

Whole-person care approach framework

The whole-person care approach considers multiple dimensions of the person in an integrated way and emphasises the doctor-patient relationship.¹

These dimensions include:

- **biomedical**, including:
 - AOD history
 - current psychiatric state ([MSE](#)) including risk assessment
 - systems based enquiry eg
 - respiratory
 - cardiovascular
 - gastrointestinal
 - nervous system (head injuries, cognitive impairment)
 - musculoskeletal
 - genitourinary
 - obstetrics and gynaecology
 - endocrine
 - chronic pain
 - sexual health
 - blood borne viruses
 - dentition
 - medications
- **mind-body**, including:
 - cultural identity
 - psychological resources and supports
 - activities/hobbies
 - housing
 - finance
 - employment
 - justice system involvement
 - gambling
- **connection**, including
 - relationships with family, dependants and other social connections
 - domestic violence
- **activity**, including:
 - physical activity
 - sleep
- **nutrition**, ie diet.

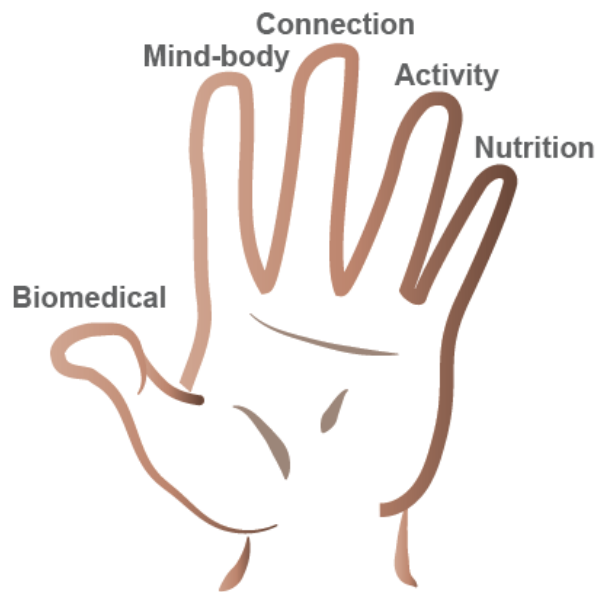


Figure 3 Whole-person approach Version 2.
Adapted from: White R, Hayes C, White S & Hodson FJ. [Using social media to challenge unwarranted clinical variation in the treatment of chronic noncancer pain: the “Brainman” story](#). Journal of Pain Research, 2016; 9:701-709. DOI: 10.2147/jpr.s115814.

Practice tip: Consider entering this list into your computer’s autofill software to use when performing a comprehensive assessment. You may also like to use these five dimensions to guide your appointments during the AOD assessment process.

References:

1. Thomas H, Best M, Mitchell G. [Whole-person care in general practice: The nature of whole-person care](#). AJGP 2020;49(1-2).