

An integrated approach to health

Carla Peeters has worked in healthcare for decades. She has held various positions, ranging from researcher at RIVM to chairman of the board of health institutions. In these roles, she looked at healthcare from completely different perspectives. Recently, things have been quiet: Carla Peeters was seriously ill. This period of illness inspired a new, integrated approach to health, in which spirituality and nutrition play an important role.!

Healthcare professionals who have become ill themselves sometimes start to see their profession in a completely new way. Recently, in the television series "Looking into the Soul," in which physicians talk about their work, former internist and neurology professor emeritus Jan van Gijn said he started to see patients differently after he had had cancer himself. According to him, the difference was in particular that he no longer underestimates the tremendous influence of illness on one's life. "It pushes you out of society." Many years later, Van Gijn still sharply recalls how lonely this feels. For example, when he thinks of the times when his wife or another loved one who had kept him company at home, left. They would go to work or an appointment while he was forced to stay at home.

Carla Peeters, who had held management positions at health institutions before she became ill five years ago, understands what Gijn means. "As a patient, the world passes you by," she says during an interview at her home in Huis ter Heide, an idyllic location in the forests of Zeist, overlooking a pasture with ponies.

"You are no longer participating in the world - being ill, you often don't have the energy to participate. And of course you no longer play any official role."

Like Van Gijn, Peeters eventually recovered. But not until after a long period in which the many doctors who examined her were unable to find the cause of her worsening symptoms. As a result, she actively tried to find the possible causes of her symptoms and ways to relieve the pain. Her experiences during that time convinced her that Dutch healthcare institutions can give patients better, more meaningful care if they would combine the usual treatments based on modern Western medicine with Eastern therapies such as Ayurveda and acupuncture.

West meets East

On her website www.goodcarefeelsbetter.com she explains what elements should, in her view be included in such a West meets East approach,

which she calls personalised integrated care. The approach includes a different diet and lifestyle, healing herbs, massage, music, meditation and yoga. What is important here is, in her view, that the care giver accurately adjusts these elements to the constitution and symptoms of the patient in accordance with the holistic, medical rules and ideas of the lifestyle based on Ayurveda, the medicine method originating from India. Ayurveda offers a great deal of basic knowledge that can be useful in preventing all kinds of chronic diseases common in the West. According to Peeters, some of them can even stabilise and reduce the complaints - depending on the stage of the disease. "Perhaps I will be judged for saying this, but there are more options than just the modern Western approach. And so far, Western medicine has not been able to provide a solution for chronic diseases, although this is sorely needed, because more and more people suffer from them." In 1977, the World Health Organisation (WHO) acknowledged Ayurveda as an approved therapy, commenting that it often provides solutions where Western medicine stops, according to the website of the General Dutch Association of Ayurvedic Medicine. At the start of this century, this was followed by a report with recommendations from the WHO on how Ayurveda could be integrated in modern Western medicine. Yet since then, hardly any scientific research on the impact and usefulness of Ayurveda has been conducted in the Netherlands. Peeters would like to change this, partly as a result of her own experiences with Ayurveda. To this end, she has recently established a partnership with a German clinic linked to a university for integrated medicine, and a scientific institute in India. They will jointly research the effect of nutrition based on Ayurveda on certain disease symptoms.

Sufficient nutrients

Peeters is reluctant to discuss the precise structure and nature of the two studies at this early stage. Why so secretive? "I have no formal position at a scientific institute anymore like before at

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the RIVM, where I worked on the development of a vaccine against meningitis and pneumonia as a researcher and project leader," she explains further. "And neither am I currently working as a director of a care facility. That makes me vulnerable. In addition, subsidy applications are still pending." If she won the state lottery or was given a bag of money, she would immediately set up a third study. "If had the financial resources, I would admit a group of 20 people, who suffer from a lot of pain, in a special residential care facility for two years and see if their symptoms are reduced when they eat freshly prepared meals tailored to their condition and constitution."

Currently, care institutions have too little regard for what food their residents need and they do not check if they get enough nutrients. "Choosing a different menu is often limited to having a bowl of applesauce with your food or not. Meanwhile, the cooking of the meals is usually outsourced to an external party, and they are reheated again on site later – or 'regenerated', as it is called. It is believed that no nutrients are lost in the process. But I doubt this, and sound scientific research is lacking. According to Peeters, long-term patients at care institutions such as the elderly in nursing homes, suffer from malnutrition as a result. "This affects not only their physical, but also their mental wellbeing. If you want a patient or resident to still be able to live a meaningful life, you first need to improve his diet." It is a subject that she is clearly passionate about: providing meaningful care to vulnerable patients who depend on professional help. And conversely, as a director, to provide such working conditions that employees remain spiritually balanced and continue to enjoy their work. "If a manager wants to achieve this, he should be prepared that unorthodox items in the programme will raise the necessary resistance by colleagues and staff," warns Peeters.

Moments of silence

For example, when she was chairperson of the board at De Zorgboog, a foundation in Brabant which includes a number of care institutions inclu-

ding a care and nursing home, she introduced one minute of silence before each staff meeting. Many colleagues found this weird and awkward. Why did Peeters do it anyway? "To give people the chance to empty their minds and let go of things they are still thinking about when they arrive. After a minute of silence, they could really focus on the meeting. "Moments of silence and standing still used to be embedded in the working day, she explains. "At the forerunners of our hospitals, the day used to start with praying and singing." This can also be spirituality: space for rituals you use to jointly start the day (or a meeting) or to reflect on an event. For example, Peeters knows a German clinic where the employees do yoga exercises together for ten minutes in the morning before they start their work. Peeters herself rehabilitated the chapel next to De Zorgboog at the time. She created a place where residents and staff could retreat. "You could light a candle or meditate or go there simply if you just needed to be by yourself for a while." It seemed the chapel fulfilled a need: there often were people sitting there, Peeters recalls. Spirituality in healthcare does not necessarily have to be something for the (highly educated) happy few who already meditate or do yoga on their own initiative - she is convinced of this. "But as a manager, you do need to lead by example and accept resistance against new ideas. Give employees time: try it for two months, let people come up with ideas themselves too, and see what happens."

¹ In the period after the interview Carla Peeters established 'COBALA Good Care Feels Better' (www.goodcarefeelsbetter.com) which guides people in improving their quality of life. Besides director of COBALA, she is a member of the Commission for Economic Policy and Healthcare of VNO-NCW.