Our Health System - On a Faulty Foundation

A discussion paper for PEI healthcare and educational leaders

Hendrik Visser, MD

Executive Summary

Our Health System – On a Faulty Foundation argues that many of the challenges facing Prince Edward Island's healthcare system—and healthcare across Canada—cannot be solved by increased funding or structural reforms alone. The paper contends that Western medicine continues to rely primarily on the centuries-old *biomedical* model, rooted in René Descartes' concept of mind-body separation. While this model has been remarkably successful in treating acute illness, infection, physical trauma, and extending life expectancy, it is less effective in addressing today's growing burden of chronic pain, mental illness, trauma-related conditions, addiction, and other complex chronic diseases.

Drawing on modern neuroscience and the work of researchers including António Damásio, Bessel van der Kolk, John Sarno, and Howard Schubiner, the paper advocates for a comprehensive *bio-psycho-social-spiritual* model of care that recognizes the inseparable relationship between the brain, body, emotions, relationships, spirituality, and lived experience.

The paper identifies three major benefits of this shift: creating a healthier and more resilient healthcare workforce through trauma-informed leadership; addressing the underlying contributors to chronic illness rather than focusing primarily on symptom management; and investing in prevention by recognizing and responding to adversity and trauma early in life.

To achieve meaningful reform, the author recommends educating healthcare leaders and frontline clinicians in contemporary neuroscience and mind-body medicine, while encouraging insurers and compensation systems to adopt evidence-based treatments such as Pain Reprocessing Therapy and Emotional Awareness and Expression Therapy.

The paper concludes that sustainable healthcare transformation requires rebuilding the system's conceptual foundation—not simply investing more resources into the existing model. By embracing a whole-person approach, healthcare leaders can improve patient outcomes, reduce unnecessary costs, strengthen the workforce, and build a more compassionate and sustainable healthcare system for future generations.

Introduction

Our broken healthcare system has a faulty foundation. It goes as far back as the 1600's when René Descartes famously said, "I think, therefore I am." He held that human beings consist of both a physical body governed by physical laws and an immaterial mind that is not subject to physical laws. This philosophical underpinning upon which our entire Western *biomedical* system is built is called "Cartesian Dualism."

But it is faulty. It has been thoroughly debunked by modern neuroscience. The mind and body are one. Houses on faulty foundations eventually crumble. Unfortunately, most of us in the healthcare profession haven't checked the basement. Powerful entities, like "big pharma," don't want us looking there. Many of us just keep doing what we've always done while turning a blind eye, hoping for the best.

But it's not working. And it leaves many people suffering unnecessarily. Just recently, a study of Canadian Emergency Room doctors, published in the Canadian Medical Association Journal[i], and reported on in *The Guardian,* highlighted the burnout and attrition among their numbers. PEI has the highest per capita rate of patients without a regular primary care provider[ii]. The recent turnover of Health PEI CEOs has been widely publicised.

What's wrong with the foundation?

While the biomedical model has served us well in extending life expectancy through drugs, vaccines, and surgery, it's not making a dent in the epidemic of ADHD, depression, anxiety, PTSD, and chronic pain. And the drug epidemic. Studies show that well over 50% of presentations for healthcare are for psychosocial conditions where drugs and surgery, and the biomedical model, do not serve well[iii]. Some even argue that traditional Western medicine leaves us sicker, as a society[iv].

There is likely truth in Henry David Thoreau's quote, "The mass of men lead lives of quiet desperation". So many, men and women, live with their 'sails at half-mast,' often carrying the burdens of unhealed trauma dragging them down. Dr. Bessel Van der Kolk's best-selling book, *The Body Keeps the Score*, has introduced this awareness into the public space.

Austrian philosopher and social critic Ivan Illich was the first to argue that Western medicine was a threat to health in his 1974 book, *Limits to Medicine: The expropriation of*

health. He argued that biomedicine may cause harm, cause social dependence, medicalize normal life transitions, and lead to individual loss of autonomy.

One of the earliest neuroscientists to ring the alarm bell that the mind and body are intricately connected and inseparable is Portuguese neurologist Dr. António Damásio, who published *Descartes' Error: Emotion, Reason, and the Human Brain* in 1995. He recognized the significant role of emotions in total health and well-being.

Another medical pioneer whose revolutionary practise challenged the medical establishment of his day was the late Dr. John E. Sarno. His book, *Healing Back Pain: The Mind-Body Connection,* came out even earlier, in 1991. He taught that stress and psychological factors caused a great deal of chronic back pain and could be successfully treated without drugs, injections, or surgery. He had the results to prove it but was heavily criticized by the medical establishment during his lifetime.

Today, Dr. Howard Schubiner is the leading global expert promoting the now gold standard, trauma-informed, mind-body approach. His recent book, *Unlearn Your Pain: The Science of Recovering from Chronic Pain, Fatigue, Anxiety, and Depression*, is a must read for every healthcare professional, as well as anyone who cares about our healthcare crisis.

Why this matters

Here are three reasons why rebuilding on a strong new *bio-psycho-social-spiritual* foundation is so critical for our healthcare system:

1. **A more resilient healthcare workforce.** Simon Sinek, author of *Leaders Eat Last*, said, "Leadership is not about being in charge. It is about taking care of those in your charge." Trauma-informed, caring leaders, don't ask, "What's wrong with you?" Rather, "What happened to you." The role of healthy leadership and the impact on organizational trust, productivity, and patient/customer satisfaction is well documented by studies by Gallup[v] and Harvard Business Review[vi]. In Descartes' dualist worldview, employees become objects or machines to be manipulated, rather than whole human beings to be empowered.
2. **The roots of disease are addressed**. Biomedicine works hard to diagnose illness and offer interventions to alleviate the resulting symptoms. This has worked well for conditions that could cause death (*mortality*)—serious infections, cancer, heart

disease. But this hasn't worked well for some of the leading causes of suffering (known as *morbidity*), such as back pain and depression. The lingering morbidity conditions present an incredible burden on our healthcare system and our workforce. These get labeled, become part of one's identity, and traditional treatment resistant. Carried into assisted living homes, they frequently result in caregivers at risk for trauma from angry, aggressive residents.

3. **Healthier preventative lifestyle.** Biomedicine works hard to treat illness after it starts. A *bio-psycho-social-spiritual* model aims to also address prevention as early as conception, right through early childhood, education, and into adulthood and meaningful contributions through employment. Trauma, both big and little, is understood to be cumulative and can be addressed early (often by non-clinical carers) at fraction of the cost of all the downstream illness that will be inevitable.

Having personally practised internationally, in primary care as a family physician for decades, and as an occupational medicine advisor with WCB, I have seen firsthand how the faulty biomedical model often leads to poor outcomes, chronic pain, disability, unnecessary costs, and an overloaded cadre of professionals in Emergency Rooms, primary care, with long wait times to see specialists. And much suffering in our public.

What is needed?

My friend Martin Rubin has been writing in *The Guardian* about the need to review Health PEI's governance and that political leaders should extricate themselves from over-meddling. I support these efforts. As leadership teacher John Maxwell is often quoted: "Everything rises and falls on leadership." A good place to begin is for healthcare leaders, regardless of their medical or business background, to educate themselves in the latest mind-body model of care. Howard Schubiner's book makes an excellent textbook. He is also featured on many interviews readily available on podcast platforms and YouTube. His nonprofit's website is https://neuroplastic.org

Secondly, frontline workers in all medical disciplines, need to be re-educated in this new medical model. Schubiner notes that most medical schools in North America still do not teach this model. And he also notes that most clinicians in all fields, including our allied health colleagues, are not informed in the latest neuroscience of *neuroplasticity* (brain neural circuits remain 'plastic' and can be rewired) and *predictive processing* (the brain is an active prediction engine and may cause pain – now called *nociplastic pain*[vii]).

Thirdly, insurers, including Workers Compensation Boards, need to review their policies and incorporate the recent evidence-based interventions (Pain Reprocessing Therapy[viii] and Emotional Awareness and Expression Therapy[ix]) into their coverage protocols. Overdiagnosis and overtreatment are significant cost accelerators in the injured. And where a claimant has an adversarial relationship with the insurer or the employer, outcomes proportionally regress.

Conclusion

Remodeling a home on a faulty, cracked, and leaking foundation, would be wasteful. Simply throwing more money at our current healthcare system won't solve the larger existential roots underlying the current crisis. None of us is as smart as all of us. We need the best, humble, minds from ALL stakeholders to convene as wholehearted adults, to offer selfless gifts to rebuild sustainable solutions for our children and grandchildren.

Hendrik Visser, MD
https://drhendrikvisser.com/
August 3, 2026

References

[i] CMAJ July 27, 2026 198 (27) E1055-E1064; DOI: https://doi.org/10.1503/cmaj.251863

[ii] https://www.cbc.ca/news/canada/prince-edward-island/pei-cihi-health-care-access-2024-1.7363302

[iii] Haller H, Cramer H, et al. Somatoform disorders and medically unexplained symptoms in primary care. Dtsch Arztebl Int. 2015

[iv] Evans R. Ivan Illich's Medical Nemesis at 50. Br J Gen Pract. 2024 Dec 26;75(750):26-27. doi: 10.3399/bjgp25X740313. PMID: 39725530; PMCID: PMC11684440.

[v] https://www.gallup.com/workplace/349484/state-of-the-global-workplace.aspx

[vi] https://www.harvardbusiness.org/wp-content/uploads/2025/04/HBI_Report_Time-to-Transform_24.pdf

[vii] Fitzcharles, Mary-Ann et al. Nociplastic pain: towards an understanding of prevalent pain conditions. The Lancet, Volume 397, Issue 10289, 2098 – 2110

[viii] https://www.painreprocessingtherapy.com/

[ix] Lumley MA, Schubiner H. Emotional Awareness and Expression Therapy for Chronic Pain: Rationale, Principles and Techniques, Evidence, and Critical Review. Curr Rheumatol Rep. 2019 May 23;21(7):30. doi: 10.1007/s11926-019-0829-6. PMID: 31123837; PMCID: PMC7309024