The Doctor’s Dilemma: Healthcare Reform and Integrative Medicine

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In his play The Doctor’s Dilemma, George Bernard Shaw called the British medical system of 1906 “a conspiracy to exploit popular credulity and human suffering.” Was he also describing the US healthcare system in 2009? And what role—if any—can integrative medicine and the therapies associated with it play as our economic recession deepens, unemployment rises, millions more people lose their access to basic healthcare along with their jobs, and the decades-long, out-of-control downward spiral of a healthcare system on life support continues to drain our economic strength?

What is integrative medicine, and where did it come from? In 1978, the American Holistic Medical Association was formed and was the first professional organization in the modern medical era to bring together physicians advocating holistic and integrative medicine as an approach to healing and optimal health. It has evolved from a physician organization to a much broader and more inclusive organization with other licensed healthcare practitioners as equal members. The Consortium of Academic Health Centers for Integrative Medicine, a consortium of 42 medical schools founded in 1999, defines integrative medicine as “the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing.”

Last month in Washington, DC, the Institute of Medicine (IOM), supported by the Bravewell Collaborative, convened a Summit on Integrative Medicine and the Health of the Public to explore the science and practice of integrative medicine. The IOM commissioned papers on the role of integrative medicine in research, prevention and public health, patient-centered care, education, and communication with the public. Dean Ornish, MD, a keynote speaker at the IOM summit on science has pioneered, probably more than any one physician, evidence-based scientific research in integrative approaches to care for the past 30 years—first by evaluating the effects of a multifaceted lifestyle intervention in the treatment of heart disease and more recently in the treatment of prostate cancer. His findings on heart disease indicated that comprehensive lifestyle changes (including diet, yoga, and meditation) brought about improvement of severe coronary disease after 1 year without using lipid-lowering drugs, many of which are expensive and some of which have serious side effects. Research in integrative medicine and healthcare in general must expand to include evaluations beyond those of specific therapies and modalities for treating specific diseases. Whole system intervention, the provider-patient relationship, and the environmental impact of healthcare are just a few of the many other issues that impact the quality and cost of our healthcare system as we balance the risk/benefit ratio of interventions with limited evidence.

An interesting question to ask is what kind of healthcare coverage and reform do we want? In addition to helping citizens obtain health insurance in a plan for universal coverage (which would certainly provide an economic stimulus), we need to begin promoting approaches that focus on more than the management of disease and include a focus on wellness. We need to develop new maps that can provide useful tools drawn from different medical traditions. One such map is functional medicine, “a system of thinking about patterns, connection, and systems that helps us filter a patient’s story and emerge with a clear map of how to use all the tools of medicine and healing.” Can we provide coverage and incentives for lifestyle changes and encourage healthy living first, before recommending surgery and drugs? And can we create an environment that empowers patients to become active participants in their own care? At all levels of oversight, particularly at the state level and in the US Department of Health and Human Services, it is imperative that we implement structures that incorporate innovation, reform, and access, not just for conventional medical doctors but also for nurses, nurse practitioners, and licensed complementary and alternative healthcare providers.

We hear that there is a shortage of healthcare professionals, yet these estimates of shortages usually do not include complementary and alternative medicine healthcare providers. We currently have approximately 300,000 primary care physicians, 150,000 nurse practitioners, and 2 million registered nurses—most in primary care. As one begins to venture beyond conventional healthcare providers, one finds that there are about 90,000 chiropractors, slightly fewer than 20,000 licensed acupuncturists and oriental medicine practitioners, and a bit more than 3000 licensed naturopathic physicians.
If integrative medicine is going to be delivered to patients, it seems that the 2 million registered nurses and 450,000 primary care providers (including nurse practitioners) significantly outnumber the 113,000 licensed chiropractors, acupuncturists, and naturopaths. In a survey done by the National Education Dialogue in 2005, respondents from conventional medicine, nursing, naturopathy, and acupuncture and traditional oriental medicine agreed that healthcare reform will require that these professional education programs must develop collaborative relationships. These groups must work together if integrative medicine is to become incorporated in a meaningful way into our healthcare system.

While those on the right and left continue to debate whether we need to either abandon public health insurance altogether and let the market work or start over with universal health coverage, our healthcare crisis has become noticeably worse. There often seems to be no middle ground for compromise between these two positions. Forces in this country have been debating aspects of healthcare reform since early in the last century, when the American Medical Association (AMA) grew 10-fold between 1900 and 1910 and the railroads developed the first insurance programs for their employees. This early debate was interrupted by World War I. In the 1940s, President Harry Truman’s plan to offer a national health insurance program based on a single-payer system that would provide health insurance for everyone was called a “communist plot” by Congress and rejected by the AMA. If we focus only on the cost of universal healthcare, it is true that it will likely increase healthcare costs. That has been true since President Truman first proposed universal coverage. Massachusetts instituted a system of universal coverage in 2007 that is similar to the one that has been in place in Switzerland for more than a decade. In the first year alone, Massachusetts saw a drop in uninsured adults from 13% to 7%, and even though costs increased due to higher out-of-pocket costs, most state residents supported the plan. Today, of course, without universal healthcare, the United States as a whole has the most expensive healthcare system (and one of the least effective) of any industrialized country.

In 1950, national healthcare costs averaged about 4.5% of the gross national product; today those same costs exceed 16%. Our current healthcare system is bankrupting the country and is untenable just as surely as the current economic crisis of which it is a part. The reimbursement structure is distorted and filled with financial incentives that do meet society’s needs. Tests are expensive and frequently duplicated, and in our pay-for-service model there is an incentive to overtreat and no incentive to keep people healthy—hospitals lose money when their beds are empty, and doctors lose money when their patients are not sick. This crisis has been building for at least the past 40 years. How do other industrialized countries deal with these issues? In 1994, Switzerland required all of its citizens to purchase private health insurance and then provided subsidies so that it did not cost more than 10% of any individual’s income. Both France and the United Kingdom instituted national health insurance with little fanfare after World War II. We are now in a situation where we are the only industrialized country left that does not guarantee affordable health insurance to its citizens. In most countries, universal healthcare has been built on the system that was already there, and it is likely that any success we have with healthcare reform in the United States will do the same. Can we at least include the promotion of wellness along with the treatment of disease?

It is easy to become discouraged when we see rising rates of chronic conditions, such as asthma and autism, obesity and diabetes. It is ironic that in a country known for its technology and science an ever-increasing number of people are suffering from chronic conditions. Once regarded as the undisputed leader in healthcare, America continues to lose its credibility around the world as its own citizens become increasingly disenchanted and the global community has become increasingly distrustful of the country and medical system to which it used to turn.

There are other examples of how an integrative approach can significantly improve health and well-being. Integrative medicine approaches such as plant-based diets, yoga, meditation, and psychosocial support may stop or even reverse the progression of coronary heart disease, diabetes, hypertension, prostate cancer, obesity, hypercholesterolemia, and other chronic conditions. The National Academy of Sciences recently published in its proceedings a study by Ornish et al that showed that widespread change in gene expression can occur in a short period of time with lifestyle changes. Bioregulatory approaches to gene expression are one of the ways of the future in medicine, marrying science with integrative medicine. It is important that integrative medicine, with a focus on patient-centered care that empowers patients to actively participate in their healthcare using conventional medicine and other therapies, becomes a foundation for creating optimal health and healing.

REFERENCES