

Dr Bogdan Chiva Giurca, Clinical Champion 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 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 Foundation Doctor within the London, South Thames Foundation School, Global 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.’

The aim is to map out the diseases which lead to Alzheimer's decades earlier before we get there. I want to start with quote from Aristotle, ‘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 this picture that you can see here, there is an old-fashioned medical education model.

I want to start by focusing on education. Although hundreds of years have passed, we still teach people 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. During my medical school training, as you all know, it is filled up with anatomy, structures with 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. We were taught in a one-dimensional way, 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 get there and why are we wired to treat our patients this way, rather than working together with them. 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 their health as mere absence of disease, you only understand it at the level of individual. That means, it becomes a matter of biology or behaviour. You will focus on the 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. So, pathogenesis fails to appreciate the complexity of human health and wellness.

The second shortcoming is that we exclude the known disease from the equation, and the aim is to catch it years before, not think about Alzheimer's disease, but what leads to it in the first place. If we exclude the non-disease, and we try to focus on the ones that come to the hospital or are being flagged up, we lose the concept of self-care, and also lose the idea of health promotion. The third point is that we react in a retroactive response to illness, this repair shop that the health care system has become. We only deal with patients once they are sick. We don't focus on fostering and creating health anymore. Finally, we promote this over medicalisation, we promote medical dominance, we also promote the idea that the doctor knows it all, we are the experts and when you are sick, we fix you. That is not how it is meant to be, we know that my patients who has 30 years' experience of their condition will tell me every drug they are on. We know with dementia patients they are very particular with their environments, and 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 clinician champion scheme to support education, to harness it and turn that around. To train them 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 a patient. Our students have been lucky enough to join some of the workshops that Arts 4 Dementia (A4D), 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 effect, on one side we thought the student are going to help and join in, but in fact, it has impacted the wellbeing of the patient, because the students brought this youthful energy with them, and they started bridging the intergenerational gap. I can't illustrate this better than 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 seen in a scientific portrayal, 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. 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 and clinicians forget about multi-disciplinary approach we should harness. We are trying to connect with as many arts students and other disciplines to try to work together to how we can fit in social prescribing at different points.

Finally, I wanted to reflect on our roles as clinicians. I create referrals to memory services all the time, 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 SPLW 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.

Contact: bogdan.chivagiurca1@nhs.net