

# HEALTH CARE NEEDS TO BE CHANGED

At the conclusion of the third ‘Applying Functional Medicine in Clinical Practice’ (AFMCP) training module hosted by the [Institute of Functional medicine](#) (IFM) in London since 2011. With a mixture of medical doctors, nutritional and complementary healthcare practitioners, there was a sharing of deep insight in to where conventional medicine is failing and what needs to change in order to deal effectively with chronic disease. As we are all too aware, the UK National Health Service (NHS) is under strain and the care currently being provided isn’t necessarily making patients healthier or better in the long term.

The [World Economic Forum paper from 2011](#) stated “*One of the biggest threats to global economic development is chronic disease.*” This is due both to the burden of cost of treatment, as well as reduced economic output. Cardiovascular diseases and mental health conditions provide the biggest strain on the health economy.

The World Health Organization is currently formulating a plan to help reduce the amount of deaths from chronic disease by 25%, with their suggestions [containing health and lifestyle advice](#). The [NHS Constitution by-line](#), the ‘NHS belongs to us all’, states the intent to “*improve our health and wellbeing, supporting us to keep mentally and physically well*”. However, the reality is very different. A patient seeing an NHS GP is faced with short appointments, in some cases only 7 minutes, and is more likely to walk out with a prescription to deal with their symptom(s) than any approach that would treat the cause of the problem. Rather than searching for the cause of why a patient suffers frequent headaches or depression, for example, the culture is one of doling out ‘pills for every ill’. Listening to patients and developing sufficient rapport to find the root cause of their problems takes time – time that just isn’t available on the NHS. However, any long-term healthcare solutions for the wider population need to be considered in line with the NHS’ original goals and framework. So how can functional medicine work in a clinical environment and is this the answer?

One of the key take homes from the AFMCP training is that the resolution of disease is down to treating the underlying or root cause of conditions, instead of just putting a band-aid on the symptoms. [Functional medicine](#) uses a “*systems-oriented approach and engaging both patient and practitioner in a therapeutic partnership*”, to address both the patient and their condition.

[Dr Rangan Chatterjee](#), a medical doctor who still works within the NHS as well as his own private practice, shared that doctors need to “*realise that we [they] are trained in an acute care model that we’re [they’re] trying to apply to chronic conditions.*” And it just doesn’t work.

## A framework for a person-centred model

- A patient-centered approach, wholly individualised, treating the person as a whole and not just their presenting symptoms
- Understand their background and the timeline of major events in their life, both medical and emotional, which have contributed to the present state. As Dr Chatterjee

reiterates, “*rather than the focus being on identifying the disease, we should look at what was the cause, triggering factors, mediators and how did diet and lifestyle play into that.*”

- An appreciation for the mind and body connection, understanding triggering events and mediators which contribute to the long-term health effects of chronic disease
- Education — many healthcare professionals are unaware of how diet and lifestyle contribute to chronic illnesses and without this they can't educate others. Training on nutrition and physical activity needs to be a compulsory module for GPs and healthcare practitioners.
- Incorporating group sessions into clinical practice where the cause and effect relationships leading to chronic illnesses e.g. type 2 diabetes, are explained, coupled with advice on how best and most simply to incorporate positive changes. Dr Chatterjee currently employs this model in his NHS practice, spending an hour with a group of patients, which allows him to provide depth around diet and lifestyle influences for their condition. This not only empowers the patient with knowledge to make changes, but it immediately provides them with a support network in their local area. Some [preliminary research](#) has shown that “*educating patients about their condition in a group setting, complemented with one to one sessions and multifaceted interventions have all contributed to positive findings for improving adherence levels.*”
- Current medical research focuses on evidence-based medicine and as Dr Chatterjee underlines, ‘cookbook’ medicine doesn't work, as it's the person that needs to be treated and not the disease. Everyone is different, with diverse antecedents and mediators that have led them to their current life circumstance. Instead of having detailed outlines on how to treat certain diseases we need to understand what the patient is looking for, what is achievable for them and what will empower them to incorporate appropriate and necessary changes into their life. One patient may be ready to implement several complex changes, yet another may feel totally overwhelmed and need to start slowly, one step at a time.
- Detailed understanding of how environmental impacts affect health should be part of any medical curriculum. Last week we covered the [latest report on endocrine disrupting chemicals](#) and their effects on health.

A [2010 study](#), “*Placebos without Deception: A Randomized Controlled Trial in Irritable Bowel Syndrome*” clearly highlights the importance of therapeutic care. Patients, who knew they were being given a placebo, but received it from an empathetic doctor in a supportive patient-practitioner relationship, demonstrated significant improvement in their IBS symptoms. Further illustration that the solution doesn't always lie in pharmaceuticals.

## **Taking empowered steps as a patient**

- Sign our petition, [“Reclaim sovereignty over our health”](#)! And please encourage others to do so also by sharing the petition far and wide among your contacts.
- Create a partnership with your doctor, discuss how you think your illness developed, and take responsibility for what transpires. Watch [James Maskell's](#) video ‘[70% of all disease is caused by lifestyle choices](#)’
- Provide feedback to your GP if you have been ill and have benefitted from food or lifestyle changes. This information may also be relevant for the next patient they are treating.
- If you are seeing a complementary healthcare practitioner and this makes a difference to your condition, provide feedback to your GP.

- Your practitioner may be able to provide you with scientific papers to support their protocol and you could share these with your GP and assist with the expansion of education.
- Improve the range of food and spread of nutrients in your diet; the research is ever growing in this area. If you are unaware of changes to make [find a functional medicine practitioner](#) to get you started or take a look at our health empowerment website, [www.bitethesun.org](http://www.bitethesun.org) – a spin off from [ANH-Intl's Food4Health campaign](#).
- [Reduce chemicals and toxins](#) in your environment.
- [Manage stress](#) in your life and as [this study shows](#), mindful meditation affected brain and immune function.
- Finally, you may like to keep a diary to note your progress along your journey. It's good to look back on the major milestones and see how much ground you've covered.

# The True Health Care Debate

*"We need to defend our right to choose, and We need to be informed to make an informed choice, here is the uncovered real information, the Drug companies Fear you to see"*

