

INTEGRATIVE MEDICINE:
BRINGING MEDICINE BACK TO ITS ROOTS

Ralph Snyderman, M.D.
Chancellor for Health Affairs
Duke University Medical Center

Andrew T. Weil, M.D.
Director, Program in Integrative Medicine
University of Arizona College of Medicine

Corresponding Author:
Ralph Snyderman, M.D.
Chancellor for Health Affairs
Duke University Medical Center
Box 3701

Durham, NC 27710
Phone: 919-684-2255
Fax: 919-681-7020

snyde001@mc.duke.edu

ABSTRACT

The United States health system is in crisis. Amidst unprecedented opportunities to transform healthcare for the better, American medicine faces threats from two directions. One is financial and cannot be solved by the profession alone. Health care technologies are more expensive, more people want access to them, and reimbursement mechanisms neither provide universal coverage nor reward improved care or prospective planning. The second threat is intrinsic to our practice and must be solved from within. Facing the pressures of economic and bureaucratic strains as well as the seduction of technology, conventional medicine has become separated from its roots of caring, engaging with patients and meeting their real needs. This has caused many to seek alternative approaches. Integrative medicine is a movement that addresses this latter threat by retraining physicians to understand their roles as healers. To do this they must incorporate the best of science and technology with the appropriate use of complementary approaches, always remaining mindful of the centrality of the therapeutic relationship and the healing power of nature. Through its focus on health prevention, and meaningful physician-patient relationships, the Integrative Medicine movement can improve health care and the quality of medical practice, and perhaps reduce health care costs as well. In our view, it is essential that the leaders of American medicine consider adapting medical education to encompass the principles inherent in Integrative Medicine.

Word Count: 226

“The chassis is broken and the wheels are coming off.” This is a sad but accurate view of the American health care system shared by many physicians, nurses, hospital administrators, insurers, payors and most importantly, the public. Even the prestigious Institute of Medicine has recently recognized serious dysfunctions in health care delivery.¹ Ironically, just when decades of biomedical research are beginning to pay miraculous dividends, public confidence in the medical establishment is eroding. The fundamental relationship between patient and physician is in danger of disintegrating as a rapidly widening gap grows between what many conventional health care providers deliver and what the public wants and needs.

Physicians have always played the role of caregivers. In the Western world, the Hippocratic Oath and the Oath of Maimonides helped define the unique obligation of the physician to the patient and the practice. Nonetheless, until the emergence of modern science and its application to medicine, physicians had few tools to alter disease effectively. By the early 20th century, applied science began transforming medicine. In 1910, the Flexner Report² profoundly impacted American medical education by insisting on the scientific basis of medical practice. The Flexner model helped create the 20th century academic health center in which education, research, and practice are inseparable.

The scientific model vastly improved medical practice by defining, with increasing certainty, the pathophysiological basis of disease. One result has been a progressively better understanding of human biology and greatly enhanced ability to improve the outcome of disease. Another result, unfortunately, has been unexpected and unintended erosion of the patient-doctor relationship. Implied in the scientific movement is the desire to understand the molecular basis of living systems, the assumption that this is possible, and the belief by many that such knowledge will solve all medical problems. Burgeoning medical knowledge has created specialties and subspecialties, all necessary; however, it has also created a dizzying array of practitioners, who generally focus their attention on small pieces of the patient's problem. Single-minded focus on the pathophysiological basis of disease has led much of mainstream American medicine to turn its back on many complex clinical conditions that are neither well understood in mechanistic terms nor effectively treated by conventional therapies. What rheumatologist would not rather treat gout than fibromyalgia or gastroenterologist, peptic ulcer disease rather than irritable bowel syndrome? But many patients today come to our health care system with just such complex problems that are out of reach of the pathophysiological approach alone.

Managed care, capitation, increased need for documentation and productivity and major constraints in health care funding have further eroded the patient-doctor relationship and, at times, even forced physicians into positions of conflict with patients' needs. In all, the historical role of the physician as comprehensive caregiver has markedly diminished. The combination of deteriorated physician-patient relationships, high reliance on expensive and invasive technology, and the widespread perception that physicians today are more focused on disease than on healing and wellness has opened tremendous opportunities for providers of alternative therapies.³ Nearly fifty percent of Americans are now using alternative medicine, and the amount of money they spend on it exceeds the amount of money spent on primary care medicine.

Health care providers are confused and frustrated by these statistics. They are also frustrated by the pressures of managed care and its ramifications; most importantly, by the lack of time to do what brought them to the profession in the first place: caring for patients. Sadly, managed care, in its attempt to cut costs by limiting physicians' time with patients has, in fact,

sabotaged the effectiveness of physician-patient interaction. In our view, rather than utilizing their diagnostic skills, physicians save time by relying on costly and impersonal technologies that may be less revealing than careful histories and physical examinations.

We must admit that our current delivery system as a whole is no longer able to deliver the best of care to most people. In fact, it may collapse totally because of its inability to provide what the public, the profession, and purchasers want and need. Alternatives in funding mechanisms will be required to enable a more rational approach to health care but while necessary, changes in physician reimbursement will not be sufficient. We believe that the health care system must be reconfigured to restore the primacy of caring and the physician-patient relationship, to promote health and healing as well as treatment of disease, and to take account of the insufficiency of science and technology *alone* to shape the ideal practice of medicine. The new design must also incorporate compassion, promote the active engagement of patients in their care, and be open to what are now termed “complementary” and “alternative” approaches to improve health and well being. Those of us in mainstream medicine should of course, assume responsibility for the scientific assessment of these new therapies.⁴ We propose integrative medicine as part of the solution.

Integrative Medicine is the term being used for a new movement driven by the desires of consumers but now getting the attention of many academic health centers. Importantly, Integrative Medicine is not synonymous with complementary and alternative medicine (CAM). It has a far larger meaning and mission in that it calls for restoration of the focus of medicine on health and healing, emphasizes the centrality of the doctor-patient relationship. In addition to providing the best conventional care, integrative medicine focuses on preventive maintenance of health by attention to all relative components of lifestyle, including diet, exercise, stress management and emotional well being. It insists on patients being active participants in their health care as well as physicians viewing patients as whole persons – minds, community members, and spiritual beings as well as physical bodies. Finally, it asks physicians to serve as guides, role models, and mentors, as well as dispensers of therapeutic aids.

The Integrative Medicine movement is fueled not only by consumer dissatisfaction with conventional medicine, but also by growing physician discontent with changes in their profession. Physicians simply don't have the time to be what patients want them to be: open-minded, knowledgeable teachers and caregivers who can hear and understand their needs. Physician unhappiness is not only the result of the limitations managed care has placed on their earning capacity. It is also a response to loss of autonomy, loss of fulfilling relationships with patients, and, for some, a sense that they are not truly helping people lead healthier lives. Significant numbers of physicians are now quitting medical practice, and applications to medical schools are dropping precipitously.

Most Americans who consult alternative providers would probably jump at the chance to consult a physician who is well trained in scientifically based medicine and is also open-minded and knowledgeable about the body's innate mechanisms of healing, the role of lifestyle factors in influencing health, and the appropriate uses of dietary supplements, herbs, and other forms of treatment, from osteopathic manipulation to Chinese and Ayurvedic medicine. That is, they want competent help in navigating the confusing maze of therapeutic options available today, especially in those cases where conventional approaches are relatively ineffective or harmful. Unfortunately, that option is not generally available – physicians with the desired attitudes, knowledge, and training are few and far between. It is out of great frustration that many patients enter the world of CAM and its practices that run the gamut from sensible and worthwhile to ridiculous and even dangerous.

For the past four years, the University of Arizona's Program in Integrative Medicine has been offering intensive two-year fellowships to physicians who have completed residencies in primary care specialties. The Program is now training larger numbers of practitioners using a distance-learning (Internet-based) model. It is also providing clinical services and conducting basic research on CAM modalities, but the focus is the restructuring of medical education.

During the past two years, colleagues at a number of academic health centers have been meeting and sharing ideas intended to foster the rational introduction of integrative medicine into medical education and practice. One initiative has been to form a Consortium of Academic Health Centers for Integrative Medicine to address the gap between consumer expectations and professional realities. This group has had two meetings, the more recent in September of 2000, and now includes representatives from the following medical schools: Albert Einstein-Yeshiva, Duke, Georgetown, Harvard, Jefferson, Stanford, and the Universities of Arizona, California (San Francisco), Maryland, Massachusetts, and Minnesota. Requirements for participation are: 1) the school must have a program in place in this area – not simply an elective course, research project, or clinic; 2) the program must have the support of the institution; and 3) the dean or chancellor of the school must attend meetings personally or send a designated representative. Our intention is to admit new delegations until we can speak for one-fifth of the country's one hundred and twenty-five medical schools, at which point we hope to be a significant voice in the call for fundamental changes in the way we are training future physicians.

Conclusions and Recommendations

Integrative medicine is not a radical movement but it can produce major change. Its point is to position medicine to continue to build upon its fundamental platform of science but to reposition itself to create a health system which more broadly focuses on the well being of our patients as well as its practitioners. To do so, medical education and practice must:

- Refocus on the patient as a whole and the primacy of meaningful physician-patient relationships. More and more of the benefits of our health system will require changes in patient behavior, i.e., modifying lifestyle as well as taking therapeutics correctly. Such changes will require far more meaningful physician-patient relationships and medical school curricula must incorporate strategies to reflect these needs.
- Involve the patient as an active partner in his/her care, with an emphasis on patient education concerning how they can best improve their health.
- Be open to understanding the benefits and limitations of conventional allopathic medicine and the realization that science alone will not effectively deal with all the complex needs of our patients. Many patients, particularly, those with chronic or life threatening conditions want access to CAM approaches. Our health system must rationally address these needs.
- Teach practitioners the fundamentals of CAM strategies including their underlying principles as well as evidence, or lack thereof, of efficacy.
- Advocate for sound clinical research to test the efficacy of CAM strategies.
- Use the best in scientifically based medical therapies whenever appropriate but provide compassion, attention to our patient's spiritual *and emotional* needs as well as appropriate complementary and alternative approaches when they improve conventional medicine.

Fundamentally, Integrative Medicine is meant to provide the best possible medicine/healthcare, for both doctor and patient, and the success of the movement will be signaled by dropping the adjective. It is our belief and recommendation that Integrative

Medicine be a cornerstone of the urgently needed reconfiguration of our increasingly dysfunctional system of healthcare. The Integrative Medicine of today will simply be the medicine of the new century.

REFERENCES

1. Committee on Quality of Health Care in America, Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C.: National Academy of Sciences, Institute of Medicine, 2001.
2. Flexner, A. Medical Education in the United States and Canada. A Report to the Carnegie Foundation for the Advancement of Teaching. Bulletin 4. Boston: Updyke, 1910.
3. Eisenberg DM, Roger BD, Ettner, SL, et al. Trends in Alternative Medicine Use in the United States, 1990-1997. *JAMA*. 1998;280:1569-75.
4. Fontanarosa PB, Lundberg GD. Alternative Medicine Meets Science. *JAMA*. 1998;290:1618-19.