

# *Holistic approach to patient problems: integration and prioritization of health problems*



**University Course**

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# **Course plan**

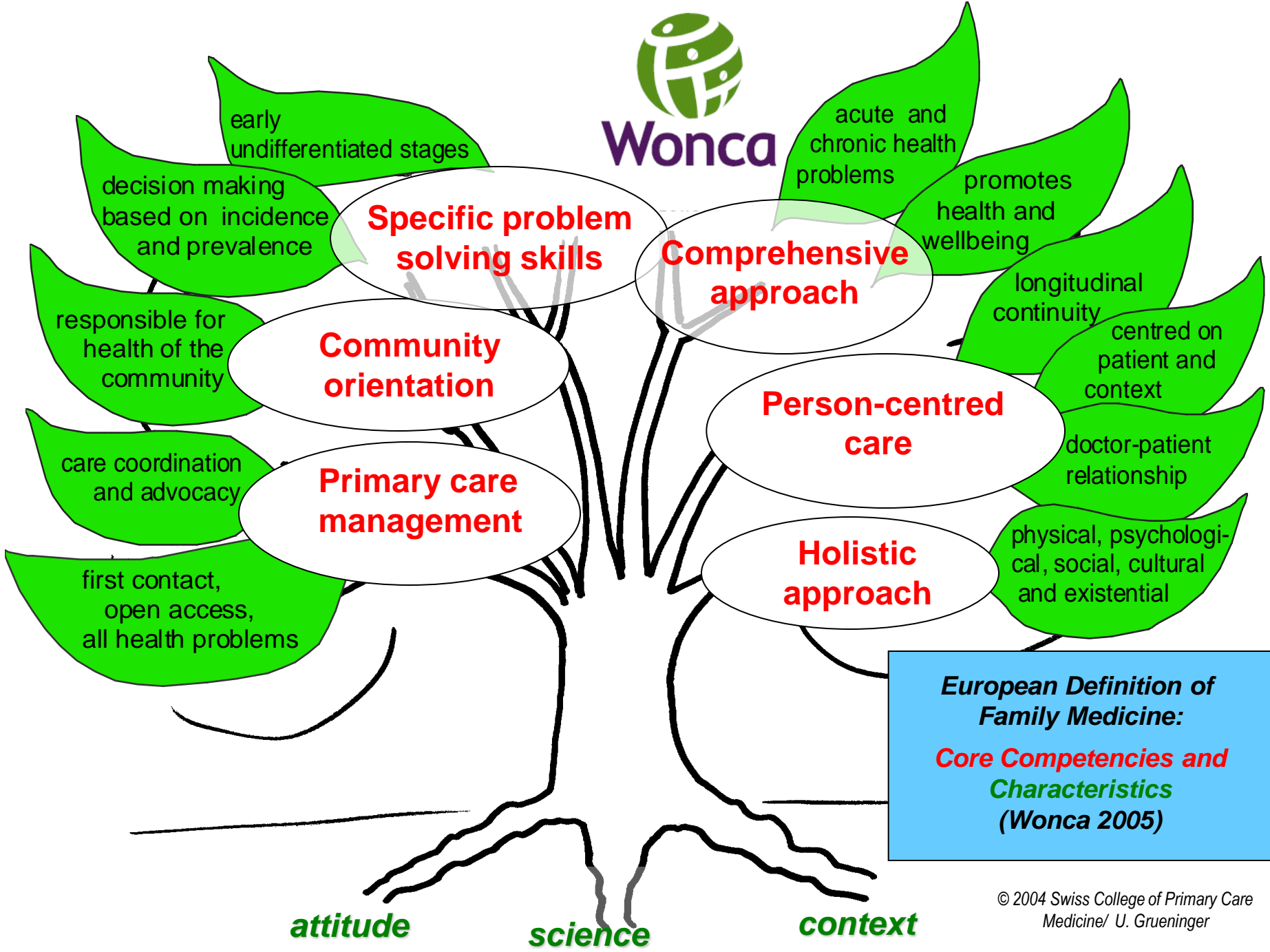
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## **Introduction**

**I. Holistic approach to patient problems.**

**II. Bio-psycho-social model.**

**III. Cultural and existential dimensions.**



**Specific problem solving skills**

early undifferentiated stages

decision making based on incidence and prevalence

**Community orientation**

responsible for health of the community

**Primary care management**

care coordination and advocacy

first contact, open access, all health problems

**Comprehensive approach**

acute and chronic health problems

promotes health and wellbeing

**Person-centred care**

longitudinal continuity

centred on patient and context

doctor-patient relationship

**Holistic approach**

physical, psychological, social, cultural and existential

**European Definition of Family Medicine:  
Core Competencies and Characteristics  
(Wonca 2005)**

**attitude**

**science**

**context**

# **Educational Agenda of General Practice /Family Medicine**

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Learning and teaching process is focused on 6 competencies, specific for GP/FM:

1. Primary Care Management
2. Person Centred Care
3. Specific Solving Problem
4. Comprehensive approach
5. Community Orientation
6. Holistic approach

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- **Holism** (from Greek ὅλος *holos* "all, whole, entire") is the idea that systems (physical, biological, chemical, social, economic, mental, linguistic, etc.) and their properties should be viewed as whole, not as collections of parts. This often includes the view that systems function as whole and that their functioning cannot be fully understood solely in terms of their component parts.

# Holism, history

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- Holism and atomism - Parmenides and Democritus (5<sup>th</sup> century BC)
- Spinoza XVIIth century
- Hegel
- Karl Marx

# Holism and science

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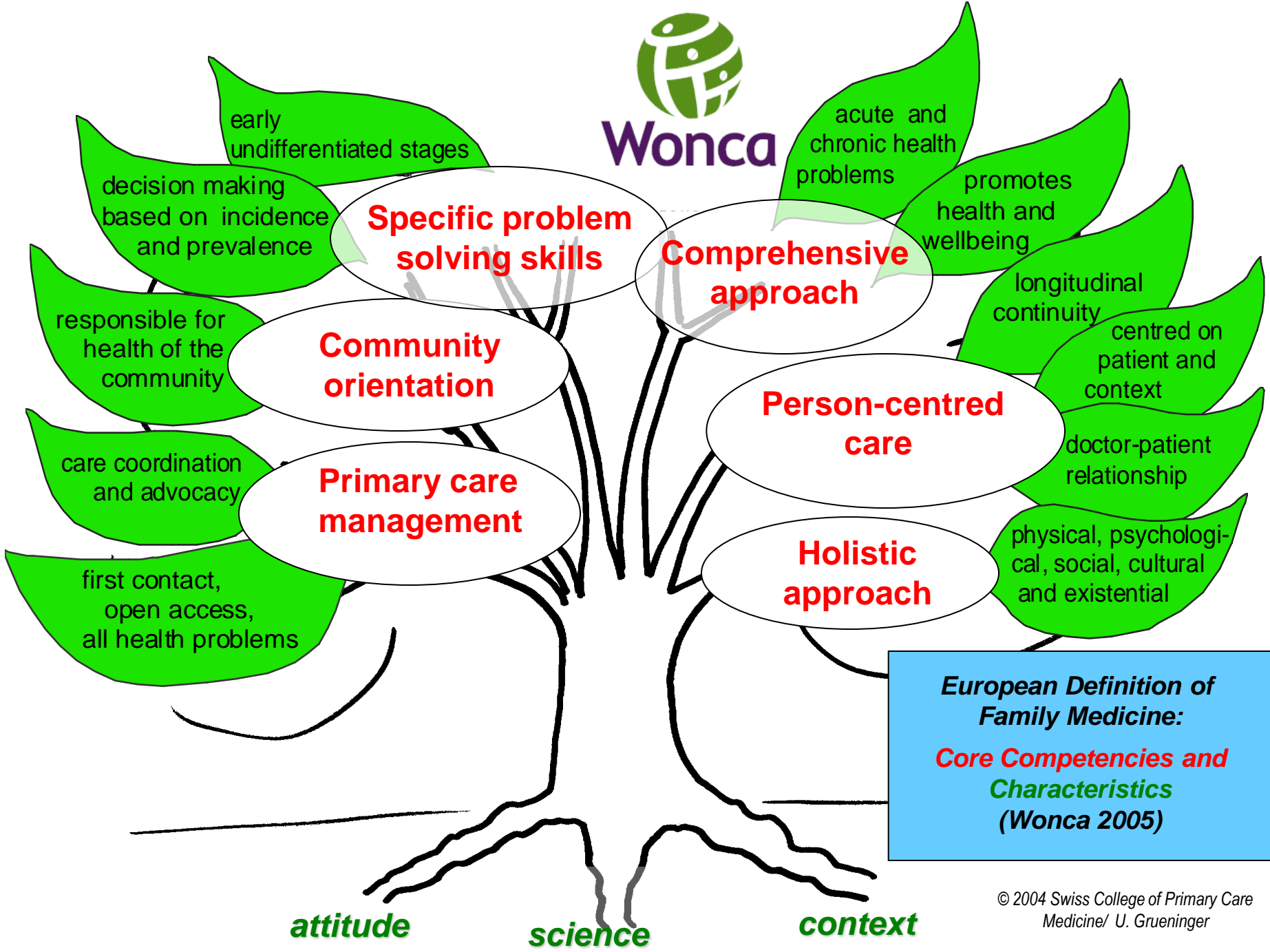
- Anthropology
- Ecology
- Economy
- Philosophy
- Sociology
- Teology

# Application of holism

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- Holism in architecture and industrial design
- Reform in education
- Holistic music
- Holistic medicine





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# Definition of holistic approach ( after EURACT)

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- „care of the person in integrity, in the context of personal values, family beliefs, family type, socio-cultural and ecological situation in the community, and consideration of evidence-based therapeutic programs cost and benefits”

# Holistic approach

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Accepting that all diseases have a mentally and physically component and that there is a dynamic interaction between system components (general systems theory), brought to the development of the bio-psycho-social in modern medicine.

Engel GL, 1977\*

*\* Engel GL, The need for a new medical model: a challenge for biomedicine. Science, 1977, 196 (4286), pp. 129-36*

# Holistic approach

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- Understanding the illness (not disease) as a process, which gives equal importance to biological, psychological and social determinants for pathogenesis, diagnosis and therapy, forms the holistic approach with its consequent implementation to practical measures.

# Holistic approach

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- Using a bio-psycho-social model as the basis for cure and care implies an acceptance that many factors influence our understanding of what it is to be human. Family doctors accept a diversity of factors to be of relevance. Examples of factors may be:

# Influencing factors, which can be conducted by one person

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- Natural disposition, including elements of gender, genetic constitution and typology;
- Micro-social environment such as the family and the macro-social environment, including the local community and the wider community with all its cultural and socio-ecological elements;
- Health beliefs and life experiences that make a person the entity that he/ she is now;

## **Influencing factors, which can be conducted by one person**

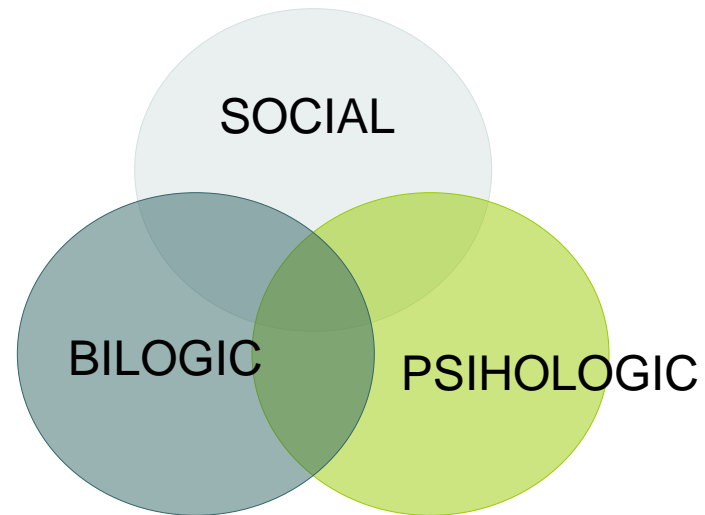
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- Health-maintaining resources in a person, like the understanding of events,
- Acceptance of meaning, the autonomy that leads to the conviction that life is manageable;
- Personal experiences including past illnesses, medical and social contacts

# Bio-Psycho-Social model in medical practice

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Most diseases somatic or psychiatric are biological, psychological and social phenomena.





# **Bio-Psycho-Social model in medical practice**

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- The biological, psychological and social variables influence the susceptibility, evolution and outcome of diseases.

# Bio-Psycho-Social model in medical practice

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- The physicians who are able to evaluate the relationship between biological, psychological and social parameters of the patients diseases, will be able to develop more efficient therapeutic interventions and to achieve better outcomes for patients.

# **Bio-Psycho-Social model in medical practice**

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To assess and manage appropriately psychosocial aspects of problems, doctors should be able to assess and maintain therapeutic doctor-patient relationships with different types of patients.

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- **Why doctors should study emotions, behavior and social processes?**

# Case study

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On a Saturday morning, a daughter brings her 75-year old father to your practice. You know that he is living alone, since his wife died of cancer 3 months ago. He missed all his scheduled appointments in practice for the last six months. Today he looks much worse than the last time you have seen him. He is tired. He has lost weight because he lost his appetite. He is dirty and smelling of alcohol.



# Topics related to biopsychosocial medicine are:

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- Psychological and social factors relative to susceptibility, onset, evolution and outcome of physical disease.
- Psychosocial therapy is used in physical illness.
- Psychobiological mechanisms that may mediate between psychosocial processes and biological effects.
- Current findings of psychiatric epidemiology, especially if they are related to general medical practice.
- Socio-cultural influence of disease and ill behavior.
- Application of the biopsychosocial model in traditional psychiatric diseases.

# Case formulation

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- Biological parameters
  - Psychological parameters
  - Social parameters
  - Biopsychosocial formulation
  - Management biopsychosocial
    - Biological intervention
    - Psychological intervention
    - Social intervention
- Summary

# Biopsychosocial model in clinical practice

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- Psychological and behavioral predisposition to physical diseases
- Onset of illness
- Psychosocial parameters influence the evolution and outcome of diseases
- Psychological interventions make the result of physical illnesses to be different
- Psychobiological mechanisms
- Involvement in medical practice



# The estimate scale of social reorganization after Holmes and Rahe (1967)

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1. Husband /wife death
2. Divorce
3. Split up
4. Prison sentence
5. Death of family close member
6. Accident or personal illness
7. Marriage
8. Shot at work
9. Family reunification
10. Retirement
11. ...

# Being chronically ill

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To be chronically ill in the first phase.

*Acute started*

*Slow started*

To be chronically ill in the second phase

## **Importance of integrated approach the chronic patients**

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- FD should determine the patient's family situation
- FD should determine the way which the patient can perform their professional activity
- FD should determine how the disease affects the patient's social position

# **Role of patient in the treatment of chronic diseases**

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- If the patient with chronic pathology is not learned how to participate in the care of his illness, the result may not be as expected.

# **Need of psycho-social support of patient**

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- Besides drug therapy is required the psychological and social support for chronic patient

## **Bio-psycho-social particularities in doctor-patient relationship**

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- Chronic diseases usually have in common a frequently health care for long term.
- Chronic diseases affect enough the patients' lives
- Management of chronic diseases assumes a doctor-patient relationship for long term
- Doctor must be able to create a support where patients can face the challenges of diseases

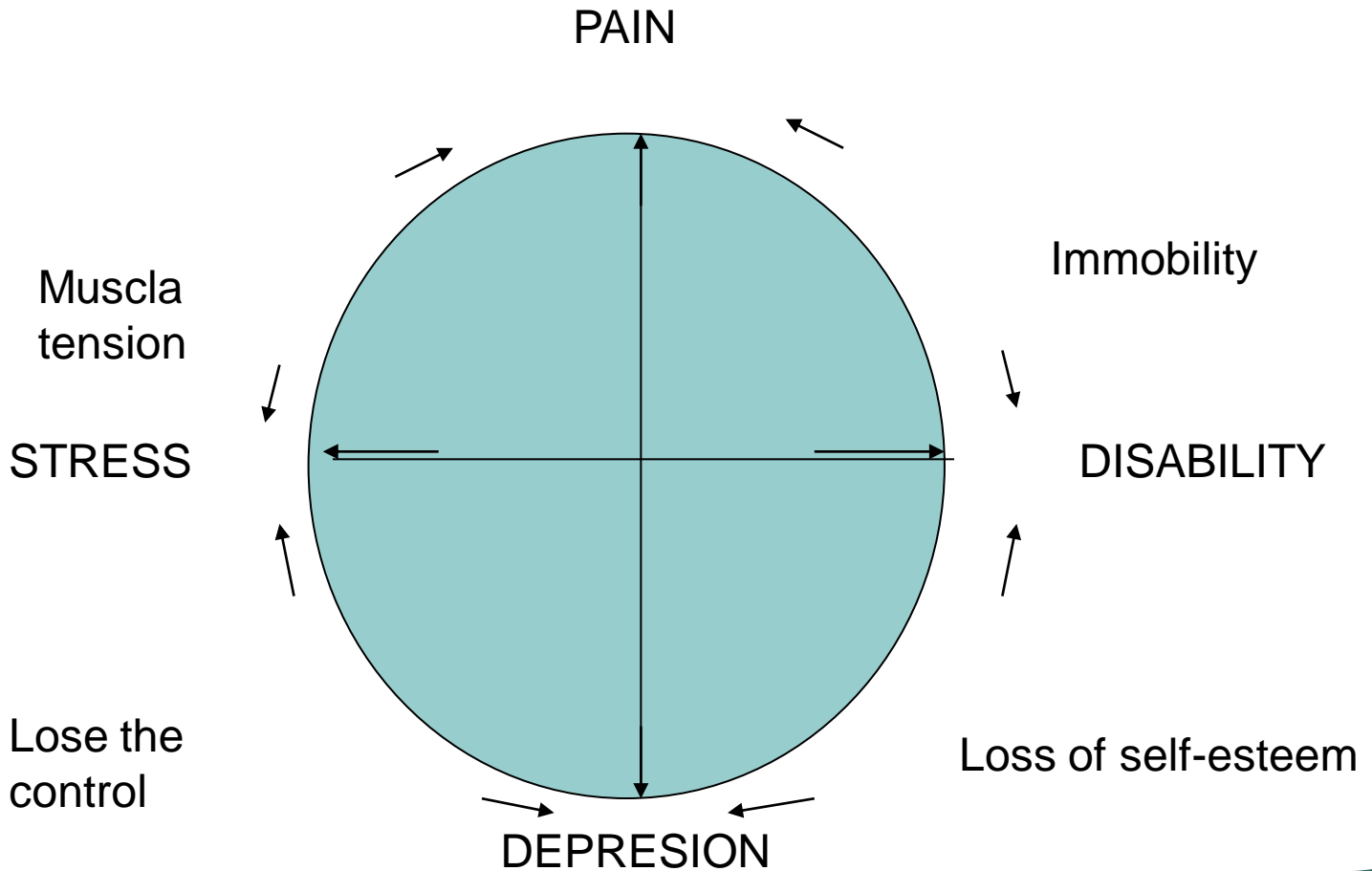
# Behavioural changes

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- **Personality changes:** psychomotor retardation, irritability, hypochondria, depression;
- **Behavioral changes:** trend to „drug”(alcohol, smoking, drugs or psychotropic);
- **Increasing receptivity: lowering the threshold of pain;**
- **psychosomatic disorder:** disturbances of sleep, appetite, obesity, constipation.

# Cycle of chronic diseases (after G. F. Brenner)

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# Evolutionary features

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- For patient, awareness the problem, without having a clear idea of extending it, is often frustrating.
- Patients often fear that the symptoms presented by them are not taken seriously.

# Accepting the destiny of chronic patient

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- **Acceptance stage of chronic disease:**

Negation

Anger

Negotiate

Depression

Resignation (acceptance)

- **Possible reactions:**

Shock

Negation

Accept

Despair

Anger

Sadness

# **Therapeutic actions of the doctor before and on the time of diagnosis**

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## ***Before establish the diagnosis***

- *Action oriented on patient emotions*
  - ask what are his feelings about illness
  - admit uncertainty
- *Action oriented on the problem*
  - suggest palliative measures of symptomatic treatment
  - teach the patient to control chronic disease cycle

# Therapeutic actions of the doctor at the moment of diagnosis

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## *Action oriented on patient emotions*

- expect different affective reactions
- investigate the patient's feelings
- understand the emotional reaction of patient
- discuss all aspects with patient
- give him full attention

## *Action oriented on the problem*

- assess the quality of information required for patient
- discuss the patient-doctor relationship
- establish the following visit

# **Problem of the chronic patients requiring psychological assistance**

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- **Level of occupation, “household”**
- **Choosing recovery activity**
- **Emotional reaction**
- **Social relation**

# Patients compliance

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- As a rule the chronic patients compliance is good due to suffering diseases and fears of death.
- One element that justifies better compliance in the elderly is the pain that is the most frequent symptom in these patients

83% of people over 60 years complain of the pain at least in one zone

18% feel pain in four painful areas

# Explanations of non-compliance

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- Financial issues
- Insufficient to inform the patient about diseases severity
- Cultural beliefs
- Complex programs medication
- Drug side effects
- Overestimation of treatment results
- Discomfort caused by long-term treatment

## **Doctor actions if the patients are non-compliant**

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- Assess reasons for non-compliance;
- Reduce the complexity and the daily dosage of medications;
- Change the medical regime adapted to the patient lifestyle;
- Information about the side effects of drugs;
- Advise the patient to use a calendar or a journal to keep medical information.



# Socio-economic aspects

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Prescribing the certificate sick leave the FD should consider:

- economic problems
- sort of "complicity" which establishes between doctor and patient;
- change of social relations of the patient;
- trap of secondary benefits of diseases.

## **Socio-economic aspects**

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### *Payment for medical services*

- should be adapted for patient possibility;
- can delay or stop the healing;
- creates an additional obligation in relation doctor-patient (who feels indebted );
- healed patient can keep a sense of blame to physician manifested by persistence of functional disorders.

# **Attitudes imposed by the specific disease and patient study**

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- a. Catartic attitudes**
- b. Directive attitudes**
- c. Activist attitudes**
- d. Explicative attitudes**

# **Conscious involvement of the doctor in psychotherapeutic relationship**

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Considering pathological disturbances as "part of the patient himself" ..

Personal involvement in the relationship with the patient requires knowledge of words and attitudes impact on the psyche and patient body

Give permission for patient to express his ideas and fears (especially body language)

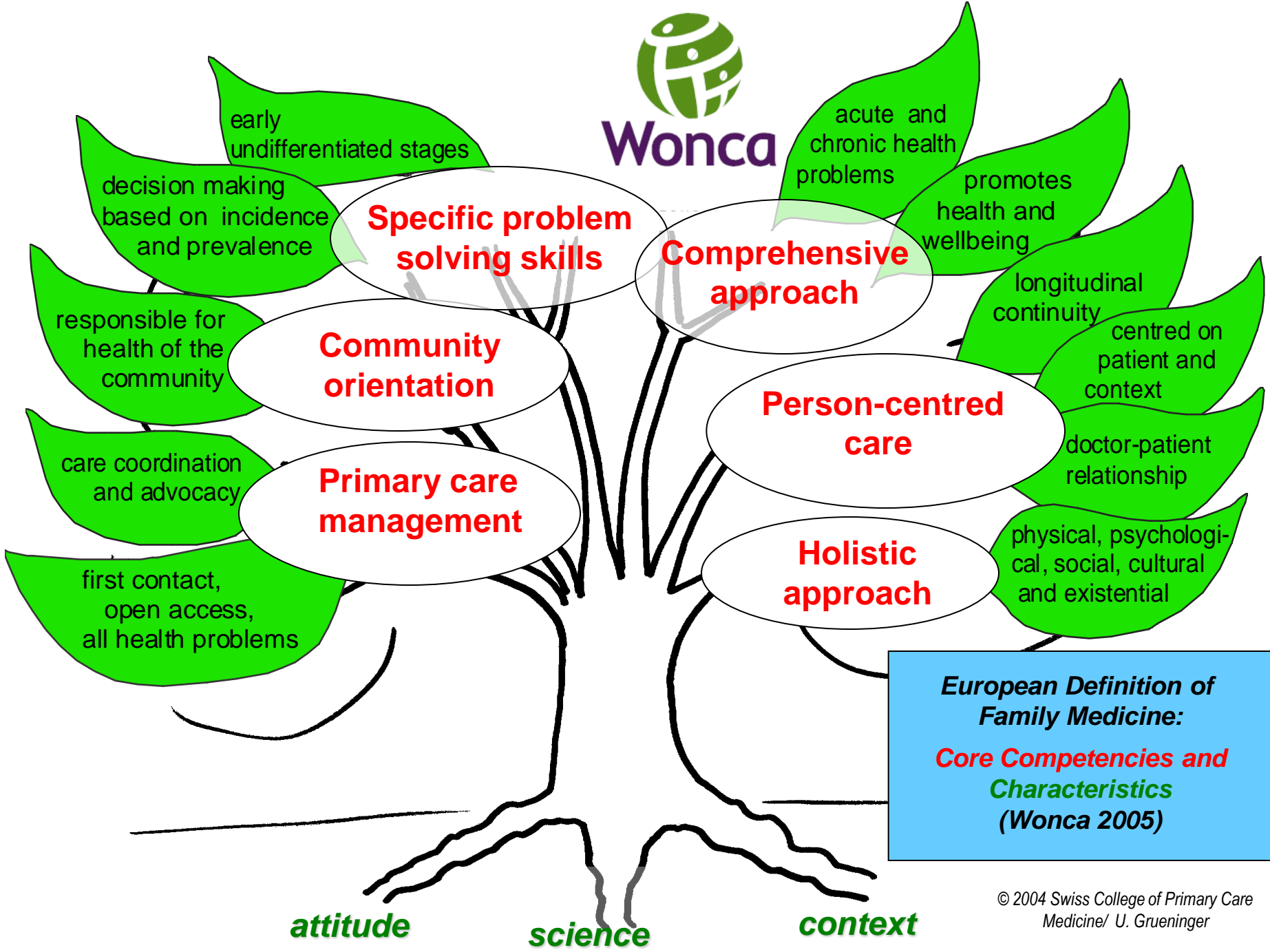
Deciphering some real psychological needs of the patient, located behind the functional disorders.

# **A conscious involvement of the doctor in psychotherapeutic relationship**

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*Managing psychopathologist regression (as a form of defense) of the patient, otherwise there is the danger of severe psychiatric and psychosomatic disorders due to non-damping of major stress represented by illness.*

*Supporting the patient ego threatened by disease and his weakened narcissism, including "the patient's psychic apparatus exceeded by disease" and also by negative psychological impact of many therapeutic failures, as well as the punctuated affection of his life quality.*



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**Holistic approach, how could be implemented in practice?**

# Studiu de caz

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# HOLISTIC APPROACH

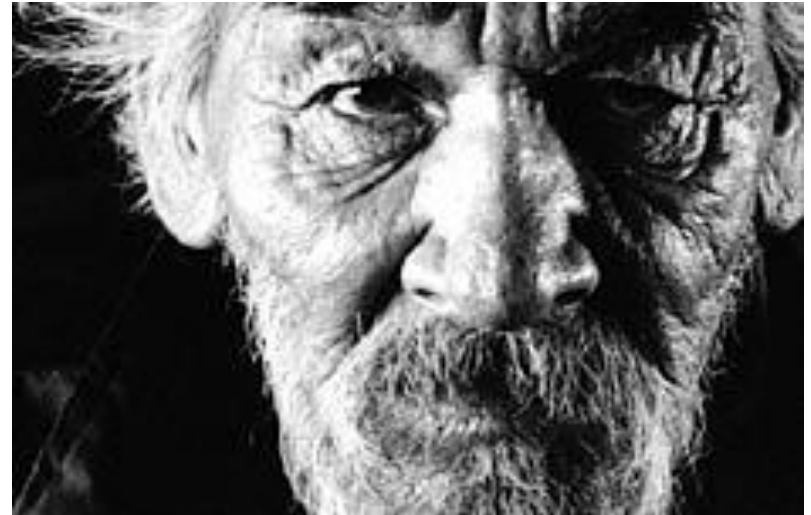
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- Objectives
  - use of bio-psycho-social model taking into consideration the cultural and existential dimensions

# TRANSLATING IN PRACTICE

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- What are my practical advices and actions?
- How do I tolerate my emotions?



# Advise

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- TOPICS
  - Medical anthropology
  - EBM
  - Communication skills

