What is holistic healthcare? And what is its future?

An interview with the British Holistic Medical Association

David Zigmond

‘Holism’ is an attractive word – like ‘organic’ or ‘democracy’ – that is easier to publicly advertise and espouse than to implement or secure. What does that mean in healthcare that is increasingly gigantised, cybernated and automated?

BHMA: *David, first question, who are you and what do you do?*

Well, I am David Zigmond. What do I do now? ... Rather less than what I did! … I am a mostly retired doctor now. I qualified at the end of the 1960s, so have done more than 50 years in the NHS. In 1983 I helped launch the BHMA and have been committed to its founding principles and culture since.

Most of the time I worked as a GP and psychiatrist. I am more of a psychotherapist now. So that is, professionally, who I am and that is what I have done. In the last few years I have spent much time talking to people about the NHS: what has happened to it, what we might expect and what we need to do. This has led me, increasingly, to become a writer and an activist about healthcare matters as well as continuing to work as a psychotherapist.

BHMA: *So, a long career… and underpinning it, what does holism mean to you?*

Holism is so difficult to define!. It is so much easier to say what it is *not* than what it *is*. It is not atomism and biodeterminism. In other words, it's different from all the stuff that we learn at medical school about anatomy and physiology and pathology and metrics and so on – these constitute the 'skeleton' of medical knowledge.

Now essential as the 'skeleton' of medical practice is, it is not the 'flesh' as it were, although the skeleton is necessary for sure, to anchor the flesh. And – this is crucial – the flesh is the stuff that we cannot easily measure and cannot clearly see through a biomedical lens. So holism is often about the implicit rather than the explicit; for example, often it is about what people have *not* said rather than what they *have* said.

So … holism tends to be about what we cannot easily measure, rather than what we can easily measure. It tends to be about the context, the subtext, the experience and the relationships of illness – all of these lie outside the kind of measurements we have become increasingly enthralled and then tethered to in conventional medical practice. I think one of the growing problems now with medical practice, paradoxically, has been its success: the way it has become so brilliant at measurement and manipulation.

However, that brilliance in measurement and manipulation, has often led to a reciprocal neglect, then blindness, to those aspects of medical practice that *cannot* be directly manipulated and managed. So we are pretty good at treatments that will become increasingly – not always, but often – disconnected from care. But, care and treatments are rather different…

BHMA: So far, so good!. So the next question is *why* do you personally practice holistically?

Well, partly because I felt constrained and dissatisfied by the mere biomedical atomistic approach – looking at less and less, focusing down on smaller and smaller pictures – these often could not address so much of what I encountered in patients, and also in myself.

There was so much that lay outside of that biomedicine. So I needed to humanly and socially contextualize the problems I was dealing with. I needed to look elsewhere apart from the lingua franca of medical textbooks, and the care pathways, and the trust requirements and so on. In doing so I found that my practice was very much more engaged and effective.

I enjoyed such unshackled work very much more too. And, the patients I had the privilege to take care of seemed to appreciate it much more, as well. So the whole experience was more

effective, and richer – much more gratifying and pleasurable. It is much more satisfying to look after people whom we know, and whose lives we know, than those we do not.

BHMA: Has that balance changed?

Oh yes! I think that one of the main losses and challenges for modern healthcare is that we have largely destroyed the human anchorage of personal continuity of care. And I do not think one can be effectively holistic without personal continuity of care. It is very difficult to be holistic with people we do not know. For example, the currently vaunted 'social prescriptions' are very dependent in their compliance and effect on personal knowledge and relationships.

'*The more you see of someone, the more someone you see*.' This was a time-honoured working maxim in less industrial and more vocational times. I can give you some examples of that if you wish.

BHMA: Yes, do. Real life is the best clarifier of theory!

Well, one example I remember concerns a woman – I'll call her 'Meg' – who I knew had an awful childhood with very disturbed parents who subjected her to very inadequate, negligent parenting … because of their own damaged lives and then drug addiction.

For over a decade, from her later childhood, I offered her a stable anchoring presence where she would come to me with various, usually functional, symptoms. Sometimes she would have what I call minor structural illnesses, but often they were functional symptoms – headaches, insomnia, giddiness, menstrual problems or a swirl of protean anxiety.

I considered these were ‘languages’ in which to express distress she could neither contain nor find words for, her confusion about her intense, mixed feelings, her emerging identity and so on. And so I provided an anchor point and a comfort site for her over those years. She would come into my room and, several times, I noticed how she would look around at the many colourful pictures I had on the walls.

My consulting room was enlivened by luminous expressionist and impressionist prints, hand -carved animals and colourful little sculptures of animals and so on – I loved working in that room! – I was in it for years and years. And, repeatedly, when Meg entered she would look around these things and I could see rising pleasure in her gaze.

One day Meg was sitting with me. She turned her head slowly and said, ‘I love these pictures!’. And I asked, ‘which one in particular? … you choose a picture …’ She pointed to one, and I asked, ‘what is it about that that you really like?’. Falteringly, she described certain qualities of the picture, and I reflected, ‘Well, Meg, I think your pleasure is a kind of echo … you connect because you have those things inside *you*.’

She was silent in thought for a few seconds. And then I suggested, ‘You seem to have a good eye for these things. You know, there are all sorts of courses in London that you can do if you are really interested. And they will not cost you anything; they are for free!’ She did not know all that. So she then goes to an evening art class and – to her delight – finds that she is really good at it.

Down the line, what happens? Well, she eventually goes to art school and does very well. She meets a partner there and they make a stable union. All these achievements – especially the kind of relationship that her parents never managed – enabled her to move out of London and make a career in art with her partner.

Meg then writes to me several years later, a handwritten letter, asking how I am, and then reporting on her life there. She movingly expressed gratitude to me for the years of care, saying ‘Without all that, I would not be where I am now’.

Now that is, I think, holistic care, and it would have been impossible without personal continuity: I couldn’t have achieved that much earlier on with a quick social prescription!

Indeed, that success was predicated on all the things that she was not talking about at the beginning, and then building on these. Now, establishing that kind of anchorage and guidance, depends enormously on imagination and attending to things that are not directly expressed or presented. And such aspects of potential growth are often those a person cannot yet see or are not fully conscious of.

BHMA: That’s very evocative. Really lovely. Thank you so much…

Meg’s kind of predicament is common, but not this kind of narration or analysis. I have been writing about such engagements for years: a book, a home page, for journals – one of the main ones being the *Journal of Holistic Health Care*, which has been published for more than 15 years…

BHMA: So you’ve shared with us what has been possible in the past. What do you see as the challenges now, and in the future, to best encourage holistic care?

I think the challenge is, increasingly, how do we recognise the importance of, and then safeguard, what I call ‘headspace’ and ‘heartspace’ in our consultations – the kind of creative space that became so healing for Meg. How do we assure that people can make

relationships both with the practitioner and also, sometimes, via the practitioner, to make relationships elsewhere?

For example, if you have a good relationship with a doctor who gets to know you, they can, far more likely, deal with you with imaginative empathy. That doctor is then in a better position to guide you towards other kinds of thinking, activities, networks and relationships. But it is very difficult to do such things with people you do not know and your professional life is, instead, dictated by algorithms on the screen, and regulations, and NHS trust requirements – all of that kind of stuff. How then can we possibly secure that kind of headspace and heartspace, and then the capacity to make bespoke consultations? And I think much of holism is about bespoke consultations…

We can try and do it by formula, but it will work very poorly. This largely is the lesson from many years of NHS reforms. What we lose is a perception of *this* person – what we suggest to *this* person, what we try to share with them – such things must come from personal knowledge. And of course such personally contexted and subtexted interactions must involve imagination and thoughtful guesswork… All relationships do – even our most intimate!

My fear is that this kind of practice is being lost by a medical culture that is increasingly formulaic. And yes, of course, formulaic medicine works brilliantly for some things – say, if you have an occluded anterior coronary artery. That very structured, procedural, standardised approach is likely to work there very well, but it does not work well for the majority of patients who come to a general practitioner or general psychiatrist, for example.

I think this is an enormous challenge: to make sure that we get the best of biomedicine, but we do not – in the process of doing so – destroy the better aspects of pastoral healthcare.

BHMA: Thank you. With those challenges in mind, what opportunities do you see, and what excites you about what we can do in the future?

Well, I can tell you about what arouses me. But you ask what 'excites' me about the future. Hm! I would like to be excited, yet I am more fearful than positively excited because what I hear now of the profession – the one that I was in the middle of for all those years – is not good: we are in deep trouble from many perspectives. And that trouble needs understanding, not blame.

So I am certainly not blaming the practitioners; they are, increasingly, corralled into working in enormous units on a part-time basis where nobody knows anybody. And I think the challenge for us is – amidst all the cleverness and the wonderful advances we have had in biomedicine – how do we get back to that human style and scale in which the kind of personally invested holism that I have understood can work so well – and to which I devoted a lot of my working life – how we can make sure *that* can thrive again?

My view is that it has to occur with smaller units; yet that principle has been ever-more sacrificed. This is very evident now in general practice, where personal continuity of care should be regarded as a priority, wherever it can be achieved: it should not be relegated to a coincidence or luxury that some people might be lucky enough to have windfalled. Yet this is the lot of most GP patients now with increasingly large practices that can far more easily process individuals they do not know than relate to them.

So such personal continuity of care should, therefore, be a cornerstone of the kind of service that we design and build. It is crucial to retrieve that cornerstone. Only then can we anchor the best of the old while adding the best of the new, rather than allowing the best of the new to just eliminate the best of the old; such elimination has been the legacy of three decades of

reforms. Indeed, the Covid crisis has merely and clearly amplified and accelerated these long trends.

And I have personal knowledge of such healthcare deficits. As I face my ageing vulnerability and frailty I now know how difficult it is to get through to anybody who could ever get to know me and take a personal interest in me when I get ill. Who will look out for me? Who will care?

So I think these imperilments are essential threats to holism. That certainly arouses me. I continue to be very interested in that, but I do not feel euphoric about it. I do not think, 'Oh! what a wonderful future!' But I do think we can have a much better future, *if* we take great care and discrimination in the kind of health policy and the decisions that we roll out – to reinvest them with our more subtle considerations of the personal, the social, and the ecological.

I can give you a very good example of one threat that has seriously worried me recently.

BHMA: Yes, please.

Well, Matt Hancock, the previous Health Secretary, in the middle of the Covid storm a few months ago, many times talked about a future service where he wanted all consultations to be remote by default, with rare exceptions, unless there was a very good reason otherwise. In other words, he wanted consultations channelled through phones, smartphones, tablets, emails, and so on. Best by images or texts. Patients would only rarely go into surgeries for personal contacts.

GPs adapted to this Covid-necessitated requirement with remarkable speed and facility. Many GPs seemed to enthusiastically endorse Hancock's future-view as not just inevitable but desirable. Subsequently there has been a backlash against such remote consultations by both press and patients, and then the current Health Secretary, Sajid Javid. But Hancock's trajectory still has massive, maybe growing, momentum – it may yet be our destiny. It is important we understand what that could be.

Now I understand all the slickness and the convenience and the cuts in costs that can be achieved with remote consultations, but of course these will further destroy relationships; and GPs are already, increasingly, working in surgeries where nobody-knows-anybody. Covid and Hancock's urgings have already led to an ominous pattern of practice: patients are trying to contact what is, equivalently, a call centre, where they are remotely transacted with healthcarers subject to hot-desked 'agile staffing'.

In other words, the system now plugs the gaps with whatever doctors they can get. The doctor you get is most unlikely to be one that you know. It is the one that you can be put through to most quickly and most conveniently from the *system's* point of view. Now it is pretty much impossible, in my view, to have the kind of meaningful, deeper holism that I have been talking about if you are most likely dealing with somebody you don't know, by text or the screen. What would happen to a Meg in such a digitalised world, staffed by unknown part-timers?

Such massive expansion of cybernation is a healthcare policy that in my view must be trimmed and challenged, and I am quite 'excited' (to return to your question) that the British Holistic Medical Association can take that on, and oppose it, and articulate good reasons why that kind of approach is often be very limiting and damaging to people's welfare and healthcare – both doctors and patients.

Beyond that, of course we must proffer our more sensitive and imaginative suggestions: the kinds of growth, nourishments and resonances that might grow back … *if* we can restrain our excesses of cybernated systems.

BHMA: Thank you, David. There's so much for us all to think about.

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Note: This interview was done for the *BHMA* by Dr Ashish Bhatia in autumn 2021. The transcription here has been updated and edited for publication.

Interested? Many articles exploring similar themes are available on David Zigmond's Home Page (http://www.marco-learningsystems.com/pages/david-zigmond/david-zigmond.html).