Exploring This Issue: Whole-Person, Whole-Systems Health and Healing

En esta publicación: Persona completa, sistemas de salud y curación completos

Robert Saper, MD, MPH

This issue of *Global Advances in Health and Medicine (GAHM)* presents a diversity of topics relevant to whole-person, whole-systems health and healing.

In one of this issue’s original articles, Hathaway et al performed a retrospective analysis of the University of Cincinnati’s neonatal integrative therapy services. Hospitalized infants in the neonatal intensive care unit were treated with gentle massage and/or healing touch, with improvement in pain ratings and physiological stress measures such as heart rate. This real-world analysis adds to a growing evidence base for the benefits of implementing infant massage into healthcare settings.

Tai chi’s effectiveness for improving balance and decreasing falls in frail elderly is well documented. Hospitalized patients who felt they had no control over healthcare decisions had significantly lower rates of cardiac catheterization as a lens to examine this. Decision-making between patient and provider occurs on a continuum ranging from highly autonomous patients taking strong leadership in the direction of their care to the provider making decisions without seeking input from the patient. A process of shared decision-making between patient, family members, and care providers is an important aspect of whole-person healthcare. Using the decision to have cardiac catheterization as a lens to examine this, Mitchell et al found that US Veterans Affairs patients who felt they had no control over healthcare decisions had significantly lower rates of cardiac catheterization. Strategies are needed at the health-system level to better enable patients to have input on the healthcare they desire. Similarly, the education and work environments for providers must be transformed so that eliciting patients’ preferences, values, and goals of care become the standard of care.

In every issue of *GAHM*, we feature a case report. Drs Shubov and Taw of the UCLA Center for East-West Medicine describe a successful integrative approach utilizing traditional Chinese medicine (acupuncture and *Tui Na* massage) for a patient with very challenging disorders to treat, namely, constipation related to a history of spinal cord injury from cauda equine syndrome as well as dyspepsia.

*GAHM* continues to benefit from the insight of several outstanding columnists. In this issue, John Weeks’ regular column highlights the well-established, but less well-appreciated, fact that clinical care can and does influence only 10% to 15% of health and disease outcomes. Factors outside the sphere of influence of the clinician (ie, social determinants of health such as socioeconomic status) account for the vast majority of outcomes. However, our medical education systems are poorly equipped to train professionals to tackle the factors that influence so much of health and disease. Weeks advocates for a transformation of our health systems: No longer can we afford to “tinker around the edges.”
In Marilyn DeLuca’s column on global policy perspectives, she encourages us to “think young.” Youths aged 12 to 24 years make up 28% of the global population. However, in many ways they are marginalized, which can carry a high cost to society. Youths often lack representation in governing bodies, are vulnerable to exploitation, have unique health risks, and are relatively understudied in population research and therefore “uncounted.” Dr DeLuca makes an eloquent case for why we need to “think young.”

The regular column “Scanning the Global Literature” highlights important and novel papers on testing different targeting strategies to leverage social networks for public health interventions, the role of massage therapists in urban Canadian hospitals, impact of mindfulness meditation on sleep quality, self-care strategies for psychological distress among young adults in Catalonia, changes in molecular measures of cancer risk after only very brief changes in diet, and lastly, reduction in proinflammatory markers in breast cancer survivors after tai chi practice. As always, GAHMJ’s editors offer their commentary on these topics.

Also in this issue, the Global Landscape column offers updates and news from 5 different organizations and associations related to whole-person, whole-systems health and healing: the Academic Consortium for Integrative Medicine and Health, the Academic Consortium for Complementary and Alternative Health Care, the Academy of Integrative Health and Medicine, the American Public Health Association, and the Integrative Health Policy Consortium.

Rounding out the July issue is another regular feature, “Images of Healing.” Katherine Gergen Barnett’s poem, A Game of Cards, reminds us of the mutual healing power of the relationship between clinician and patient, even as death nears. Lastly, take a few moments to gaze at and reflect on Craig Blacklock’s photograph, Sunrise, Chatterton Falls, Quetico Provincial Park. For me, it triggers a sense of awe to the beauty of the world in which we live.

Thank you for your continued support of and enthusiasm about the journal and the GAHMJ website (www.gahmj.com). Your inquiries, submissions, comments, and suggestions as we build the Global Advances in Health and Medicine community are always welcome.

REFERENCES
1. Vickers A, Olsson A, Lacy J, Horsley A. Massage for promoting growth and development of preterm and/or low birth-weight infants. [update of Cochrane Database Syst Rev 2002;(2)CD003936; PMID: 12796515].
2. Hathaway EE, Laiberto CM, Bogenschutz LH, Geiss S, Watson BS, Cotton S. Integrative care therapies and physiological and pain-related outcomes in hospitalized infants. Global Adv Health Med. 2015;4(4):16-21.
3. Li F, Harmer P, Fisher KJ et al. Tai Chi and fall reductions in older adults: a randomized controlled trial. J Gerontol A Biol Sci Med Sci 2009;64:187-94.
4. Walsh JN, Manor B, Hausdorff J, et al. Impact of short- and long-term tai chi mind-body exercise training on cognitive function in healthy adults: results from a hybrid observational study and randomized trial. Global Adv Health Med. 2015;4(4):37-48.
5. Steer R, de Jong AB, Hofstee RL, Schipperoot Prenger HR, Reneman MF. Does mindfulness improve after heart coherence training in patients with chronic musculoskeletal pain and healthy subjects? A pilot study. Global Adv Health Med. 2015;4(4):38-48.
6. Yang J, Farioli A, Korre M, Kales SN. Dietary preferences and nutritional information needs among career firefighters in the United States. Global Adv Health Med. 2015;4(4):16-21.
7. Mitchell SE, Paasche-Orlow MK, Omer N, Stewart SK, Kressin NR. Patient decision control and the use of cardiac catheterization. Global Adv Health Med. 2015;4(4):24-31.
8. Shubov A, Taw L. Treatment of posttraumatic abdominal autonomic neuropathy manifesting as functional dyspepsia and chronic constipation: an integrative East-West approach. Global Adv Health Med. 2015;4(4):55-60.
9. Weeks J. The end of tinkering: international academic group explores transformational needs in health professional education. Global Adv Health Med. 2015;4(4):57-60.
10. DeLuca M. Why we need to think young. Global Adv Health Med. 2015;4(4):8-10.