

5 minutes with... Louise Rubic

[Jacqui Fahey](#) | Educator

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In 5 minutes with ...

Louise discusses engaging in some postgraduate work on the topic of dementia prevention in a primary care setting.

Louise's details ...

Naturopath, Homeopath, Massage Therapist.

Learning Facilitator at Torrens University Australia and Think Education.

B.Health.Sc. (Complementary Medicine). ATMS Member.

Louise completed a Masters in Public Health in 2018.

What project are you working on at the moment? I'm exploring the capstone research (final research project in a Master degree) undertaken in my Masters of Public Health a little bit further. The small research project I did was a phenomenology study involving interviewing a group of complementary medicine practitioners. The aim was to understand what already takes place in terms of health promotion in the practices of clinicians engaged in one-on-one consultations, specifically with dementia prevention. Do we talk about dementia prevention with our clients, or only when it presents as a client concern?

What motivated you to study the topic of dementia? I was specifically looking at dementia prevention in the project, given that it is now the number one killer for Australian women. As complementary medicine practitioners, it was often stated in the interviews that the advice we

provide is generally preventative in nature, however I was interested to know if practitioners initiated a conversation about what long-term mental health might look like for individuals. The motivation to complete the Masters in Public Health was from an interest in looking at prevention of chronic diseases and how we do that at a population level, but then seeing how this applies in primary care as individual practitioners; how/what is our role and what is our responsibility in broader Public Health.

Public Health requires effective policy that moves away from the top down approach and provides a sense of ownership by everybody in society. As individual practitioners it is part of our responsibility to educate clients on the risks of certain behaviours and provide evidence-based information that can inform our clients on preventative health. Much of our focus is on behavioural change, but this is only a very small part of what works in successful public health policy.

How many practitioners were in your study? It was a small cohort of ten practitioners. I was so appreciative of the generosity the practitioners offered with their valuable time. It was a really great, mixed group of practitioners including nutritionists, naturopaths and herbalists and I enjoyed fantastic, engaging conversations. Everyone is doing wonderful work with their clients in terms of providing some really valuable health education. However, because primary care is very patient-centred, the focus is on the immediate needs of the client and discussions don't necessarily shift to longer-term, preventative health.

In terms of the study outcome; two practitioners stated that the topic of dementia prevention was initiated by them without prompting by the client. There was a general consensus that clients don't talk about dementia if it is not in their line of vision or experience; if it's something not experienced in their family.

One of the comments that would come up in the interviews was that the focus is pretty much squarely on what brings people in to see us which is absolutely fair enough, but we don't talk about dementia as it's not something the client has ever experienced and unfortunately, with dementia, by the time that happens it's too late. So prevention needs to start long before dementia manifests; so it's trying to see if we can plant that seed in our younger clients.

I can imagine it can be a sensitive topic to broach with clients? Yes it can be and this was a concern for a few of the practitioners interviewed. With the phenomenology research method, the aim is to remain impartial and to get a view point on what is actually happening in order to understand what is going on in the setting being observed, not to address the why or how. This small study correlated with wider studies involving General Practitioners in primary care where the patient-centred focus is demonstrated to detract from preventative health discussions as the focus is often on the immediate needs of the patient.

It may be difficult to have a discussion about dementia when it seems irrelevant to a client but there is an argument that what we offer is going to improve not just their short term health, but really improve their health span.

What do you plan to do with the results? What's the next stage for you? I'm currently compiling an article, summarising the study and some of the concepts that came out of it. I will present the paper for consideration to some of our professional associations' journals, and generate some awareness amongst primary care complementary practitioners on how we can integrate preventative health from a public health perspective.

Wish you all the best for this project, thanks for your time Louise. Thank you.