

### The Soul of Medicine: Can Holistic Physicians Survive a Technocratic System?

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#### Abstract

Modern medicine, driven by technological advancements, rigorous institutional credentialing, and evidence-based protocols, predominantly cultivates the archetype of Doctor A—a technocratic physician characterized by technical expertise, procedural proficiency, institutional alignment, and societal recognition. In contrast, Doctor B-a holistic physician—represents a distinctly different, often self-made archetype marked by intrinsic spiritual grounding, empathetic presence, holistic patient care, and lifestyle-oriented interventions. Although systemic incentives overwhelmingly favour and reward Doctor A, patient communities frequently express deeper trust, satisfaction, and therapeutic relationships with Doctor B. At Bethsaida Hospital in Indonesia, under the leadership of Prof. Dasaad Mulijono, integrating Doctor B's compassionate and holistic approach with advanced evidence-based medical interventions, such as Drug-Coated Balloon (DCB) angioplasty combined with a Whole-Food Plant-Based Diet (WFPBD), has yielded transformative clinical outcomes. These include significantly reduced restenosis rates, superior metabolic control, decreased medication dependency, and enhanced overall patient well-being. Furthermore, Bethsaida Hospital leads nationally by incorporating artificial intelligence (AI) into WFPBD practice, becoming Indonesia's first healthcare institution to adopt this innovative approach. This article critically examines the systemic forces contributing to Doctor A's dominance, explores the patient-driven preference for Doctor B, evaluates the clinical and societal consequences of this imbalance, and proposes actionable solutions aimed at reintegrating compassion, spiritual intelligence, and holistic care into contemporary medical practice, addressing the ongoing patient demand for authentically empathetic and spiritually grounded physicians.

Keywords: Modern Medicine, Physician Archetypes, Holistic Care, Compassion, Medical Education, Systemic Bias, Patient Preference, Spiritual Intelligence, Healthcare Reform, Bethsaida Hospital, Prof. Dasaad Mulijono

### **1. Introduction**

The evolution of medicine into a technologically sophisticated, evidence-driven discipline has profoundly reshaped the contemporary physician's identity. Modern medical education and healthcare systems predominantly cultivate doctors adept at technical proficiency, procedural competence, and institutional alignment—collectively embodied in the archetype of Doctor A [1-4]. This archetype thrives within a structure that heavily emphasizes quantifiable metrics, such as publication rates, procedural volumes, and institutional compliance. Entry into prestigious programs frequently favours individuals with socioeconomic privileges or influential networks, perpetuating a cycle that marginalizes holistic and empathetic approaches.

However, concurrently, an alternative physician model persists, often operating quietly outside institutional limelight but deeply

valued by patients. Doctor B's self-made physician archetype prioritizes spiritual depth, compassionate engagement, empathetic presence, and patient-centred holistic care, often leveraging transformative lifestyle interventions such as WFPBDs. Despite minimal institutional recognition, Doctor B consistently fulfils patients' emotional and holistic needs, cultivating deep therapeutic trust and fostering genuine healing [5-9].

This paper systematically explores how modern medicine promotes Doctor A, elucidates the compelling paradox of patient preference for Doctor B, examines the broader clinical, emotional, and societal implications of this imbalance, and outlines actionable strategies for medical education and institutional policy reform. Through comprehensive analysis, this article advocates for a balanced, spiritually intelligent approach in medicine, exemplified by the successful integrative practices at Bethsaida Hospital, Indonesia, under Prof. Dasaad Mulijono, aiming to reinstate compassion and holistic care at the heart of contemporary medical practice [10-13].

# 2. The Making of Doctor A: Institutional and Systemic Influences

Modern medical education, particularly in developing countries, emphasizes standardized protocols, technological reliance, and quantifiable outcomes. Entry into prestigious programs frequently favours applicants with socio-economic advantages or influential networks. In this framework, medical students and specialists are conditioned toward publications, procedural volume, and institutional compliance metrics. Thus, Doctor A emerges technically adept but emotionally detached, institutionally celebrated yet spiritually underdeveloped. During crises such as the COVID-19 pandemic, many physicians exemplifying Doctor A retreated to institutionally sanctioned safety, often leaving patients emotionally isolated [13].

# **3.** Doctor **B**: The Spiritually Grounded and Patient-Centric Alternative

Doctor B's path is uniquely defined by intrinsic motivation, personal conviction, and spiritual grounding, rather than by institutional mandates. Frequently overlooked by formal systems, Doctor B excels in qualities patients deeply value: empathetic listening, compassionate care, and healing grounded in genuine presence.

Their patient-centred, holistic approach—often incorporating plant-based nutrition and lifestyle medicine—has demonstrated transformative impact, particularly during public health crises. Despite receiving little institutional recognition, Doctor B consistently meets patients' physical, emotional, and spiritual needs, cultivating deep trust and meaningful healing. During the COVID-19 pandemic, many such physicians served on the front lines, courageously risking their lives in faithful adherence to their professional oath [14-16].

# 4. Paradox: Institutional Endorsement versus Patient Preference

A significant irony persists while medical institutions formally recognize and endorse Doctor A, patient preference strongly leans towards Doctor B. Institutional recognition of Doctor A's measurable, quantifiable outcomes contrasts starkly with the intangible yet deeply impactful healing provided by Doctor B. Patients, especially during crises or vulnerable periods, instinctively gravitate toward the empathetic and holistic approach embodied by Doctor B.

### 5. Consequences of Systemic Bias

The dominance of Doctor A in modern medicine has profound consequences:

- Burnout and Emotional Fatigue: Doctor A often experiences burnout, having traded emotional fulfilment and meaningful patient connections for institutional metrics and professional accolades [17-20].
- Patient Distrust: Patients increasingly seek alternative treatments or social media influencers, perceiving a lack of genuine compassion and personalized care within conventional medical institutions [21-23].
- Spiritual and Emotional Void: Medicine's core virtues compassion, moral courage, and empathetic presence diminish, creating an emotional and spiritual vacuum in healthcare [24-26].
- Equity Concerns: Particularly in developing countries, systemic biases marginalize talented Doctor B who lack conformity, thereby perpetuating inequities in career advancement and patient care quality.

Aspect	Doctor A – The Technocratic Physician	Doctor B – The Holistic Physician
Formation Pathway	Institutionally trained, system-aligned	Self-made, spiritually grounded
Primary Focus	Technical precision, procedural success	Compassionate care, holistic healing
Motivation	Career advancement, recognition, and institutional metrics	Inner calling, service, spiritual purpose
Treatment Approach	Symptom-based, pharmaceutical, and procedural interventions	Root-cause resolution, lifestyle medicine, nutrition, and emotional support
Patient Interaction	Brief, clinical, protocol-driven	Deep listening, empathetic, presence-based
System Recognition	Highly rewarded, institutionally endorsed	Often marginalized, rarely institutionally recognized
Technology Use	Relies on devices, imaging, and procedural tools	Embraces technology selectively, especially AI for lifestyle personalization
Crisis Behavior	Adheres to institutional directives, avoids risk	Stands by patients, often sacrificially present during crises

Outcome Orientation	Focuses on short-term, measurable results	Prioritizes long-term healing, quality of life, and transformation
Spiritual Intelligence	Often undervalued or neglected	Central to practice, informs decision-making, and patient care
Public Perception	Respected professionally, may be perceived as distant	Loved by patients, seen as a healer and companiona

#### Table: Contrasting Archetypes – Doctor A vs. Doctor B

# 6. Impact of Integrating Doctor B's Approach at Bethsaida Hospital, Indonesia

Recognizing the inherent limitations of purely procedural medical interventions, Bethsaida Hospital, under the leadership of Prof. Dasaad Mulijono, has embraced the principles embodied by Doctor B, emphasizing compassion, empathy, and holistic patient care alongside evidence-based medicine. Central to this integrative model is the adoption of a WFPBD as an essential adjunct to DCB therapy for coronary artery disease (CAD). This holistic approach directly addresses the underlying metabolic and inflammatory mechanisms driving CAD, including obesity, hypertension, type 2 diabetes mellitus (T2DM), dyslipidaemia, endothelial dysfunction, and the negative impacts of conventional dietary patterns.

Implementing this integrated, compassionate approach at our cardiology centre has yielded remarkable clinical outcomes. Patients with hypertension have commonly achieved normotension, often allowing for the withdrawal of antihypertensive medications. Those struggling with excess weight have consistently attained sustainable reductions in body mass index (BMI), frequently reaching optimal BMI ranges between 21 and 22. Individuals with severe hyperlipidaemia have routinely met rigorous low-density lipoprotein cholesterol (LDL-C) targets of below 30 mg/ dL through a synergistic combination of WFPBD and targeted pharmacological interventions, including high-intensity statins and ezetimibe. Additionally, notable improvements have been recorded in patients with moderate chronic kidney disease,

who regularly demonstrate normalized serum creatinine levels. Diabetic patients under this holistic regime frequently experience exceptional glycaemic control, with haemoglobin A1c (HbA1c) levels routinely reduced below 6%, leading to insulin independence in many cases [27-33].

Perhaps most significantly, the integration of compassionate, spiritually informed care and WFPBD with advanced DCB therapy has resulted in a dramatically reduced restenosis rate of approximately 2%, markedly lower than conventional standards. Imaging and clinical evidence increasingly confirm stabilization and regression of atherosclerotic plaque burden, defying traditional expectations of inevitable pharmaceutical dependency and procedural recurrence. These outcomes underscore the importance and effectiveness of a compassionate, lifestyle-focused approach in contemporary cardiovascular care.

Bethsaida Hospital thus stands as a global exemplar of the Doctor B model, successfully integrating empathy, spiritual values, and evidence-based nutritional interventions into advanced cardiology practice. We are pioneering a paradigm emphasizing holistic healing through faith, hope, and love, reflecting our conviction that true healing extends beyond physical interventions to nurture the mind, body, and spirit comprehensively. Additionally, Bethsaida Hospital leads the way in Indonesia by integrating AI into the WFPBD practice, becoming the first institution in our country to adopt this innovative approach [34-51].



#### 7. Solutions and Recommendations

To address these issues, medical education and institutional policies must shift toward greater inclusivity and appreciation of holistic values:

- 1. Integration of Spiritual and Emotional Intelligence: Medical curricula must incorporate training in spiritual care, emotional intelligence, and compassionate communication as core competencies.
- 2. Recognition and Reward for Compassionate Care: Medical institutions should establish reward mechanisms that recognize emotional and spiritual care excellence alongside technical proficiency.
- 3. Diversity in Credentialing and Career Progression: Institutions should create inclusive pathways that allow physicians like Doctor B to achieve career progression without compromising their holistic values.
- 4. Policy Reforms: Medical boards and associations should expand their assessment criteria beyond procedural and publication metrics to include patient satisfaction, compassionate care measures, and holistic practice indicators.

### 8. Conclusion

Medicine today stands at a pivotal crossroads, challenged by the need to harmonize rapid technological progress and institutional rigor with enduring humanistic values-compassion, empathy, spiritual insight, and holistic care. The dominance of Doctor A, while systemically rewarded and institutionally favoured, has unintentionally contributed to emotional detachment, patient distrust, and professional burnout, highlighting critical gaps in contemporary healthcare practices. Conversely, the patientpreferred Doctor B archetype, characterized by intrinsic spiritual grounding and comprehensive, compassionate care, offers a powerful counterbalance proven by remarkable clinical outcomes and patient satisfaction at Bethsaida Hospital under Prof. Dasaad Mulijono's leadership. The integrative approach exemplified at Bethsaida-combining cutting-edge medical interventions with spiritually-informed holistic care and lifestyle medicine, notably WFPBD-demonstrates significant potential for reducing disease recurrence, optimizing metabolic health, and dramatically improving overall patient wellness.

To reconcile this systemic disparity and meet growing patient demands, medical education and healthcare policies must deliberately foster emotional intelligence, spiritual competencies, and holistic values within clinical practice. By promoting balanced development of both technical proficiency and compassionate, spiritually grounded care, healthcare systems can nurture physicians who are not only highly skilled but morally courageous, deeply empathetic, and spiritually insightful—true healers in the fullest sense, whom patients worldwide deeply yearn for and trust.

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