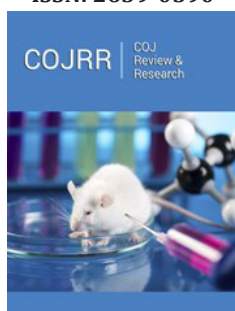


Integrative Care in General Medicine

Jose Luis Turabian*

Specialist in Family and Community Medicine, Spain

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***Corresponding author:** Jose Luis Turabian, Specialist in Family and Community Medicine, Toledo, Spain

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Opinion

Integrated care is defined as health services that are managed and delivered such that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation, and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector and, according to their needs, throughout the life course [1]. Behind this definition there are especially important concepts [2].

The aim of treatment in general medicine/family medicine is basically to achieve “integrations”; find connections and interpretations between facts, even where it seems there are none; to look for a context where to see the meaning of a concatenation of facts [3-5]. Like the artist who is capable of combining opposing colors, forms that fight each other, dissonances of all kinds, until they form a unit, or the great theorist when he gathers surprising and inconsistent facts so that we can realize their mutual interdependence; or the great statesman, the philosopher, the inventor..., or the General Practitioner (GP): they must be “integrators”; people capable of bringing separate and even opposing elements together in one unit.

We refer to the integrative therapeutic capacity that acts both seeking integration within the person, and in their external world, since both interact. The therapeutic effort is directed to the healing of the divisions, dichotomies or internal and external fragmentations of the individual in their context; to achieve healing is to achieve that the person is more unified, more integrated, becoming aware and using their relationships, resources and contexts [5].

We usually see data from only one perspective - our own. But there is a “big picture”. By “tracking” that broad vision, we maintain the importance of our point of view, without ignoring it or repressing it, but we realize that it is always possible to expand it by including the perspectives of others -other actors, other contexts-, thereby gaining synergism.

What is it that we do not know how to see? What is it that we miss? The “bird’s eye view” allows the individual to gain a better understanding of what he is looking at. From a single perspective there are always parts of an object that are hidden or dark: the vision of a forest or the mind of a person needs panoramic visions to better understand them and avoid distortions and illusions inherent in a single perspective. In addition, the “panoramic view” is useful for human relationships. Thus, it is appreciated that things are not what they appear to be from a single point of view, and what appears to one actor, is a different thing for another.

Having this panoramic vision allows us to understand how people can interpret the same event differently. Thus, a positive action arises in relation to the event in question, which promotes the interests of all the actors involved, and allows some to learn from others. It allows combining perspectives and energies: there are always points in common, points

of synergy, energy potentials in common, that if they are united between them, more can be achieved with less effort.

The panoramic vision tends to the full knowledge of the object. The more we understand the totality of the vision, the more we can tolerate the simultaneous existence and perception of consequences, oppositions and contradictions, which are products of a partial knowledge and are blurred before the knowledge of the totality.

The individual, the group, the family, the “sick” community, viewed from a panoramic point of view, can appear as an admirable, intricate, beautiful process unit. What we normally grasp as conflict, contradiction, and dissociation, can then be perceived as inevitable, necessary, and even appropriate. In other words, if said person, group, family, community can be fully understood, everything finds its proper place and it can be perceived. All conflicts and ruptures turn out to have a meaning and explanation. Even the concepts of disease and health can melt and blur their contours, when we consider the symptom as a pressure towards health, or we consider neurosis or dysfunction as the healthiest possible solution for the moment, to the problems of the individual or the family in their contexts [6].

The body has capacity structures built over time through habit. Serious illness, injury, and disability can disrupt these abilities and therefore one’s relationship with the body and with time itself. Integrative care may include restoring past abilities and/or transforming the person’s body structure or use patterns, or the external environment, to compensate [7].

When an Integrative care is adopted before a problem it is like unraveling facts and concepts that imply conflicts; this unraveling often leads to re-stating the question in a way that leaves it open to solution, to treatment. Biological systems are too complex to be fully understood by conventional experimentation (positivist,

quantitative...). Because they are not linear systems, they have properties that are not obvious from biological research. Things may appear random on one certain scale but turn out to be non-random on a different scale [8,9].

In summary, the GP must understand that efforts that focus only on the somatic to restore balance within these biological systems are not sufficient to explain, resolve, or break disease patterns. The GP has to understand that traumatic events occur in a broader context than could be assumed from a linear perspective or from a single context.

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