

We need a new vision to meet the new challenges of our times

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We face epidemic levels of chronic disease, which might be helped but won't be healed by drugs. As healthcare workers and patients, obesity, diabetes, depression and many disorders of late modernity have become our daily challenge. Yet modernity's science and technology are ill-suited to finding solutions (Hanlon and Carlisle 2012). We need a new vision.

We have searched for such shifts before in very different times. The challenges and solutions were different when the cholera epidemic in 1832 killed 3,000 in Glasgow. It took our predecessors more than 25 years, and a struggle against much opposition, to implement a change in seeing the way forward. But then Loch Katrine's clean water started to flow to the city in 1859, and when a new cholera epidemic swept Britain in 1866, Glasgow saw only 53 deaths compared with more than 4,000 in its 1848–49 epidemic.

So what would be today's equivalent shift in vision? What would transform, not merely manage, our long-term conditions epidemics? Many now consider the needed shift will be human rather than technical, relational rather than instrumental. And when it comes this shift will have to scale up from the foundational layers of self-care, via healthcare encounters and partnerships, up to whole systems, and beyond into policy and the culture itself. This vision is one we have been studying for many years in the Glasgow-based projects that constitute *The Healing Shift Enquiry* (Reilly 2001). The project (some of which is described in this issue of JHH) is charting the rich potential for the sorts of step changes and transformations in our work which begin when we supplement external interventions with a focus on enhancing the innate capacity of individuals and communities for creative change and self-healing. Such shifts – catalysed by human and relational process – would, in the long-term, mean less need for drug-based interventions.

Many of us drew lessons from CAM approaches and their more holistic perspectives. And indeed the Glasgow

enquiry in the NHS Centre for Integrative Care was seeded by earlier work in the homeopathic hospital. But we also came to see that trying to confront these epidemics with therapy-based approaches, orthodox or otherwise, would prove futile. Here then is common ground that could be explored together by those caught in an orthodox–CAM divide. Yet if creative change is to be forged in the crucible of shared human process, let's admit it – we start from a damaged place. Try this: if you have the chance to speak to an audience, ask people whether they think the human side of care is under unacceptable pressure in today's NHS. Almost every hand will go up in agreement.

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The NHS system's design and core focus are far from making the fundamental shift needed to meet the current challenge. The result is a widespread inefficient, mechanised over-activity that places resources and staff under unacceptable strain as they struggle to keep the lights on. Yet ever more voices are now contributing to a growing conversation about NHS values and sustainability, and this growing concern is reflected in the ambitions underpinning Scotland's NHS Quality Strategy: for it to be safe, effective and person-centred, backed up by relationship and compassion. It would be naively optimistic to imagine that science alone will be enough to transform complex systems – people, organisations and health cultures. Therefore we must set our sights higher: more of the same thinking and doing will not help us. We need new vision to meet the huge new challenges of our times.

Hanlon P and Carlisle S (2012). *Afternoon: What next for a healthy Scotland?* Argyll: Argyll Publishing.

Reilly D (2001). Enhancing Human Healing. *BMJ* 322 (7279) pp 120–1.