**Ethics and holistic healthcare practice**

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**Abstract:** The paper aims to contribute to integrated discussion of ethics in holistic healthcare. Methods: Noting key aspects of the literature on ethics in holistic healthcare, the authors then focus on describing the working ethical statement for holistic healthcare practitioners produced for the International Society of Holistic Health (ISHH). Ethical principles, aims of holistic practice, and ethical guidelines are presented. The relationship of ethics to quality of care is outlined. Conclusions: The authors conclude that many of the ethical principles and guidelines, as well as expectations of quality and safety, that apply to mainstream healthcare, also apply to holistic practitioners. However, the multidisciplinary contexts of whole-of-patient healthcare present new challenges of application of these familiar ethical understandings.

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**INTRODUCTION**

*Each patient carries with him his own doctor... They come to us without knowing this. We do our best when we give the doctor within each patient a chance to do its work.*

Albert Schweitzer (1875-1965)

*The aim is to support, nourish and remove obstacles for nature’s inherent health-promoting and healing forces. Illness can be looked upon as a reaction to conditions we have placed ourselves in. Conditions inappropriate for maintaining health and well-being.*

Florence Nightingale (1820-1910)

The development of whole-of-patient healthcare has brought with it new discussions about the ethical obligations of practitioners delivering holistic healthcare (1). Though complementary and alternative medicine (CAM) treatments are being used in many western countries by up to
half the population, but there has not been enough dialogue between mainstream health practitioners and CAM practitioners, about many issues of care delivery, including ethics (2,3). Ethical issues for physicians and allied health providers, who practice CAM are a related but quite distinct area, because these practitioners have been medically trained and operate in the legal and regulatory frameworks of mainstream medicine and health. Ethical issues for this group—the focus of this paper—have not been well explored in the published literature.

However, we know that holistic healthcare involves a different conceptualisation of healing that, through its engagement with the whole patient (mind-body-spirit), creates quite different physician-patient relationships. These in turn raise new ethical considerations to do with vulnerabilities, ethical self awareness and trust (4). We also know that new treatments, such as touch therapy, whether integrated with mainstream approaches or not, also present new ethical considerations (5).

Such ethical issues have been of interest to the International Society of Holistic Health (ISHH). This paper, developed by collaboration between holistic practitioners and researchers, offers information, content and implications of the ISHH guidelines. It aims to be useful to those wanting to reflect further on ethical practices in holistic healthcare. In a context where much modern medical and health practice is about integrative multidisciplinary approaches and inter-professional teams (6), and medical, nursing and allied health education increasingly engages with notions of what are ethical virtues (7), such matters are of interest to healthcare practitioners and educators generally. Ethics for health professionals has increasingly been conceptualised as being about an integrated set of knowledge, skills, and attributes such that the literature speaks of ethics as being about personhood and the evolution of the whole practitioner (8). This paper aims to contribute to this kind of integrated discussion of modern ethical healthcare.

DEFINITIONS AND IMPORTANCE OF ETHICS
Ethics are reflections and guidelines on how to act, while morals describe how we act. Ethics can be based on duty, on rights, on virtues, on consequence, on usefulness or on relations (9). The fundamental premise for all ethics is that every human being is equally valuable and demands the same respect and consideration. The main role of ethical guidelines is to protect those who cannot fully defend themselves and who cannot voice their demands or stand up for their rights.

Ethical principles and guidelines are important, because they help encourage reflections on how to act. Unless human behaviour is audited against well-theorised and developed ethical statements, it is difficult for practice to be consistently ethical. Holistic healthcare practice involves a proactive approach to multidisciplinary treatments, often involving diverse teams of professionals. This can create new pressures and ethical decision-making situations for practitioners. Accordingly, the ‘whole-of-patient’ focus of holistic practice requires careful development of authentic and useful guidelines for practices that are not narrowly bio-medical.

VISION AND AIMS
The International Society of Holistic Health (ISHH) is comprised of physicians, allied health professionals, and researchers, who have a commitment to developing high quality, whole-of-patient, integrative healthcare. The association has members across the world, in the Middle East, Europe, America, Asia, Australia, and elsewhere. This international group have been interested in and published on contemporary developments in healthcare that reflect our emphasis on multidisciplinary, holistic, innovative—and above all effective and ethical—care for patients. We undertake collaborative international research on healthcare practices that
integrate bio-medical and other approaches to achieve quality, patient-centered care. We also organise conferences that are an international meeting place of all those interested in advancing practices in holistic healthcare. The aims of the ISHH are:

- To promote holistic health awareness among health care providers, organisations and the general public
- To foster and stimulate the highest quality of health care provision in all communities.

Holistic health care is defined as the art and science of healing the whole person—body, mind and spirit, by prevention and treatment—to promote optimal health. The ISHH believes that health is a holistic concept, because it is impossible to be healthy without taking into account the physical, mental, social, environmental, and spiritual aspects of life. The fields of knowledge and experience that can inform this area are therefore vast. Accordingly, the ethical decision-making situations that can arise in holistic practice are many and varied. Yet we believe they can be guided by simple universal principles that can be agreed-upon by those in many cultures and countries.

The ethical principles and guidelines endorsed by ISHH aim to help us fulfill another aspect of our vision: to build bridges between the various factions of medicine and healthcare providers that share a goal in creating high quality holistic healthcare services. This emphasis upon building bridges across different areas of practice, services, cultures, and countries is why our emphasis is on simplicity and clarity of ethical statements.

**KEY ETHICAL PRINCIPLES FOR HOLISTIC PRACTICE**

Two key principles underline high quality holistic healthcare practices:

1. Do to others as you want to be done by
2. Ask if it would be okay if everybody acted the way you plan to act.

The first principle is common to many world religions. It requires the practitioner to imagine being the patient and to ask yourself if the behaviour would be desirable if you were on its receiving end. The second principle comes from Kant’s writings. Kant suggests that the basis for immorality is to make an exemption for oneself (10). This principle invites you as practitioner to ask yourself if your behaviour would be good for society if it were universally adopted.

**AIMS OF HOLISTIC PRACTICE**

The aims of holistic practice are fourfold:

1. Heal, help, and comfort the patient
2. Support and strengthen the internal healing forces of each person
3. Treat the person as a whole (bio-psycho-social-spiritual being)
4. Focus on prevention when possible.

The first aim positions the health practitioner as a holistic helper of those experiencing illness and related hardships. The second aim focuses the attention of holistic healthcare on developing the capacities of healing of the patient, rather than acting upon the patient. The third aim emphasises the importance of whole-of-patient care and the interrelatedness of the different dimensions of being in any consideration of how best to meet the patient’s needs. The fourth aim emphasises the value of prevention, positioning holistic healthcare as being
about proactive approaches to health: education for health, healthy behaviours, and so on. Together these aims suggest quite different relationships between the patient and practitioner than are suggested by either traditional bio-medical models or more modern corporate models of healthcare. In the holistic model the practitioner focuses on empowering the patient and delivers services that cannot be so easily commoditised—it is difficult to see how empathy as a basis for giving comfort, or an engagement with the spiritual dimensions of the patient as part of whole-of-patient approaches, could ever be authentically priced on the healthcare marketplace.

If the holistic practitioner takes on different roles and responsibilities from those found in bio-medical traditions of care, or new corporate models of care, it follows that there will be ethical considerations in holistic care that are related, but not exactly the same, as those found in these two other models of healthcare. In developing ethical practices the holistic practitioner will want to be aware that holistic practice may involve applying universal ethical principles to new practice contexts. Recognising how a universal ethical principle—such as that treatment be evidence-based—is relevant to new practice contexts is an important part of developing deeper ethical awareness. This is a truism of learning generally: a generic knowledge or skill can only be internalised and reproduced in daily practice when it has been applied to enough diverse contexts to make it deeply understood.

**ETHICAL GUIDELINES**

1. The *values and laws* on which the practitioner should build holistic practices are:
   1.1 compassion
   1.2 mutual trust
   1.3 respect for the patient’s integrity
   1.4 human rights
   1.5 truth and justice to the patient and society
   1.6 national laws
   1.7 informed consent
   1.8 confidentiality.

2. In *delivering healthcare*, the practitioner should:
   2.1 give information regarding the purpose, content, duration, cost of treatment and complaint rules
   2.2 build the practice on evidence
   2.3 use methods that are validated
   2.4 use methods one can master
   2.5 use methods that do not harm
   2.6 place concern for the patient as paramount when trying out methods
   2.7 keep records (10 years) that patients can read
   2.8 conduct research, develop and test new methods of diagnosis and treatment to high standards of quality research practice
   2.9 monitor and evaluate results
   2.10 use one’s resources fairly
   2.11 where possible, develop the tool (oneself).

3. The practitioner’s *relationship to colleagues* should:
   3.1 be respectful
   3.2 involve raising misconduct by other practitioners directly with them in a caring way; secondly with authorities
3.3 not express criticism of colleagues in front of patients
3.4 be transparent, sharing, and open, assuming informed consent in patient matters
3.5 not involve inappropriate interference in, or prevention of, treatment given by others.

4. In relations with patients, the practitioner must not:
   4.1 disrespect the patient’s right to choose (treatment, life or death)
   4.2 assist actively in ending life
   4.3 exploit or manipulate the patient economically, philosophically, religiously, sexually or in any other way (the consent of the patient does not free the practitioner from this duty)
   4.4 engage in a sexual relationship with the patient
   4.5 promise to cure the patient, or hinder the patient receiving help from others.

The first part of the guidelines focuses on broad values and laws that should govern holistic practice. The emphasis upon compassion suggests the way in which holistic care involves practitioner empathy for the patient, which is critical to an engagement with the whole patient. The second part of the guidelines emphasises that holistic practice is accountable, evidence-based, and rigorously developed. The third part of the guidelines emphasises high standards in collegial interactions in ways that serve the interests of rigorous and accountable healthcare services. The last and fourth part of the guidelines emphasise what the practitioner should not do in interactions with patients, consistent with other parts of the guidelines. Considered as a whole, these guidelines suggest that if holistic practice involves the integration of mainstream approaches and CAM to deliver whole-of-patient health care, such healthcare is not exempt from the high standards of rigour, accountability, transparency, and duty of care expected of practitioners everywhere. For example, when tailoring treatments from different disciplines to meet complex healthcare needs, the practitioner must be able to point at the evidence that informs decision-making about the appropriate treatments.

ETHICS AND QUALITY OF CARE

Ethical healthcare practices and quality healthcare practices are related but different aspects of healthcare delivery. The personal ethics of the practitioner set the pre-conditions for quality healthcare at the micro-level of provider and patient; the quality of the care systems sets the macro pre-conditions for provider-patient interactions. Provider practices that are ethical are also practices that aim for high quality. Holistic healthcare should aim to deliver services with the same quality aims as those set by the World Health Organisation (WHO), which have also been adopted by many countries in the world. The diagram below comes from the Norwegian National Strategy for Quality Improvement of Health and Social Services Norwegian National Strategy (11). It shows, in a picture, the ways in which service quality involves many ethical matters to do with safety, equity, accessibility, and user influence.
CONCLUSIONS

In contrast to some representations of alternative therapeutic approaches as not involving, for example, a reliance on evidence-based approaches (12Kottow, 1992), the foregoing suggests that many of the principles and guidelines that apply to mainstream medicine apply to holistic healthcare. Expectations of quality and safety also apply.

At the same time, in this paper, we do not give a simple ‘yes’ or ‘no’ answer to the question of whether ethical frameworks that apply to narrow bio-medical healthcare approaches apply to holistic healthcare. The health ethics literature suggests that one error to avoid in developing ethical statements is the assumption that frameworks developed for one health context can be simply applied to another (13). We take the view that holistic healthcare involves many common ethical principles and guidelines that can find new challenges of application in the multidisciplinary contexts of whole-of-patient care.

Of course, most people from vastly different contexts of care can agree upon a set of common principles and guidelines if they are broad enough. The real challenges of obtaining real, in-practice agreement on ethics comes when practitioners need to make sound decisions about a familiar principle in an unfamiliar context. The meaning of ethics in holistic practice requires an effort of understanding precisely because holistic care opens up new contexts for the application of familiar ethical principles and guidelines. Thus, the restatement of familiar ethical principles and guidelines in ways that are nuanced to the contexts of holistic healthcare is important to developing understandings of how the former applies to the new contexts. This is the task that ISHH is engaged in as it develops these working principles and guidelines. Our work challenges healthcare educators to design undergraduate and continuing professional development courses that provide learners with opportunities to understand how familiar ethics principles and guidelines apply across diverse healthcare contexts.

We believe that our work also extends a special challenge to holistic healthcare providers who want to address all aspects of the patient’s life: to apply the ethical standards to all aspects of one’s own life. Only then will we truly be able to live and work as we preach.
And only then will we be able to touch the spirit, mind, and body of the patient in a way that allows healing to take place.

REFERENCES