

Note: The following principles statements were gathered by Pamela Snider, ND, and John Weeks as part of the work of developing some “Design Principles for Healthcare Renewal” as part of a project which became part of the Collaboration for Healthcare Renewal Foundation.

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October 2001

TO: Reviewers

FRM: Len Wisneski, MD  
Pamela Snider, ND  
Roger Jahnke, OMD

for the Task Force on the Principles of Healthcare\*

RE: **1. DRAFT Design Principles for Healthcare Renewal**  
**2. Principles Statements of Other Healthcare Stakeholders**

In a survey of a diverse group of 105 integrative medicine industry leaders, 85% of respondents strongly (52%) or mildly (33%) agree that the emerging CAM industry “will benefit from a multi-stakeholder process of clarifying, generating endorsement for, and publicizing, a set of principles which announce a unified mission relative to the individual’s healthcare experience and the reformation of the broader delivery and payment system.”

The attached principles are a part of such a process. Please respond by contacting [Principles@thecollaboration.org](mailto:Principles@thecollaboration.org)

Thank you!

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\* The initial participants in the Task Force were Gary Sandman, Clement Bezold, PhD, Roger Jahnke, OMD, Len Wisneski, MD, Pam Snider, ND, Alan Dumoff, MSW, JD, John Weeks, Terry Schmidt, PhD (Cand.), Jery Whitworth, RN, CCP, and House Government Reform staff member Beth Clay. The Task Force, which originally grew out of the Integrative Medicine Industry Leadership Summit 2000, is associated with the Collaboration for Healthcare Renewal and operates as a center within the Institute for Alternative Futures.

# **DRAFT Design Principles of Healthcare**

*for Accelerating Personal and Health System Renewal*

Provided by: Task Force from Summit 2000

Context: All

## *Preamble*

Core principles drive the way healthcare operates and is experienced. Times of change and disturbance call us to examine, clarify and commit to renew our individual and community practices. The following set of principles emphasizes the integrative nature of optimal healthcare. Such care seeks to create health by engaging new and old approaches to health for the individual, system, community and environment. Integrative care is grounded in relationships, seeks sustainability, is energized by the unknown and crafted through continuous exploration of strategies for uniting the best of the world's evolving practices, outcomes and traditions.

These principles, based on the missions and visions of diverse stakeholders, are an initial expression of an effort to create a unifying view of a renewed system for healthcare delivery and payment. These principles are meant not as ideals, but as working tools of design, application, evaluation and alignment. Those interested may send edits, comments or interest in participation to [Principles@thecollaboration.org](mailto:Principles@thecollaboration.org).

## *Spring 2001*

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The design principles for accelerating health and well-being in individuals, and in the health system, are:

1. *Honor wholeness and interconnectedness in all actions.*

Body, mind, spirit, community, and environment are an integral whole that cannot be separated into isolated parts. All are involved in healing. Healthcare interventions, regardless of their focus, affect the whole.

2. *Enhance the capacity for self-repair and healing.*

The innate capacity for healing and the individual's personal empowerment in supporting these natural processes are fundamental considerations in all healthcare decisions.

3. *Prioritize care in accordance with a hierarchy of treatment.*

Care, and the leveraging of resources to affect care, are prioritized along diagnostic and therapeutic hierarchies which begin with education and empowerment in healthy choices, then move to the least invasive approaches and escalate, as necessary, to approaches linked to increased likelihood of adverse effects or higher costs. The starting point for intervention is established through clarifying, with the individual receiving care, the risks associated with foregoing, and with undertaking, more invasive approaches. Chronology and cause are fundamental aspects of this healing order.

4. *Improve care through continuously expanding the evidence base.*

Healthcare is a combined art and science in which personal practices and clinical choices and services are continuously evaluated and improved, by practitioners, users and organizations, based on diverse evidence. Included are the desires, perceptions and outcomes experienced by the individuals at the center of care, the clinical experience and understandings of all members of a provider team, and particularly, systematically gathered evidence of experience and outcomes. More stringent evidentiary standards are associated with higher risk or more costly interventions.

5. *Embrace the fullness of diverse health care systems.*

Conventional, traditional, indigenous, complementary and alternative models of care, and their bodies of knowledge, have contributions to make to the healthcare which is culturally most appropriate and effective for individuals and communities. Best practices are discovered through exploring diverse structures for integration, including parallel, collaborative and assimilative models.

6. *Partner with patients, their families and other practitioners.*

Caregivers profoundly enhance healing and strengthen shared accountability through supporting the informed decision-making of the individuals/families/loved ones they serve, and through inclusive, respectful partnerships with other practitioners with whom they collaborate in care provision.

7. *Use illness and symptoms as opportunities for learning and growth.*

Illness represents an opportunity in which healing and balance are always possible even when curing is not. Symptoms are guides to health.

8. *Explore integration in one's own care.*

Practitioners, administrators and individuals are most effective in understanding and delivering integrative healthcare, and in embracing these design principles, when they follow these principles in their own care choices.

9. *Align resource investment with these healthcare principles.*

The renewal of our healthcare payment and delivery systems is fostered by aligning resource investment, in the personal, public, philanthropic and private sectors, with these principles. Humble willingness to work to resolve the tensions between one's personal and professional interests, and those shared interests expressed in these principles, is required of all participants. The renewed healthcare system is a partnership between an expanded commitment to the public health and a thriving industry of health creation.

10. *Respect the time required for personal and health system change.*

Interventions may be swift, but healing, habit change, and transformation take time and ongoing commitment.



NOTE: This is a DRAFT only. Neither the number nor the content of these design principles is fixed. Your ideas for changes, amendments, additional principles, better language, or a shift in emphasis, are actively solicited. The end product may look nothing like this. This draft set of principles is a living document which will be altered, re-focused and refined through community response. Those interested may contact [Principles@thecollaboration.org](mailto:Principles@thecollaboration.org)

## Attachments

The following documents were developed from a variety of sources. In some instances, they were edited to fit the one page format by John Weeks or Pamela Snider, or both. These are meant for internal use in the Summit process. If one or more of these is of particular interest to you, please contact the individual who supplied the information, or Pamela (pamela.snider@bastyr.edu) or John Weeks (pihcp@aol.com)

### Some Organizations Represented at Summit 2001

St. Joseph Health System: *Principles of Holistic Care*  
Catholic Healthcare West/Center for Integrative Medicine at O'Connor Hospital  
Catholic Healthcare Initiatives: View of Integrative Care  
Sherman Health System/Benefit Performance Associates, LLC  
Integrated Health Advocacy Program: Core Principles  
Acupuncture and Oriental Medicine Principles: The Seattle Statement  
Northwest Integrated Healthcare 2010: Principles for CAM Policy Integration  
University of Arizona: Program in Integrative Medicine  
San Diego Children's Hospital: Center for CAM Integration  
Center for Integrative Health, Medicine and Research  
American Association of Naturopathic Physicians: Principles of Practice  
Summary of the Principles of Tibetan Medicine  
THE INTEGRATOR *for the Business of Alternative Medicine*

### Other Organizations and Disciplines

Planetree Principles of Humanistic Patient-Centered Care  
Deaconess Hospital  
National Academy of Sciences: Institute of Medicine  
Pew Commission: Twenty-one Competencies for the Twenty-first Century  
American Holistic Medical Association  
American Holistic Nurses Association: Mission and Philosophy  
American Association of Naturopathic Medical Colleges: The Integration Project  
Fundamentals of Ayur-Vedic Medicine  
Midwives Alliance of North America  
Theory and Practice of Chinese Medicine  
American Osteopathic Association: Principles of Osteopathic Medicine  
Association of Chiropractic Colleges (ACC) Chiropractic Paradigm  
American Medical Association  
Oath of Hippocrates

### Theory of Practice and the "Therapeutic Hierarchy"

Family Medicine: Biopsychosocial Systems Hierarchy  
Tibetan Medical Theory  
Naturopathic Medicine: Clinical Theory  
Chiropractic Health Care: Theory  
Association of Chiropractic Colleges (ACC) Chiropractic Scope and Practice  
State of Washington: Public Health Improvement Plan

## **St. Joseph Health System: *Principles of Holistic Care***

Orange, California

Provided by Corrine Bayley

Context: Health system

1. Body, mind and spirit are an integral whole that cannot be separated into isolated parts.
2. Every intervention or interaction is holistic in its *impact* – it affects the whole person.
3. The human person has an innate capacity for self-repair and healing.
4. Relationships –among caregivers and between caregivers and patients/family/loved ones – have a profound effect on healing.
5. Patients and families/loved ones play a critical role on the healthcare team.
6. Healing is always possible, even when curing is not.
7. Staff and physicians will be effective in providing holistic care to the extent that they embrace these principles are themselves treated holistically.

## **Catholic Healthcare West/Center for Integrative Medicine at O'Connor Hospital**

### **Principles of Practices**

Catholic Healthcare West; San Jose, California

Provided by Sylver Quevedo, MD, and Deborah Quevedo, RN

Context: Health system/integrative Clinic

The members of the Center for Integrative Medicine shall endeavor to practice the following principles of holistic health care:

1. In the practice of holistic healthcare, the goal is healing the whole person, body, mind and spirit.
2. The practice of self-care and personal development is integral to holistic health care and is a continuous process. The effort to balance what one gives to self and to others is essential to achieve and maintain wholeness.
3. Professional staff shall approach health care practice with a sense of sacredness about their work. In so doing, they create and enhance the healing environment. They make it conducive to wholeness by bringing a spiritual perspective that conveys meaning and purpose in life.
4. Catholic Healthcare West core values: Dignity, Collaboration, Justice, Stewardship and Excellence shall be practiced in the Center.
5. Recognizing the uniqueness of each individual patient, the professional staff shall endeavor to render care that is consistent with the patient's preferences, interests, culture and beliefs, family background, and hopes and dreams.
6. Professional staff will practice interventions grounded in the theory of Integrative Medicine based on research and evidence where available and with a commitment to developing new knowledge, approaches, and evidence. They will use conventional scientific approaches, while simultaneously exploring new methodologies necessary to elucidate a broader paradigm of health and healing.
7. Professional staff will encourage and allow patients to take responsibility for their own self-care, providing support, education and resources to the patient. They shall be willing to give up control of information and "knowing what is best" in order to minimize co-dependence and encourage autonomy of the patient.
8. Holistic Healthcare regards both intellectual and empirical knowledge and intuitive and empathic knowledge to be important in the care of patients.
9. Professional staff is committed to the study and acceptance of other healing traditions.

Text by Deborah Quevedo, R.N.

## **Catholic Healthcare Initiatives: View of Integrative Care**

Denver, Colorado

Provided by Milt Hammerly, MD

Context: Health system

### *Philosophical basis*

The philosophical basis of integrative healthcare is comprehensive in scope, collaborative by necessity and personalized by design, drawing on the resources, skills and perspectives of a wide variety of disciplines, specialties and therapies, including complementary therapies when clinically appropriate.

- *Comprehensive*

Assesses and responds to a patient's body/mind/spirit needs.

- *Collaborative*

Recognizing the danger of operating in silos and the limitations of any one practitioner, technique, specialty or discipline, care is provided by a multidisciplinary team.

- *Personalized*

Treatments are tailored to each patient.

### *Other identified factors*

- *Patient/community empowerment and responsibility*

Integrative healthcare recognizes the important role patients play in their own health and attempts to engage patients and communities, wherever possible, to be an active part of health promotion and the healing process.

- *Rational and judicious selection of therapies*

Choices of therapeutic recommendations are made from among a continuum of interventions and guided by risk stratification as well as evidence of therapeutic safety and efficacy.

- *Not about promoting CAM*

Integrative healthcare is first and foremost about patient advocacy and not about therapy advocacy.

## **Sherman Health System/Benefit Performance Associates, LLC**

Elgin, Illinois

Provided by James Novak, vice president human resources

Context: Employee Benefits

### *Statement of Philosophy*

A philosophy of personal responsibility partnership between Sherman and its employees for the attainment of their personal financial security. A shift from the entitlement philosophy of the traditional employee benefits plan design

The restructured employee benefits of SHS seeks to:

- Provide an attractive, competitive program of benefits enabling SHS to recruit and retain employees while allowing employees flexibility in their choice of benefits to fit their lifestyle needs
- Recognize that lifestyle and personal choices are major determinants of one's future financial security
- Heighten employee's understanding of benefits and make them aware of the value of their lifestyle and behavioral choices on the cost of their benefits and their personal financial plan
- Encourage participants to enhance their financial security through good health and financial choices, planning and education
- Offer a basic level of protection to prevent staff members and their families from incurring economic hardship due to serious injury and illness, premature death, disability or old age.
- Redistribute the unallocated benefit dollar expenditures so that more employees have the opportunity to share in these monies.
- Reallocate benefits dollars from illness and disability, to wellness and productivity.

## **Integrated Health Advocacy Program: Core Principles**

Benefit Performance Associates, Naperville Illinois

Provided by Lee Murphy, Partner

Context: Employee Benefits

### *Advocacy*

An empowerment approach to health benefit participants, providers, and payors, incorporating the principles of wholism, accountability and responsibility in optimizing resource utilization for the individual and common welfare.

### *Wholism*

A necessary, working balance in which the physical, social, intellectual, psychological, spiritual, financial and environmental components of health are optimally integrated.

### *Accountability*

The owning of consequences based on informed choices and ongoing actions.

### *Responsibility*

An interdependent, shared expectation for appropriate productive responses, according to an individual's, group's or organization's ability to do so.

### *Empowerment*

Education, training, and decision support based upon reliable measurements of process efficiency, efficacy and sustainable positive outcome change.

## **Acupuncture and Oriental Medicine Principles: The Seattle Statement**

Seattle, Washington

Source: Acupuncture and Oriental Medicine Alliance

Context: Health care discipline/collaboration

Declaration of principles for people and organizations who use Acupuncture and Oriental Medicine principles in their work or lives. We believe that Acupuncture and Oriental Medicine best serves society when practiced with the following principles:

- Respect the broad diversity of Acupuncture and Oriental Medicine;
- Encourage collaboration between Acupuncture and Oriental Medicine and other individuals and groups within and outside of organized health care systems;
- Honor the legacy of Acupuncture and Oriental Medicine, its masters, artisans, and others who created and nurtured that legacy, and contemporary colleagues, collaborators and peers who carry on the legacy;
- Recognize the energetic basis and respect the dynamic, evolving nature of Acupuncture and Oriental Medicine;
- Place the healing relationship and the well-being of the individual consumer at the center of Acupuncture and Oriental Medicine practice;
- Recognize that the social, cultural, and physical environment, including race, gender, age, socioeconomic status and sexual orientation, affect the health and healing of the individual;
- Provide tools and guidance for individuals to reach their own capacity for informed choice, self healing and living fully, in the presence of health, illness or in the process of dying;
- Maintain independence of practice based on appropriate standards of education, certification and care;
- Recognize that maximum accessibility to health care is essential to individual and social well-being;
- Promote public awareness of the facets and traditions of Acupuncture and Oriental Medicine and their integration into personal, social and cultural life;
- Recognize the need for continual expansion of human understanding through research, analysis and practical experience focused on the interactions among body, mind, spirit, emotions and faith of the individual, society and nature as a whole.

## **Northwest Integrated Healthcare 2010: Principles for CAM Policy Integration**

Seattle, Washington

Source: NWHC 2010 Steering Committee

Context: Multi-stakeholder regional public-private partnership based in King County, WA

### *Mission*

To improve the health of the people of the Pacific Northwest beginning with King County, Washington State by creating an integrated system utilizing conventional and alternative health care services. This will be accomplished by engaging key stakeholders in the development and implementation of a strategic plan to promote the cost effective integration of complementary and alternative health care into health services delivery and payment systems.

### *Principles for Complementary and Alternative Medicine Policy Integration*

- CAM is about systems of healing, not isolated therapies. These systems change the way we think about and provide health care.
- This integration movement is not only about integrating CAM. It is about mutual collaboration to create a true health care system.
- Facilitate collaboration: mandate the “deeply round” table for government advisory, staffing and decision making positions, agencies and processes. Deeply engage CAM professionals at all levels.
- Research outcomes first, not isolated therapies. Redirect CAM research to 90% outcomes, field, research, and training CAM in office, clinical researchers.
- Level the playing field. Balance disparities between CAM and CM federal funding for education, services, and research.
- Strengthen accountability and standards critical for public protection by supporting activities that communicate, respect and further develop standards in emerging professions.
- There is a critical need for an appropriate nationwide regulatory environment.
- Help the CAM professions mature.
- True integration & collaboration requires joint training programs and clinical experiences. Practitioners who train together, practice together.
- Include underserved and special-needs populations.
- Reimbursement system needs careful reconsideration.
- There is a critical need for accurate information for public and professionals.
- There is a critical need for natural product quality assurance, either private or public.

Developed by NWHC 2010 White House Commission on CAM Task Force September 2000, presented as testimony at the White House Commission on CAM Town Hall Meeting, Seattle, Washington, October 30-31, 2000 by Joseph E. Pizzorno, N.D., President Emeritus, Bastyr University.

## **University of Arizona: Program in Integrative Medicine**

Tucson, Arizona

Source: University of Arizona, Program in Integrative Medicine website: [www.arizona.edu](http://www.arizona.edu)

Context: Academic medicine

### *Basic Principles of Integrative Medicine*

- A partnership between patient & practitioner in the healing process.
- Appropriate use of conventional & alternative methods to facilitate the body's innate healing response.
- Consideration of all factors that influence health, wellness & disease, including mind, spirit & community as well as body.
- A philosophy that neither rejects conventional medicine nor accepts alternative medicine uncritically.
- Recognition that good medicine should be based in good science, inquiry driven & open to new paradigms.
- Use of natural, less invasive interventions whenever possible.
- The broader concepts of promotion of health & the prevention of illness as well as the treatment of disease.
- Practitioners as models of health & healing, committed to the process of self-exploration & self-development.

## San Diego Children's Hospital: Center for CAM Integration

Context: Hospital

### *Mission*

To promote the development of a program for integrated pediatric care, education and research encompassing all therapies utilizing the principles of scientific evidence-based medicine, safety and quality, and to provide these services to further restore, maintain and enhance the growth and development of our patients, their families, our staff, and our community.

### *Vision*

The evolution of a program that sets the standards for excellence in the establishment of a health care institution that is in harmony with the community, providing a healing, learning and nurturing environment for our patients, their families, our staff and the community.

### *Values*

- Quality of care and safety
- Scientific evidence-based medicine
- Measurable outcomes
- Compassion
- Education
- Quality of life
- Mind/body/soul wellness

## **Center for Integrative Health, Medicine and Research**

Santa Monica, CA

Provided by Lucy Gonda, founder

### *Vision*

- To provide superior integrative care in a compassionate caring environment.
- To serve as a learning environment which generates important research findings towards the advancement of alternative health care.

### *Purpose*

Create an environment that

- integrates healing philosophies
- provides continuing care and council for people with a variety of conditions
- educates and empowers people around the world
- creates a dynamic, functioning model of inspiration for health care providers worldwide.

### *Mission*

- Foster approaches to health that incorporate innovative and integrative styles of healing.
- Improve health by providing integrative, comprehensive and innovative healthcare that is compassionate, affordable and accessible.
- Conduct research demonstrating the effectiveness of integrative approaches to health.
- Educate the public and health professionals about these integrative approaches and therapies.

# American Association of Naturopathic Physicians: Principles of Practice

McLean, Virginia

Source: AANP Definition of Naturopathic Medicine Consensus Position Paper

Context: Health care discipline

## *Definition*

Naturopathic medicine is a distinct system of primary health care – an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles upon which its practice is based. These principles are continually reexamined in the light of scientific advances. The techniques of naturopathic medicine include modern and traditional, scientific and empirical methods. The following principles are the foundation of naturopathic medical practice:

## *Principles*

- *The Healing Power of Nature (Vis Medicatrix Naturae)*

Naturopathic medicine recognizes an inherent self-healing process in the person which is ordered and intelligent. Naturopathic physicians act to identify and remove obstacles to healing and recovery, and to facilitate and augment this inherent self-healing process.

- *Identify and Treat the Causes (Tolle Causam)*

The naturopathic physician seeks to identify and remove the underlying causes of illness, rather than to merely eliminate or suppress symptoms.

- *First Do No Harm (Primum Non Nocere)*

Naturopathic physicians follow three guidelines to avoid harming the patient: utilize methods and medicinal substances which minimize the risk of harmful side effects, using the least force necessary to diagnose and treat; avoid when possible the harmful suppression of symptoms; acknowledge, respect and work with the individual's self-healing process.

- *Doctor As Teacher (Docere)*

Naturopathic physicians educate their patients and encourage self-responsibility for health. They also recognize and employ the therapeutic potential of the doctor-patient relationship.

- *Treat the Whole Person*

Naturopathic physicians treat each patient by taking into account individual physical, mental, emotional, genetic, environmental, social and other factors. Since total health also includes spiritual health, naturopathic physicians encourage individuals to pursue their personal spiritual development.

- *Prevention*

Naturopathic physicians emphasize the prevention of disease – assessing risk factors, heredity and susceptibility to disease and making appropriate interventions in partnership with their patients to prevent illness. Naturopathic medicine is committed to the creation of a healthy world in which humanity may thrive.

**Methods:** Naturopathic medicine is defined by its principles. Methods and modalities are selected and applied based upon these principles in relationship to the individual needs of each patient. Diagnostic and therapeutic methods are selected from various sources and systems, and will continue to evolve with the progress of knowledge.

# Summary of the Principles of Tibetan Medicine

Provided by: Eliot Tokar, for further detail see: [www.tibetanmedicine.com](http://www.tibetanmedicine.com)

Context: Health Care Discipline: Practice

## *Esoteric basis*

- The state of our mind/consciousness is the basis of the actions we take in our life, and is therefore the central determinant of the extent of the suffering (e.g. illnesses) we experience.
- A lack of perception [fundamental ignorance] of the basic nature of both spiritual and material is the primary cause of suffering.
- Proceeding from fundamental ignorance, our tendencies toward materialism, aggression, and nescience are the major bases of the suffering and illness we experience in our lives.
- All illnesses, although clearly significant in a material sense, are transient events that should not be confused with our basic [pure spiritual and healthy] nature as beings with consciousness.
- All suffering in our lives can be positively affected by spiritual study and practice which allows us to inquire into the basic nature of our mind and its perception of reality, and liberate ourselves from fundamental ignorance.

## Scientific basis of Tibetan medicine

- Physics of the Elements

Early Tibetan medical research found that the basic forces manifest in nature were the same as those that influence the functioning of the human organism. Tibetans developed a system of physics to define the basic qualities of the natural world. According to Tibetan medical theory, all of the material that makes up our universe is derived from the qualities of 5 basic elements. These 5 elements are named for their most identifiable manifestations in nature: earth, water, fire, wind and space. The characteristics and the nature of all matter result from the qualities of these elements individually or in combination.

- Three Basic Principles of Physical Function

It is essential in Tibetan medicine to understand the functions of the body's organs and systems. However, it is the underlying physiological principles that create and maintain those functions that are of primary importance.

- Tibetan medicine defines 3 Principle Systems that give rise to and then control all the body's processes.
  - Lüng - provides the principal of circulation (circulation of blood, nervous system impulses, food throughout our digestive tract, thoughts in our mind).
  - Tripa - provides the principal of heat, (thermoregulation, metabolism, liver function, vision, capacity for discriminating intellect).
  - Bädkên - provides the principal of cold (functions such as thermoregulation, allows energy to create function, provide our body structure, maintains its fluids, creates the will and capacity for memory).
- A disturbance in one or a combination of these 3 Principle Systems disrupts the proper functioning of the body and thereby its organs, systems (e.g. nervous system, digestive system, excretory system, etc.) and/or substances (e.g. blood, fat, flesh, bone, marrow, etc.) and can lead to the onset of illness.

## **THE INTEGRATOR *for the Business of Alternative Medicine***

Seattle, WA, and Newton, MA

Source: John Weeks (from the *Viewpoint* in the inaugural October 1998 INTEGRATOR)

Context: Publishing

### *Mission*

Shaping and industry/creating health.

### *Goals*

- Identify emerging structures, clarify areas of common interest which provides competitive intelligence and industry cohesion.
- Keep present the more sublime goal -- embraced by progressive leaders of health plans, insurance companies, and academic medicine, as well as by the CAM community -- of health creation in the individuals and populations served.
- Advocate for appropriate CAM integration through useful, balanced information.
- Serve as a means of interactive exchange among stakeholders.
- Focus on all the leading stakeholders vested in the practical business of delivering, integrating and covering CAM: providers, health systems, HMOs, suppliers, employers, CASM professions, government, academicians and venture capital.

## **Planetree Principles of Humanistic Patient-Centered Care**

42 member hospitals

Provided by: website (planetree.org)

Context: Hospital and health system

*Mission* To serve as a catalyst in the development and implementation of new models of health care which: cultivate the healing of mind, body and spirit; are patient-centered (rather than provider-focused), value-based and holistic, and integrate the best of western scientific medicine with time-honored healing practices

Planetree believes that the principles of human caring, when integrated with contemporary scientific medicine, can enhance the process of healing within the healthcare setting.

1. We recognize that patients have many facets: physical, emotional, intellectual and spiritual and they are not isolated units but members of families, communities and cultures.
2. We acknowledge patients as individuals with rights, responsibilities and free choice regarding their own health and life. Personalized healthcare increases the patients awareness of choices and encourages them to become more active in the decision-making process – while at all times respecting their level of readiness and desire to participate.
3. It is the right of patients to have access to all information about all aspects of their illness and hospitalization. One importance source of information is the medical record. We believe that the accessibility of medical information creates an environment of trust and provides a valuable educational resource.
4. Open and honest communication is the key to collegial, equal relationships among all members of the healthcare team, including the patients and their families. We encourage direct, person-to-person communication in a warm, caring environment.
5. All people involved in patient care, including the patient, play an important role in the healthcare team. When all points of view are equally valued, an environment is created that powers everyone and enables each person to perform at a higher level.
6. A nurturing environment, one that that is supportive, friendly and caring is an essential component of quality healthcare delivery.
7. The physical environment is vital to the healing process and should be designed to promote healing, learning and patient and family participation.
8. The experience of illness and interaction with the healthcare system has the potential of being a time of personal growth for patients. It can be used to reevaluate like goals and values, to clarify priorities, and to tap inner strengths.

## **Deaconess Hospital**

Evansville, Indiana

Provided by Mary Beth Davis, RN, Holistic Coordinator, March 2001

Context: Hospital/health system

### *Mission*

In keeping with its Christian Heritage and tradition of service, the mission of Deaconess Hospital is to provide quality health care services with a compassionate and caring spirit to persons, families and communities of the Tri-State.

### *Values*

Our values are based on our commitment to Quality. We define Quality as the continuous improvement of services to meet the needs and exceed the expectations of the customers we serve. Our values are:

- Quality in everything we do.
- Respect for all people
- Efficiency and effectiveness in the use of resources.
- Innovation toward continuous systems improvement
- Partnership with those we serve and with suppliers
- Education for continuous growth and knowledge
- Pride in workmanship

## **National Academy of Sciences: Institute of Medicine**

From the recommendations in:

“Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century”

March 1, 2001

Context: Health system transformation

Healthcare processes shall be designed to reflect:

- continuous healing relationships
- customization based on patient needs and values
- the patient as the source of control
- shared knowledge and the free flow of information
- evidence-based decision making
- safety as a system of property
- transparency
- anticipation of needs
- continuous decrease in waste, and
- cooperation among clinicians.

## **Pew Commission: Twenty-one Competencies for the Twenty-first Century**

Source: Recreating Health Professional Practice for a New Century, Pew Health Professions Commission, December 1998, p. vii.

Context: Pew Health Professions Commission Task Force Recommendations

- *Embrace a personal ethic of social responsibility and service.*
- *Exhibit ethical behavior in all professional activities.*
- *Provide evidence-based, clinically competent care.*
- *Incorporate the multiple determinants of health in clinical care.*
- *Apply knowledge of the new sciences.*
- *Demonstrate critical thinking, reflection, and problem-solving skills.*
- *Understand the role of primary care.*
- *Rigorously practice preventive health care.*
- *Integrate population-based care and services into practice.*
- *Improve access to health care for those with unmet health needs.*
- *Practice relationship-centered care with individuals and families.*
- *Provide culturally sensitive care to a diverse society.*
- *Partner with communities in health care decisions.*
- *Use communication and information technology effectively and appropriately.*
- *Work in interdisciplinary teams.*
- *Ensure care that balances individual, professional, system and societal needs.*
- *Practice leadership.*
- *Take responsibility for quality of care and health outcomes at all levels.*
- *Contribute to continuous improvement of the health care system.*
- *Advocate for public policy that promotes and protects the health of the public.*
- *Continue to learn and help others learn.*

## American Holistic Medical Association

Source (Direct Source): <http://www.holisticmedicine.org>; 3/2001

Context: Health Care Discipline: Practice

### *Mission*

To support practitioners in their evolving personal and professional development as healers and to educate physicians about holistic medicine.

### *Vision*

To transform health care so that it addresses physical, environmental, mental, emotional, spiritual and social health, thereby contributing to the healing of the planet. As holistic physicians, we are committed to the health of all whom we serve including ourselves. The essence of our vision is unconditional love.

### *Principles of Holistic Medical Practice*

- *Holistic physicians embrace a variety of safe, effective options* in the diagnosis and treatment, including: education for lifestyle changes and self-care, complementary alternatives, conventional drugs and surgery
- *Searching for the underlying causes of disease is preferable* to treating symptoms alone.
- *Holistic physicians expend as much effort in establishing what kind of patient has a disease* as they do in establishing what kind of disease a patient has.
- *Prevention is preferable to treatment* and is usually more cost-effective. The most cost-effective approach evokes the patient's own innate healing capabilities.
- *Illness is viewed as a manifestation of a dysfunction of the whole person*, not as an isolated event.
- *A major determinant of healing outcomes* is the quality of the relationship established between physician and patient, in which patient autonomy is encouraged.
- *The ideal physician-patient relationship* considers the needs, desires, awareness and insight of the patient as well as those of the physician.
- *Physicians significantly influence patients* by their example.
- *Illness, pain, and the dying process can be learning opportunities* for patients and physicians.
- *Holistic physicians encourage patients to evoke the healing power* of love, hope, humor and enthusiasm, and to release the toxic consequences of hostility, shame, greed, depression, and prolonged fear, anger, and grief.
- *Unconditional love is life's most powerful medicine*. Physicians strive to adopt an attitude of unconditional love for patients, themselves, and other practitioners.
- *Optimal health is much more than the absence of sickness*. It is the conscious pursuit of the highest qualities of the physical, environmental, mental, emotional, spiritual, and social aspects of the human experience.

## **American Holistic Nurses Association: Mission and Philosophy**

Taken from website [www.ahna.org](http://www.ahna.org)

Context: Professional organization

### *Mission*

Unite nurses in healing

### *Philosophy*

We believe:

1. Nursing is an art/science with the primary purpose to nurture others toward the wholeness inherent within them.
2. Nurses have a unique opportunity to provide services that facilitate wholeness.
3. Holistic nurses demonstrate expertise in a variety of roles and activities.
4. Holistic nursing assists people to assume personal responsibility for their healthcare.
5. Clients, families, and communities have the right to health care that honors the body, mind, and spirit.
6. Disease and distress are viewed as an opportunity for increased awareness of the interconnectedness of body, mind, and spirit.
7. Holistic modalities and therapies provide support and options in healing.
8. The American Holistic Nursing Association serves as a foundation and dynamic force for nursing practice. We are committed to unity and healing of self, the nursing profession, and the planet.

*Developed December 1999 and revised January 17, 2000.*

## **American Association of Naturopathic Medical Colleges: The Integration Project**

Seattle, Washington

Source: American Association of Naturopathic Medical Colleges: Deans Council

Context: Academic medicine/health care practice

### *Goal*

The systematic, intensified integration of naturopathic theory, principles of practice, and paradigm throughout naturopathic medical college curricula.

- Integration will be defined through recommended changes in courses, course competencies, outcomes assessment, clinical training, research, and learning environment (the methods used in education and the environment in which learning occurs).
- This integration will be built on the science-based educational structure already in existence in naturopathic medical colleges.
- The principles of naturopathic medicine outline in the AANP Definition of Naturopathic Medicine document represent professional consensus on the defining framework for naturopathic clinical theory.
- These accepted principles of practice will also provide the reference point and defining structure for the Integration Project.

## **Fundamentals of Ayur-Vedic Medicine**

Natural Medicine Clinic: Seattle, Washington

Provided by: Dr. Vivek Shanbhag, ND, AYV

Context: Health care discipline

### *Principles of Practice*

- Ayur-Veda means “science of life.” Each individual has a unique psycho-physiological constitution. Therapeutic plans are highly personalized and comprehensive.
- Vata represents biological Air and Space; Pitta represents biological Fire & Water; Kapha represents biological Earth & Water.
- Every person has all the three – Vata, Pitta & Kapha: One or two may be predominant, health means dynamic balance of all the three. Disease is caused by the imbalance of one or more of the three.

### *Definition of Health*

Health is a participatory, ongoing process of achieving and maintaining a dynamic balance in all the aspects of life through the means of comprehensive natural therapies customized to suit the individual's psychosomatic constitution and the current imbalance, if any. The goal of this process is not only to heal disease and to reestablish balance, but also to prevent disease and to promote positive health.

- Health is a process not a state. This process is ongoing not a one-time attempt. This process is participatory, the person must take the responsibility for his or her health – not depend on an expert to fix it
- Health is dynamic balance – not stationary balance. The dynamic balance needs to be achieved in all the aspects of this person's life, physical, biochemical, intellectual, emotional, behavioral, spiritual, familial, social, environmental and universal – not narrowed down to only physical or biochemical aspects
- Therapies need to be comprehensive, considering all aspects of life like nutrition, natural medicines, exercise, rest, emotions and lifestyle – not limited to drugs and surgery
- Therapies need to be natural – not synthetic
- Therapies need to be customized to suit the individual – not standardized for imaginary “average person”
- Therapies need to address the complete physical, biochemical, intellectual, emotional, behavioral, spiritual, familial, social picture – not just the physical symptoms
- The goal is to heal diseases, reestablish balance, prevent disease, and promote positive health – not just to suppress symptoms or “quick-fix the problem”

## **Midwives Alliance of North America**

Lilburn, Georgia

Provided by JoAnne Myers-Ciecko, MPH, Executive Director, Seattle Midwifery School

Source: Foundation documents (current pamphlet)

Context: Health care discipline

### *Guiding Principles*

- Midwives work in partnership with women and their chosen support community throughout the care-giving relationship.
- Midwives respect the dignity, rights, and the ability of the women they serve to act responsibly throughout the care-giving relationship.
- Midwives work as autonomous practitioners, collaborating with other health care and social service providers when necessary.
- Midwives understand that physical, emotional, psycho-social and spiritual factors synergistically comprise the health of individuals and affect the childbearing process.
- Midwives understand that female physiology and childbearing are normal processes, and work to optimize the well-being of mothers and their developing babies as the foundation of care-giving.
- Midwives understand that the childbearing experience is primarily a personal, social and community event.
- Midwives recognize that a woman is the only direct care provider for herself and her unborn baby; thus the most important determinant of health pregnancy is the mother herself.
- Midwives recognize the empowerment inherent in the childbearing experience and strive to support women to make informed decisions and take responsibility for their own well-being.
- Midwives strive to insure vaginal birth and provide guidance and support when appropriate to facilitate the spontaneous process of pregnancy, labor, and birth, utilizing medical intervention only as necessary.
- Midwives synthesize clinical observations, theoretical knowledge, intuitive assessment and spiritual awareness as components of a competent decision making process.
- Midwives value continuity of care throughout the childbearing cycle and strive to maintain continuous care within realistic limits.
- Midwives understand that the parameters of “normal” vary widely and recognize that each pregnancy and birth is unique.

## Theory and Practice of Chinese Medicine

Provided by: Paul Karsten, LAc, Seattle Institute of Oriental Medicine, Director; Bastyr University, Faculty

Context: Health Care Discipline: Practice

- *Yin and Yang*

Differentiating conditions according to yin and yang and returning individual to a balance and harmony of yin and yang.

- *Five Phase (Element) Theory*

Identifying the phase in alarm or out of balance according to the recognized patterns of signs and symptoms associated with each phase. Treatment is oriented towards rebalancing the particular element.

- *Qi-Blood-Body Fluid Differentiation*

Identification of primarily internal conditions according to the primary vital substance involved. Deficiency, obstruction and other imbalances of the vital substances are identified and appropriate treatment recommended.

- *Zang-fu Theory*

Identifying the organ/function that is depleted, obstructed or “excess” and applying appropriate therapies to return the organs to harmony

- *Channel Theory*

Identification of the energetic channel involved with the complaints with treatment to strengthen or activate the affected flow. Often used for musculoskeletal pain, trauma and external conditions. There is also a subset of using the 8 extra channels as a method for balancing the energetics of the body.

- *Eight Principles*

A cluster of binary attributes by which the practitioner can organize symptoms in order to develop a treatment plan. Yin/yang, cold/hot, internal/external, and deficiency/excess provide a method to identify the locale and quality of the condition of concern.

- *Six Stage Theory*

Usually used for invasive or infectious disease as a method to identify the level of the disease and provide treatment based on the recognition of the pattern of symptoms associated with the depth of entry of the pathogen.

- *Four Level Theory*

Used primary for invasive pathogenic influences by identifying the level to which the pathogen has transmitted along with appropriate therapy for its exit.

## **American Osteopathic Association: Principles of Osteopathic Medicine**

Chicago, Illinois

Provided by: Penelope S. Evans, Administrator, Division of Predoctoral Education

Source: American Osteopathic Association's Yearbook and Directory of Osteopathic Physicians

Context: Health care discipline

*Osteopathy is a system of medical care*

... with a philosophy that combines the needs of the patient with current practice of medicine, surgery and obstetrics, and emphasis on the interrelationships between structure and function, and an appreciation of the body's ability to heal itself.

*Osteopathic medicine is a philosophy of health care*

... and a distinctive art, supported by expanding scientific knowledge; its philosophy embraces the concept of the unity of the living organism's structure (anatomy) and function (physiology). Its art is the application of the philosophy in the practice of medicine and surgery in all its branches and specialties. Its science includes behavioral, chemical, physical, spiritual and biological knowledge related to the establishment and maintenance of health as well as the prevention and alleviation of disease. Osteopathic concepts emphasize the following principles:

- The human being is a dynamic unit of function.
- The body possesses self-regulatory mechanisms which are self-healing in nature.
- Structure and function are interrelated at all levels.
- Rational treatment is based on these principles.

## Association of Chiropractic Colleges (ACC) Chiropractic Paradigm

Source: website ([www.chirocolleges.org](http://www.chirocolleges.org))

Context: Health care discipline

Chiropractic is a health care discipline which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery. The practice of chiropractic focuses on the relationship between structure (primarily the spine) and function (as coordinated by the nervous system) and how that relationship affects the preservation and restoration of health. In addition, Doctors of Chiropractic recognize the value and responsibility of working in cooperation with other health care practitioners when in the best interest of the patient. The Association of Chiropractic Colleges continues to foster a unique, distinct chiropractic profession that serves as a health care discipline for all. The ACC advocates a profession that generates, develops, and utilizes the highest level of evidence possible in the provision of effective, prudent, and cost-conscious patient evaluation and care.

- *Purpose*

The purpose of chiropractic is to optimize health.

- *Principle*

The body's innate recuperative power is affected by and integrated through the nervous system.

- *Practice*

The practice of chiropractic includes: establishing a diagnosis, facilitating neurological and biomechanical integrity through appropriate chiropractic case management, and promoting health.

- *Foundation*

The foundation of chiropractic includes philosophy, science, art, knowledge, and clinical experience.

- *Impacts*

The chiropractic paradigm directly influences the following: education, research, health care policy and leadership; relationships with other health care providers; professional stature; public awareness and perceptions; and patient health through quality care.

- *Subluxation*

**Chiropractic** is concerned with the preservation and restoration of health, and focuses particular attention on the subluxation. **A subluxation** is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health. **A subluxation** is evaluated, diagnosed, and managed through the use of chiropractic procedures based on the best available rational and empirical evidence.

## **American Medical Association**

Chicago, IL

Source: website (<http://www.ama-assn.org/ama/pub/category/1855.html>)

Context: Health care discipline: Practice

### *Vision*

The vision reflects a shared desire by the Board of Trustees and Senior Management that the AMA approach the new millennium with renewed vigor based on a solid understanding of purpose, values, and envisioned future.

### *Core Purpose*

To promote the science and art of medicine and the betterment of public health.

### *Core Values*

- Leadership: the stewards of medicine, caring advocates for patients and the profession.
- Excellence in all we do: the highest quality service, products and information.
- Integrity and ethical behavior: the basis for trust in all our relationships and actions.

### *Envisioned Future*

The AMA will be an essential part of the professional life of every physician and an essential force for progress in improving the nation's health.

### *Objectives*

AMA will pursue being:

- The world's leader in obtaining, synthesizing, integrating, and disseminating information on health and medical practice;
- The acknowledged leader in setting standards for medical ethics, practice and education;
- The most authoritative voice and influential advocate for patients and physicians; and
- A sound organization that provides value to members, federation organizations, and employees.

*Last updated: Mar 08, 2001*

## Oath of Hippocrates

Source: From HIPPOCRATIC WRITINGS, translated by J. Chadwick and W. N. Mann, Penguin Books, 1950.  
<http://www.med.umich.edu/irbmed/ethics/hippocratic/hippocratic.html>

Context: Medical practice

I swear by Apollo the healer, by Aesculapius, by Hygeia (health) and all the powers of healing, and call to witness all the gods and goddesses that I may keep this Oath, and promise to the best of my ability and judgment:

I will pay the same respect to my master in the science (arts) as I do to my parents, and share my life with him and pay all my debts to him. I will regard his sons as my brothers and teach them the science, if they desire to learn it, without fee or contract. I will hand on precepts, lectures, and all other learning to my sons, to those of my master, and to those pupils duly apprenticed and sworn, and to none other.

I will use my power to help the sick to the best of my ability and judgment; I will abstain from harming or wrongdoing any man by it..

I will not give a fatal draught (drugs) to anyone if I am asked, nor will I suggest any such thing. Neither will I give a woman means to procure an abortion.

I will be chaste and religious in my life and in my practice.

I will not cut, even for the stone, but I will leave such procedures to the practitioners of that craft.

Whenever I go into a house, I will go to help the sick, and never with the intention of doing harm or injury. I will not abuse my position to indulge in sexual contacts with the bodies of women or of men, whether they be freemen or slaves.

Whatever I see or hear, professionally or privately, which ought not to be divulged, I will keep secret and tell no one.

If, therefore, I observe this Oath and do not violate it, may I prosper both in my life and in my profession, earning good repute among all men for all time. If I transgress and forswear this Oath, may my lot be otherwise.

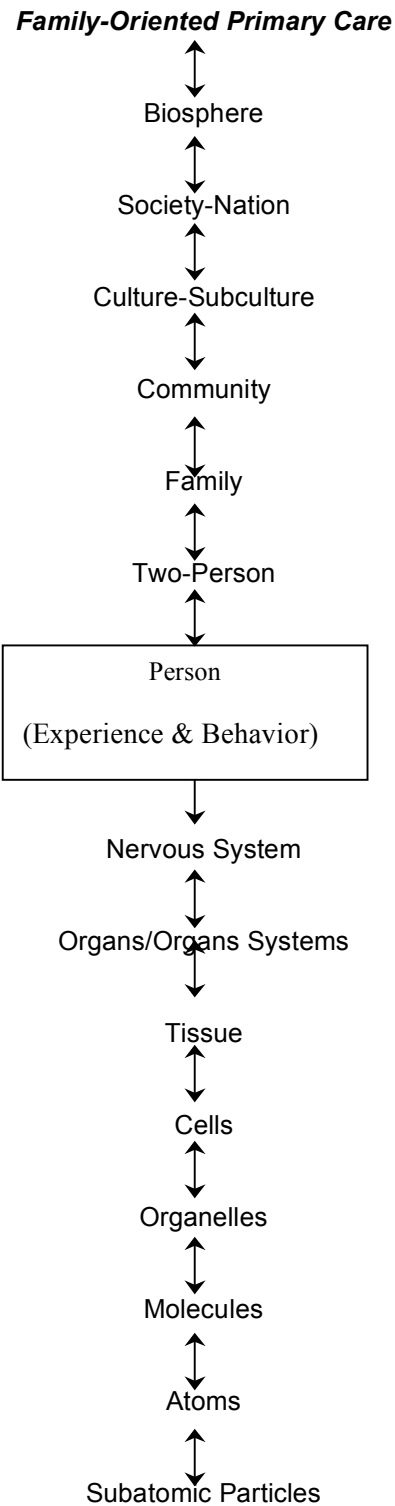
The remaining statements were include content which informs the DRAFT principle relative to a “therapeutic hierarchy.”

- **Prioritize care in accordance with a hierarchy of treatment**

Care, and the leveraging of resources to affect care, are prioritized along diagnostic and therapeutic hierarchies which begin with education and empowerment in healthy choices, then move to the least invasive approaches and escalate, as necessary, to approaches linked to increased likelihood of adverse effects or higher costs. The starting point for intervention is established through clarifying, with the individual receiving care, the risks associated with foregoing, and with undertaking, more invasive approaches. Chronology and cause are fundamental aspects of this healing order.”

# Family Medicine: Biopsychosocial Systems Hierarchy

Context: Health care discipline



Systems Hierarchy. Engel, GL. May 1980. The Clinical Application of the Biopsychosocial Model. *American Journal of Psychiatry*. May 1980. The American Psychiatry Association

## Tibetan Medical Theory

Provided by: Eliot Tokar, for further detail see: [www.tibetanmedicine.com](http://www.tibetanmedicine.com)

Context: Health care discipline

### **Diagnosis:** *A Concise Summary of the Causes of the Onset of Illness:*

The disturbance can come mainly from 4 factors whose qualities, based on their constituent elements, act to disturb the qualities of any of the 3 Principle Systems. The 4 factors are behavior, diet, environment and superphysical influences.

- **Behavior:** full range of the habits and actions we might take, such as those concerning our sleep, eating, exercise, social habits, psychology, culture, health, etc.
- **Diet:** Foods have qualities based on the 5 elements. Qualities are analyzed in a detailed system that classifies their resultant effects.
- **Environment:** Climatic conditions have qualities based on the 5 elements. Environmental conditions, therefore, affect the relative balance or imbalance of the 3 Principle Systems.
- **Super-Physical influences:** Tibetans believe that non-material characteristics of certain types of environments and/or manifestations of spiritual activity can sometimes influence health.

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*The necessary qualities of a doctor:* Meditative practices regarding the Buddha of Medicine focuses physicians on the highest possible view of themselves as a compassionate healer and on their patients as not merely defined by their illness. Such practices also help focus and quiet the doctor's mind in a manner that facilitates their ability to practice proper diagnosis and treatment. Although the Tibetan Buddhist and Tibetan medical systems are separate and distinct, they are so in a manner, His Holiness the Dalai Lama described, as like the way in which the "fingers are separate from the hand."

- **Making a Diagnosis:**
  - First, differentiate illnesses by hot or cold nature of condition.
  - Next, determine nature of illness relative to 3 Principle Systems of Physiological function.
  - Determine the localization of the illness, the specific nature of the illness, organs or systems involved, chronicity of illness, etc.
  - In complex or chronic illness, take into account stages of cure.
  - Change treatment, and re-diagnose as layers of illness reveal their nature.

### **Treatment of Illness**

- **Behavior/Lifestyle:** The first level of treatment should be for the patient to adopt their behavior and lifestyle approaches appropriate to their condition.
- **Diet:** If behavior/lifestyle changes are not sufficient, the next stage of treatment should be dietary change.
- **Herbal Compounds:** If behavior/lifestyle changes and dietary change are not sufficient, the next stage of treatment should be herbal compounds. Tibetan herbal medicines are not used as patent remedies or as a stand-alone therapy.
- **Physical Therapies:** If behavior/lifestyle changes, dietary change and herbal remedies are not sufficient, the next stage of treatment should be physical therapies, including: Massage, Tibetan Acupuncture, Inhalation Therapy, and Hydrotherapy.

## Naturopathic Medicine: Clinical Theory

Provided by: Pamela Snider, ND; Jared Zeff, ND

Context: The Integration Project: American Association of Naturopathic Medical Colleges; Academic Institution/Health Care Practice

### The Therapeutic Order

*Re-establish The Basis for Health:*

Remove obstacles to cure by addressing the Determinants of Health

*Stimulate the Vis Medicatrix Naturae*

(Healing Power of Nature):

All systems and modalities have methods which stimulate the inherent self healing processes: Examples are botanical, homeopathic, nutritional, hydrotherapy, psychological-spiritual medicine, Ayurvedic, Tibetan, Traditional Chinese Medicine, acupuncture

*Tonify Weakened Systems:*

All systems and modalities have system specific strategies (botanical, homeopathic, nutritional, hydrotherapy, psychological-spiritual medicine, Ayurvedic, Tibetan, Traditional Chinese Medicine, acupuncture and others).  
Examples of seven systems: •strengthen the immune system •decrease toxicity •normalize inflammatory function  
•optimize metabolic function •balance regulatory systems •enhance regeneration •harmonize with your life force

*Correct Structural Integrity:*

Use therapeutic exercise, manipulation, massage, and other structural approaches.

*Prescribe Specific Natural Substances,*  
modalities or interventions for pathology.

*Prescribe Specific Pharmacological or Synthetic Substances*  
modalities or interventions for pathology.

*Use Higher Force Interventions:*

Examples are surgery, suppressive drugs, radiation, chemotherapy and other approaches.

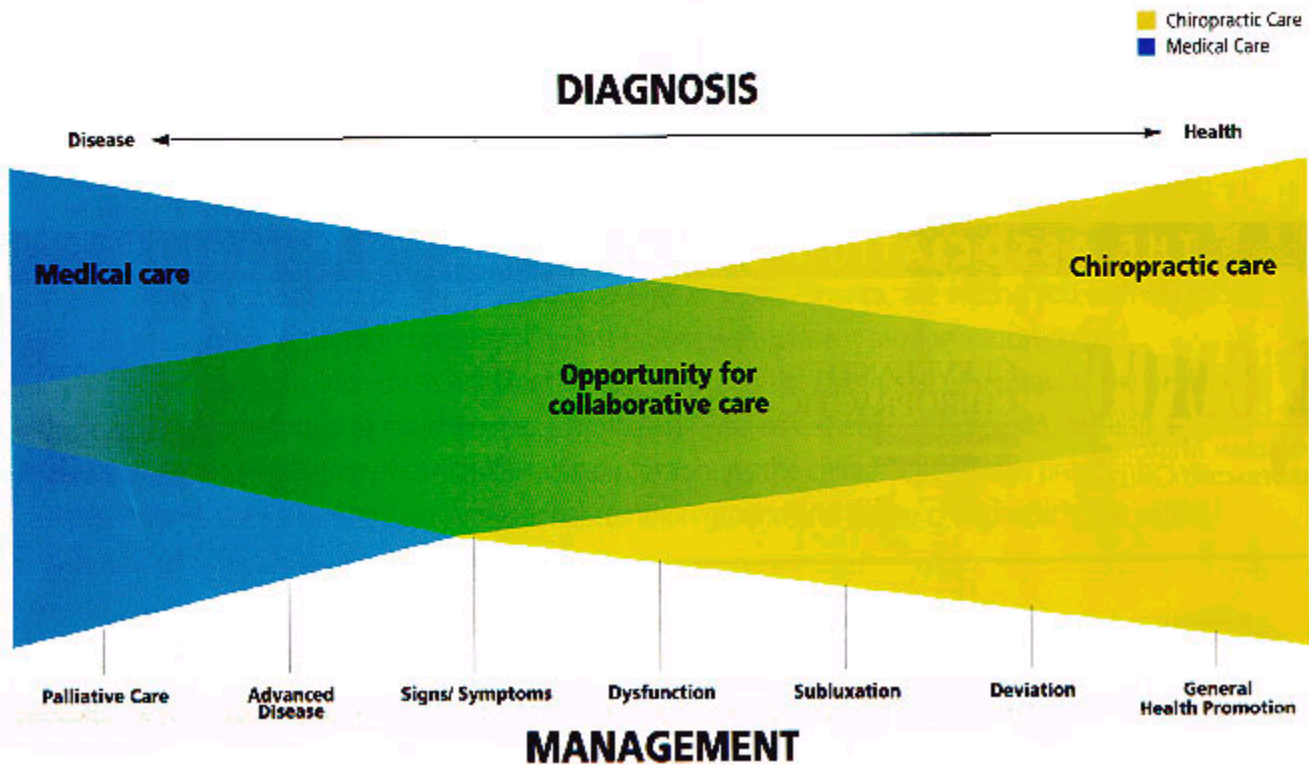


**“The Patient”:**

***The actual Therapeutic Order may change,  
depending on the individual patient’s needs  
for safe, effective care.***

Sources: Jared Zeff, ND, The Process of Healing: A Unifying Theory of Naturopathic Medicine, The Journal of Naturopathic Medicine, Vol.7, No.1, 1997  
Marc Micozzi, MD, PhD. Fundamentals of Complementary and Alternative Medicine. Pizzorno, J, Jr. and Snider, P, ND . “Naturopathic Medicine” .  
Churchill Livingstone: New York. 2001

## ACC CHIROPRACTIC SCOPE AND PRACTICE



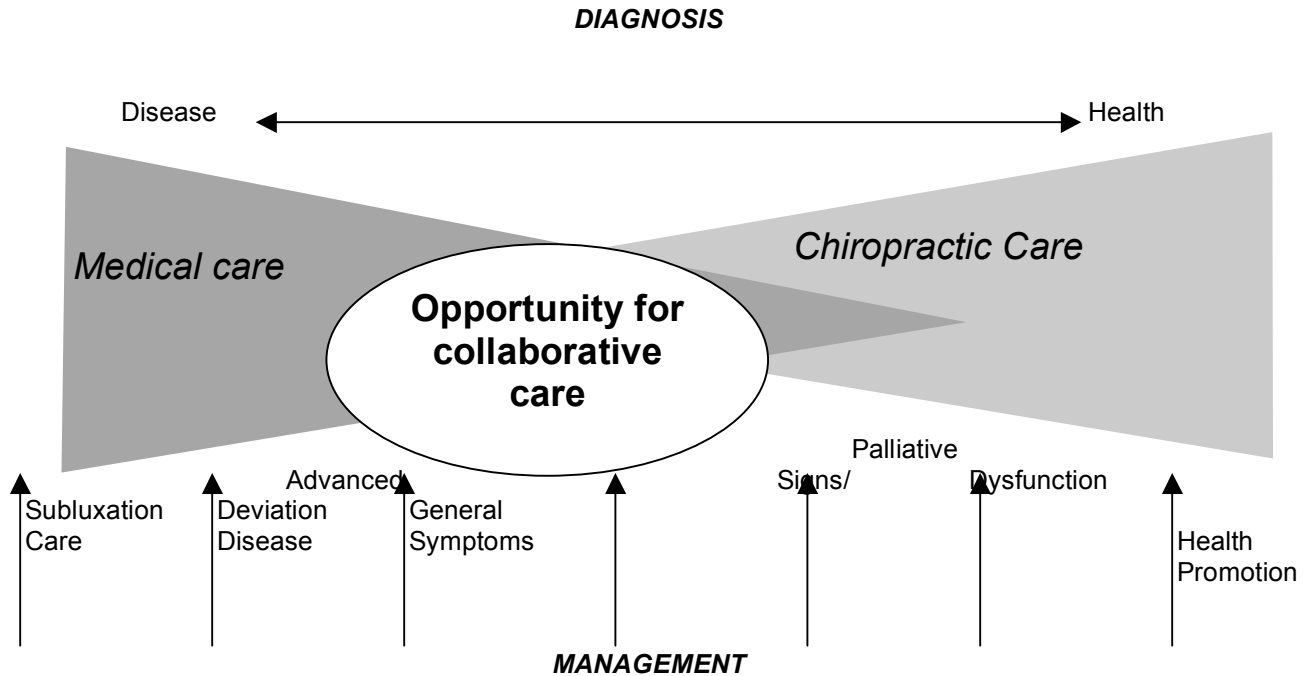
- ***Diagnostic:*** Doctors of Chiropractic, as primary contact health care providers, employ the education, knowledge, diagnostic skill, and clinical judgment necessary to determine appropriate chiropractic care and management. Doctors of Chiropractic have access to diagnostic procedures and /or referral resources as required.
- ***Case Management:*** Doctors of Chiropractic establish a doctor/patient relationship and utilize adjustive and other clinical procedures unique to the chiropractic discipline. Doctors of Chiropractic may also use other conservative patient care procedures, and, when appropriate, collaborate with and/or refer to other health care providers.
- ***Health Promotion:*** Doctors of Chiropractic advise and educate patients and communities in structural and spinal hygiene and healthful living practices.

## Association of Chiropractic Colleges (ACC) Chiropractic Scope and Practice

Provided by: Gerry Clum, President, LifeWest Chiropractic College

Source: website (www.chirocolleges.org)

Context: Chiropractic Health Care: Theory



- **Diagnostic:** Doctors of Chiropractic, as primary contact health care providers, employ the education, knowledge, diagnostic skill, and clinical judgment necessary to determine appropriate chiropractic care and management. Doctors of Chiropractic have access to diagnostic procedures and /or referral resources as required.
- **Case Management:** Doctors of Chiropractic establish a doctor/patient relationship and utilize adjustive and other clinical procedures unique to the chiropractic discipline. Doctors of Chiropractic may also use other conservative patient care procedures, and, when appropriate, collaborate with and/or refer to other health care providers.
- **Health Promotion:** Doctors of Chiropractic advise and educate patients and communities in structural and spinal hygiene and healthful living practices.

## State of Washington: Public Health Improvement Plan

Source: State of Washington/Department of Health

Context: Public health strategy

*“Sets the strategic direction of the public health system relative to the greater health system in which it operates”*

- *Public Health: Mission and Core Functions*

The mission of public health is to prevent disease, injury, disability, and premature death. This includes protecting our health from threats in the environment and promoting health through risk reduction and education. To carry out this mission, public health agencies perform three basic core functions.

  - *Health assessment* to determine the nature and extent of health problems.
  - *Policy development* to make decisions about what problems take priority and what should be done about them.
  - *Assurance* that effective action gets taken.
- *Prevention: The Business of Public Health*

The first and foremost public health activity is prevention of disease, injury, disability, and premature death. Public health carries out prevention by influencing the environmental conditions and personal behaviors that create health risks. Prevention can be classified into three types: primary, secondary and tertiary.
- *Determinants of Health*

There are several major determinants of the general health of a population. Each can be influenced by the public health system. The major known determinants of our health are:

  - *Socioeconomic conditions*: Poverty, unemployment, lack of education, and other indicators of low socioeconomic status are often associated with higher rates of health problems. Through data collection and analysis, the public health system helps identify and make known health problems that may be related to poor socioeconomic conditions.
  - *Physical environment*: The public health system has a strong environmental health component with major responsibilities in the areas of water quality, food safety, radiation protection, and control of toxic substances.
  - *Access to and quality of health care*: Public health monitors and improves the quality of health care by licensing and certifying health professionals, health services, and health care facilities. Public health influences access to health care by sometimes providing critical services to low income families and other vulnerable populations.
  - *Behavioral risk and protective factors*: Health is to a great extent determined by personal behavior. The influence of public health on behavioral risks is twofold: One is through assessments that provide information on the nature and extent of risks. The other is through programs that promote healthy behavior or reduce unhealthy behaviors.
  - *Genetics*: Genetics can play a part in a wide variety of health problems. They have far reaching effects on families and often create long term needs for health, educational, and social services. Public health influences the genetic component of health by supporting a wide variety of support services to assist individuals and families.