EDITORIAL

Global Advances Toward a Whole Systems Approach

向一体化方法发展的全球进步

Avances globales hacia un planteamiento sistémico.

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When a patient with symptoms presents to a physician or other healthcare professional, the skillful practitioner notices not only where the patient is compromised but also how the patient is healthy. From ancient times through the present, this way of seeing individual patients as whole beings, as having both strengths and challenges, has been the hallmark of professional practice. And now is the time to advance patient care through a focus on whole systems approaches.

As scientists, clinicians, and leaders, we are most constructive and productive when we are self-aware. Increasing use of the term *whole systems* invites us to think more deeply about what this new term may mean for our own practices. So we invite our readers to reflect on our individual and collective understanding. For example, what is meant by “whole”? Should the patient be seen as an individual? As a member of a family? And should the patient and family be seen as members of a community? Which community or communities? When asking such questions, we realize that “whole” is a value judgment. In her book *Kitchen Table Wisdom*, Rachel Naomi Remen quoted the *Talmud*: “We do not see things as they are, we see things as we are.”¹ So “whole” can be in the eye of the beholder.

The same may be said of systems. We talk of organ systems, of family systems, of ecosystems. What is meant by “systems”? By definition, these are human creations that bring order to apparent chaos, simplicity to complexity. Our challenge as human beings is that to understand anything intellectually, we must simplify, and, in doing so, we must create boundaries.

However, true systems rarely have real boundaries. The web of interconnections is far too extensive. So any boundaries we choose must be seen as social constructs that reflect value judgments.

This emphasis on harmonious interconnections within the body, with the diet, with the soil, with seasons, and with the family, community, and universe is easily seen in culturally and geographically based whole systems healing traditions from the East, such as Ayurveda and traditional Chinese medicine, but also those from the West, such as anthroposophic medicine.

These whole systems approaches reflect values and boundaries that challenge contemporary healthcare’s majority culture. Recognizing this, one might say that we collectively have much to learn from the world’s many healing traditions. So we need to ask ourselves: do we subscribe to any boundaries and value

judgments that may get in the way?

In fact, what are the value judgments that may make a “whole systems approach” to health and healing so enticing? Do we mean a preference for inclusion rather than exclusion, for holism rather than reductionism? Perhaps yes, but, almost certainly the growing interest in whole systems at this time in history comes from our newly acquired understanding that the challenges of infectious epidemics, chronic illness, drug addiction, and successful aging go far beyond what our current healthcare “systems” can address.

As first articulated by Donella Meadows, “The right boundary for thinking about a problem rarely coincides with the boundary of an academic discipline, or with a political boundary.”²

As we write this (August 11, 2014), the World Health Organization (WHO) has proclaimed the West African Ebola virus epidemic to be of great global concern:

*The outbreak of Ebola virus disease in West Africa continues to evolve in alarming ways, with no immediate end in sight. Many barriers stand in the way of rapid containment. The most severely affected countries, Guinea, Liberia, and Sierra Leone, have only recently returned to political stability following years of civil war and conflict, which left health systems largely destroyed or severely disabled.*³

Resolving this global health crisis will certainly require transcending the boundaries represented by traditional academic disciplines in addition to political and geographic boundaries. But this approach will be true for all current and future challenges and crises. Increasingly complex crises mean that resolutions will require new ways of thinking, including the capacity to ask new questions and to develop new approaches.

For this, we need both the disciplinary focus found in reductionistic science and a more whole systems approach that honors interconnectedness.

The advent of rigorous reductionistic science and academic specialization has served us well and led to incredible advances in the treatment of even the most challenging diseases. But the cost has been to move us away from the wisdom found in whole systems approaches.

Through history up until now, almost all of Western science has been governed by accepted models in the various disciplines, directing how subjects

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were to be understood, studied, further developed, and practiced. Education and training consisted of introducing students to the existing paradigm and its acceptable subjects, tools, techniques, vocabulary, and values, which were accepted as givens. Certainly, the paradigms continually evolved and were elaborated upon and modified by new discoveries from experiments carried out conventionally in each field, but these were minor adjustments and refinements of details. This means that Western science and medicine are both healthy and compromised.

But these traditional approaches to teaching, conducting research, and treating patients are giving way to new approaches that are grounded in more of a whole systems approach. Now is the time to augment this trend. *Global Advances in Health and Medicine* seeks to be at the forefront of this movement.

Global Advances in Health and Medicine was founded to assist and promote the growing and evolving global synthesis of ideas, models, and research to foster whole systems thinking and approaches. We seek to bring rigorous and original systems research to a worldwide audience and greater visibility to those who are reworking boundaries or working across traditional boundaries.

Global Advances in Health and Medicine is committed to being:

1. Systems-focused: Our approach will transcend academic or professional disciplines.
2. Global: Our reach will bridge geographic and political boundaries.
3. Provocative: Our content will include both original research and rigorous case studies that open up new ways of thinking.

Our commitment is that *Global Advances in Health and Medicine* will be a forum for innovative communication and dialogue and new ideas for and from our readers. We pledge to open up new conversations and to cultivate a greater capacity for innovation. Our aim is to encourage new perspectives, insights, and collaborations. Our mission is to aid and promote the growing and evolving worldwide synthesis of ideas.

We continue to invite your best contributions and engage with us in this exciting transformative time in the history of healthcare.

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