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# Essentials of Integrative Health Care: Fundamental Principles for *Caring & Healing*

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**I**ntegrative healthcare is defined in a variety of ways and implemented in diverse settings and various organizational structures. Merriam-Webster's online dictionary (2013) defines integrative medicine as “medicine that integrates the therapies of alternative medicine with those practiced by mainstream medical practitioners.” This is a basic and limited definition, yet one that is still widely accepted.

Various models have been used in integrative health care. These models range from physicians in private practice who offer acupuncture and energy work for their patients to free-standing institutions that offer a full complement of CAM practitioners along with conventional practitioners. Some integrative practices function under the same roof, while others use referrals to off-site practitioners.

The first hospitals, clinics and healthcare providers to offer “integrative care” provided services such as massage, subtle energy therapies, acupuncture and aromatherapy, to name a

few, to patients who specifically requested them. While this approach was more anecdotal than integrative, these healing practices provided patients with valuable services.

There is a movement afoot, however, that is expanding the definition of integrative care to include concepts of holism, healing and wellness. Interestingly, the definitions used by some medical integrative programs and organizations are very similar to the underlying principles of holistic nursing and the focus of the AHNA (see sidebar on p. 6). The emphasis on whole-person care, therapeutic partnerships, promotion of healing and wellness, and the integration of allopathic and complementary caring-healing modalities are concepts that are shared by some of the most established integrative medicine programs and holistic nursing alike.

## **Essential Components of Integrative Care**

Implementing a more comprehensive approach to integrative

care that includes holism, healing and wellness is essential for meeting the challenges faced in our current healthcare system. Some of the essential components include:

- Caring for the whole person
- Optimal healing and wellness
- Integration of healing practices and whole systems of medicine informed by evidence
- Collaboration and coordination of care
- Therapeutic partnerships

Following is a short summary of these foundational concepts. This overview is intended to serve as a brief introduction to acquaint you with the basic elements that can be found within emerging integrative models of care.

### Caring for the Whole Person

Caring for the whole person, which is foundational to integrative medicine, has defined the practice of holistic nursing since its inception. Holistic nursing is defined as “all nursing practice that has healing the whole person as its goal” (AHNA & ANA, 2013, p.1). Essential to integrative and holistic care is understanding the interrelatedness of the mental, emotional, spiritual, physical and relational aspects of a person as well as recognizing the inseparability of these aspects from cultural and environmental influences. Such a perspective is important in dealing effectively with the rise of chronic illnesses and understanding the importance of a multidimensional and interprofessional approach to care.

Research in psychoneuroimmunology and its allied fields, including behavioral medicine, neuroimmunomodulation, and psychoneuroendocrinology have demonstrated that our thoughts and feelings enact changes in nearly every cell and organ system of the body. The neuropeptide network provides the physiological basis for observations that conscious and unconscious feelings are root factors in health and healing (Pert, Dreher, & Ruff, 2005). This is just one branch of science that has confirmed the interconnectedness of various aspects of our being and validates the importance of whole-person care.

We are still in the infancy of delivering care that truly considers the whole person. Health care has yet to fully embrace the concept that everything is energy—that we are fields of energy open and infinite in nature. This will require evolving our perceptions and developing different ways of “seeing” facilitated by new technology and the integration of healing practices that will help us detect, visualize and bring into alignment the subtle energy fields of people and their environments.

### Optimal Healing and Wellness

The World Health Organization (2005) has estimated that if the major risk factors for chronic disease were eliminated, at least 80 percent of all heart disease, stroke and type 2 diabetes

would be prevented, as would more than 40 percent of cancer cases. Not smoking, eating a balanced diet consisting of whole foods, and exercising regularly are lifestyle changes that, if implemented, could dramatically reduce the incidence of chronic disease. Likewise, engaging in healthy relationships and managing stress can enhance the immune system and prevent illness. Helping people make lifestyle modifications to reach optimal wellness is an essential component of integrative health care.

In health care, we have been so preoccupied by the disease model that we take little time to imagine how optimal healing and wellness manifest. Optimal wellness occurs when we have integrated our highest potential into every aspect of our lives: mental, emotional, physical and social/relational. For example, manifestations of optimal emotional wellness include:

- Acceptance of self, others, and nature
- Ability to give and receive love from self and others
- Ability to express one’s own truth
- Ability to have deep feelings of identification, sympathy and affection for others
- Appreciation and gratefulness for basic pleasures of life. (Gold & Thornton, 2000, p. E-1)

Optimal healing and wellness is a lifelong journey that involves living consciously, valuing who we are, appreciating the preciousness of our existence, and treating ourselves with loving-kindness.

### Integration of Healing Practices and Whole Systems of Medicine Informed by Evidence

There are a wide variety of therapies, modalities and practices not included in Western medicine that are useful in promoting health and healing. These practices are collectively referred to as CAM (complementary and alternative medicine). Following are five categories in which these healing therapies can be classified:

- **Botanicals and natural products:** Includes natural products such as herbs, vitamins and mineral supplements, and a variety of herbal and diet therapies.
- **Mind-body-spirit interventions:** Includes meditation, relaxation, imagery, visualization, hypnosis, yoga, tai chi, prayer, art, music, dance therapies, cognitive-behavioral therapy, biofeedback, therapeutic counseling, aromatherapy and stress management.
- **Manipulative and body-based therapies:** Includes chiropractic, massage, osteopathy, reflexology, Alexander technique, and craniosacral therapy.
- **Energy therapies:** Includes Reiki, Therapeutic Touch, Healing Touch, acupuncture, Qigong, Jyorei, Jin Shin Jyutsu, Pranic healing, light and magnet therapies.

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## Definitions of Integrative Medicine

Following are definitions of Integrative Medicine (IM) from a sampling of integrative medical programs/organizations. The underlying principles in each of these definitions are very similar to the underlying principles of holistic nursing and the focus of AHNA.

- 1) *Integrative Medicine* is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing (definition developed and adopted by The Consortium, May 2004, Edited May 2005, May 2009 and November 2009).

**Source:** The Consortium of Academic Health Centers for Integrative Medicine. Definition of integrative medicine. Retrieved July 26, 2013 from <http://www.imconsortium.org/about/home.html>

- 2) *Integrative Medicine* is a new approach to medical care that brings patient and practitioner together in a dynamic partnership dedicated to optimizing the patient's health and healing. This approach focuses on the whole person, recognizing that the subtle interactions of mind, body, spirit and community have a direct impact on vitality and well-being.

**Source:** Duke Integrative Medicine. What is integrative medicine? Retrieved July 26, 2013 from <http://www.dukeintegrativemedicine.org/about-us/what-is-integrative-medicine>

- 3) *Integrative Medicine* is defined as healing-oriented medicine that takes account of the whole person, including all aspects of lifestyle. It emphasizes the therapeutic relationship between practitioner and patient, is informed by evidence, and makes use of all appropriate therapies.

**Source:** Arizona Center for Integrative Medicine. What is integrative medicine? Retrieved July 26, 2013 from <http://integrativemedicine.arizona.edu/about/definition.html>

- **Whole medical systems:** Includes Traditional Chinese Medicine (TCM), Ayurveda, osteopathy, homeopathy, naturopathy, and Native American, Latin American and African indigenous practices.

(Note: The preceding list represents a sampling of CAM therapies and does not include the full range of diverse practices.)

Medical systems that treat the whole person—such as

traditional Chinese medicine, Ayurvedic medicine, naturopathy, homeopathy and osteopathy—have valuable contributions to make to our healthcare system. They focus on prevention, patient empowerment, healthy lifestyles, and the rare utilization of high-cost interventions. This positions them to provide affordable and sustainable care, and help shift health care toward a paradigm of health, healing and wellness.

In the last several decades, a growing number of research studies and evidence-based knowledge have surfaced in support of the efficacy of CAM therapies for improving health and well-being. There has been difficulty, however, in designing research that meets the mindset of modern science and RCT protocol. Multifaceted, whole-person concepts such as healing and wellness are difficult to quantify within the context of a linear framework. Engebretson (2003) reminds us that “the complex multidimensional and holistic nature of the construct health does not reduce to any simple outcome” (p.207). New ways of designing research and an openness to new paradigms are important to advance the integration of healing practices. Perhaps it is time to shift from a mantra of “evidence-based practice” to one of “practice-based evidence” (D. W. Wardell, personal communication, November 6, 2004).

The importance of designing different research methodologies to study CAM practices is further supported by Tiller (2009) who postulates that there are two unique manifestations of physical reality—the “coupled” and “uncoupled” states. He explains:

Traditional medicine's mindset and working arena is the uncoupled state of physical reality. CAM's working area is the coupled state....Both sets of practitioners need to become aware of the fact that data gathering strategies that work well for *uncoupled state* physics do not work well for *coupled state* physics and vice versa. (Tiller, 2009, p. 17)

## Collaboration and Coordination of Care

No one professional has all the expertise necessary to help a person with a multitude of social, psychological and physical problems. Shifting our healthcare system toward a more holistic model, involving prevention, maintenance and health promotion, requires input from a broad array of health professionals such as physicians, nurses, social workers, psychologists, dietitians, exercise physiologists, physical therapists, and alternative and complementary therapists. The Institute of Medicine (2010) reports, “As the delivery of care becomes more complex across a wide range of settings, and the need to coordinate care among multiple providers becomes ever more important, developing well-functioning teams becomes a crucial objective throughout the healthcare system” (p. 72). Barriers to collaboration include:

- lack of understanding related to what each discipline can contribute,
- mistrust of disciplines outside one's own practice,
- inability to work together in a team approach,
- territorial and reimbursement issues, and
- lack of a common model to guide practice (Thornton, 2013, p.7).

Open communication and recognizing the competency of diverse disciplines are essential to overcoming these barriers. Integrative care models can lend to collaboration by shifting the dominant culture within health care and changing the way we communicate with and honor the work of our colleagues.

### Therapeutic Partnerships: A Prerequisite for Effective Integrative Care

Therapeutic partnering is defined as a relationship between people whose common mission and purpose is to promote healing and wellness and is characterized by mutual power, respect, compassion, trust and clear communication (Thornton, 2013, p.180).

In therapeutic partnering, relationships are based on healing and equality of power. While the expertise of individuals may be different, there is no hierarchy based on education or status within the organization or community. Each member of the partnership is regarded with mutual respect, compassion, trust and appreciation. Two primary relationships are of interest when talking about therapeutic partnerships:

- the relationship between the healthcare provider and the patient, and
- the relationship between healthcare providers and practitioners of other disciplines.

### Partnering with Patients

The traditional relationship between healthcare provider and patient is not a partnership. Rather it gives more power to the healthcare provider based on education and knowledge. In the present system, people can decide what care they will or will not receive, but the underlying assumption is that the patient will comply with whatever is recommended.

Conversely, in therapeutic partnering, the patient is a partner in his/her plan of care and treatment. The healthcare

provider does not tell the patient what he/she should do, but rather uses expertise to make observations, identify patterns, and suggest options to restore or promote health and healing. The patient ultimately decides on the course of action and is in control of decisions regarding his/her own health. This engages the patient and creates accountability. Therapeutic partnering empowers the patient to take control of his/her health, which is foundational in moving toward a system of illness prevention and health promotion.

### Partnering in the Integrative Healthcare Setting

The concept of therapeutic partnering is particularly important in the integrative healthcare setting. Templeman and Robinson (2011) have identified two types of partnerships present within integrative models:

- (1) **Inequitable partnerships**—In inequitable partnerships, hierarchical relationships are dominant. Medical practitioners act as the primary care provider and CAM practitioners take on subordinate roles with a lower level of autonomy. This is the most commonly described model in the literature. Generally, the needs of the patient are not the central focus of practices that have inequitable partnerships (Templeman & Robinson, 2011). Therapeutic partnering is difficult to implement in this type of practice because the hierarchical model is antithetical to partner-based relationships.
- (2) **Equitable partnerships**—There is a correlation between patient-focused care and equitable partnerships. Organizations that put the needs and preferences of the patient above all else tend to develop equitable partnerships. Several authors have reported that being patient-focused is actually a prerequisite for an equitable partnership (Anderson, 2000; Leckridge, 2004; Peters, Chaitow, Harris, & Morrison, 2002). These partnerships adopt a more collaborative and equal power approach in decision-making, intervention and evaluation. Templeman and Robinson (2011) assert that “this mutually empowering and supporting partnership combines the best of both CAM and conventional medicine to address the particular needs of the client” (p. 87).

Patients are better served by a team that collaborates to provide the best care possible. When practitioners value and respect each other's contributions and work together from a place of heart-centered communication and trust, they create a healing environment for themselves and their clients.

As we evolve in our practices, a day will come when the labels of “CAM” and “conventional medicine” slip away, and we embrace all healing practices. This will require working together to determine which practices are effective and which are not. It will also require that we create research methodologies that are

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appropriate to the study of CAM. We must work together and replace our territorial issues with our passion to create a healthier world. Moving toward therapeutic partnerships—relationships that heal—is a step in the right direction. To do this, however, we must place the patient first!

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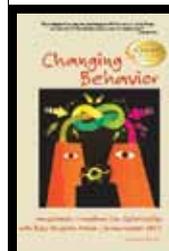
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