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OBSERVATIONS

WELLBEING

# The A to Z of the wellbeing industry: from angelic reiki to patient centred care

Wellbeing is big business, but how much of it works?

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Nobody could possibly be against wellbeing. It would be like opposing motherhood and apple pie. But a whole spectrum of activities comes under the wellbeing banner, from the undoubtedly well meaning patient centred care at one end to downright barmy new age claptrap at the other. The only question that really matters is: how much of it works?

Let's start at the fruitcake end of the spectrum.

One thing is obvious. Wellbeing is big business. And if it is no more than a branch of the multibillion dollar positive thinking industry, save your money and get on with your life.

In June 2010 Northamptonshire Healthcare NHS Foundation Trust sponsored a "festival of wellbeing" that included a complementary therapy taster day. In a BBC interview one practitioner used the advertising opportunity, paid for by the NHS, to say, "I'm an angelic reiki master teacher and also an angel therapist . . . Angels are just flying spirits, 100% just pure light from heaven. They are all around us. Everybody has a guardian angel." Another said, "I am a member of the British Society of Dowsers and use a crystal pendulum to dowse in treatment sessions. Sessions may include a combination of meditation, colour breathing, crystals, colour scarves, and use of a light box." You couldn't make it up.

The enormous positive thinking industry is no better. Barbara Ehrenreich's book *Smile or Die: How Positive Thinking Fooled America and the World* (see Review of the Week, *BMJ* 2009;339:b5494, doi:10.1136/bmj.b5494), explains how dangerous the industry is, because, as much as guardian angels, it is based on myth and delusion. It simply doesn't work (except for those who make fortunes by promoting it). She argues that it fosters the sort of delusion that gave us the financial crisis (and pessimistic bankers were fired for being right). Her interest in the industry started when she was given a cancer diagnosis. "When I was diagnosed, what I found was constant exhortations to be positive, to be cheerful, to even embrace the disease as if it were a gift. If that's a gift, take me off your Christmas list," she says. It is quite clear that positive thinking does nothing whatsoever to prolong your life,[1 2] any more than it will cure tuberculosis or cholera. "Encouraging patients to 'be positive' only may add to the burden of having cancer while providing little benefit."[2] Far from being helpful, it can be rather cruel.

The NHS, the Department for Business Innovation and Skills, the Higher Education Funding Council for England, and the National Institute for Health and Clinical Excellence have produced long reports on wellbeing and stress at work. It's well known that income is correlated strongly with health,[3] and it has been proposed that what matters is inequality of income.[4] The nature of the evidence doesn't allow such a firm conclusion,[5] but that isn't really the point. The real problem is that nobody has come up with good solutions. Sadly, the recommendations at the ends of all these reports don't amount to a hill of beans. Nobody knows what to do, partly because pilot studies are rarely randomised, so causality is always dubious, and partly because the obvious steps are managerially inconvenient, ideologically unacceptable, or too expensive.

Take two examples. Michael Marmot's famous Whitehall study has shown that a major correlate of illness is lack of control over one's own fate: disempowerment.[6] What has been done about it? In universities it has proved useful to managers to increase centralisation and to disempower academics, precisely the opposite of what Sir Michael recommends. As long as it's convenient to them, managers are not going to change policy. Rather, they hand the job to the human resources department, which appoints highly paid "change managers," who add to the stress by sending you stupid graphs that show you emerging from the slough of despond into eternal light once you realise that you really wanted to be disempowered after all. Or they send you on some silly "resilience" course.

The second example comes from debt. The Department for Business, Innovation and Skills claims that debt is an even stronger risk factor for mental disorder than low income.[7] So what is the government's response to that? To treble tuition fees to ensure that almost all graduates will stay in debt for most of their lifetime. And this was done despite the fact that the proposed £9000 (€10 100; $15 000) a year tuition fees will save nothing for the taxpayer: in fact they'll cost more than the previous £3000 fee. The rise has happened, presumably, because

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the ideological reasons over-rode the government's own ideas on how to make people happy.

Nothing illustrates better the futility of the wellbeing industry than the response that is said to have been given to a reporter who posed as an applicant for a "health, safety, and wellbeing adviser" with a local council. When he asked what "wellbeing" advice would involve, a member of the council's human resources team said, "We are not really sure yet, as we have only just added that to the role. We'll want someone to make sure that staff take breaks, go for walks—that kind of stuff."

The latest wellbeing notion to re-emerge is the happiness survey. Jeremy Bentham advocated the "greatest happiness for the greatest number" but neglected to say how you measure it. A YouGov poll asks, "What about your general wellbeing right now, on a scale from 1 to 10?" I have not the slightest idea about how to answer such a question. As always, some things are good, some are bad—and anyway, wellbeing relative to whom?

Lastly we get to the sensible end of the spectrum: patient centred care. Again this has turned into an industry, with endless meetings and reports and few conclusions. Epstein and Street say, "Helping patients to be more active in consultations changes centuries of physician-dominated dialogues to those that engage patients as active participants. Training physicians to be more mindful, informative, and empathic transforms their role from one characterized by authority to one that has the goals of partnership, solidarity, empathy, and collaboration."[8]

That's fine, but the question that is constantly avoided is: what happens when a patient with metastatic breast cancer expresses a strong preference for vitamin C or Gerson's therapy, as advocated by the YesToLife charity for people with cancer (www.yestolife.org.uk/)? The fact of the matter is that the relationship can't be equal when one party, usually (but not invariably) the doctor, knows a lot more about the problem than the other.

What really matters above all to patients is getting better. Anyone in their right mind would prefer a grumpy condescending doctor who correctly diagnoses their tumour to an empathetic doctor who misses it. It's fine for medical students to learn social skills, but there is a real danger of so much time being spent on it that they can no longer make a correct diagnosis. Put another way: there is confusion between caring and curing. It is curing that matters most to patients.

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