

Revolutionizing Healthcare

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I was recently charged with the task of defining what it would mean to “revolutionize healthcare,” and the requirements for overhauling our present system. It is evident to almost everyone involved, from CEOs to politicians, from providers to patients, that healthcare in this country is ailing. In fact, very little in our present system involves the administration of “healthy” care. The majority of time and energy is spent treating, or promoting, illness. A more accurate term for what is presently offered is “disease-care.”

Consumer advocates and practitioners alike have declared a state of emergency, decreeing that a revolution is necessary to change the perception, delivery and access of healthcare in our nation. Revolution connotes aggressive and forceful overthrow of a current paradigm with total abandonment of past and present perspectives. Living daily in the trenches, as both provider and patient, I sometimes do feel shell-shocked and battered. Yet if paradigm shifts are products of the expansion and maturation of consciousness, then a fighting spirit may be unnecessary. Rather than turning our backs on all that came before, I hope we learn and grow, carrying with us all the knowledge we have amassed from previous stages. As our methods and skills of analysis ripen, may our insights ripen as well.

The current attempt at healthcare revolution goes by the name *integrative medicine*. We are seeing integrative clinics spring up all over the country, and savvy entrepreneurs jumping on the bandwagon without any modicum of comprehension as to what it means to provide care, let alone integrate. Where

does this so-called integration take place? Is it really possible? Are we all speaking the same language when calling a practice ‘integrative’?

If integration is nothing more than a collective gathering of disparate modalities in one central locale, then any clinic providing a plethora of services is integrative. If a service menu contains a chiropractor, massage therapist, acupuncturist, Reiki practitioner and medical intuitive then, by this definition, such a facility must be at the forefront of integration. This, to me, is the kitchen sink version of integration, or as a colleague of mine describes it, “soup pot” integration.

Yielding to the predominant notion that more is better, providers and clinics eagerly offer anything a patient might conceivably imagine. Throwing it all into the pot, they call it a complete meal. Unto itself, each ingredient - or modality - may be tasty, nutritious and healthy, but the resultant combination may leave much to be desired. As any good cook knows, an array of issues like timing, quantity, quality, temperature, synergy, tastes, and the appetite and temperament of the person for whom you are cooking must be considered. The chef fearing a guest may dine elsewhere, continues to throw the entire contents of his pantry in the pot and call it dinner. Such a concoction lacks thought, care and soul.

If, on the other hand, integration requires something more, a process of synthesizing varying healing perspectives, organizing the numerous conceptual maps into a unifying whole, then where and how does this happen? A homeopath might conclude that the cause of a person’s ills results from a distur-



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bance in their vital force. The patient's energy pattern has been altered in some way, due to some morbid agent, and the best course of action is to prescribe a precise homeopathic remedy, along with guidelines for addressing any interference to healing, such as diet and other lifestyle factors that become obstacles for a balanced, resonating vital force.

An acupuncturist might speak a different dialect, one that is close enough for the two practitioners to comprehend, yet the course of action might be through needles, moxa, tui na or other tools in the oriental medicine bag, in conjunction with very similar, if not identical, lifestyle modifications. Throw into the pot a practitioner of functional medicine, whether allopath, chiropractor, or naturopath, who claims the individual's biochemistry is imbalanced. Without a doubt lifestyle factors are involved and must be dealt with, he may add, but restoration demands nutritional or pharmaceutical supplementation.

The homeopath, licensed as a Western MD, might counter that nutrients are inconsequential as disturbances in the vital force cause the alterations in biochemistry. The functional medicine practitioner might argue that without the proper levels of vitamins and minerals, the vital force lacks building blocks, and is therefore incapable of restoring itself. Having this cacophony of theories under one roof fails to seamlessly integrate them into a unifying melody. How can practitioners harmonize? Do we leave it to the patient to decide which course of action or perspective to pursue? If we remain unattached to philosophical doctrines or the desire to prove any one modality superior, do we engage all approaches simultaneously, or do we throw our hands up in the air in indifference?

In naturopathic medicine, one of our principles demands that we make every effort to *treat the cause - Tolle Causam*. Yet which cause? In the examples above, each provider believes he or she identified the root of the problem. Whether labeled an imbalance in vital force, qi, or biochemistry, deductive and objective reasoning determine the cause. Something was quantified or measured, whatever the degree of technological sophistication involved, and treatment is based on that assessment.

While a conventional doctor might treat strep throat with antibiotics, how does this differ from a homeopath prescribing a potentized remedy? The MD reduces symptoms to bacteria, and the homeopath reduces them to an imbalanced vital force. Both externalize and objectify. Does the time factor and quality of questions deem a practice integrative? Typically, the initial homeopathic consult lasts two hours with a score of questions asked about symptoms and psycho-emotional nature in an attempt to

determine the exact "state" of the fluctuating energy pattern. However, that "state", while existing within the individual, just like a bacteria or virus replicating within the person, is assessed objectively and the treatment is still external – the remedy.

During my naturopathic education, it was routine to describe conventional medicine as treating the disease, while integrative medicine, what complementary and alternative practitioners claim to provide, treats the whole person. Proponents of such care decry the lack of empathy, warmth, and genuineness received from the conventional system. People have a deep need to be heard. People long to have the interior portions of their lives, their thoughts, worries, concerns, trepidations and passions, acknowledged and addressed. This is rapport; this is connection. Rapport is cultivated by identifying and giving audience to that which matters to the individual. While the desire to be witnessed may be satisfied with longer office visits, it belies holism.

My experiences after shattering the cartilage in my right knee speaks to the dissatisfaction felt by patients with conventional care, the longing to have our interior lives explored, and the tragedy when objective and subjective fail to integrate in a singular practitioner. I felt fortunate to have secured an appointment with the top-rated orthopedic surgeon in the area within days of the trauma. By the time of my appointment at noon, the doctor had already seen over 90 patients. I was lying on the exam table in extreme pain and in walks the doctor, as if an emperor entering the throne room. He asks a few pointed questions with an air of impatience, all the while never making any contact with me, neither physical nor emotional. Within minutes, he declares that I must have an MRI, and as swiftly as he entered the room, he was gone. Sitting there astonished by this lack of empathy, I wallowed in my feelings of disrespect and mounting anger until his secretary came in moments later to schedule the procedure.

A week later, back in his office, again the door flies open and again he strides into the room. No greeting, no pleasantries, no cordial handshake or acknowledgement. He places my images up on the screen, examines them for about 30 seconds and proclaims, "You need surgery. Your cartilage is torn. I will get my secretary to schedule the date." He pivots to walk out the door, once more without touching my leg. Losing all composure, I say through clenched teeth, "Wait a minute!" Spinning on his heels, he looks back at me quizzically and repeats, "You need surgery, right here (pointing to my film). Your cartilage is damaged." To which I say, "I can't read an MRI. Is there anything else we can do?" Growing irritated, he repeats, "You need surgery. I can fix it." Then I said the words no

overly confident - dare I say arrogant - surgeon accepts, "I want a second opinion." With that, he deftly removed himself from the room.

From here, my care spiraled further downward. I sought the advice of another doctor, the rival of the first surgeon, who seemed sympathetic to my fear of the operating room. Not only did he physically examine my knee, he listened in earnest to my concerns. This consultation lasted for hours by comparison and in my memory, a fact that brought me solace. Finally, a treatment plan of physical therapy and cortisone were suggested, and I was told this could completely remediate my problem. After three injections and draining the fluid from my knee twice, surgery was inevitable. My treatments had compromised the cartilage to such an extent that the entire lateral meniscus had to be completely removed. What went wrong?

As a patient, I was relatively unconscious about my decision-making process. Had I known what I was seeking, my reactions to the first surgeon as well as the outcome of my care would have differed radically. Like a majority of patients, I longed for empathy, rapport and support. I was blind to the fact, however, that I gave more import to emotional resonance, the connection between provider and patient, than expertise, skill and confidence. The amount of accolades a surgeon acquired did little to influence my decision-making or win my confidence. I expected that the first surgeon be as concerned about my fears as he was about the details of my knee. The second doctor, taking the time to address my interior world, put me at ease, yet minimized the external and objective, which most likely would have lead him to the same conclusion as the first physician – surgery. An integrative provider, or so the theory goes, would have embraced both avenues. Given the choice now in hindsight, I wish my criteria had been proficiency, reputation and excellence.

Integral medicine, an emerging paradigm in healthcare, aims to treat the disease, the person and the practitioner. Integral medicine explores the subjective and the objective realities of the individual and the collective, the patient and the society in which the patient is a fundamental part. Regardless of divisive nomenclature, any system that claims holism actually fragments care when it ignores all participants involved. Overly preoccupied with individual health, our current system spends exorbitant sums of dollars trying to determine which individual behaviors and risk factors are responsible for illness.

Treating the whole person requires us to shine a light on their collective influences as well, both subjective or interior experiences (attitudes, values, morals, beliefs) and objective or exterior ones

(resources and the vital force, qi, or pathogens of the environment). Any truly holistic, integrative or integral model of care is unattainable when failing to recognize the individual as a member of a larger context, namely culture and community, and the subjective and objective experiences of culture and community, which directly influence individual health.

It is commonplace to be consumed by the singular or individual approach to treatment. My energy (vital force, qi), biochemistry, or psychology is disturbed. If stressed, my practitioner strives to stiffen me up, offer me a remedy, help me "deal" with life, teach me stress reduction or cognitive reframing skills, or bolster my immune system with supplements. What if nothing requires treatment of my interior? What if my ills are a result of the unbalance in the collective?

When speaking about the health of the collective, the health of the population, we are addressing the social determinants of health. These include more than vaccinations for infants or smoking cessation programs for teens. Social determinants are linked to governmental policies and reflect political and cultural mores. Factors such as education, work conditions, job security, unemployment, housing availability, income, wealth distribution, healthcare services and social isolation all contribute to the health of the individual, but are regulated by government and business. Are we ready to acknowledge that our society's attitudes and subsequent regulations on healthcare, education, nutrition and housing, have a significant impact on the health of its people? What are the resultant psycho-emotional and biochemical stresses for the individual when these basic needs are not met? A healthcare revolution must tackle these collective factors at play, these socio-economic, political, and cultural beliefs and practices. Despite our attempts to ignore them, they are already present in the treatment room.

Meritocracy is a buzzword of business that has seeped into our collective psyches. Work hard enough and your efforts will be rewarded. Detractors of universal healthcare bemoan footing the bill for those whom they deem fail to contribute to society. Unemployment is equated with zero contribution, and lack of contribution implies no merit. Is this an ideal we wish to uphold? Do we want to define merit and contribution by the work we do and the wages we garner? Are some people more deserving than others? Do only a few deserve clean water, while others do not? Should fresh air be a luxury for those who can pay, and not be considered a basic human necessity? If we believe inherently and unquestionably in the value of every human life without fail, then each individual deserves the same basic essentials, and these can be found in the social

determinants of health.

Astonishingly, economic inequality looms large in the United States. The gap between the haves and the have-nots, the unequal distribution of wealth, regardless which side of the divide one falls, is but one factor contributing to the decline of population health. In communities and countries where this distribution is more even, health thrives and life expectancy increases. Availability to healthcare also threatens the wellbeing of populations. It is not the inability to access the system that is problematic, but rather the ramifications such an inability generates, such as the psycho-emotional stresses, the fear, the worry, and the alarming bankruptcy incurred by caring for a loved one with serious health challenges. How must 46.6 million Americans - the number of people in 2005 that the US Census Bureau say were uninsured - feel daily knowing were they to fall ill, they have no recourse?

Focusing on the singular in the healthcare equation reflects an ego-centric worldview and developmental stage of consciousness. Our policies suggest that individual actions have no bearing on anyone else. Connection, or more importantly, interdependence, does not exist. I, in no way, influence your wellbeing, and likewise, your state has no affect on my health. The values, and thus the decisions of the collective, do not directly result in my health. Such thinking is shortsighted and rooted in the lower, fear-based chakras, concerned with survival and as to whether or not there will be enough. While ethnocentric consciousness includes another, embracing an "us" and "them" mentality, it is still exclusionary when all that is "not us" is swiftly expunged. In a world-centric perspective, no walls exist, no segregation occurs between "us and them," for all beings are the same, something we come to realize in Metta meditation. *Metta* in Pali, or *Maitri* in Sanskrit, has been interpreted as *friendship*, but has come to mean unconditional lovingkindness. All beings are friends, and there is no "other". All beings share the same wishes – freedom from danger, happiness, health, and living in ease. I desire these, and so do you. The social determinants of health are, in a sense, Metta meditation.

I find it hard to believe anyone in this country is content with our current healthcare system. Reflecting upon social determinants of health and the collective does not propagate blame or mitigate self-responsibility, but embraces the basic tenet of Buddhism, interdependence. No particular stage of consciousness or healthcare perspective is superior. Yet moving to the next level of development warrants an expansion in our collective consciousness that examines our subjective and objective, our interior and exterior, our biochemistry or energy balance and



beliefs, framed in a world-centric perspective. If there is to be a revolution, the social determinants of health in the form of access to healthcare, education, housing, and food cannot remain an extravagance, but something we value as a basic human right.

While these thoughts are merely the tip of a daunting iceberg that is our current system, it is a beginning nonetheless. Whether practitioner or patient, when thinking about your health and wellbeing (or that of your patient), I invite you to reflect upon the following:

What are my expectations for the healthcare system, my providers, and my patients? What do I expect them to already know and value, and how do my expectations affect the outcome of care?

Do I prioritize the one facet of the whole over another – do I attend to the exterior, or objective, over the interior or subjective, or do I give them equal audience?

What collective attitudes, emotions and concerns, as well as collective pathogens and energy patterns, contribute to my state of health? How and in what way are societal values influencing my health? How do cultural beliefs result in habits and behaviors that may promote or detract from my health?

In what ways do I contribute to the collective exterior and interior? How do I contribute or ignore the social determinants of health?

Finally, what would it look like when everyone is free from danger, happy, healthy and living in ease?

That is the world I would like to see.