a second best option but as a route of ingress for humane values and practice. Dedicated professional expertise should be enhanced, not diluted, by the breadth and balance achievable when medicine is one of several points of view on offer. As our ideal: medicine practised by humane beings, not sham saints.

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