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Editorial: neurophysiology, culture and the pensions crisis.

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This is an electronic version of an article published in Journal of Holistic Healthcare, 1 (3). pp. 2-3, November 2004. Journal of Holistic Healthcare is available online at:

<http://www.bhma.org/>

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Editorial

David Peters

Editor-in-chief



Neurophysiology, culture and the pensions crisis

People in developed nations are living longer than ever, and biomedical bills have skyrocketed. The cost of funding pensions has spiralled out of control too, prompting proposals to raise the retiring age to 70. Fair enough, perhaps, for those who will survive fit and well into their 80s and die with their boots on. For the me-generation (which includes your editor, a man of a certain age) square-wave death is an appealing option, but the commoner scenario is not a prospect to relish: to be old, infirm and unvalued, on a poor pension, relying on an imploding NHS that has abandoned caring as not evidence-based, but which knows ever more about keeping you alive interminably.

We have to prevent that version of the future. Yet with hyper-modern horizons in view, and the welfare state fast retreating in our rear view mirror, staying well could become a rational obsession. It has been said that in the early 21st century the UK is already a nation of individuals, each one compelled to manage the direction of his own life, advance her own abilities, while making preparations for an unpredictable future, and striving for 'the good life'. Small wonder then, that people are increasingly interested in their personal wellbeing.

Healthy, 'productive' old age – which is highly cost-effective, both medically and actuarially – would solve the state's dual funding crises. Retiring can be bad for you; elders who are active members of society have better health (and vice versa of course). Some would say that individual lifestyle is the key and that we should all get on our exercise bikes. The strange case of Cuba, however, suggests there is more to health than jogging and high-fibre muesli. The article on Cuba in this issue implies

that human lives are more than units of production and that holistic healthcare is at odds with a 'healthier than thou', 'every man for himself' culture. There is something the Cubans can teach us about sustainable healthcare based on low-tech alternatives and basic off-patent drugs, the massive use of complementary and traditional medicines and the mysterious effects of social cohesion.

Unhappiness, disempowerment and loneliness damage communities, impair lives, and eventually get into organs and cells, where they undermine the body's self-regulation and prepare the ground for chronic disease. Mike Waldron and Frank Keating remind us that having choices and being valued are crucial health determinants. Only as a society can we tackle under-privilege and deprivation before they translate into personal illness; on the other hand it would revolutionise healthcare if practitioners could demonstrate such homeostatic upset and intervene with individuals before distress converts to disease. Angela Clow and David Beales are researching ways of doing this, and in this issue they offer short reports on their progress.

Holism demands individual as well as group developments. Ironically, in an era of growing individualism, medicine finds itself charging headlong into corporate governance, evidence-based medicine and mass technology. Can personal service survive in big picture medicine? This question is central to our annual conference on December 3rd where we will be asking just what 21st century healthcare might become. Because when the chips are down – and we are all bound to be patients one day – personal care is what we will want; public health and mind-body medicine can provide bedrock for better healthcare, but the human factor and self-healing will always be medicine's supreme resources.