

Returning Wholeness to Health

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Over the past few decades, many of us have earnestly followed the slow but steady transformation of the western biomedical model, with its emphasis on reductionism and materialism, to the whole health model, with its emphasis on the whole person. The Whole Health approach is not just about disease prevention, but the creation of health as we understand it, essentially a salutogenic model with a focus on factors that ultimately support creating the health and well-being of the individual.¹

What we now call Whole Health has its most proximal roots in the Whole Person Medicine movement that started in the late 1970s,² although we can trace the clarion call to holism back to J. C. Smuts' book *Holism and Evolution*. Published in 1926, Smuts argued against the growing tide of reductionism he observed in the sciences, and foresaw a time when an appreciation of the innate holism of all living things and a holistic and integrative approach to science and its related fields would eventually emerge.³

In this GAHM Special Collection on Whole Health, we have gathered together a remarkable scope of articles from scientists and clinician scientists in diverse fields, representing the multifaceted dimensions of what it takes to create Whole Health, including medicine, behavioral medicine, consciousness studies, education, finance, and political advocacy.

We are pleased and honored to have the opening Viewpoint, "Making Connections To Improve Health Outcomes" by Helene Langevin, MD, Director of the National Center for Complementary and Alternative Medicine (NCCIH), which emphasizes that Whole Person Health "rests on the idea that our health is deeply interconnected across systems."⁴ Dr Langevin also shares with us aspects of the NCCIH strategic plan, describing how this plan "is working to advance how we study whole person health and explore how this understanding of health will transform the way complementary and

integrative health is perceived and implemented within the wider health care delivery system."

We are also fortunate to have a Whole Health Viewpoint from Tracy Gaudet, MD, founding Executive Director of the Veterans Health Administration's (VHA) National Office of Patient Centered Care and Cultural Transformation, which is charged with leading the VHA's transformation to whole health, and founding Executive Director of the Whole Health Institute. Dr Gaudet fittingly shares "lessons learned" from her years of effort to reform the biomedical healthcare model, writing that "only through a true cultural transformation can we succeed in the Whole Health model."⁵

Additional topical Whole Health Viewpoints are by Benjamin Kligler MD, Executive Director of the Office of Patient Centered Care & Cultural Transformation at the VHA⁶ and Len Wisneski, MD and Bill Reddy, L.Ac., at the Integrative Health Policy Consortium.⁷ These articles, respectively, provide an update on the activities and successes of the VHA Whole Health programs, and a perspective on the many national level advocacy efforts to advance and finance Whole Health in the U.S. Healthcare System. Speaking of finance, Ryan Castle and colleagues critically examine financing models of Whole Health, models that "prioritize positive outcomes and efficiency" and that are "...optimized to improve both the financial performance of healthcare providers and the healthcare results of patients."⁸

Given that Whole Health seeks to treat the "whole person,"⁹ it is vitally important to understand what constitutes

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the whole person. Authors in this Special Collection attend to this fundamental question in different ways. A Viewpoint by Deepak Chopra, MD titled, “What Is Wholeness? The Consciousness View,”¹⁰ brings our attention back to the early holism arguments of J. C. Smuts³ and helps bring further fruition to Smuts’ vision. In his commentary, Dr Chopra writes that “Taking a holistic view of consciousness solves all the [current top 10] questions that science has posed,” and that “When reflecting on wholeness as relevant to the whole person and whole health, consideration of consciousness itself is fundamental.” Echoing this perspective, as part of a collaboration between the University of California, San Diego School of Medicine and the Chopra Foundation (PJM), we have endeavored to add to the understanding of the whole person by emphasizing the need to include the transcendent aspects of human awareness, the development of which is the goal of many religious and meditative traditions.^{11,12} Additionally, the increasing use of psychedelics to support healing and well-being is an emerging discipline on multiple fronts.^{13,14} Gita Vaid, MD discusses the value of using psychedelics in the psychotherapy setting, which she sees as an opportunity to build connection to the patient’s trans-personal nature, that is, “building wholeness through connection.”¹⁵ Together, these efforts are wholly congruent with prior work emphasizing the need to include the spiritual domain of the whole person.^{16,17} Other authors emphasize the psychosocial, economic, and environmental aspects of what constitutes, and is needed for caring for, the whole person.^{18,19}

More broadly, we must consider what constitutes the Whole Health approach.^{17,19} Dr Kligler’s VHA’s program defines Whole Health as “an approach to care that empowers and equips a person to take charge of their health and well-being and live their life to the fullest.”⁶ He continues, “that the emphasis of Whole Health is on the person, not the healthcare provider,” a movement away from a perspective of what’s the matter with the person to what matters to the person.⁶

For the Academic Consortium for Integrative Medicine & Health (<https://imconsortium.org/>), of which GAHM is its official journal, Integrative and Whole Health “makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing.” The Integrative Health Policy Consortium, which is comprised of 22 organizations and institutions that are partners for health, defines Integrative Health as “a collaborative, comprehensive, person-centered approach to health creation and disease care that addresses all factors impacting health, including social determinants, and embraces all evidence-informed disciplines, both conventional and complementary in order to achieve optimal well-being.”⁷

This topic of what is Whole Health is further considered by Zoe Fisher, PhD and colleagues in an in-depth article examining the “determinants of well-being across multiple domains offers under-realized potential for promoting the ‘whole health’ of individuals, communities and nature.”²⁰

The group presents their own theoretical model of well-being – called the GENIAL framework—“which explicitly links health to well-being...”²⁰ Eve Namisango, PhD and colleague’s work uses the NIH Healing Experiences in All Life Stressors (NIH-HEALS) instrument to examine the role of psychological/behavioral healing in Whole Health to alleviate distress and health-related suffering to restore the well-being of patients.²¹

Together, a picture emerges that the Whole Health approach is about the person, not so much as a patient, but as an empowered individual who has entered a system of care at which they are at the center, seeking support with what matters most to them, and of which all relevant determinants, disciplines, and tools are brought to bear to support their health and well-being.

It is of course a fair question to ask how well the Whole Health approach is actually working. Considering that the VHA has been at the vanguard of the Whole Health model, it is fitting that this Special Collection contains seven manuscripts reporting on aspects of the VHA’s programs, including a program evaluation of employee Whole Health across 12 VHA facilities,²² an examination of how the COVID-19 pandemic has affected veterans’ health, well-being, and engagement in the VHA Whole Health System,²³ a study seeking to understand VHA Whole Health staff’s perspectives on the feasibility, challenges, and advantages of conducting “Taking Charge of My Life and Health” program groups virtually,²⁴ a study examining Whole Health approach patterns of service use among Veterans with chronic pain across 18 VHA Medical Centers,²⁵ a pilot study examining whether the VHA’s Whole Health model of cultural transformation resonates with patients in rehabilitation clinics,²⁶ a study examining the effectiveness of teaching strategies for staff in VHA Whole Health Care programs,²⁷ and a program evaluation study characterizing which Veterans use Whole Health services and for what diagnoses.²⁸ Together, these studies report on a diverse range of activities devoted to reporting on outcomes and evaluating and fine-tuning the VHA Whole Health programs.

This Special Collection addresses additional considerations relevant to whole health. Two papers examine approaches from other whole health systems, including a paper by Lisa Taylor-Swanson, PhD and colleagues on Chinese herbal medicines examining efficacy for treating symptoms and sequelae of COVID-19,²⁹ and a discussion by Adam Sadowski, ND and colleagues noting that “naturopathy is most accurately portrayed as an existing model of whole health delivery, defined by its philosophies and predilection for integrating traditional and complementary therapies within the structure and responsibilities of primary care.”³⁰ Wayne Jonas, MD, former Director of the Office of Alternative Medicine at the National Institutes of Health, and colleagues emphasize the need for a truly integrative health approach to successfully treat so-called Long COVID.³¹

We would be remiss not to place emphasis on the need for continued reform of the integrative and whole health research model, which we and others have previously discussed as historically falling short of being actually integrative.^{32,33} This is vital to achieve because in order to successfully transform the existing biomedical model, the Whole Health model must demonstrate validated research outcomes, that is, provide “evidence based” findings. With this in mind, Dr Langevin notes that “with research that’s underpinned by well-defined methods, studies examining approaches to whole person health can be leveraged to change health care.”⁴ Of course, a major challenge to fulfilling the vision of whole person health is the current reductionistic research model. NCCIH addressed this need head-on by in 2021 hosting “The Whole Person Research Workshop,” which helped advance discussion of research methodologies appropriate for whole person research (<https://www.nccih.nih.gov/news/events/methodological-approaches-for-whole-person-research>).

In summary, we hope this Special Collection is both informative and inspiring, providing another important step along the transformational path to Whole Health.

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