

TREATING THE PERSON - NOT JUST THE DISEASE

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Thank-you, Tara, for joining us to talk about: Treating the person, not just the disease.

Before we delve in, can you please share with us, what is your background?

Certainly and thanks for having me. My first degree is as a Pharmacist and I also hold a Masters Degree with the College of Medicine with a special focus on metabolic and nutritional medicine. I also have an Advanced Fellowship in Regenerative Functional Medicine.

To summarize what this entails, I like to call it ‘treating the person, not just the disease’ and also ‘treating the underlying causes - the root causes - not just masking symptoms’.

I founded my practice Vitality Integrative Medicine, based here in Winnipeg, to focus on this personalized and comprehensive approach. I found there was a tremendous unmet need for people to be able to share their concerns and observations thoroughly, for clinicians to take the time needed to truly listen and understand, then tailor action plans and optimize outcomes by helping closely along the way.

We’ve heard the term integrative medicine before. How would you define it?

To summarize, Integrative Medicine ultimately means combining the scientific understanding of both conventional (e.g. prescription) and complementary therapies (e.g. nutrition, stress reduction and lifestyle). It is not in one camp or the other, but the best of both.

Our goal has been to help patients with this personalized and comprehensive approach, empowering people to understand their health and ensure their voices are heard.

To do so, we start by conducting an in-depth review that usually takes two hours or more and then continue to follow-up and monitor progress regularly.

We then work together in collaboration with other members of their healthcare team helping them to navigate and make the most out of the healthcare system too, always striving to put the patient first, on a foundation of patient-centred care.

Thank you so much for sharing that background. What really is patient-centred care?

Well, patient-centred care is a term often used liberally by healthcare professionals, though I prefer the term

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person-centred care, which reminds us to look at each patient as a whole person, expanding on the World Health Organization's definition of health as the sum of physical, mental and social and spiritual wellbeing, not merely the absence of disease or symptoms.

So this includes how the clinician views the patient, and even how the patient views themselves. I encourage people not to define themselves by any one diagnosis, or disease, or label, or number on a test or a scale, as they are so much more than that and deserve to be treated as such.

Beyond this, person-centred care also takes into account each individual's understanding of their health, their unique personal health goals and ensuring they have a valuable say in their therapies.

This all sounds valuable, but often isn't the experience people describe in the healthcare system. What are the top challenges to delivering this person-centred care?

Yes, we often hear from people who feel left behind or lost in the healthcare system, unfortunately. They may feel rushed at routine appointments, or may be waiting months to see specialists. They may have seen many practitioners, tried multiple therapies - but never had meaningful results. During our seminar, we covered five main challenges to person-centred care:

Some of this stems from disease-management training, where clinicians are trained to focus on one diagnosis or condition, and although this serves some purpose, it often leaves people without integrated care, feeling shunted from one specialist to the other without anyone taking the time to understand how some of the health issues are inter-related.

The drug focus is another barrier, and I will often see a drug prescribed for a certain indication, which may help in some ways but cause side effects in others, and then another drug added to manage the side effects, and so-on, in a vicious cycle. Of course, medications can play a vital role when selected as the proper one(s), at the proper dose and optimal directions for each individual. We strive to collaborate with all the prescribers, and have even seen symptoms improve with less medications than originally prescribed, when the tailored choices are made.

Another hindrance is individual bias, which can arise with medical jargon used by clinicians. For example, it's not uncommon for note-taking to start with the term 'chief complaint', though the patient isn't complaining but simply sharing their health concern. Sometimes clinicians will write 'refused' treatment, if the person isn't ready to proceed with the recommendation at that time. Although it may not be intended, terms can result in a bias when the focus is on notes read before a consult, rather than taking the time to understand directly from the patients themselves.

Lastly, listening skills and interviewing skills are roadblocks to person-centred care, in a system with signs that

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may say “only one issue per visit” or where the patient feels rushed or looked down upon when asking questions, even though they may have researched extensively and have legitimate queries. After all, they have the most familiarity with their own health experience.

Wow - we hear of these situations frequently. So are there healthcare professionals that practise person-centred care?

Absolutely, and it’s always each patient’s right to share their concerns with their clinicians, and if it’s not a good fit, seek out a healthcare professional you can partner with and trust.

In fact, I believe any clinician’s most valuable tool is first a listening ear. Although it’s not a quick fix, taking the time to understand your own unique needs and be proactive can go a long way to improved health.

The time we take to listen makes us well-primed to integrate information and uncover relationships in your body that may not have been previously identified.

We also try to find ways to personalize interactions to help patients feel most comfortable.

Especially for any of our patients with chronic health challenges - and fatigue or pain such as in fibromyalgia - we have always accommodated telehealth consultations. We’re able to connect via phone and video for convenience and to help them in a timely way.

We also understand that many patients want to be as engaged and proactive as possible with supporting their overall health and wellness, and encourage asking questions.

With expertise in advocacy and navigation strategies and an understanding of all the moving pieces, we help reduce stress and develop the best health plan together.

Okay, and can you summarize the Top 5 Pillars in Treating the Person you talked about?

Although each case is unique, considering these areas can be most helpful in treating the person:

Prescription

Targeted Nutrients

Nutrition

Testing and Navigation

Strategies for Success

Prescriptions

We always want to ensure that each person understands their purpose, benefits, side effects and limitations behind each of their medications. Comprehensive management may also include: Medication reconciliation (especially

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helpful when being discharged from the hospital or between providers, ensuring an appropriate regimen and accurate list of all medications and over-the-counter items for route, dose, time, frequency), Medication reviews (a systematic process of assessing medication therapies, identifying medication problems, creating a plan to resolve them with patient & allied clinicians), Prescription adjustments in collaboration with the prescriber, Prescription monitoring and also Drug-induced nutrient depletions.

Targeted Nutrients

We consider personalized needs and drug-nutrient or nutrient-nutrient interactions.

Certain prescription medications can reduce beneficial nutrients that if depleted, cause more symptoms over time. For example, antibiotics can reduce our beneficial bacteria, and replacing these good flora with the proper strains in the proper timing for efficacy, at least 1h before or 2h after the antibiotic during treatment, can do well to minimize side effects now and later.

Nutrition

It is helpful to conduct a comprehensive assessment of current food intake and preferences when developing a plan to help improve health, whichever phase of health or life one is in. For example, this may include: Lists of specific foods to eat to best support individual nutrient needs, meal planning to minimize blood sugar dysregulation and energy lows, correcting myths and even choosing the right types of foods and fats to fuel the brain and minimize inflammation.

Testing and Navigation

We help our patients play a leading role in their health by helping them obtain lab copies of tests, understand expectations, explore helpful adjuncts such as pharmacogenomics or medication metabolism genes, and coaching to make the most of their appointments and reduce stress.

Strategies for Success

This can include everything from sleep quality to social and spiritual supports that impact a person's life and health. For example, patients with fibromyalgia often have decreased melatonin levels in the evening. Poor sleep hygiene itself can contribute to fibromyalgia. Paradoxically, many of the medications used to treat fibro may themselves lower melatonin, including acetaminophen, benzodiazepines and even sleep medications! So we help to identify the root causes and find personalized strategies geared toward more lasting results.

Thanks Tara. How can we reach out to you?

Thank-you and I wish readers all the best on their road to renewed health, hope and vitality!

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