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The consensus paradigm for qualitative research in holistic medicine
Søren Ventegodt, Joav Merrick (24 November 2005)

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EDITOR---This communication in response to the paper on priorities for primary care and the views of the patient on quality of care (1).

There are basically two ways of documenting an effect of a holistic medical intervention, the quantitative and the qualitative approach. Much effort has been given to developing valid methodology and measuring tools, but the art of documentation has become a complex and expensive task.

Due to lack of resources we have been forced to seek simple, but still valid ways of documenting effect (2). In this communication we will focus on the qualitative research method.

Fortunately the holistic approach makes it much simpler, because there are always three domains to investigate: health, quality of life (QOL) and ability. These three domains can be subdivided in as many detailed domains as one wishes, but often three are sufficient for most purposes.

There are two qualitative aspects of documenting effect in medicine, often called subjective (that is from the perspective and experience of the patient) - and objective (that is from the perspective of the therapist or researcher). To document effect of an intervention using both perspectives, the patient must be interviewed before and after the intervention. Semi structured interviews with interviewer rating of the state immediately before

and after the intervention can be used to give the objective perspective on the effect of the intervention. Interviewing the patient after the intervention can give the patient's subjective experience of the effect.

Most importantly these perspectives often leads to two different results, but confronting the patient with the observed improvement, after the patient has given his own experience of the effect, can be very enlightening.

The consensus paradigm states that only to the degree that there is consensus between patient and therapist/observer, the treatment has an effect. If the patient experience an effect that cannot be observed, something else is likely to have happened, i.e. an upgrade of other dimensions than the three defined as outcome. Instead of QOL, health and ability the patient has gained self-esteem, confidence, admiration from others etc. As holistic medicine aims to improve life in these three domains a pleasant experience with the therapy is not the same as en effect of a treatment.

If the patient does not experience an observed effect, this effect is most likely to be happening only in the observer’s mind. Very often a therapist is convinced that a cure or intervention gave a positive result, but the fact that the patient did not experience that is then often neglected. In holistic medicine the dimensions we want to improve are highly experiential, so if the patient did not experience any improvement, such an improvement is most likely not to have happened.

Interestingly one single patient is enough to document effect with the consensus paradigm. If both the physician and his patient, after careful investigation before and after the treatment, find that the treatment has helped, this is most likely the case. The more precise the target group and the treatment are defined the more valuable the documentation. We recommend for securing the validity that the presented method is used with five highly comparable patients receiving five highly comparable treatments.

As always we recommend for the observer rating a five point symmetrical Likert scale with neutral middle point and equidistance (3). A clinically significant improvement must be half a step on this scale or more. The patient needs to express the gain as a "significant improvement". When both patient and observer find improvement of QOL, health, and ability significant (according to the above), we call the treatment "good".

AFFILIATION

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