

Invited Address

MANIFESTO FOR A NEW WORLD MEDICINE

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This keynote address present an overview of the New World Medicine, a way of approaching health and illness that is enlarging the premises, practices and structure of modern biomedicine, and attracting tens of millions of patients in the United States. The New Medicine, which is being developed jointly by physicians and other practitioners and patients in the United States, combines the precision of modern science with the wisdom of ancient healing. It explores and integrates the healing practices of many cultures including the herbalism, acupuncture, Tai Chi and Qigong of China, as well as such unconventional Western approaches as massage, homeopathy, chiropractic and prayer. It focuses on the interactions between mind and body and the powerful ways in which emotional, mental, social and spiritual factors can directly affect health. It regards as fundamental an approach which respects and enhances each person's capacity for self-knowledge and self-care and emphasizes self-care techniques. It views illness as an opportunity for personal growth and transformation and health care providers as catalysts and guides in this process.

KEYWORDS: holism, healing, spirituality, self-regulation, biomedicine, integrative, alternative

It is wonderful to be here. I think that one of the most important things about conferences is, to use a technical expression that has already been used, what the “vibe” is, how people relate to you when you come. One of the things about the work that we do in Washington (and I will tell you more about that), is that we remind ourselves and we remind other people that hospital and hospitality come from the same word. Our work is to make people welcome, to invite people into our home. In India they say “the guest is God.” I really liked that as a guest in India and I like that as a way of being. One of the things that I felt from the time that David called me up was that kind of loving invitation. I have felt that throughout this conference and from both David and Chris last night. I felt like, “I have come to their dinner table, I have come into their home.” That is so important.

One of the really great tragedies of our time is that many places of healing are places that most people least want to go: hospitals, doctors offices. These are not places that most people, most of my patients, and certainly I, do not want to go. I think it is a great tragedy.

One of the other things I have appreciated so much about this ISSSEEM Conference is the honoring of Elmer Green. I think that that is sometimes something that we do not do, and I do not mean just honoring Elmer, whom we should honor, but honoring the fathers and mothers, honoring the people who led the way before us. Something the traditional societies always do that we seldom do. We are always looking for the latest, the newest, the hottest thing or person. I think it is really crucial to honor our elders and I think the dedication of this conference to Elmer and to his work over a lifetime is very, very important.

I suppose I was reminded of that because I was thinking of David Cheek whom I thought about, actually while the dinner was going on last night. I thought about two of my great teachers whom I wish could have been with us. One is David Cheek. The other is Gregory Bateson. Both very good friends of mine. I was attracted to both of them because of (aside from their genius), their same quality of hospitality, of inviting me and others into their homes and into their lives.

One of the things that David used to point out, that anybody who has ever done OB-GYN knows, is that women can be in active labor and then as soon

as they hit the hospital lobby or just as they get to the entrance of the hospital—labor stops. Of course, that is because of the adrenaline that rushes out and shuts down the labor—because of the fear, because the fight or flight response kicks in. So instead of being inviting, hospitals and doctors offices being places of hospitality, we have turned them into forbidding structures which are made ever more forbidding by strictures that say to the patient: you have to get out as fast as possible, we barely want to pay any attention to you once you are here. As little as possible here and then out as fast as possible and with as few long term services as possible.

Part of my concern and part of what I hope will infuse the remarks I make about the creation of the new medicine is this sense that it has got to be shared, it has got to be mutual, it has got to be embracing, it has to be welcoming, even in the darkest of times.

Gregory Bateson's death, his dying process was really quite extraordinary. There were a number of Zen monks who were around him. I had not planned to speak about this, but I am just going to go ahead. I saw Gregory when he had lung cancer. He had been a very heavy smoker. I happened to be with him when he was at UC Hospital in San Francisco, when he was getting diagnosed with the lung cancer. They were beginning to suggest the various therapies, the Chemo and radiation and maybe surgery or maybe not surgery that would be appropriate. The doctors were perfectly pleasant, but as we went from room to room in that, in many ways, cold institution, Gregory and I kept looking at each other and he kept shaking his head. I cannot mimic his upper class British accent, but essentially what he was saying was, "No way, I am not going to do this." One of the things that he said is, "You know, I have a book I have got to finish." He said, "I know the doctors say I have cancer and it is metastatic and they think they can give me six months if they give me this Chemo and radiation. I do not want this. This is not what I want. This does not have any appeal to me, and it is not going to do any damn good any way. So," he said, "You know all that holistic medicine you are talking about? My wife, Lois, is trying to get me interested. I think I may go for a bit of that." He said, "But I certainly am not going to stay in the hospital, because you know I am a little scared but I am ready. I have got this book to write." I said, "Well how long do you think the book is going to take?" "Oh, a year or two." He stayed at Esalen and all kinds of healers from all over came to work with him.

He not only finished that book, but he also started on another book, because he said, "Well I am still here so I might as well get on another." So he started on another book with his daughter, Mary Catherine Bateson, and then Cathy finished it after Gregory died. Anyway, in the last days of Gregory's life when it became clear that he was going to die, rather than stay in the hospital there were a number of Zen monks who gathered around him and he was withdrawn from feeding, and he went out in a kind of beautiful, graceful, light-filled way. I hope that we can all find similar ways.

This talk really is about a movement to create a medicine that brings grace and light and healing into all the offices, all the practices and all the institutions that all of us work in or may go to for our care at some point in our lives. As I was thinking about talking this morning I realized that the themes that I am going to touch on were touched on by Joan Borysenko at the dinner last night in a very wonderful way. Then in the panel today a number of people touched on some of these same themes. So I think that what I am going to do is to give a kind of overview of why this is all happening, quickly touching on some things that everybody knows. But this is a reminder and in some sense maybe a manifesto.

What I have done in *Manifesto for a New Medicine*¹ and in my work is to present a set of principles or a set of guidelines that are relatively easy, relatively straightforward that most people can recognize in their own work. Because this comes out of not only my work but also out of working with many of you and many, many other people over the years. So what I want to present is a set of guidelines and a sense of what this new medicine is about, and then talk a little bit at the end about some questions and answers about some of the struggles. From my vantage point as somebody who is in Washington DC. and has been there since 1971.

I went to Washington, D.C. as an alternative to jail, so it seemed like a pretty good idea at the time. It was during the Vietnam war and it was either go to jail or go the National Institute of Mental Health. In my mind these were the choices that I had, and so I went to the National Institute of Mental Health. I thought I would be there for two years working with runaway and homeless kids and helping to develop programs and writing about it. But I am still there and it is now 1998.

I sometimes ask myself why I am still there. I come from New York City, I like the heat, as they say, in Southern California, in New York. I like the action. I also like the country. I lived on a farm in the country for ten years. So why am I in Washington? I sometimes ask myself. I think it has something to do with this sense of being connected to the larger political process.

First, I want to begin very quickly with the names for what it is that we are doing, Candace borrowed my name “New Medicine” for the institute and research program she is starting and I have come to that name at least for now because it subsumes all the other names. There are many names that are out there and I think words are extremely important and how and when and where we use them is also important. One of the ones that I use as a subtitle in my book is “alternative medicine,” which is very simply everything that those of use who went to medical school did not learn in medical school, and everything that up until the last couple of years is not practiced in most medical settings. So it can be anything. It is kind of a waste basket term. It makes some people uneasy but I think it is very useful, has been useful as a rallying cry and it is pointing out that there is something other than “conventional medicine.”

Complementary medicine was originally a British term. It is polite—the British at least believe they are polite. It is all those things that complement conventional medicine. It is a term that is more acceptable to many people. We recently had a conference in Washington called Comprehensive Cancer Care: Integrating Complementary and Alternative Therapies. We had the pillars of the American Cancer establishment there as well as the alternative and complementary practitioners and researchers. It was very interesting to observe how people went back and forth about those words: “complementary” and “alternative.” Complementary is okay but alternative is not. Well alternative is just alternative until it becomes complementary, until it becomes integrative, or integrated.

Norm Shealy founded the American Holistic Medical Association, and that was a positive and very important thing to do, but the word “holistic” has gone out of use a bit. It is a wonderful word from the Greek “holos,” or whole, and it was very important to us, particularly in the '70's. In many ways it conveys the best sense and the best spirit of what all of us are looking for in healing. It is understanding—and this is from Jan Christian Smuts' 1926 book

*Holism and Evolution*²—that the whole is greater than the sum of its parts; understanding that all aspects of peoples' lives are important and that all aspects of health and healing can be integrated. So holism is a wonderful concept and a wonderful word.

We call our center The Center for Mind Body Medicine. When I started it eight years ago, it seemed a good way to subsume at least some of what we were doing. Those approaches that use the mind to affect the body—biofeedback, meditation, relaxation, etc.—and those that use the body to mobilize the mind and body—exercise, Yoga, Tai Chi, Qigong, martial arts, etc.

Each word is useful and the only thought aside from giving you my definitions is that it is important to remember which ones you are using *and why*, as you start programs or speak to the public. Understand that each has a certain kind of resonance.

“Holistic” went out of favor partly because everyone jumped on the bandwagon. So people who were doing one thing, like a chiropractor who was doing manipulation, would say, I am holistic. Or somebody was an acupuncturist and would say, I am holistic. Well there is nothing holistic about a technique. Techniques are just techniques, and acupuncture is a small part of Chinese medicine. It is important to think about what we are saying and how we are defining ourselves and how we are speaking about these issues.

This morning someone mentioned the study that David Eisenberg and Ron Kessler and others did showing that 34% of Americans used one or another of these alternative therapies in 1990.³ The study was published in 1993. There have been two recent studies, one published recently in JAMA reporting on work done at Stanford. Their national surveys report that the figures are around 40 or 42% of Americans (who have used one or more alternative therapies). That is probably a low estimate. There are people who are often excluded when it comes not only to counting but also to caring. These are people who do not have telephones, people who are migrant workers, people who for one reason or another do not want to be included in the counting that is done in the society—poor people, people living at the margins, people of color. Contrary to what is sometimes said about this complementary and

alternative medical approach, this integrative medicine, those people are not less likely to use these therapies than upper-middle class white people; they are **more** likely to be using them. Those are the medicines that many of them grew up with, that their mothers or grandmothers practiced in the home. They are familiar with them and they integrate them into their daily lives. They may or may not talk with anyone about it, because they've learned not to talk about a lot of things, for a variety of reasons.

I think the figures are higher than forty or forty-two percent now. I'll be interested to see what David Eisenberg's new study is going to show; however, I still think that he's not going to include the people I've described. So I would say, we're moving between forty-five and fifty percent of Americans who are using these therapies. More importantly, I see these therapies as a gateway to a larger approach toward health, potentially toward understanding who we are here on the planet. I don't see "therapies" in particular, or "modalities" as being crucial in themselves, they are all useful. There are lots of modalities.

One of the things that I say to my medical students and residents at Georgetown, is, "Having practiced acupuncture, manipulation, herbalism, homeopathy, many other therapies over nearly thirty years, I've come to understand that the most important thing is my connection to that other human being. Everything else serves that healing partnership. If I had to put away my acupuncture needles, I'd be fine, maybe I'd even be better, who knows. All of these things are *techniques*. All of these things are in the service of the larger whole that is healing."

Why is this movement happening, so much now? Joan mentioned the "lack of caring." I feel that's very important. In my experience, first and foremost people are changing the kind of medical care they use, because they're not getting better with what they're doing. Most of us don't change easily. I know it's not easy to get me to pick up my clothes from the floor let alone to get me to change my whole way of living in the world, my whole "lifestyle" as we say, my whole way of thinking and being. Most of us only change when our backs are really up against a wall or when someone has banged our head up against a wall.

The reason change is happening is because our conventional medicine—although it does a good job as you have heard and as you know, in some

areas—does not do it for the vast majority of people, for the vast majority of problems that they have. That is why we are changing. And most of the people I see (contrary to some of the myths that come up), are not hippies, they are not “new age” people, they are not even necessarily ideologically in favor of what I am doing. They are *desperate*. I think the power of desperation to move us should not be underestimated. There is a crisis in people’s individual health as well as the collective health of our social and world body. That is why people are changing.

The second reason is they are not feeling *cared for*. This is true in private practices, and in hospitals. Patients come to me because they want another approach, other kinds of therapies, other options. They want to get well. Probably 60% of the people who come to my office also say, “I do not like the way they are treating me.” And many of them now say, “My doctor used to be much nicer, but he keeps looking at his watch now, he only has 8 to 10 minutes and then gets me out of the office. He interrupts me in mid sentence and sends me out of the office.” This is a major factor.

It is, if anything, worse in hospitals. How many of you work in hospitals? My mother was in two of the nation’s most renowned teaching hospitals in New York City over the last few years and the treatment there was, at best, appalling. The rudeness, the shortness of the staff at all levels, the depression that I could feel and see in their faces, the not so subtle energy coming off these people as they tended her. It was so evident that when a young nurse or a medical student came into the room with some enthusiasm and some kindness, it was like a light came on in the room. My mother could feel it too. She would say, “Who is that nice young girl who just came to see me, what is she doing here?” She was a little demented at the time, but she could spot it. So this is a major force. We need to transform the health of the care givers. The psychological, physical and spiritual health of those people in hospitals is a major part of my work [and I hope many of you will see that as part of your work].

The third reason why there is this revolution, this transformation happening, is because the caregivers are unhappy, often miserable. I do not know if you saw the study, published in 1993, done by the American Medical Association on their members showing that 36% of all physicians would not go to medical

school if they had it to do over again. Very striking. I thought about what would it be like to be operated on by one of those 36%? Is he or she busy thinking about how much he does not like being there? But even more troubling was that well over half of them would counsel their children or other young people not to go to medical school. This is a serious problem.

I would say it is perhaps as serious for nurses too. I did a workshop not long ago in Minneapolis with about 200 nurses and they were wonderful people but terribly unhappy with what they were doing. The only way to earn a decent wage is to get promoted out of taking care of people and spend your time taking care of papers instead of people. The whole system is deeply wrong and individuals, physicians and nurses, are feeling the effects of it.

I would now say I get half of a dozen calls a week from physicians who say, "Help." Many of them come to this training program we have, "Mind Body Spirit Medicine," so they can begin to learn a new approach, and hopefully begin to learn to transform themselves as well. Others want to learn how to do acupuncture. I was listening to Cindy Romero earlier saying, "I cannot do this anymore. I still like operating, but something about the way I am practicing is not right. What should I do next?" Surgeons like her call me up expressing the same concern. A major transformation is happening.

Fourth is just a reminder. We have so much access to information now about other healing systems that was not available in 1969 when I first became interested. I tried to go to Chinatown in New York. Nobody would talk to me, they thought I was a cop (a white guy wanting to know about acupuncture and needles). This is in the late 60's. "What are you doing here? No speak English." I knew very well they could speak English. I found two books on acupuncture written in English, but both could have just as easily been written in Chinese. I could not make head or tail out of the books.

Now you go into any major book store, there are books that give you in perfectly comprehensible English an understanding of what Chinese medicine is about, what acupuncture is about, what herbalism, Tui Na, Qigong, Tai Chi, and the Tao of everything on the planet. So there is tremendous explosion of information and, I hasten to add, *scientific* information.

I must do grand rounds twenty times a year in different hospitals, often in the department of medicine, but for different departments in different places. Every time I do grand rounds, there is always some esteemed professor who gets up and, after saying some nice things, says in a tone that, at best, is condescending, “do you really expect us to believe in . . .” the efficacy of prayer or homeopathy or the validity of herbal treatment or whatever it might be. My answer is always no, I do not expect you to believe in anything. Have you looked at the scientific literature? And of course the people who speak that way have almost never looked at the scientific literature.

There is a huge and growing scientific literature. The Office of Alternative Medicine is going to put out 90,000 citations from peer-reviewed journals on complementary and alternative therapies from around the world. Hopefully that will be on their web site within the next few weeks. These are just controlled studies, basically, of one kind or another, or studies that are meta analyses, systematic analyses, overviews. These are controlled studies in peer-reviewed journals from all over the world. So there is body of scientific literature.

Fifth and finally, *why* is this all happening? There is an economic crisis. The Chinese character for crisis symbolizes both danger and opportunity. This economic crisis gives us an extraordinary opportunity to make changes. Some people, and some managed care organizations, actually do care about whether patients like their therapies—because they are planning to be in the business for a long time. Incidentally, managed care companies that are not planning to stay in the business, that are planning to sell off very quickly, do not care. They do not care about outcomes and they do not care about anything except making a profit quickly. Those companies should not be in the health care business and we have to think about how to get them out of it. We have talked about regulation of managed care. This is one of the areas where we need to pay attention. Those companies that plan to be in the business for a long time **do** care about outcomes and they do care about patient satisfaction and they do care about saving money over the long term.

Those of you who are interested in doing clinical research, should also do whatever you can in showing what it costs. And it does not take a huge amount of money to do these studies. Dean Ornish, for example, with his

program for reversing heart disease using diet, meditation, yoga, group support, and smoking cessation, has shown Mutual of Omaha that he could save, for every dollar they invested, \$5.50. This was because those folks did not have to have angioplasties or bypass surgery. Managed care companies pay attention. So money does talk.

And it is important for us to see it and not to be intimidated or to bow down. Joan was mentioning D. H. Lawrence's famous phrase "The Bitch Goddess," money, success, this overwhelming force that is going to make us surrender. No! That is not the idea! The idea is to court her, to woo her, to show that we can make love with her, not be at her feet constantly.

What is this new medicine that we are creating? The book learning is important, the studies are important, the cost effectiveness studies are important. But the deepest thing about this new medicine is that it is not just another technique, not just another study, it is not just another chapter in some new Harrison's textbook of internal medicine. This is about personal experience and it is always about the transformation that comes through personal experience

I know in this conference we are going to have some experiences of indigenous healing systems and how they work. In all indigenous healing systems that I know of the need to accumulate knowledge was always balanced by a process to pare away the arrogance that comes with accumulating knowledge, to help induce humility and perhaps even wisdom. This is true as far as I know of all the indigenous healers whom I have ever visited and all the systems I have read about. There is a sense that the deepest continuing medical education is what we learn about ourselves and our place in the universe. And it comes only through experience.

What are the elements of this new medicine? I will touch on eight this morning very briefly. Many of these are familiar to those of us who have had training in conventional nursing or medical or PT, but they are often neglected.

The first is *uniqueness*, each person is unique—unique psychologically, spiritually and also biochemically. We are taught this. I remember my first patient in my second year class in "physical diagnosis" as they called it then at Harvard Medical School, I spent an hour and a half with my patient. That was the

last time anyone ever encouraged me to spend an hour and a half with anyone in my entire medical career. Although incidentally, and perhaps not by coincidence I do still spend an hour and a half in a first visit with patients now. So I spent an hour and a half with that person and I really got to know him, I can still remember the stories he told me about his life and how he happened to be in the hospital with congestive heart failure. So I had a sense of who this human being was. Now in many settings a half hour is allocated for the first visit with somebody. The first visit, the first connection is crucially important.

I have a singular distaste for those clinics where every few weeks there is somebody who is on intake and he or she then spends some time with a person at the height of their panic and anxiety and then sends them to somebody else for treatment. Very strange. In that time of need you make the strongest bond and you make that bond through really appreciating who that other person is. Now most of medicine or 99% is done according to statistical norms and averages, as in the therapeutic range for drugs. Doctors too often see the numbers, not the person.

I have had, in the last several years, three or four people who have come to me and said, "Doctor, I know my psychiatrist, my psychopharmacologist disagrees with me, but I think I am having side effects from the psychotropic medicine." And they are twitching visibly. I say, "Well, yes, it certainly looks that way to me." Then I say, "tell me a little bit more of the story," and the story is always the same. These people are not in the therapeutic range for their drug, whether it is haldol, or thorazine, or stelazine or whatever major tranquilizer it is. And so, because they are below the therapeutic range, their psychiatrist, and their psychopharmacologist literally cannot see the side effects.

When they first began to do dissection again in the 15th century anatomists literally saw that the liver had five lobes, because that is what Galen, the second century physician had said, that the liver had five lobes. Now anyone who has ever looked at a liver knows a liver does not have five lobes. But Galen said it, so they saw five lobes. The lab values said these people were well below the therapeutic range, so the doctors did not see the side effects.

Each person reacts differently to medication. Each person needs different levels. The work of Roger Williams on biochemical individuality is particularly

important.⁴ Everybody should take a look at Williams work. He was a world class biochemist at the University of Texas. He worked on pantothenic acid, among other substances, vitamin B5. He collected the world's literature on biochemical variability as best he could, and he did many studies in his own lab. The bottom line is: we vary by as much as 30 fold in our need for nutrients even if we have the same demographic characteristics and the same basic medical history. We are just very different from one another.

The second aspect of this new medicine is holism. Every aspect of people's lives has to be attended to: physical, emotional, mental, spiritual, family, work, environment, ethnicity, income. All of these things are crucial. We do not know ahead of time which is the most crucial for any person at any particular time in his or her life. I reviewed the manuscript of *Manifesto for a New Medicine* before I published it. I realized that in most of the long case histories—of people who had come to me for chronic illness who had gotten significantly better—that one of the major issues in their lives was that they were miserable at their work. One of the major therapeutic interventions, aside from all the acupuncture and meditation and energy medicine and everything else I did, was that somehow I helped them to change their jobs, or change their attitudes so that the job seemed utterly different to them and *was* utterly different to them.

There is a study done by Karasek in 1982^{5,6} showing that the single most important risk factor in first heart attacks in men in Massachusetts at that time, was not high cholesterol, not hypertension, not family history, not tobacco use, but job dissatisfaction. Very powerful.

So we have to look at all these dimensions and we have to address them all. And that requires time. Most of the patients who were miserable at their work indicated they had said no more to their conventional highly trained, highly expert physicians than what kind of work they did. That is the extent of the work history, and yet all of them were utterly miserable at work. So something is wrong. It takes time to learn these things. It takes time to see a whole person. It takes time to treat a whole person.

I was once doing a grand rounds at a department of medicine at a major teaching institution, and I gave a talk similar to this one and a somewhat older

man got up and said, "You know, I agree with everything you said, but we work here in an environment where we can only see patients for ten to twelve minutes tops, how can you do what you suggest in ten to twelve minutes?" Before I answered the question I said to him, "Excuse me, what do you do here?" And he said, "I am the chairman of the department." And I said, "I do not mean to be rude, but I think it is your responsibility to make sure that neither you nor anyone else in this department is seeing people with serious, chronic and difficult physical, psychological, and emotional problems for ten to twelve minutes. It may be fine if somebody has got a cut foot or a cold and they are otherwise healthy. But for most people in most situations, it does not work. You cannot do this work in ten to twelve minutes. And you clearly know this as well as I do."

The third aspect of this new medicine is the creation of what I call "healing partnerships," that is physicians and patients working together, working as partners. The conventional medical way of doing things in the United States comes out of a 19th century authoritarian, patriarchal, European model. In medical school, I had orthopedic surgery at Children's Hospital in Boston. And, I started to say something to the attending physician on rounds and the Chief resident was shaking his head. I had just wanted to ask a question, so I asked the question. He took me aside afterwards and said, "You do not understand how things are done here." I said, "No, well maybe I do not. I am just a third year medical student, How are things done?" He said, "When the attending comes in the room, everybody stands up—and you do not ask questions of the attending. If you have a question you ask the intern who will then relay the question to the senior resident, who will then tell the chief resident, who will then speak with the attending." This is the model that came out of 19th century Germany and England.

The same model is applied to patients. Basically, you tell the patients what to do and they are supposed to do it. If you look at the studies on "compliance" you will see that not only is compliance an unpleasant, authoritarian concept, it also does not work. If you look at studies where they actually count the pills (not the studies where they ask the patient "Did you do what Dr. X said to do?" A lot of people say, oh yeah, sure). But if you actually count the pills, what you find is that between 20 and 25% of people actually do anything that in any remotely effective way resembles what their doctors have told them

to do. On the other hand, if there is a partnership and a collaboration—and this is true with people of every age, economic status, race, and gender—if what you decide together makes sense to them they will do it. Many doctors get burned out. They feel that they are doing something bad when their patients do not do what they tell them to do. And then they get angry and yell at their patients. I have patients tell me “My doctor was yelling at me.” Well, that is the doctor’s problem, not your problem, you should not make it your problem. And the doctors should stop trying to force. It’s bad for him, doesn’t work for his patients. Collaboration is significantly more effective than compliance, for all parties.

The fourth piece is that self care is the true primary care. I find that with chronic illness, 90% of what needs to be done, people can do for themselves, and need to do for themselves. Yes, they need somebody to do the manipulation, somebody to do the acupuncture, prescribe the antibiotics or herbs, but 90% of what needs to be done they can and should do for themselves. There are five aspects to self-care. Self awareness first of all, is crucially important. Relaxation is the antidote to the fight or flight response. I see meditation as a combination of relaxation and self awareness. Meditation is absolutely central to all the work I do with individuals or with large groups or institutions. Nutrition—“let food be your medicine and medicine your food.” Hippocrates said it 2500 years ago and we have done our best to ignore it. Finally, physical exercise is immensely powerful. Aside from being with someone in a kind and understanding way, I would say the single most effective treatment for anxiety and depression is physical exercise. These five are self care.

Fifth is incorporating the healing techniques, the healing approaches from other cultures. The world is such a rich place, there are so many healing approaches. Shakespeare said, “There are more things in Heaven and Earth, Horatio, than your philosophy has dreamed on.” One of the things I say to my medical students who ask, “What should I do this summer, I have this summer off,” is “go somewhere very different, live with a tribe, live in a village, see what goes on, see how healing happens in those places, it will change you forever.”

There are so many healing systems, some not studied, some of whose practices are supported by good scientific evidence. There is a growing body of evidence

for many Chinese medical approaches and for Indian Ayurveda. Naturopathic medicine (whether it is European naturopathy or an American version of naturopathy) has a huge scientific literature. There are also other wonderful healing systems. I spent time in South Africa with Sangomas (who are the traditional healers there), and just seeing what they can do with their work, with throwing the bones and prescribing herbs and changing people's environment, and counseling people, is powerful. There are going to be as many of these systems and ways of practicing as there are groups or people in the world.

I know there is an ongoing discussion about the inviolability of systems. Well, those systems have never been inviolable. Why do you think pulse diagnosis goes on throughout Asia, slightly differently in different places? Where do you think surgery came from? It did not come from Greece, it came from Egypt. There has always been cultural interchange, only now we are creating a much larger synthesis, a new world medicine. Not only are we bringing things in from other cultures, we are rediscovering what has been neglected in our own West: homeopathy, hands on healing, prayer, indigenous herbalism. All of these things are going to be used in different ways by different people.

I know there are purists who will say you cannot do that. There are always struggles that go on, but struggles can be creative. My sense is we are going to be developing many, many different kinds of integrative medicine. Which should you study first, students will inevitably ask. The one that is calling you, that has a special appeal for you, I answer. There is no right wrong system to study. The one that is calling you, pursue it.

Sixth is the use of groups. This is immensely important in traditional societies. If something ordinary is wrong, your granny takes care of it, or somebody else's granny. She has got the lore, she knows how to do it. She is the family physician. If something really serious happens, however, you go to the official healer. In many societies the official healer, will convene a group, the extended family or the entire village group, because it is understood that when disease happens it does not just happen in one body, it happens in the whole body of the community. And for healing to happen, the wound in the social body has to also be healed.

So there are many ways to do that. One of the major projects of our Center for Mind Body Medicine is “mind body skills groups,” where we teach people meditation, biofeedback, relaxation, exercise, drawing, dancing, and art. We are doing the research on these groups and plan to publish the research results. You may be aware of David Spiegel’s ten year long study on women with metastatic breast cancer. The women who were in the support group lived a year and a half longer than those who weren’t. Fawzy Fawzy has some very interesting work done with people with melanoma with similar results and Jean Richardson has published on her work with people with lymphoma and leukemia. These groups are just the beginning of what can be done. We do not know how powerful the group may be in healing.

Along with Dean Ornish, Herb Benson, and Jon Kabat-Zinn, we are experimenting with different forms of groups for various conditions. We use small groups that are intimate in which the emphasis is on the creation of a group and in which you can learn how you can help to heal yourself. I think in the future every program, every clinic should have these group programs. This should be an integral part of every individual’s treatment for chronic illness or stress. We are training over one hundred individuals each year to lead these groups.

Seventh is the importance of the spiritual dimension. Illness is the great teacher. I am sure you have all seen this in your practice and in your lives. If I heard it once I have heard it literally a thousand times from people with HIV and people with cancer, “I would not have wished for this, but this is the best thing that has ever happened to me. I have changed my life altogether.” They see it, I see it. What is needed is not only for them to be willing to transform their lives, but for us to be willing to see their illness as the catalyst of that transformation. We also need to see whatever happens to us in exactly the same way. We are not different from those people with whom we are sitting.

Finally, I think it is very important for all of us to continue to pay attention. This work is not only about the healing of individuals or working with small groups. This work is also about the healing of our society and the healing of our planet. The greatest pathologist of the 19th century, Rudolf Virchow, said that medicine is a social science and doctors the natural allies of the poor. We

need to reach out to those who would not come to us ordinarily, to those who cannot pay out of pocket because they do not have anything to pay. We need to do this both in our own way, individually, and with our institutions to make sure that they meet the needs of those people.

In addition to that, we also need to make sure that our vision is broader than just our consulting room. Some of work that I do, for example, in Bosnia, in South Africa and Mozambique, is working with victims of violence. I have worked with victims of violence in Washington D.C. That work, although immensely difficult because it involves moving out of your own safe home base, is immensely rewarding. Putting yourself in the position of being in someone else's world who is in deep trouble, putting your heads together and determining what needs to happen. So I, and we, need to come up with solutions for our lives individually, and to begin to create larger social solutions and perhaps even larger political solutions. So let me end with that call. Thank-you very much.

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QUESTION & ANSWER EXCHANGE

Dr. Gordon, if a primary issue in a patient's history is father deficiency, might kindly authoritarian be a path to establish a kind of healing partnership, which then could evolve to the more adult/adult partnership?

That is an interesting question. We have to be kindly, what else can we be? I mean somebody is coming in and they are desperate for our help. We are an authority. I am not denying authority, but there is a difference between authority and authoritarianism, which we sometimes do not understand. I hope that I am an authority in what I do, otherwise I should not be doing it. And yes, the power of our words is so great, the most harm that is done in medicine, the biggest harm we do is with our words.

When people come to us they are most often in a kind of hypnotic, trance state, especially people with serious illness because they are so scared, and they feel so dependent on us. So what we need to do is to accept the authority that we do have,

and at the same time, to transfer as much of the authority as possible, over time, to them, starting right in the beginning. I do this with people on the telephone, I say please do not come see me unless you are willing to really make the changes that you and I find are really necessary. I talk with everybody on the phone before they come to see me. I do that with children as well, down to about the age of ten. Below ten they can come in the office and I tell them the same thing on the first visit. I say I cannot do this for you, so I am going to teach you some things so you can begin to help yourself. So I think that we have to accept our authority, not become authoritarian. A loving authority, a sweet fatherly, sweet motherly person, yes, that is what we need.

How do you see the role of energy medicine in the new medicine?

Well, I think energy medicine is what is happening every moment. What transpires between us in the consulting room, that's energy medicine. It's the vibe, just as it's the hospital vibe, so I see energy medicine as a very interesting way to describe physician/patient or nurse/patient or therapist/patient interaction. When someone told Bernard Shaw that Margaret Fuller said that she accepted the universe, he said, "Yes, she better." We need to accept the fact that there is an energetic exchange going on. Second, I think that energy medicine is what we're always using, the energy of what we do with people. We sometimes call it the placebo. Another way to describe that is the energy of the interaction. The energy of the belief system.

Then there are specific energy medicine techniques. In my practice I use acupuncture and homeopathy in energy medicine. I do hands on or hands off the body healing, that's an energy medicine. I do them when they make sense, when it feels right to use them.

I think that one of the interesting things to look at scientifically, is, when are homeopathic remedies appropriate and when are they not? I have a sense that there are some people who are not going to respond at all. Maybe some of you are homeopaths. The same thing happens with using hands on healing. Sometimes I know when something is going to work. Other times I think, all this is going to do is seem weird to them. It's not the appropriate time or not the appropriate place. I think one of the things that we need to do is to put into words some of those judgments, some of those discriminations we're making and to think about when some of these therapies are most affective.

Incidentally, this cuts to the whole issue of research. Part of doing a research project is selecting the appropriate people to be in the project. That has to do with individualism, it has to do with uniqueness. If you have the amazing Randi investigating,

disbelieving over your shoulder every minute, that may change the energy in the room, and the nature of the experiment. One of the conditions for certain experiments may be that the people in the room have to believe in it. That's OK. We need to know what are the conditions. When does energy medicine work? When doesn't it work?

How do we encourage healing partnership so that complementary approaches don't simply replace the traditional medicine patient doctor model?

Number one is time spent with patients. We have to give people—doctors, nurses, therapists—time to be with patients. Second of all, we insist that they work on themselves first, or concurrently. Every one of my medical students meditates everyday and keeps a journal, does physical exercise and does dietary experiments on himself or herself. This kind of self care should be part of every medical education. Instead of teaching physiology on some poor dogs, medical students should learn it on themselves. How do you use Yoga, breathing, jogging, dietary change to alter physiology? Everybody has to learn on themselves what this approach is—then they will want to teach it to other people, and then they will also believe that these approaches have power and that they can work with other people.

The other thing is that we need to create situations in which we are all taught more respect for each other. It's not enough to have a little lecture, or short course in "patient centered care," or "relationship centered care." As good as those concepts are, the hospital setting in which most medical students spend most of their time has to be organized in a way so that it shows respect all the time to the people who are there.

During the cultural revolution in China horrible things happened. However there were also interesting, productive experiments in the hospitals. In the early stages they had the chief of surgery, or the chief of medicine, or psychiatry, spend one day a week working as an orderly on the ward. I thought that's fabulous. The other thing they did is they would have patients go on the rounds with doctors and nurses. So that if somebody behaved badly toward a patient the other patient would say, "doctor," or "comrade, that is not an appropriate way to speak to comrade so and so." So having that sense of interaction is a deep corrective to the arrogance and superiority which unfortunately our education and our status encourage us to. We need some counter-vailing forces.

In your opinion what are the primary reasons nurses and physicians are unhappy? Is it only because as you said they don't make enough money, or that they push papers?

I didn't say that. I don't think that's the major problem. What I said was that nurses, in order to make more money, have to get promoted out of doing their day to day ward work. Many nurses in many wards aren't even doing patient care. I think that money is over rated. Physicians are always worried about money and Cindy mentioned one of the difficulties, which is everyone runs into so much debt. As far as I'm concerned, all medical education should be paid for by the government for everybody. In return graduating physicians should be required to give 3 years working in an underserved community. It would make a huge difference to concerns about money. It would make a huge difference in those communities. It would make a huge difference in the lives of those physicians.

I think that money is not the primary difficulty for people. I think the primary difficulty is that people (doctors and nurses are the groups that I know best), went into their profession for good reasons. They wanted to make a living being useful and helpful to other people. Seems good to me, that's why I went into it as well. I thought, "This is great I can sit here and listen to people and help people and actually get paid."

I was totally blown away when I got my first weekly check of \$70 as an intern. I thought this is amazing, I'm having a good time and helping people and I'm actually getting paid a little money. I think that's why people went in. I think increasingly physicians and nurses feel like they are not able to do that in a way that they want to do it.

Aside from our cancer conference, I've done a fair amount of talking at oncology programs, cancer centers. One time I had finished the talk and three young oncologists came up to me afterwards and said, "Can we have dinner with you?" So I had dinner with them and by the end of the dinner (and I don't think that it was anything that I did), two of them were in tears and the other was on the edge of tears. What they were saying to me is, "We work in a system where we cannot be helpful to people the way we want to be. We see people coming in who are being faced with a life threatening illness and we're given 10 minutes to be with those people. Our hearts are breaking but we have to sit there and tell them to get chemo and radiation. We're not even sure how good the chemo and radiation is for those people. And we know that we're not acting toward them in a decent way." So I think this is the fundamental problem. I think that people feel they're not acting in a decent way toward their patients.

Secondly they feel they are not helping them. This is very deep, when we're talking about chronic illness. People are not getting much help for chronic illness in conven-

tional settings (whether it's chronic pain or arthritis or cancer). Cancer therapy, with the exception of a few cancers, has not made a great deal of progress in the last 25 years. Maybe some of you have had this experience. If you are doing the same thing day after day and you feel that it's not doing people much good, that's not satisfying. At this point the doctors and nurses are saying, "Okay, what else is out there. How can we help people in a way that is better for patients and more satisfying for us?"

Our professional training program in "mind body spirit medicine" teaches doctors, nurses, and therapists to integrate mind body approaches in work with individuals and with groups. The first year we had one physician out of 30 participate. The second year we made it a national program and we had 22 physicians out of 120. Last year we had 33 physicians and it's my bet we'll have 40 this year. They want to know how to help their patients deal with others, how to help themselves deal with others. They want to do more, feel more useful, more connected to the people they are helping, and feel happier about themselves. There is tremendous anxiety about money but money is not the major factor.

Do you see any change in your travels around the country in terms of the way medical students are being taught other than at Georgetown University, vis a vis this new medicine?

Yes, there is a change that is both hopeful, but I would make it a qualified hopeful. The most recent survey that I know about shows 67 of the 124 MD medical schools have at least some kind of elective course or series of lectures in complementary or alternative medicine. The problem is that, because of the nature of medical education, the tendency is to see these things as yet another technique: an herbal pill instead of a pharmacological pill, acupuncture instead of a drug or a surgical procedure. The deeper problem, the one that takes more time and more energy and more commitment, is helping the medical students realize their own capacity for self awareness and self care, realize the transformative power of medicine as a discipline. That's harder to get into the curriculum.

Rachel Remen has 3 evenings she spends with students at the University of California in San Francisco. It's beautiful and the students respond. At the University of Louisville they have a kind of wellness week at the beginning of the first semester, which is optional, but 95% of the medical students go to that week. There is a real struggle that is going on to try to not just have an elective that's peripheral but to find a way to bring this whole attitude and approach and spirit into the curriculum.

Number two (and this is even more challenging), is to change the core curriculum. Someone earlier said that nobody had heard of psychoneuroimmunology. There are a couple of schools that mention psychoneuroimmunology and may have a lecture on

it—but I would bet that 95% of the medical schools don't pay attention to it at all. Because that's an *immunology* course—and the “mind” is often ignored. Only if the head of that course is really interested is it going to happen. So it's a real interesting struggle.

I would again urge those of you who can to become connected to medical schools. Go in there and work in your own way to transform the place just by being there. There are some of my colleagues who don't do much teaching but they do have students who come and work in their practices. Perhaps one month a year there will be 1 or 2 first year students. I know, because I know those students well, that it makes a difference to have that example. I think that this is going to be a long and interesting struggle, and it will change, but this is going to take time.

The Office of Alternative Medicine—where are they going, what's happening with the funding, what do you see in the future?

Talk about struggles. Tom Harkin is the senator from Iowa who created the Office of Alternative Medicine. He came to our cancer conference and gave the first talk. What he proposed is changing the Office of Alternative Medicine. Presently, it's an office where essentially everything the office does has to go through some other part of NIH. If they want to fund a research study in heart disease, the Heart, Lung and Blood institute has to approve that research study. Without getting into all the details, this obviously sets limits on what is acceptable, restricts it to what Kuhn called “normal science.” The office now has \$20 million, it started off having \$2 million. It is in the process of pulling its database together. There is going to be a multicenter study of St. John's Wort versus a selective serotonin uptake inhibitor for depression. There are already academic centers around the country funded by the NIH that are catalyzing research. That's all fine, but to take it to the next level the office has to become a *Center*. Which means it will be independent, it will have it's own review committees. [This has happened subsequently, with a financial increase to 50 million dollars].

The first time I met Elmer Green was on the telephone when I was working at NIMH over 20 years ago. He and some of his colleagues sent me some of the work that they were doing on biofeedback and said, We're not getting funded on some of these panels. I looked at the proposals that they were sending to NIH for funding and thought “this is terrific, these are beautifully done.” I was very impressed, but the reason that they weren't getting funded is because (when you look at the composition of the review panel) there were 9 people on the panel, all of whom are doing research on pharmacological treatment for hypertension—they were making their livings doing research on pharmacological treatments. How sympathetic were they going to be to use of biofeedback or meditation or relaxation?

The Office of Alternative Medicine needs to become a Center. It needs to have its own funding, its own mechanisms, it needs to have its own panels to decide on who gets funding. Not that automatically this or that proposal will be approved, but so that a kind of impartial dispassionate scientific assessment and curiosity will be brought to each of these studies. That's what the office needs and where it needs to go. I would urge you to write to your congressman or senator and say that you believe that the Office of Alternative Medicine should be a Center and its funding should be increased and that your congressman or senator should also get in touch with either Senator Harkin's office or Representative Dan Burton's office because they are particularly concerned with promoting this kind of research.

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