

EDITORIAL

Integrative Medicine in America

美国的综合医学

Medicina integrativa en América

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序言

2011年，致力于改善医护服务的慈善组织 Bravewell Collaborative 委托进行了一项调查，以确定目前美国的综合医学实施情况。29 个发展完善的综合医学中心参与了本调查，本调查旨在了解患者人数及最常诊治的病症、所采用的核心实践及护理模式、服务的付费方式、护理所包含的价值和原则以及推动成功实施的主要因素。

本调查（美国的综合医学：综合医学在美国临床中心的实施情况）刊发于本期《Global Advances in Health and Medicine》中，于 2012 年 2 月首次发布。多数相关研究调查的是所使用的补充康复手段的类型以及使用者，而不是使用原因，最重要的是，没有调查与之共同使用的手段。这是首次深入调查实际综合临床实践，就此而言，数据揭示了患者的整体（身体、心智及精神）治疗情况、协同使用传统与补充干预治疗的方法、不同医生之间的合作方式以及核心价值的实施方法。我们非常高兴能与全球观众分享这份调查。

2012 年 3 月，Bravewell Collaborative 召开了一项会议，参加这项旨在了解现况的调查的 29 个中心的负责人一同到会。Bravewell 的初衷是，让临床与管理负责人互通有无，分享最佳实践以及探讨深入采用综合医学的方法。

每年慢性健康问题造成美国经济损失超过 10,000 亿美元，所以我们有必要找出最有效的方法治疗和预防最普遍的病症。综合医学能多方面地迎合这一诉求。加利福尼亚拉荷亚的斯可普斯综合医学中心 (Scripps Center for Integrative Medicine) 医学博士 Mimi Guarneri 在会上进行主旨发言时说得很中肯：“我们不可能照搬对心脏病病发患者的治疗模式，来治疗试图防止突发心脏病的患者。这完全行不通。应该摒弃这种做法。”

INTRODUCCIÓN

En 2011, The Bravewell Collaborative, una organización sin ánimo de lucro dedicada a la mejora de la atención sanitaria, encargó una encuesta para determinar la forma en que la medicina integradora se estaba practicando en los Estados Unidos. El estudio, que comprendió 29 centros consolidados que practicaban la medicina integrativa, observó las poblaciones de pacientes y las afecciones sanitarias tratadas más habitualmente, las prácticas y modelos fundamentales de la atención sanitaria en uso, cómo se reembolsaban los servicios, los valores y principios subyacentes a la atención y los factores principales que impulsan una implementación satisfactoria.

Este estudio, Medicina integrativa en América: De qué forma se está practicando la medicina integradora en los centros clínicos en los Estados Unidos, que se presenta en este número de Global Advances in Health and Medicine, se publicó por primera vez en febrero de 2012. La mayor parte de las investigaciones relacionadas han analizado qué modalidades complementarias se están utilizando y quién las utiliza, pero no para quién, y lo que es más importante, no con qué. Esta es la primera visión en profundidad de la práctica clínica integrativa actual y, como tal, los datos desvelan cómo se trata el paciente como un todo (cuerpo, mente, y espíritu), cómo se utilizan en tándem las intervenciones convencionales y complementarias, cómo colaboran los diferentes profesionales, y cómo se implementan los valores fundamentales. Estamos encantados de compartir este estudio con una audiencia global.

En marzo de 2012, The Bravewell Collaborative convocó una reunión de los gerentes de los

29 centros que participaron en el estudio de cartografiado. La intención de Bravewell era permitir a los gerentes clínicos y administrativos de la red compartir las mejores prácticas y dialogar acerca de los medios para impulsar la adopción de la medicina integradora.

Con problemas sanitarios crónicos que cuestan a la economía de los EE. UU. más de un billón de dólares al año, es esencial que encontremos los medios más eficaces de tratar y prevenir las afecciones más corrientes. La medicina integrativa puede ayudar de muchas formas en esta búsqueda. Como la Dra. Mimi Guarneri, del Centro Scripps para la medicina integradora en La Jolla (California), afirma acertadamente en su ponencia de la reunión, “no podemos tomar el mismo modelo que utilizamos cuando alguien se encuentra en mitad de un ataque al corazón y aplicarlo a otra persona para intentar evitar un episodio cardíaco. No funciona. Y esta es la bombilla que necesitamos apagar”.

INTRODUCTION

In 2011, The Bravewell Collaborative, a philanthropic organization that works to improve healthcare, commissioned a survey to determine how integrative medicine was currently being practiced across the United States. The study, which involved 29 established integrative medicine centers, looked at the patient populations and health conditions most commonly treated, the core practices and models of care in use, how services were reimbursed, the values and principles underlying the care, and the main factors driving successful implementation.



Video: Donald Abrams, MD, coauthor of the study by The Bravewell Collaborative, spoke exclusively with *Global Advance in Health and Medicine* about the survey and its implications for healthcare in America.

This study, “Integrative Medicine in America: How Integrative Medicine is Being Practiced in Clinical Centers Across the United States,” which is being featured in this issue of *Global Advances in Health and Medicine*, was first released in February 2012. Most related research has looked at what complementary modalities are being used and by whom, but not for what and most importantly, not with what. This is the first in-depth look at actual integrative clinical practice and as such, the data reveals how the whole patient (body, mind, and spirit) is treated, how both conventional and complementary interventions are used in tandem, how different practitioners collaborate, and how core values are implemented. We are delighted to be able to share this study with a global audience.

In March 2012, The Bravewell Collaborative convened a meeting of the leaders of the 29 centers that participated in the mapping study. Bravewell’s intent was to enable the clinical and administrative leaders to network, share best practices, and dialogue about ways to further the adoption of integrative medicine.

With chronic health issues costing the US economy more than \$1 trillion a year, it is essential that we find the most effective ways to treat and prevent the most prevalent conditions. Integrative medicine can help in that quest in many ways. As Mimi Guarneri, MD, of Scripps Center for Integrative Medicine in La Jolla, California, so aptly said in her keynote at the meeting, “We cannot take the same model we use when someone is in the middle of a heart attack and give it to someone who is trying to prevent having a cardiac event. It doesn’t work. And that’s the lightbulb that needs to go off.”

During the meeting, the participants split up into

10 small discussion groups to talk about how they would handle certain pre-prepared cases. One thing that became very apparent in all of the discussions is that integrative practitioners take a systems approach—patient interviews are lengthy and detailed and are not just about the physical symptoms but also about the person’s lifestyle, the roles family and community play, and the patient’s emotional state. Similarly, the resultant care plan does not just contain a single intervention for the most current complaint. It addresses the full range of physical, emotional, mental, social, spiritual, and environmental influences affecting the person’s health. The beauty of taking such a comprehensive approach—in drawing a large circle around the patient and his or her world and looking at everything that is in it—is that the patient’s immediate health needs are addressed, as well as the effects of the long-term and complex interplay between biological, behavioral, psychosocial, and environmental influences. This type of approach helps people get well, but it also helps them to stay well.

I will briefly share with you some highlights from the discussion about a cancer patient, which I chaired. We presented a case to the physicians in the room and asked how they would approach it. The resulting conversation illustrates how integrative medicine actually works.

The case I presented was of one of my early patients at the University of California San Francisco Osher Center for Integrative Medicine, a 57-year-old woman who had an abnormal chest x-ray prior to a hip replacement. It was originally thought that she had pneumonia, but she was ultimately found to have a left upper lobe non-small cell lung cancer. She was treated with neoadjuvant chemotherapy and then underwent resection of her left upper lobe 14 weeks before I first

saw her. Her disease was stage 1A and she was told that she was cured, with a very low likelihood of recurrence. However, a friend of hers with breast cancer had been told the same and had recently died. So she came to see me for information on how to live a long and happy life. That was her primary objective for the visit. She was also concerned by persistent postoperative pain—she said it felt as if a shovel or meat cleaver was stuck between her ribs—and she said that she felt disconnected from her body.

Her diet was Western, and she drank wine. She had gained 15 pounds while on chemotherapy. She was trying to exercise, but exercise was limited by her chest pain. She took gabapentin and ibuprofen and was on atenolol and lisinopril for hypertension. She also took an antacid, a multivitamin, vitamin D, vitamin E, calcium, and selenium. She used to smoke, but she had quit 9 months prior to her diagnosis.

Born in Detroit and the eldest of 5 children, she was providing some caregiving for her elderly, unwell parents in northern California. She was a retired insurance executive. Her husband was obese and also retired. They had no children. She was not raised with religion, nor did she currently have religion or a spiritual belief system.

On examinations, she was wearing a wig despite regrowth of her scalp hair. Her tongue was pink without coating. She had a well healed thoracotomy scar. She was a little labile at times, tearful about her fear of recurrence, her loss of her friend, and her aging parents.

In discussing how they would help this patient, the physicians concurred that the 2 issues demanding immediate attention were her stress levels and her pain. Providing relief in those 2 areas would open the way for addressing her diet, exercise, and other lifestyle issues that might be contributing to her malaise.

Dr Guarneri explained that her perception was that not only did the patient have the described thoracotomy pain, she also had emotional, mental, and spiritual pain. “I would immediately do healing touch on her,” Dr Guarneri said. “I would reconnect her to her body. This is a similar situation to when some of my cardiac patients come out of surgery. They are experiencing a deep level of crisis. So the first step is about support, connection, and love, love, love.”

Arti Prasad, MD, from the Center for Life in Albuquerque, New Mexico, agreed, explaining that she would first listen to the patient and develop a relationship. “I would want to understand how her life had changed since her diagnosis and treatment, and what was sustainable in her life. What is her motivation?” Dr Prasad went on to say that she would then get details of the patient’s diet and physical activity, conduct a complete blood workup, do an assessment of liver function, and determine vitamin D and thyroid levels to know if there were any underlying hormonal issues. “Later, I would talk to her about an anti-inflammatory diet, energy medicine, stress management, and supplements.”

David Spiegel, MD, from the Center for Integrative Medicine at Stanford University in California, also

agreed about handling the distress as a first action, but he also suggested dealing with the issues of death and dying. “I see it a little differently,” he said. “This woman is looking into the abyss. She was a smoker who got cancer, and she probably does not believe that she has been cured. Her existential anxiety is real. She has no children, a husband who is in bad health, and ailing parents. She is looking at death on many levels and that needs to be addressed.”

In addressing the stress, a variety of mind-body interventions were suggested, including Tibetan meditation, yoga, mindfulness meditation, qi gong, tai chi, guided imagery, hypnosis, biofeedback, and emotional freedom technique (EFT). Margaret Chesney, PhD, from the UCSF Osher Center, noted that “Sometimes people who are deeply depressed cannot meditate.” In these cases, she recommended using cognitive behavioral therapy as a first step.

Although everyone used their own version, the practitioners agreed that asking the following 3 questions during the first interview was essential: What brings you joy? What are your hopes? From where does your strength come?

In treating the pain, the physicians also suggested different avenues including body work, energy healing, healing touch or reiki, osteopathy, Feldenkrais, jin shin jitsu, and acupuncture.

Four books were recommended for the patient to consider: *Enjoy Every Sandwich* by Lee Lipsenthal, *Leaves Falling Gently* by Susan Bauer-Wu, *Living Consciously and Dying Gracefully* by Bill Manahan, and *Close to the Bone* by Jean Shinoda Bolen.

Diet was on everyone’s list of what needed to be addressed to help the patient regain her health. The discussion not only included what foods and supplements might be appropriate, it also addressed potential interactions.

The physicians in the group also agreed that each patient is unique, that no one standard protocol works for everyone. As one of the practitioners said, “We are a mixture of nature and nurture, a mixture of our minds, our bodies, and our genetics. All of this plays into the alchemy of health or illness. Everybody has their points of strength and their points of weakness. Some people will get back pain and some people will get cancer. It just depends on how it is going to come out in that person’s body.”

I think one of the most rewarding aspects of the mapping study and the subsequent convening of participants was the openness and willingness everyone showed in working together and sharing information for the greater good of the entire integrative medicine community. It is through the work of these people and many others like them that integrative medicine has matured. As you will see from the study, integrative medicine is now an established part of healthcare across the nation. We could not say that 2 decades ago. But today, thanks to everyone who has worked hard to bring integrative medicine to the forefront, we can.