

CHAPTER VII: INTEGRATIVE MEDICINE

Paradigm Shift in Medicine

So I would argue we need a paradigm shift in the practice of medicine. What all of us who have been trained in medicine have been trained to do, and the way medicine practices today, is focusing on, when you go to see your doctor, chief complaint, what's wrong with you? Why are you coming to see me? All the way through the analysis of disease.

This is a root cause analysis of failure. What is it, why does something go wrong?

We need to move to a prospective evaluation, so for everybody in this room, you probably -- would say everybody in this room, one degree or another, has a retirement plan. But I would doubt whether anybody in this room has a personalized health care plan, that you have a way of approaching your own health and wellness in an organized strategic fashion. And we need to move in that direction, and we're capable of moving in that direction.

So what do you need to practice health care prospectively? Well, first of all, we need to understand the concept, and we need to have leaders talking about it, we need to have politicians and the public understand it.

But to actually do it, we need to have tools to assess health risk, and these are being developed. We need to be able to evaluate therapy -- you know, what worked and what doesn't work. We need to change how the health care system is aligned. We certainly need to change the reimbursement systems. But most importantly, we need motivated and engaged individuals. And this is where I think integrative medicine starts really coming in a very big way.

As we go towards prospective care, which I think is an inevitable direction of health care,

the individual will need to assume more responsibility for their own health and more responsibility for wellness to maintain and enhance their own wellness. And I would argue that one of the most important roles of NCCAM is to try to understand what is the role of so-called complementary and alternative therapies in allowing individuals to focus more on taking control of their own health, because unfortunately, physicians tend to think anything that they don't do is complementary and alternative. The bias is so strong that if we don't do it, it's outside of the health care system.

But we need to understand that we are not the captains of other people's fate. It's very much them. And we need to educate people to understand that and provide them the support.

Now, the model for personalized health care, I would say, is the patient and the physician are still paramount. But together, they need to develop a personalized health plan. That's essential.

This is based on the analysis of everything from clinical factors, genomics, biomarkers, imaging, and then ultimately leads to a plan for an individual that involves recommendations about lifestyle, pharmaceuticals, procedures -- and this is very important here -- other interventions. And, as Steve Straus knows very well, a tremendous number of people are taking other interventions whether we like it or not, and we need to buy into it and understand it, and determine what are those things that are helpful and what are those things that may be harmful. And we need to align a health care team to be able to support people.

This is a very different way of practicing health care. It is built on the power of science and technology, but does not rely on it exclusively to enhance our health and well-being.

So what is the role of the individual in this new world of prospective health care? The role of the individual -- and this very much gets into my view of why NCCAM and why complementary and alternative medical approaches and integrative medicine are so

important.

I think that patients -- people who come to the health care system -- think of the health care system as the place to go to when they are sick. They don't think of it as a place to go to learn from when they're basically well. And there's something very wrong with that. I don't think any of us would recognize that, as physicians, our interest is exclusively in treating disease, as opposed to promoting wellness and keeping people healthy.

So what is this? And I think you'll see how much of this overlaps with what NCCAM is all about.

Well, the individual needs to promote wellness, because most of the time they're generally well. They need to understand their risks, and based on those risks, they need to have appropriate alterations in nutrition, exercise and, I would argue, stress reduction is absolutely critical.

And, not only for health and wellness, but for quality of life, mindfulness. The ability to think and to listen, and to be present in the moment. To be aware of one's own body. Not to ignore things that are occurring in one's own body, to buy into the clues that we have when we pay attention to ourselves.

Obviously, specific prevention strategies. And we need to understand that the prevention strategies, what are those aspects of nutrition and nutritional, and herbal supplements that really do something, and which don't?

And then, of course, the therapeutic partnership with the provider.

What is the role of the provider? The role of the provider -- and let's say the physician will often be the provider, but not necessarily all the time and in all cases. But the provider will need to be a diagnostician, although if the patient is mindful, they will be

able to help an awful lot more.

The provider needs to be a mentor, an educator, a supporter. Needs to be a partner with the patient. How many of your physicians are a partner with you? Many of them are, but certainly not all of them, and sometimes they're very hard to find, particularly if you're parsed amongst three or four different specialties.

And a suggester and provider of therapeutic options. So I would argue, these are the roles of the provider.