

REVIEW ARTICLE/PRACA POGLĄDOWA

*Maja Matthews-Kozanecka***HOLISTIC APPROACH TO TREATMENT IN THE CONTEXT OF BIOETHICS****HOLISTYCZNE PODEJŚCIE DO LECZENIA W KONTEKŚCIE BIOETYKI**

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“Health cannot be reduced merely to the smooth functioning of the biological system, but it is a state of a dynamic balance of many systems covering biological, psychological and social levels on which the unit is functioning.”

Z. Szawarski

“O pojęciu wyleczenia” (1)

Abstract

Hippocrates saw the man as the unity of the body, mind and soul, and the disease as the absence of balance between the internal and external world. The most important concept of the holistic treatment is to take the interest in the entire patient and not only in the illness affecting negatively his or her health. That approach regards the patient as the subject, defines the patient's needs and provides multidisciplinary treatment, taking into account not only the physical but also emotional, psychological, spiritual and social needs of the sick person. Such an approach allows to obtain better therapeutic effects.

Key words: holistic care, biomedical model, holistic model, multidisciplinary treatment**Streszczenie**

Hipokrates widział już człowieka jako jedność ciała, umysłu i duszy, a chorobę postrzegał jako brak równowagi świata wewnętrznego i zewnętrznego. Najważniejszą ideą holistycznego leczenia jest zainteresowanie całym pacjentem, a nie tylko jego schorzeniem wpływającym negatywnie na stan jego zdrowia. Jest to podmiotowe podejście do pacjenta, określenie jego potrzeb i ustalenie wielospecjalistycznego leczenia, które będzie brało pod uwagę nie tylko potrzeby fizyczne pacjenta, ale także jego potrzeby emocjonalne, psychologiczne, duchowe a także społeczne. Takie podejście do chorego daje możliwość uzyskania lepszych efektów terapeutycznych.

Słowa kluczowe: opieka holistyczna, model biomedyczny, model holistyczny, wieloaspektowe leczenieDEV. PERIOD MED., 2014, XVIII, 1, 13-15

Holism (Greek: “holos”) stands for “total”, “comprehensive”. Hippocrates saw the man as the unity of the body, mind and soul, a certain whole, whereas the disease as the absence of balance between the internal and external world. The most important rules he abided by was “Primum non nocere” (First, do no harm) and

“Salus aegroti suprema lex esto” (Health of the sick is the highest law) (2). In Europe the concept of holism was popularised by Jan Christiaan Smuts. Ca. 100 years ago, in *Holism and Evolution* (1925) Smuts put forward the assumption that the man experiences the surrounding external world with all the senses, in a comprehensive

and not fragmentary manner (3). Nowadays, the holistic medicine is a science about the health and disease of the man based on the assumption that the state of mind, spirit and body mutually affect each other, therefore the treatment should concern the entire organism and not only its part (4). The holistic or multidisciplinary approach (the concepts are used interchangeably) consists in perceiving and understanding the human organism as a whole. Such a concept requires from the medical staff a completely different approach to the patient and his or her health issues. The most important idea of the holistic treatment is taking the interest in the whole patient and not only in the illness negatively affecting their health. When defining the patient's needs and planning a multidisciplinary treatment, medical staff should take into account not only the physical but also emotional, psychological, spiritual and social needs of the patient. Diagnostics, treatment, rehabilitation or nursing should be directed in such a way as to see the patient as a whole in psychosomatic terms (perceiving the patient as the subject). The illness is a sign that there is something wrong with the human organism, something related not only to the physical symptoms but also to the psychological and emotional condition. Considering the issue in terms of personalist bio-ethics, the patient has a moral duty to take care of their health as their health represents a certain good they should protect. The physician, on the other hand, is expected to protect personal rights, e.g. the health and life of his or her patients (5, 6, 7). The actions of the physician should fundamentally be directed at alleviating the afflictions related to the illness and fighting the pain (the principle of not doing harm and doing good set forth in the Hippocratic Oath).

There are two therapeutic models in the literature: bio-medical and holistic.

The bio-medical model, in which the somatic condition of the patient is vital, perceives the human body as a device composed of many elements and the disease is a certain type of undesirable dysfunction. According to this perspective, health is the absence of dysfunction, i.e. a disease. Health is nothing else than the correct functioning of the biological organism and treatment consists in identification and elimination of the problem, remedying certain anomalies. Curing the disease is utterly dependant on the aid of specialists who approach the patient's health issues from a purely medical point of view, ignoring the patient's needs. The attention focuses on the sick organ, a dysfunctional element, and not on the sick man. This is the approach perceiving the patient as an object. The patient is not treated as a whole, physicians do not look for reasons behind the anomalies and take actions merely to remove the "defect", the cause of the bad health condition.

The holistic model (axiomedical) is characterised by a different approach to the patient who is seen as a certain whole combining a number of elements, such as physical, psychological, emotional, social and spiritual condition. In that model the patient is perceived as an inseparable whole, whose components are fully dependant on each other and condition a certain state of well-being. This approach is consistent with the definition of the World

Health Organisation stating that health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The holistic approach, as compared the biomedical one, has a wider scope and covers more factors, the perception of the patient by the medical staff is also completely different. In this approach, the disease is a complex and multifaceted process, requiring a thorough, in-depth assessment of the patient's needs, sensitivity to those needs, paying more attention to the patient, as well as attentive listening and discussion. The discussion with many specialists is especially vital, as it would provide the possibility of a more effective multidisciplinary patient care. Physicians are also more demanding towards the patient because they expect him or her to participate actively in the matters related to the treatment, i.e. they expect the patient to cooperate and commit. The patient has to be willing to take the responsibility for his or her health and not just be a passive recipient of services. In the holistic approach, a multidisciplinary team should be interested in providing care and services tailored to the real and individual needs of the patient. The incidence of somatic symptoms indicates that we are dealing with a sick person, however if the patient feels well and functions normally in the society, then his or her illness is neither perceived negatively nor it is oppressive to the patient. Every patient is different and their needs vary, therefore they require an individual approach of the physicians and the application of diversified therapeutic solutions. The holistic care focuses on the patient's autonomy and rights, including an important right of self-determination. Taking an informed decision depends on reliable information on the health condition and steps which can be taken, presented in a clear and comprehensible manner. Such an approach to the patient requires certain changes in the practice followed by the medical staff – it is not recommended to focus only on the somatic condition (illness) of the patient and purely medical aspects of the treatment as the whole comprises both the soma (body) and psyche (5, 8, 9).

A flaw of the biomedical approach may lie the fact that the medical staff is interested only in curing the disease and eliminating certain dysfunction indicating the illness, yet they disregard entirely the patient as a human being, having certain needs which play a relatively important part during the therapy and affect the course of treatment. The patient becomes an object. On the other hand, the holistic model sees the patient as a psychosomatic whole, the subject (10, 11). The medical care provided by a multidisciplinary team allows to better provide for all the needs of the patient and act in a more effective and comprehensive manner. However, the problem may be posed by the question how such a team should function and who should it be composed of (12). Basically, it seems that it should include both medical and non-medical staff. Effective operation of the team depends on the right selection of its members which are to quickly identify and satisfy all the needs of the patient, i.e. commence an effective and quick therapy. The more advanced and serious the condition of the patient is, the more specialists should be included in the team in order to address the

needs of the sick person. If one wishes to achieve good therapeutic results, then they should focus not only on the disease, but on the whole patient, which allows for a more effective and shorter treatment. Formation of such an interdisciplinary team, with a holistic approach to the patient, at an early stage would allow to provide integrated treatment and improve the quality of the medical care, increase the comfort of the therapy and considerably reduce the treatment time. Wide-ranging treatment provided by a multidisciplinary team gives an opportunity to achieve the common objective sooner, i.e. fight the disease. Higher sensitivity of the medical staff to the patient's needs, devoting time and attention (13).

Holistic approach to a human being should be naturally observed and followed by all physicians and entire medical staff. Development of science and technology has dehumanised medicine by providing opportunities to cure the patient's disease in increasingly advanced and sophisticated manner, yet neglecting the patient as a human being constituting a certain whole in which the body is inseparably united with the psychological and spiritual. The disease is a complex process and has to be, or should be, examined at various levels. The patient plays a vital role in terms of their willingness to enter into the dialogue with the specialists and the team, to take an active part in the treatment, be an active, well informed and interested partner (6).

PIŚMIENICTWO

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ORIGINAL ARTICLES/PRACE ORYGINALNE

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POLYMORPHIC VARIANTS IN VAX1 GENE (RS7078160) AND BMP4 GENE (RS762642) AND THE RISK OF NON-SYNDROMIC OROFACIAL CLEFTS IN THE POLISH POPULATION*

POLIMORFIZMY GENÓW: VAX1 (RS7078160) I BMP4 (RS762642), A RYZYKO WYSTĘPOWANIA IZOLOWANYCH WAD ROZSZCZEPOWYCH TWARZOWEJ CZĘŚCI CZASZKI W POPULACJI POLSKIEJ

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Abstract

Aim of study: The aim of this study was to investigate the contribution of reported candidate genes: VAX1 (rs7078160) and BMP4 (rs762642) to the risk of cleft lip with or without cleft palate in the Polish population.

Materials and methods: Salivary DNA was obtained from 209 individuals with nonsyndromic cleft lip with or without cleft palate and 418 healthy matched control group. We performed an analysis of polymorphisms of VAX1 (rs7078160) and BMP4 (rs762642) genes. These genes are involved in facial development during pregnancy and may contribute to orofacial clefting risk. Single nucleotide polymorphisms (SNPs) were investigated by real-time PCR-based TaqMan genotyping (Light Cycler 480 II; Roche Diagnostics). To assess the clefting risk for each genotype the odds ratio (OR) was calculated.

Results: Conducted logistic regression did not confirm modificatory influence of rs7078160 in VAX1 gene on cleft lip with or without cleft palate risk. For AA genotype OR=1.81 (p=0.211), and for AG genotype OR=0.8 (p=0.313). Also a modificatory influence of rs762642 in BMP4 gene on orofacial clefting risk was not significant. OR=0.82 for GG genotype (p=0.471), while for GT genotype OR=1.17 (p=0.487).

Conclusions: No correlation between polymorphisms: rs7078160, rs762642 and nonsyndromic cleft lip with or without cleft palate risk in Polish population was observed.

Key words: cleft lip, cleft palate, genetic variation, polymorphism

Streszczenie

Cel pracy: Określenie ryzyka występowania rozszczepów twarzowej części czaszki przy obecności polimorfizmów: rs7078160 w genie VAX1 i rs762642 w genie BMP4 w populacji polskiej.

Materiały i metody: Badania przeprowadzono w grupie 209 pacjentów z rozszczepem wargi z lub bez rozszczepu podniebienia oraz 418 z grupy kontrolnej, od których wyizolowano DNA. Analizie poddano

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