

EDITORIAL

Grace and Grit in the Trenches of Healthcare

医疗保健问题的乐与悲

Elegancia y coraje en las trincheras de la asistencia sanitaria

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As I review the table of contents for this issue, the words *grace* and *grit* come to mind. In his bimonthly column, John Weeks describes the roller coaster we face in healthcare reform in the United States as we continually face moments of hope countered by sobering realities and financial incentives so perverse that it is breathtaking—sometimes literally. Or as John says, it is hard to extract the sword of health creation from the stone of economics that still thrives on disease. These challenges are echoed by Jason Chertoff, MD, MPH, who writes about healthcare cost containment from the point of view of a medical resident who is constantly bombarded by demands for another pill, another test, and another procedure.

The poem this month by neurologist Jerome Freeman, MD, from South Dakota captures poignantly the uncertainty that we face whether we are clinicians, researchers, teachers, or policy makers trying to forge new paths. Dr Freeman writes that “each certainty/of science/yields in its turn/to new data/and perspectives/which turn/the accepted order/around/by offering refined/but still unfinished/ truth.”

The notion of “refined but still unfinished truth” captures for me the essence of knowledge development and the state of science overall, including the field of integrative health and medicine. In a press release announcing the new name of the National Institutes of Health Center for Complementary and Integrative Health, Josephine P. Briggs, MD, noted that the scientific foundation for many complementary approaches is still being built.¹ In other words, we may be refining what we know, but we are a long way from truth. In an article published almost a decade and a half ago, Wayne Jonas, MD, wrote about the importance of building an inclusive base for what was then called “complementary medicine.” He proposed that we should think of evidence not so much as a hierarchy (one type of evidence being superior to another) but rather as a house with different rooms. We need different kinds of data and information for different purposes. For basic scientists, laboratory research may yield an understanding of mechanisms. Clinical researchers seeking to find attribution or causality may turn to randomized controlled clinical trials. Regulators as well as clinicians may be drawn to meta-analyses and reviews to discern emerging “truth” while public

health practitioners may find the most utility in health services research or large epidemiological studies that focus on population health. Case reports and qualitative studies are very valuable to patients and clinicians and may inform emerging research agendas.

At *Global Advances in Health and Medicine*, we are interested in all types of research, and we will do our best to bring you a balance in each issue. In this issue, we feature an interesting mix including a pilot study that focuses on the effectiveness of a brief mind-body intervention in treating depression in a community health center, 2 case series—one focused on chronic low back pain and the other on bipolar disorder—a case report on an integrative approach to type 2 diabetes, and a very practical applied intervention aimed at improving vision in a community through the use of vision stations. We will also continue to publish a regular Cochrane CAM Review Summary of Findings; this issue’s features a summary of the review on coenzyme Q10 to prevent cardiovascular disease.

“Images of Healing” this month comes from the film *States of Grace*, a riveting documentary that chronicles the healing journey of Grace Dammann, MD, a pioneering AIDS specialist who was in a tragic automobile accident. It is a powerful story of resilience and the healing power of community and spiritual practice. Check out the trailer on our website (www.gahmj.com) and the review on page 24. It is a compelling story of grace and grit.

REFERENCES

1. National Institutes of Health. NIH complementary and integrative health agency gets new name. <http://www.nih.gov/news/health/dec2014/nccih-17.htm>. Accessed February 2, 2015.
2. Jonas W. The evidence house: how to build an inclusive base for complementary medicine. *West J Med*; 2001;175(2):79-82.

ERRATUM

The Spanish translation of the term *health coaching* that appeared on page 68 of our January 2015 issue should have been “coaching en salud” rather than “formación sanitaria.” *Global Advances in Health and Medicine* regrets the error.



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