# medical training must prioritise holistic care to prevent patient harm, review warned



What do you want from a doctor? Compassionate care, of course, but the real priority is someone who possesses the knowledge to see you as a whole person rather than merely a collection of illnesses. This principle was starkly illustrated in a recent case involving a 78-year-old woman, a patient with an infected diabetic ulcer who had experienced a serious fall. Despite being prescribed more than 15 medications for various ailments – from depression to heart failure – her treatment was fragmented. Each medicine, tailored to a specific issue, failed to take into account her overall well-being.

The woman’s complex medication regimen, particularly the sleeping tablets which caused confusion and drowsiness, contributed to a dangerous low blood pressure condition known as postural hypotension. Consequently, when she attempted to visit the bathroom, a trip and fall led to a hospital admission—an admission necessitated not by her medical needs but by an alarming lack of community care resources. Tragically, her seven-day hospital stay did not lead to rehabilitation; instead, it left her immobile. Just three days post-discharge, she fell again, breaking her hip—a serious injury that has a significant mortality rate with 10% of patients succumbing within a month of such an incident.

This case exemplifies a systemic issue within the National Health Service (NHS): the current medical training approach often overlooks the necessity of holistic patient care in favour of specialisation. The recent conclusion of NHS England’s “call for evidence” into postgraduate medical training reflects an urgent need to reassess this paradigm. While the review, spearheaded by Chief Medical Officer Chris Whitty and National Medical Director Sir Stephen Powis, seeks to modernise the training system to better meet the complex needs of today’s patients, its focus remains alarmingly narrow, largely excluding essential aspects of undergraduate education and preventive care.

The current training model, entrenched for decades, has been slow to adapt to evolving healthcare demands. Thirty years ago, medical training was built around identifiable illnesses that doctors could efficiently refer to specialists. Today’s reality is far more complicated, with A&E departments increasingly staffed by patients grappling with multiple chronic conditions. This shift requires a workforce not just skilled in specific areas but fluent in navigating the complexities of multifaceted human health. As the NHS grapples with a burgeoning population of older adults and patients facing an array of physical and psychological challenges, the need for a more integrated approach to care has never been more pressing.

While the NHS's ten-year plan aims to emphasise prevention over treatment, there remains a disconnect. Recommendations from healthcare institutions such as The King's Fund advocate for a substantial increase in investments towards preventive measures and the integration of health and care systems to address the very social determinants that contribute to long-term health disparities. This aligns with broader calls from medical bodies, such as the Royal College of Paediatrics and Child Health, for greater resources to tackle health issues before they escalate.

Addressing this situation necessitates that doctors receive training in preventive health, equipping them with the skills to promote behaviours that improve long-term well-being. This involves understanding the interplay of lifestyle factors like nutrition and exercise, which significantly influence the trajectory of a patient's health beyond medication alone. Aspiring doctors must learn how to foster a collaborative environment that prioritises shared decision-making, empowering patients to take active roles in their health journeys.

However, the current system remains largely focused on rigid assessment methods instead of fostering adaptability; real medicine often dwells in uncertainty, requiring nuanced judgement. For instance, a doctor might face the dilemma of whether to initiate treatment for raised cholesterol in a frail older patient, weighing the potential risks against the benefits. Such scenarios highlight the crucial need for training that prepares healthcare professionals for the intricacies of real-world patient care.

There is a tangible urgency in enhancing medical training to focus on health promotion and illness prevention, addressing issues before they lead patients to the hospital—even as funding and resources for preventive health initiatives continue to be constrained. If the upcoming review doesn’t recommend profound changes, the fate of patients like the elderly woman who suffered a devastating fall will remain unaltered, underscoring a scandalous state of affairs that the health service must urgently address.

Only with comprehensive training that prepares doctors as generalists—capable of understanding how various lifestyle factors can contribute to health outcomes—can we hope to see meaningful improvements in patient care and outcomes. The well-being of the NHS and the health of the population depend on whether this review can reshape the medical training landscape to better serve society’s needs.

## Reference Map:

* Paragraph 1 – [[1]](https://www.dailymail.co.uk/health/article-14750979/My-78-year-old-patient-fell-no-choice-admit-hospital-seven-days-spent-kill-early-Shocking-dispatch-reveals-patient-know-PROFESSOR-ROB-GALLOWAY.html?ns_mchannel=rss&ns_campaign=1490&ito=1490), [[3]](https://www.kingsfund.org.uk/insights-and-analysis/long-reads/10-year-health-plan-recommendations)
* Paragraph 2 – [[1]](https://www.dailymail.co.uk/health/article-14750979/My-78-year-old-patient-fell-no-choice-admit-hospital-seven-days-spent-kill-early-Shocking-dispatch-reveals-patient-know-PROFESSOR-ROB-GALLOWAY.html?ns_mchannel=rss&ns_campaign=1490&ito=1490), [[2]](https://www.england.nhs.uk/postgraduate-medical-training-review/)
* Paragraph 3 – [[3]](https://www.kingsfund.org.uk/insights-and-analysis/long-reads/10-year-health-plan-recommendations), [[4]](https://www.rcpch.ac.uk/key-topics/nhs-ten-year-plan/preventing-sickness-shift-briefing)
* Paragraph 4 – [[5]](https://www.nhsconfed.org/publications/report-unlocking-prevention-integrated-care-systems)
* Paragraph 5 – [[6]](https://www.pslhub.org/learn/organisations-linked-to-patient-safety-uk-and-beyond/government-and-alb-direction-and-guidance/nhs-england/nhs-long-term-workforce-plan-30-june-2023-r9680), [[7]](https://www.theguardian.com/politics/2023/jun/30/plans-to-shorten-medical-training-put-quality-of-nhs-care-at-risk-doctors-say)

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## Bibliography

1. <https://www.dailymail.co.uk/health/article-14750979/My-78-year-old-patient-fell-no-choice-admit-hospital-seven-days-spent-kill-early-Shocking-dispatch-reveals-patient-know-PROFESSOR-ROB-GALLOWAY.html?ns_mchannel=rss&ns_campaign=1490&ito=1490> - Please view link - unable to able to access data
2. <https://www.england.nhs.uk/postgraduate-medical-training-review/> - NHS England is conducting a nationwide review of postgraduate medical training, led by National Medical Director Professor Sir Stephen Powis and Chief Medical Officer Professor Sir Chris Whitty. The initiative aims to enhance the quality and relevance of training for resident doctors, ensuring it aligns with the evolving needs of the NHS and the patients it serves. The review involves extensive engagement with doctors, educators, patients, and NHS leaders to gather diverse perspectives and inform future training strategies.
3. <https://www.kingsfund.org.uk/insights-and-analysis/long-reads/10-year-health-plan-recommendations> - The King's Fund outlines recommendations for a 10-year health plan focusing on a shift from treating illness to preventing it. Emphasising the importance of preventive healthcare, the plan advocates for increased investment in prevention services, integration of health and care systems, and addressing social determinants of health. The goal is to create a sustainable NHS that prioritises health promotion and disease prevention to improve overall population health and reduce long-term healthcare costs.
4. <https://www.rcpch.ac.uk/key-topics/nhs-ten-year-plan/preventing-sickness-shift-briefing> - The Royal College of Paediatrics and Child Health (RCPCH) supports the NHS's 10-year plan to focus on preventing illness rather than solely treating it. The briefing highlights the challenges in early illness detection and addressing the root causes of ill health. It recommends investing in the child health workforce, expanding prevention services, and developing a sustainable NHS to improve child health outcomes and alleviate pressure on health and care services.
5. <https://www.nhsconfed.org/publications/report-unlocking-prevention-integrated-care-systems> - The NHS Confederation, in collaboration with academic institutions, explores the barriers and enablers to implementing preventive health within Integrated Care Systems (ICSs). The report identifies challenges such as regulatory hurdles and inadequate support that impede the adoption of preventive measures. It provides guidance to local leaders on overcoming these obstacles and highlights the importance of a preventive approach to improve health outcomes and reduce demand on traditional healthcare services.
6. <https://www.pslhub.org/learn/organisations-linked-to-patient-safety-uk-and-beyond/government-and-alb-direction-and-guidance/nhs-england/nhs-long-term-workforce-plan-30-june-2023-r9680> - NHS England's Long Term Workforce Plan, published on 30 June 2023, outlines strategies to address staffing challenges and improve patient care. The plan includes doubling the number of medical school training places to 15,000 annually by 2031/32, aiming to increase the healthcare workforce and address geographical inequities. It also focuses on retaining existing staff, integrating new technologies, and implementing the largest recruitment drive in the history of the health service.
7. <https://www.theguardian.com/politics/2023/jun/30/plans-to-shorten-medical-training-put-quality-of-nhs-care-at-risk-doctors-say> - Medical unions have expressed concerns that government proposals to shorten medical training could compromise the quality of doctors entering the NHS and the care patients receive. Plans to reduce medical school duration from five to four years and introduce apprenticeships may dilute training, potentially impacting patient care. The British Medical Association and Hospital Consultants and Specialists Association warn that such changes could lead to a reduction in the depth of learning for students and affect the calibre of medical recruits.