Dr Bogdan Chiva Giurca, Clinical Champion Lead and Development Lead, Global Social Prescribing Alliance

DR BOGDAN CHIVA GIURCA is the Founder and Chair of the NHS Social Prescribing Champion Scheme (2016-2021) consisting of thousands of UK junior doctors and medical students. Over a four-year period, the scheme has delivered over 700 teaching sessions in all UK medical schools, as well as developing a National Consensus for Teaching Social Prescribing. As the founder of the world's first International Social Prescribing Day, Bogdan has acted as an international champion, raising awareness of the subject globally. His work has influenced national healthcare policy and has driven key changes within the medical school curriculum, contributing to several peer-reviewed publications and policy documents, including the Global Social Prescribing Playbook (2021), NHS Long Term Plan (2019), Universal Personalised Care: Implementing the Comprehensive Model (2019), GP Partnership Review (2019), as well as authoring three books on medical education. Bogdan is currently working as a medical doctor within the London, South Thames Foundation School, Development Lead for the Global Social Prescribing Alliance and Clinical Champion Lead at the National Academy for Social Prescribing, as well as a Collaborator for the Harvard Global Health Institute.

'Arts for Brain Health: Social Prescribing as Peri-diagnostic Practice for Dementia.'

As Professor Ritchie has rightly said, the aim is indeed to map out the diseases which lead to Alzheimer's decades earlier and try to prevent and slow down the process from happening.

As Aristotle said, '*Give me a child when he is seven and I will show you who the man is.*' For me that quote means a lot, because in the above picture is an old-fashioned medical education model.

I want to start by focusing on education. Although hundreds of years have passed, we still teach students in more or less similar ways. We still provide them with a one-dimensional perspective of what medicine is and what medicine means. In relation to the quote, we may not spend seven years in medical school, but we spend six, and that truly shapes who we become as doctors and clinicians, and the people we interact with in our professional careers. My medical school training, as you may all know, was filled up with hundreds of anatomical models, thousands of arteries and veins, but I do not recall a moment where I interacted with an art student, a nurse, an occupational therapist, or

physiotherapist, or anyone in the multi or interdisciplinary team to collaborate in the best interest of the patient. We were taught in a one-dimensional way, one in which you work to fix the patient. This picture truly illustrates the short falls of the sick care model that we have been building over the years.

I want to take a step back. Before we talk about the clinical picture, I want to talk about how we got there in the first place and why we have been wired to treat our patients this way, rather than working together with them for better health. The model that we used to have which was probably fit for purpose at the time, is no longer fit for purpose. The shortcomings are:

Firstly, individualisation of health. When you consider people's health as mere absence of disease, you only understand it at the level of the individual. That means, it becomes a matter of biology or behaviour. You therefore focus on pathology, but not the human being in front of you. This is sadly what we are being taught in medical school to do. This promotes that 'magic bullet' approach - one disease, one cure. In this way pathogenesis fails to appreciate the complexity of human health and wellness.

The second shortcoming is that if we are to focus on only the sick, we therefore exclude the non-diseased patients from the equation. The aim is to prevent the disease before it occurs and to understand what leads to it in the first place. If we exclude the non-diseased, and we try to focus on the ones that come to the hospital or are being flagged up as acute, we lose the concept of self-care and also lose the idea of health promotion.

The third point is that we act in a retrospective way to illness. This has transformed the current healthcare system into a 'repair shop' model. We only deal with patients once they have become sick. We don't focus on fostering and creating health anymore.

Finally, we promote this concept of over-medicalisation, we promote medical dominance, we also promote the idea that the doctor 'knows it all': We are the experts and if do get sick, we shall fix you. That is not how it is meant to be. I am aware that that my patient who has 30 years experience of their condition will tell me every drug they are on. They'll be able to tell me what makes their condition worse and what makes it better. We know how important the environment is in dementia patients and that they often become sicker when they enter the hospital.

Things need to change. With support from Veronica, we set up the NHS Social Prescribing Champion Scheme, which is now becoming a clinical champion scheme to support education, to harness it and turn

this old-fashioned educational model around. The aim of the scheme is to train students and future doctors to see the person not the patient, to work together with the patient, and promote the idea of patient activation, co-creation, co-design and shared decision making, creating plans together with the patient.

Our students have been lucky enough to join some of the workshops that Arts 4 Dementia, Veronica has kindly involved several of them all over the country in Zoom classes doing art activities with the patients. This has had a bidirectional learning effect, on one side we thought the student are going to help and join in, but in fact, it has impacted the well-being of the patient, because the students brought along with them their youthful energy, and they started bridging the intergenerational gap. I can't illustrate this better than by showcasing a quote from Hamaad Khan, a neuroscience student:

> As a neuroscience undergraduate, my knowledge of dementia was solely rooted in its biochemistry. My time at Arts 4 Dementia, however, exposed its wider scope. Past the neurofibrillary tangles and amyloid plaques, dementia is a journey of rediscovery and reconciliation. The workshops were a means to aid that journey. This holistic view, not afforded to me in my studies, has inspired a personal critical analysis of biomedical treatments which too often have narrow treatment applications.

You can see how in his degree, dementia was portrayed scientifically, but after joining the class, he started to understand what really matters to the patients, and how important it is to put their needs at the centre of their care. When I speak about medical education, I think it is really important to talk about education in general. When we started our scheme, we started to focus a bit more on doctors as clinicians forget about the multi-disciplinary approach we should all harness. We are trying to connect with as many arts students and other disciplines to try to work together to see how we can fit in social prescribing at different points in medical education and within the clinical environment.

Finally, I wanted to reflect on our roles as clinicians. I am involved in sending referrals to memory clinics all the time whilst in hospital. We often put a letter to the GP - I am working on the geriatrics department, and we often have patients with high risk of delirium or already have an undiagnosed dementia. These are perfect opportunities to supply that referral, to add on top of that referral to a social prescribing link worker within the community, and to embed the practice of social prescribing to brain health within the community. That is the perfect way to benefit from a clinical perspective.

In conclusion, I wanted to put a call for action for all of you attending today, because you are the ones who are already championing the subject, who are eager to find out more, or to use the arts as a tool to preserve brain function. I want you to spread that enthusiasm as much as you can. Together we can set up that ripple effect. That ripple effect is what the future generation needs because the sick care model is no longer enough. Whenever you think about things that are already in place, think about the students, think about the people like myself, who are just given a one-dimension biomedical teaching model. Forgetting about the psychosocial model, and not understanding how culture, arts and green social prescribing can play a crucial role in patient's health and wellbeing. If we can all share this practice with your colleagues and encourage as many people as possible to start referring patients to arts-based activities, we can shape those values for the future healthcare professionals across the world.

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