

APPENDIX 1: CHARACTERISTICS OF INCLUDED STUDIES

Author, Year, Country	Literature Type	Study Aim or Theme Addressed	Population Focus	Key Term	Minor Terms	Relevant Definitions	Quality
Adams (2001) ²⁷ United Kingdom (England)	Qualitative study	'...to examine how rank-and-file GP therapists understand and explain the concept of holism in relation to both their general practice and their integration of complementary therapies therein.'	28 GPs on the medical register of the cities of Edinburgh and Glasgow, who were practising complementary therapies.	Holism	Treating the whole person	Two general understandings of holism among GP therapists: 1. Treating the 'whole person' (physical, psychosocial, cultural, environmental). Includes two themes – exploration of personality and immediately observable behaviour of patient; and understanding the patient in their social/environmental context. 2. Enhancing holism: Ability to treat a broad range of problems. States that holism is not confined to complementary practice.	73%
Anandarajah (2008) ³⁹ USA	Theoretical: Opinion piece	Suggests a theoretical framework for spirituality in WPC.	N/A	WPC	Biopsychosociospiritual model Holistic approach	Proposes two models, which together describe WPC. 1. Body, mind, spirit, environment, social, transcendent (BMSEST) model. 2. Head, heart, hands (3H) model.	100%
Ben-Ayre, Steinmetz & Ezzo (2013) ³⁴ Israel	Theoretical: Case study	Presents 'an integrated biopsychosocial-spiritual' approach to cancer care in context of discussing two case studies.	N/A	Holistic approach	Biopsychosociospiritual approach	Argues that 'holism in medicine should be based on a [biopsychosocio]-spiritual paradigm, which may be interpreted repeatedly by the dynamics of the patient-physician dialogue.'	92%
Borins (1980) ⁴⁰ Canada	Book Chapter	Describes holistic health.	N/A	Holistic health/ medicine		' Holistic Health refers to the approach to the whole person. It is a concern for the balance of the physical, psychological, social and spiritual aspects of each person as it relates to health and disease' (author's emphasis). ' Holistic Medicine attempts to look beyond one-dimensional thinking to the unity of life, which includes seeing the oneness of all being and process, as well as being in harmony with the laws of nature' (author's emphasis).	50%
Borins (1984) ¹⁴	Theoretical: Opinion Piece	Argues that WPC is lost in a culture	N/A	Holistic medicine		'Holistic medicine approaches the physical, emotional, spiritual, and social aspects of a person as they relate to	75%

Canada		of subspecialisation, and that as a result people are seeking traditional healers/CAM.				health and disease. It emphasizes prevention; concern for the environment and the food we eat; patient responsibility; using illness as a creative force to teach people to change; the “physician, heal thyself” philosophy; and appropriate alternatives to orthodox medicine.’	
Brody (1999) ⁴¹ USA	Theoretical: Commentary	A response to a qualitative study on family physician care for native Americans.	N/A	Biopsychosocial model		Discusses that biopsychosocial model involves understanding ‘the social and cultural environment and the psychological impact that environment has on the individual, just as much as [biological factors].’ Differentiates between the biopsychosocial model as a scientific, ethically neutral theory, and patient centred care, which includes ethical aspects and communication.	58%
Brown (2007) ⁴² United Kingdom (England)	Theoretical: Guest editorial	Discusses the impact of the 2004 general practice contract in the UK on the provision of the holistic approach of traditional general practice.	N/A	Holistic care		Describes a holistic approach as one ‘where patients are treated as individuals; mind, body, emotions and spirit and seen as part of a greater whole and includes their family, society and their environment.’ Also discusses practitioner self-care as a component of holistic care.	58%
Davidson, Guassora & Reventlow (2016) ⁵⁵ Denmark	Theoretical: Opinion piece	Discusses theoretical models of understanding patients’ undifferentiated symptoms without a sharp body/mind divide.	N/A	Holistic care	Biopsychosocial model	Defines holism as being greater than the sum of the parts, and a holistic approach as relating to ‘the whole human being and the complexities of his or her cultural and social context.’ Discusses theoretical models including: -Psychosomatic approach -Biopsychosocial model -Balint’s view and patient-centeredness -The body-mind -Bodily empathy -Mentalisation	100%
DeGruy & Etz (2010) ⁵⁶ USA	Theoretical: Opinion piece	Discusses the integration of behavioural healthcare into the Patient Centred Medical Home.	N/A	WPC		Equates ‘care of the whole person’ with comprehensiveness of care that addresses all healthcare needs by integrating care provided by other team members. Argues that WPC must include the full psychosocial dimension of care (mental healthcare, family, and community contexts, substance abuse, and health behaviour change).	90%
Doherty, Baird &	Theoretical: Opinion piece	‘To evaluate the progress of family	N/A	Biopsychosocial model		Argues that the biopsychosocial model is best viewed as a ‘metatheory.’ It includes biological, personal, and social components;	83%

Becker (1987) ⁴³ USA		medicine in incorporating [the]...biopsychosocial model of medicine into its scientific and clinical work.'				as well as wider contexts (larger social and cultural units; doctor-patient relationship within the health care system). Proposes a 'split biopsychosocial model.'	
Ellyson (1958) ⁴⁴ USA	Theoretical: Opinion Piece	Discusses treating the whole patient in general practice.	N/A	Treating the whole patient		Argues that patients must be treated as a whole, including body, mind, and soul (religious aspect). Focuses on 'men of medicine' and 'men of God' working together to provide care for the whole patient. Discusses the importance of physicians 'setting an example of right living.'	58%
Epstein & Borrell-Carrio (2005) ⁶¹ USA/ Spain	Theoretical: Opinion Piece	Proposes that 'habits of mind may be the missing link between a biopsychosocial intent and clinical reality.'	N/A	Biopsychosocial model		Views the biopsychosocial model as 'a vision and an approach to practice rather than an empirically verifiable theory, a coherent philosophy, or a clinical method.' Suggests that the biopsychosocial approach should be based upon a matrix/web approach rather than a linear ordering of system levels. Discusses 'habits of mind' required for a biopsychosocial approach, including 'attentiveness, peripheral vision, curiosity and informed flexibility,' used within appropriate context.	92%
Epstein (2014) ⁶⁵ USA	Theoretical: Opinion piece	'...explore[s] ways in which Engel's biopsychosocial vision can be realized through building the capacities of clinicians to become more self-aware and resilient, and engage in compassionate action.'	N/A	Biopsychosocial		Lists eight physician behaviours/attitudes that facilitate a biopsychosocial approach: <ul style="list-style-type: none"> • 'From fragmented self to whole self • From othering to engagement • From objectivity to resonance • From detached concern to "tenderness and steadiness" • From self-protection to self-suspension • From focus on well-being to focus on resilience • From empathy to compassion • From whole mind to shared mind' 	83%
Fortin, Hudon, Bayliss,	Theoretical: Opinion Piece	To '...review the relationship between	N/A	Caring for the whole patient		'Caring for the whole implies considering the entire person behind the symptoms within his or her life context. It also mandates focusing on the patient's <i>experience</i> of the symptoms...finding common ground	83%

Soubhi & Lapointe (2007) ⁴⁵ Canada/ USA		psychological distress and multimorbidity... and discuss a team-based approach to managing care for this complex patient population.'				with the patient and collaborating on an approach that incorporates the patient's perspective' (author's emphasis).	
Fraser-Darling (1985) ⁵⁷ United Kingdom (England)	Theoretical: Reflection on case study	Reflects on a case study in which spiritual care was provided to a patient.	N/A	Holistic Care		Discusses a single element of holistic care: Spiritual care (from a Christian perspective). Describes this as involving empathy (mental, emotional, spiritual); being with the patient; avoiding being judgemental; and avoiding creating inappropriate professional distance.	42%
Freeman (2005) ¹⁸ USA	Theoretical: Opinion Piece	Discusses the definition of holism.	N/A	Holism		Briefly reviews the literature on holism, identifying understandings including complementary/alternative medicine, spirituality in health, nursing practice, and biopsychosocial medicine. Argues that 'what is 'holistic' depends on where you stand' [ie. it is the largest scale that is relevant to you]. States that the European Academy of Teachers in General Practice/Family Medicine definition of holism ('the ability to use a biopsychosocial model taking into account cultural and existential dimensions') is 'quite a good one.' Argues that 'holism does not mean "anything outside traditional allopathy"' and that holism is not reductionist or limited to a single therapy.	100%
Freeman & McWhinney (2016) ¹² USA	Book chapter	Argues for a paradigm shift in medical thinking from biomedical to a 'new paradigm.'	N/A	Holistic		A holistic approach to medicine considers it 'impossible to consider any illness without reference to the patient's self...[sees] the patient as a whole, an integrated being with a history, a present, and a future that is ensconced in myriad psychological realities, social relationships, and environmental challenges, against a background of genetic propensities.'	100%
Grantham (1983) ³⁵ Canada	Theoretical: Opinion Piece	Argues for a role for behavioural medicine as a special interest area in family	N/A	Whole person medicine	(w)holistic medicine	Uses whole person and biopsychosocial medicine as synonyms. Argues that behavioural medicine is an element of these approaches.	92%

		practice, and its inclusion in medical school curricula.		Biopsychosocial medicine		Argues that holistic medicine is a ‘disreputable term’ due to its association with lack of professionalism, renunciation of science and excessive entrepreneurism.	
Hepworth & Cushman (2005) ⁶⁰ USA	Theoretical: Opinion piece	Discusses barriers to implementing the biopsychosocial model and proposes solutions to these.	N/A	Biopsychosocial		The biopsychosocial model involves analysing different ‘levels’ of the ‘biological person in context such that each level of analysis impacts and is impacted by the others.’ Involves physician characteristics including thoroughness, competence, and compassion. Discusses the medical home concept as a similar term.	83%
Herman (1989) ⁶² Israel	Theoretical: Opinion Piece	Advocates a ‘transitional model’ (‘split biopsychosocial model’) of practice, in response to the practical difficulty of applying the biopsychosocial model.	N/A	Biopsychosocial		Argues that the biopsychosocial approach involves social, psychological, and biological knowledge and skills, however they don’t necessarily need to be employed simultaneously in all encounters. Suggests a ‘split biopsychosocial model.’	100%
Howie, Heaney & Maxwell (2004) ⁶⁶ United Kingdom (Scotland)	Theoretical: Opinion Piece	Argues that patient centeredness and holism are the two concepts that best describe the core values of general practice. Discusses the Consultation Quality Index (CQI) instrument, which was designed to measure quality in relation to these values.	N/A	Holism		Defines holism as ‘the construction of diagnoses in biopsychosocial terms.’ Involves recognising and addressing relevant comorbidities; addressing preventive health; and providing continuity of care that facilitates patients revealing key personal information to the doctor. Uses ‘consultation length’ and ‘how well the patient knows the doctor’ as proxies for holism. States that ‘the biopsychosocial model is represented by the values of holism (representing the “what”) and patient-centeredness (representing the “how”).’	100%
Jimenez (2004) ³⁶	Theoretical: Opinion Piece	Argues that family physicians are ideally placed	N/A	Biopsychosocial		The term biopsychosocial ‘implies that every person has biologic, psychological and social dimensions,’ and perceives how systemic societal characteristics act on these factors.	67%

Canada		to integrate research on biological and psychosocial aspects of the person.				Equates the term biopsychosocial with ‘a holistic view.’	
Margalit, Glick, Benbassat, Cohen & Margolis (2007) ⁴⁶ Israel	Mixed methods study Note: Only the initial component of the study, in which family physicians are asked to determine what types of observed behaviour constitute a biopsychosocial consultation, is included in analysis. Subsequent tool validation is excluded due to lack of relevance to the research question.	‘To identify the skill components of a biopsychosocial consultation beyond those of the patient centred interview, and develop an easy-to-use tool for their measurement.’	Qualitative phase: 35 family physicians (respondents from 3 email discussion groups: 19 from USA, 6 from Canada, 5 from Europe, 4 from Israel, 1 from Australia)	Biopsychosocial		Three aspects of observed physician behaviour characterise a biopsychosocial consultation: -Patient-centred interview -System-centred and family-centred approach to care -Problem-solving orientation	50%
McWhinney (1980) ²⁸ Canada	Theoretical: Opinion Piece	Discusses the meaning of holistic medicine.	N/A	Holistic Medicine		Holistic medicine is ‘understanding and treating illness in its context’ and is not ‘unorthodox.’ Identifies 2 misunderstandings of holistic medicine: -Giving ‘license to pry into any aspect of a patient’s personal life’ -Encouraging ‘the “medicalisation” of life’	100%
McWhinney (1997) ⁶⁷ Canada	Theoretical: Editorial	Argues that family medicine ‘transcends the dualistic dissociation of	N/A	Treating the whole person		‘Treating the whole person’ involves attending to both body and mind and recognising their interaction, rather than adopting a dualistic approach.	92%

		mind and body' and for the importance of this approach.					
Medalie (1978) ⁴⁷ USA (author from Israel)	Book chapter	Describes 'the interlocking dimensions of medical practice,' including levels of practice, patterns of care and team members. Presents a conceptual tool ('practice-gram') to describe the extent of family medicine and evaluate types of practice.	N/A	Whole person approach		The whole person approach 'sees the complaint, problem or disease in the context of a patient with physical, emotional and social attributes which cannot be separated from each other.' Proposes a three level model of family medicine, including the individual level, family level, and community level. The whole person approach forms the second layer (above 'the case approach' [ie. biomedical approach]) of the individual level within this framework. The family level and community level are not included in the whole person approach, but viewed as additional levels that build on the individual level.	92%
Medalie (1990) ⁶⁸ USA	Theoretical: Opinion Piece	'...angina pectoris is examined to validate the concept of the biopsychosocial model.'	N/A	Biopsychosocial		Expands the biopsychosocial model to include 'family, neighbourhood, work environment, and community... [the] physician-patient relationship and an understanding of the physician's own beliefs [and] biases...' Emphasises that the biopsychosocial model incorporates reductionism. Argues that the biopsychosocial model does not allow for changes over time.	100%
Murray, Kendall, Boyd, Worth & Benton (2003) ³⁷ United Kingdom (Scotland)	Qualitative study	To determine whether GPs perceive they have a role in providing spiritual care, and factors they see as barriers/ facilitators to assessing spiritual needs and providing spiritual care.	GPs treating 40 patients with life threatening illness (20 heart failure NYHA grade III-IV, 20 inoperable lung cancer).	Holistic	Whole person	Spiritual care is part of the GPs role in providing holistic care.	32%

O'Brien, Wyke, Guthrie, Watt & Mercer (2011) ³⁸ United Kingdom (Scotland)	Qualitative study	'To understand general practitioners' (GPs) and practice nurses' (PNs) experiences of managing multimorbidity in deprived areas and elicit views on what might help.'	19 GPs and PNs from 4 practices with a high proportion of patients living in the top 15% most deprived areas of Scotland	Whole person intervention Holistic		Found that a 'whole person' approach might help to manage multimorbidity in the context of social deprivation. Components of a whole person intervention included: -Relationship -Making patients feel valued -Empowerment -Patient-centeredness -Understanding the context in which the patient manages Meaning of holism differed between GP practices: -Practice A, C, D: Taking interest in patients as people and building relationships with them; looking at patients' background and goals. -Practice B: Looking 'at all the patient's conditions together.' Placed limits between the medical and the social; did not view dealing with social issues as their role.	95%
Pauli, White & McWhinney (2000) ⁶³ Switzerland/ USA/ Canada	Theoretical: Opinion piece/ literature review	Argues for an expansion of the biomedical model to incorporate 'how each patient's experiences impinge on health status.'	N/A	Biopsychosocial		Proposes a 'psychosomatosemiotic' model that expands on the biopsychosocial paradigm and 'seeks to explain why in a living, self-regulating system informational inputs are essential regulators of biological processes.'	92%
Pietroni (1984) ⁵⁸ United Kingdom (England)	Theoretical: Opinion Piece	Describes the principles underpinning the practice of holistic medicine, in the context of discussing the British Holistic Medical Association.	N/A	Holistic medicine		Identifies principles underlying holistic medicine: -'The whole is greater than the sum of the parts' -'The use of a wide range of medical interventions', including 'orthodox approaches...whole person therapies and self-help skills...and "alternative or complementary" methods' -'Education as well as treatment' -'Doctor-patient relationship' -'Physician heal thyself' philosophy	58%
Pietroni (1984) ²⁹ United Kingdom (England)	Theoretical: Opinion Piece	Argues that a dualistic, mechanistic and reductionistic approach to medicine should be replaced with a monistic,	N/A	Holistic Medicine	Whole person medicine	Principles of holistic medicine include: -Viewing the human as multidimensional (mind, body, spirit), with the whole being greater than the sum of the parts -Interconnectedness between humans and the environment -Disease resulting from imbalance -Humans' innate capacity for self-healing, with the primary task of the doctor to encourage this. This can often 'be better accomplished through education than through direct intervention'	92%

		humanistic and holistic approach.				-‘Physician heal thyself’ philosophy In addition to physical, psychological, and social factors, holistic medicine encompasses ‘new’ fields of science such as psycho-neuro-immunology, physics, field force, systems theory, holographic theory of brain storage mechanisms, and nature of healing and healing energies. Holistic medicine is ‘not just about alternative or complementary medicine.’	
Pietroni (1986) ³⁰ United Kingdom (England)	Theoretical: Editorial	Addresses the debate surrounding the use of CAM. Specifically discusses holism, and funding of CAM.	N/A	Holism		Argues that holism is based on systems theory and ‘the educational model of health care’ and transcends any particular therapy (ie. it is not exclusive to CAM).	58%
Pietroni (1986) ⁴⁸ United Kingdom (England)	Theoretical: Symposium introduction	Introduction to a symposium of articles addressing CAM in general practice.	N/A	Holistic		A holistic approach includes ‘a willingness to take into account several factors in the causation of the presenting problem (physical, emotional, dietary, spiritual)...willingness to use a wide range of interventions...attempts to include the patient as much as possible in his own health care and draws attention to the importance of the practitioner’s own state of well-being.’ Argues that the holistic approach is not restricted to complementary medicine.	75%
Pietroni (1987) ¹⁶ United Kingdom (England)	Theoretical: Symposium	Discusses developments in and definitions of holistic, alternative and complementary medicine; discusses general practice incorporating some of these.	N/A	Holistic medicine		States holistic medicine involves: ‘Responding to the person as a whole (body, mind and spirit) within the context of his environment (family culture and ecology) Willingness to use a wide range of interventions... Participatory relationship between the doctor and patient... Awareness of the impact of the “health” of the practitioner on the patient.’ Argues that holistic approach is not restricted to complementary medicine.	83%
Pietroni (1997) ³¹	Theoretical: Opinion piece	The relationship between holism and reductionism – argues that a reductionist	N/A	Holistic	Whole person Biopsychosocial	Holism ‘is the study of the relationship between parts and the whole, ie. How parts are related to each other and come together to form a whole,’ and must encompass reductionism. Whole person medicine:	83%

United Kingdom (England)		approach to 'defining the parts' is an essential element of holism.				<p>- 'Treats the whole person rather than the disease' in the context of their environment</p> <p>- Emphasises prevention</p> <p>- Involves doctor attending to their own health</p> <p>- Is willing to use a wide range of therapies</p> <p>The biopsychosocial model aims to place the patient in psychological and social context.</p> <p>Argues that a holistic approach is not restricted to complementary medicine.</p>	
Rabinowitz, Cullen & Feinstein (1998) ⁶⁴ USA	Theoretical: Opinion piece (Commentary)	'...proposes a model of family practice, based on host/ environment interactions, that combines aspects of biomedical, biopsychosocial, and [community oriented primary care]... models applicable to the care of individual patients.'	N/A	Biopsychosocial		States that the biopsychosocial model's 'multi-level complexity may deny a more holistic understanding of the patient.'	92%
Rabinowitz (1999) ⁴⁹ USA	Book chapter	'Review[s] the development of major theories of primary care practice, with a focus on their psychosocial aspects.'	N/A	Biopsychosocial		'The biopsychosocial approach, based in systems theory, sets up a vertical hierarchy of levels of interactions that could be taking place in any clinical situation, ranging from the lowest (atomic level) through molecular, tissue, organ and individual levels, and beyond this to two-person, family, community and society levels.'	100%
Risdon & Edey (1999) ⁵⁰ Canada	Theoretical: Opinion piece	Discusses the importance of authentic physician-patient relationships in providing holistic care.	N/A	Treat[ing] the whole patient Holistic		<p>"'Holistic' care means considering illness along with disease widening the physician's field of vision to include personal as well as pathophysiologic elements of the patient's experience of sickness... truly holistic care consciously places the <i>physician</i> in the system.'</p> <p>Whole patient care involves treating 'mind, body, and spirit, disease and illness.'</p>	66%

						Argues that holistic care involves an authentic patient-physician relationship, involving self-awareness and intentional mutuality.	
Rosenblatt (1997) ⁵⁹ USA	Theoretical: Opinion piece (Commentary)	Presents the ecobiopsychosocial perspective as an 'expanded conceptual framework to grapple with global issues that affect individual health and the integrity and sustainability of the human community.'	N/A	Biopsychosocial (specifically ecobiopsychosocial)		Expands upon the biopsychosocial model to present an 'ecobiopsychosocial' perspective.	67%
Sawa (1988) ⁶⁹ Canada	Theoretical: Opinion piece	'Outlines methods of incorporating the family into medical care.'	N/A	Whole person medicine	Biopsychosocial model	Whole-person medicine: - '...demands a person-centred approach, but it also recognizes the "context" or family setting of the ill person as inseparable from the healing process.' - '...rejects a materialistic premise and encompasses subjective feelings and relationships, as well as the spiritual dimension. It views healing as restoring wholeness. It requires self-knowledge, moral awareness, a reflective habit of mind, and a capacity for reflective listening and for empathy.' - Views the whole as greater than the sum of the parts; and results in personal growth of the physician. - '...does not integrate systems thinking into its conceptual framework.' The biopsychosocial model 'integrates social, psychological and biological factors in treating illness' using a systems approach.	100%
Sheldon (1989) ⁵¹ United Kingdom (England)	Theoretical: Opinion Piece	Summarises a report from the Churches' Council for Health and Healing on the Christian approach to whole person medicine.	N/A	Whole-person medicine		Emphasises the inclusion of spirituality in whole person medicine: 'In an approach to medical care of the whole person it may not be enough to consider only the physical, psychological, and social aspects. These components can include emotional and volitional aspects of the person as well as his or her relationships. The whole-person approach may still be incomplete, however, if it excludes a consideration of the spiritual nature of man.'	50%
Stange (2009) ⁵²	Theoretical: Editorial	'...explores an integrated way of understanding	N/A	Holarchy of health care		Describes a 'holarchy of health care' that includes fundamental health care (psychosocial acute and chronic illness, managing patient concerns), integrated care, prioritised care and healing/transcendence.	92%

USA		how the components of health care can work together to balance access, cost and quality.’					
Stewart (1975) ³² Canada	Thesis	Aim: ‘...to devise a method of identifying whole person (holistic) care in the setting of family practice.’	Defines holistic care by Pearson’s procedure for operationalising a concept. Definition was reviewed by committee of 3 family physicians, who provided written comments, gave further opinion and weighted components of the definition Subsequent study (not analysed in this review) assessed two measures of patient care. Participants included 29 patients with chronic illness and 6 family physicians.	Holistic care	WPC	Recognises that different definitions of holistic care have been offered. ‘Holistic care was defined as care which took account of the patient’s physical, psychological and social problems. In other words, the physician viewed the patient’s mind, body and environment as integral parts of his being and all these parts were taken into account in the physician’s data gathering and management.’ Other features included: -Being ‘synergistic and not merely the sum of separate parts.’ -‘...the consideration of the impact or implications of these factors on the daily life of the patient.’ -An understanding of human development. -‘...a set of values and behaviours on the part of the physician... empathy, awareness of his own person and a neutral, non-judgemental view.’ -Preventive and family approach. Physicians disagreed on the relative weighting of the different components of the definition.	80%
Strandberg, Ovhd, Borgquist & Wilhelmsson (2007) ²² Sweden	Qualitative study	‘...to explore the perceived meaning of a holistic view among general practitioners and district nurses.’	22 GPs and 20 nurses working in primary care in two Swedish county councils. Divided into 4 GP focus groups and	Holistic view		A holistic view involves: 1. Attitude: -Professional: The whole is seen as greater than the sum of the parts -Political/administrative 2. Knowledge: Factual and tacit 3. Circumstances -Motivating factor	91%

			3 nursing focus groups.			-Organisation -Sphere of activity (house visits) -Tool (consultation, communication)	
Sturmberg (2005) ⁵³ Australia	Theoretical: Opinion Piece	'...describes, through a systems-based methodology, the translation of the somato-psycho-socio-semiotic understanding of health into a flexible teaching approach for students and in a postgraduate setting for registrars.'	N/A	Holistic Care		Holistic care involves acquiring knowledge of the four dimensions of health and disease (somatic, psychological, social, semiotic), understanding the relationships between these components, and using this understanding to heal patients, while integrating the roles of different health care providers.	92%
Van Velden (2003) ³³ South Africa	Theoretical: Opinion Piece	Describes the post-modern 'holistic bio-psycho-social model,' contrasting this with 'the reductionalistic and scientific biomedical model of modernism.'	N/A	Biopsychosocial	Holistic Whole person wellness	'...holistic health considers the whole person and how he/he interacts with the environment. Doctors become more patient-centred, rather than disease-centred...Optimal health is...the conscious pursuit of the highest qualities of the spiritual, mental, emotional, physical, environmental, occupational and social aspects of the human experience, as illustrated in the bio-psycho-social model.' Features of a holistic biopsychosocial approach include: -Exploring genetic, physical, environmental, biological, social, intellectual, occupational, and spiritual aspects of health -Treating the patient in context of family and community -Entertaining subjectivity -'Person' concept replacing 'disease' concept -Dialogue between doctor and patient, patient taking responsibility for their health Relates the holistic approach to post-modernism.	58%
Vogt, Ulvestad, Eriksen & Getz (2014) ⁷¹ Norway	Theoretical: Opinion piece	Addresses 'whether systems medicine [can] provide a comprehensive conceptual account of and approach to the	N/A	Holistic		Argues that 'systems medicine as currently envisioned cannot be said to be integrative, holistic, personalised or patient-centred in a humanistic sense,' but must be 'complemented with other methods.'	92%

		patient and the root causes of health problems, and – furthermore – ...[whether] such an account [can] be reconciled with the humanistic concept of and approach to the patient as a person.’					
Vogt, Hofmann & Getz (2016) ⁷⁰ Norway	Theoretical: Opinion piece/ literature review	‘...to analyse the concept of <i>holism</i> in P4 systems medicine, both with regard to its methods and conceptualization of health and disease.’	N/A	Holistic		Argues that systems medicine (P4 medicine – predictive, preventive, personalised, participatory) ‘represents a <i>technoscientific holism</i> resulting from an altered, more all-encompassing technological gaze on human life and related changes in biomedicine’s methods and philosophy, which points towards... <i>holistic medicalization</i> [in which]...each person’s whole dynamic life process is defined in biomedical, technoscientific terms as controllable and underlain a regime of control...’ (author’s emphasis) Distinguishes between ‘humanistic holism’ and ‘technoscientific holism’ – ‘[P4 systems medicine] is not a return to the holism of humanistic medicine as in medicine that is focused on the defining capacities, subjective experience and values of whole persons. Rather, it is biopsychosocial, patient-centered and person-centered medicine – or the “ <i>art</i> ” of medicine – being redrawn in technoscientific terms’ (author’s emphasis).	92%
Wun (2002) ⁵⁴ Hong Kong	Theoretical: Opinion Piece	‘...proposes and discusses a simplified definition [of general practice or family medicine]: a general practitioner (GP) is a physician who personally provides whole person health care to individuals and	N/A	WPC		Distinguishes between whole person and holistic care. Holistic care is ‘the cross-sectional view of a person at a certain point in the lifespan,’ whereas WPC ‘is the accumulation of many instances of holistic care throughout the lifetime’, including care for multiple systems/organs.	92%

		families in their living environment.'					
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