



**Guest editor, Eric Klug**

Cardiologist, Sunninghill and Sunward Park Hospitals  
Director, Heart Failure Clinic, CM Johannesburg Hospital

## It is time to reclaim “holistic heart care”

The theme of the 2010 SA Heart Annual congress was “Holistic Heart Care”. In Greek “holos” means total, entire, all or whole. Holistic health encompasses all aspects of people’s needs: psychological; spiritual; physical; and social. It implies our health system in general and its component parts in particular cannot determine our patient management. It should rather be the patient who should determine how the medical profession cares for them holistically. Conventional medicine seems to have lost claim to the term “holistic care”, a term which is now associated with “alternative medicine” practitioners.

Local customs and beliefs and not professional or scientific consensus dominated disease “therapy” into the twentieth century. The medicine practiced in one area was often not duplicated elsewhere. The doctor was not much more informed than the patient and so the treatment prescribed was often familiar. A problem that health care providers may face in the 21st century is that we increasingly focus on medical technologic and conceptual advances only. Thus we will become progressively more detached from our patient, their lives and their frame of reference. This will result in a more mechanistic practice, an “evolved, advanced” approach which will, unfortunately, neglect the holistic model along the way.

A gap has developed between a patient’s perception of his/her ailment or disease and its subsequent management, and the way in which the physician understands and approaches treatment. I call this the “perception gap”. As specialist cardiologists, cardiothoracic surgeons and allied health professionals we have pursued our agenda steeped in science, evidence of randomised clinical trials and encouraged by a plethora of official guidelines and treatment algorithms. The patient’s perceptions of healing have not shifted at the same pace as ours and their needs are still similar to the early 20th century. This does not mean that patients don’t appreciate the new advances in medicine, but they connect emotionally with what they can understand and absorb. Unfortunately as our therapy of cardiovascular conditions advances, patients tend to seek “alternative healers” to experience treatment they can “identify” with.

The idea behind “Holistic Heart Care” was to recognise that a patient presenting with cardiovascular disease is treated and managed by various professionals, often independently with little cohesion and even less awareness of each other’s potential for good and harm. Medical errors, over-investigation and perceived unnecessary invasive procedures become the focus of negative media coverage.

Single practitioners have to fly “solo” most of the time. This “superhero” then takes on an ever-increasing burden of responsibility that is brought into sharper focus by an expectation of seeming infallibility. It appears unrealistic to presume that a single practitioner, often managing patients without the ability to discuss problems openly and honestly with “colleagues” (who essentially are competing for the same turf), can maintain their high standards. A fact the public is blissfully unaware of.

There is an ever-increasing tendency for specialists not to dictate reports after being consulted. Communication among the various specialist disciplines is not optimal, and if a patient is being treated by an endocrinologist, cardiologist, nephrologist amongst others, there appears not to be link between these

“virtuosos” and the patient to help translate processes, co-ordinate feedback and ensure peace of mind for the patient and his/her relatives.

As patients in increasing numbers challenge “proven” therapies, we as a profession must first look inwards and see how we can re-adjust our positioning in the market by improving our image, marketing our therapies and engaging with our patients in a meaningful and value-added way.

The alternative medicine practitioners have hijacked the headline “holistic approach to healing”. The fact that rigorous, well-designed clinical trials testing alternative therapies are often lacking does not deter enthusiastic public acceptance. What is more, the lack of safety and effectiveness of data is staggering, yet this industry – and the public – has not let these omissions stand in their way. In general, a manufacturer does not need to prove the safety and effectiveness of a dietary supplement before it is marketed. There is also no standard or national system to verify most of these alternative practitioners. I suspect most of these practitioners don't even consider taking out malpractice insurance. It is ironic that patients will not question a “natural remedy” or its practitioner – but will readily malign “conventional” medicine.

It is time for our profession to take back ownership of the term “holistic care”. Interventional cardiologists, paediatric cardiologists and cardiothoracic surgeons need to share a common vision, avoid petty “old” arguments and rather embrace new technologies openly and honestly for the patients' good. Clinical cardiologists have a crucial role to play in co-coordinating therapies and managing patients as a whole. We all need to feel part of a greater co-ordinated team, including the patient. We need to be aware of other physician's inputs and alternative care that can be offered.

The mission of the 2010 SA Heart Congress was to enhance our day-to-day care and expand our horizons. This edition of the journal has been compiled with that in mind. Contributors reflect on a variety of specialised disciplines. Wonderful articles have been contributed by:

- David McQuoid-Mason, Professor of Law at the Centre for Socio-Legal Studies, University of KwaZulu-Natal;
- John Lawrenson, Principal Specialist in the Department of Paediatrics and Child Health, Stellenbosch University, Tygerberg and Red Cross Children's Hospitals;
- Manuel Antunes, Professor and Head of the Department of Cardiothoracic Surgery University Hospital, Coimbra;
- Stephen Brown; Associate Professor of Paediatrics, Department of Paediatric Cardiology, University of the Free State, Bloemfontein; and
- Michael Ewer; Professor of Medicine at The University of Texas M.D. Anderson Cancer Centre.

The spectrum of articles is diverse covering ethical and legal issues, adult and paediatric cardiology, and cardiothoracic surgery. My sincerest thanks go to all the contributors.