



**University of Wisconsin  
School of Medicine  
And Public Health**

**Integrative Health  
Elective Rotation  
For  
Residents and Medical  
Students**

**PART TWO - READINGS**

**(August 2020)**

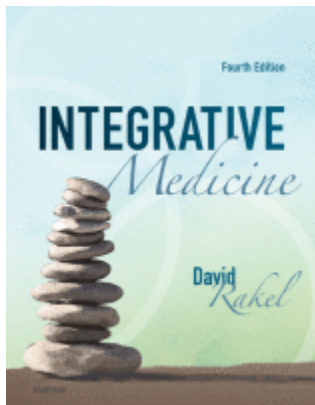
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## Philosophy of Integrative Medicine

Read Chapter One of *Integrative Medicine*, “Philosophy of Integrative Medicine.” You should be able to access the chapter for free through an institutional subscription using your university login. Visit your library website and search for the citation below or contact a university librarian. For further assistance, contact University of Wisconsin, Department of Family Medicine and Community Health Integrative Health Education & Research Coordinator Sara Arscott at [sara.arscott@fammed.wisc.edu](mailto:sara.arscott@fammed.wisc.edu) or 608.263.0278.



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Citation: Rakel D. *Integrative Medicine*. Fourth edition. ed. Philadelphia: Elsevier; 2017

### **INTEGRATIVE MEDICINE: BRINGING MEDICINE BACK TO ITS ROOTS**

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Published: Snyderman R, Weil AT. Integrative medicine: Bringing medicine back to its roots. *Arch Intern Med*. 2002; 162(4):395-397.

“The chassis is broken and the wheels are coming off.” This is a sad but accurate view of the American health care system shared by many physicians, nurses, hospital administrators, insurers, payers and most importantly, the public. Even the prestigious Institute of Medicine has recently recognized serious dysfunctions in health care delivery.<sup>1</sup> Ironically, just when decades of biomedical research are beginning to pay miraculous dividends, public confidence in the medical establishment is eroding. The fundamental relationship between patient and physician is in danger of disintegrating as a rapidly widening gap grows between what many conventional health care providers deliver and what the public wants and needs.



Physicians have always played the role of caregivers. In the Western world, the Hippocratic Oath and the Oath of Maimonides helped define the unique obligation of the physician to the patient and the practice. Nonetheless, until the emergence of modern science and its application to medicine, physicians had few tools to alter disease effectively. By the early 20th century, applied science began transforming medicine. In 1910, the Flexner Report 2 profoundly impacted American medical education by insisting on the scientific basis of medical practice. The Flexner model helped create the 20th century academic health center in which education, research, and practice are inseparable.

The scientific model vastly improved medical practice by defining, with increasing certainty, the pathophysiological basis of disease. One result has been a progressively better understanding of human biology and greatly enhanced ability to improve the outcome of disease. Another result, unfortunately, has been unexpected and unintended erosion of the patient-doctor relationship. Implied in the scientific movement is the desire to understand the molecular basis of living systems, the assumption that this is possible, and the belief by many that such knowledge will solve all medical problems. Burgeoning medical knowledge has created specialties and subspecialties, all necessary; however, it has also created a dizzying array of practitioners, who generally focus their attention on small pieces of the patient's problem. Single-minded focus on the pathophysiological basis of disease has led much of mainstream American medicine to turn its back on many complex clinical conditions that are neither well understood in mechanistic terms nor effectively treated by conventional therapies. What rheumatologist would not rather treat gout than fibromyalgia or gastroenterologist, peptic ulcer disease rather than irritable bowel syndrome? But many patients today come to our health care system with just such complex problems that are out of reach of the pathophysiological approach alone.

Managed care, capitation, increased need for documentation and productivity and major constraints in health care funding have further eroded the patient-doctor relationship and, at times, even forced physicians into positions of conflict with patients' needs. In all, the historical role of the physician as comprehensive caregiver has markedly diminished. The combination of deteriorated physician-patient relationships, high reliance on expensive and invasive technology, and the widespread perception that physicians today are more focused on disease than on healing and wellness has opened tremendous opportunities for providers of alternative therapies. Nearly fifty percent of Americans are now using alternative medicine, and the amount of money they spend on it exceeds the amount of money spent on primary care medicine.

Health care providers are confused and frustrated by these statistics. They are also frustrated by the pressures of managed care and its ramifications; most importantly, by the lack of time to do what brought them to the profession in the first place: caring for patients. Sadly, managed care, in its attempt to cut costs by limiting physicians' time with patients has, in fact, sabotaged the effectiveness of physician-patient interaction. In our view, rather than utilizing their diagnostic skills, physicians save time by relying on costly and impersonal technologies that may be less revealing than careful histories and physical examinations.

We must admit that our current delivery system as a whole is no longer able to deliver the



best of care to most people. In fact, it may collapse totally because of its inability to provide what the public, the profession, and purchasers want and need. Alternatives in funding mechanisms will be required to enable a more rational approach to health care but while necessary, changes in physician reimbursement will not be sufficient. We believe that the health care system must be reconfigured to restore the primacy of caring and the physician-patient relationship, to promote health and healing as well as treatment of disease, and to take account of the insufficiency of science and technology alone to shape the ideal practice of medicine. The new design must also incorporate compassion, promote the active engagement of patients in their care, and be open to what are now termed “complementary” and “alternative” approaches to improve health and well being. Those of us in mainstream medicine should of course, assume responsibility for the scientific assessment of these new therapies. We propose integrative medicine as part of the solution.

Integrative Medicine is the term being used for a new movement driven by the desires of consumers but now getting the attention of many academic health centers. Importantly, Integrative Medicine is not synonymous with complementary and alternative medicine (CAM). It has a far larger meaning and mission in that it calls for restoration of the focus of medicine on health and healing, emphasizes the centrality of the doctor-patient relationship. In addition to providing the best conventional care, integrative medicine focuses on preventive maintenance of health by attention to all relative components of lifestyle, including diet, exercise, stress management and emotional well being. It insists on patients being active participants in their health care as well as physicians viewing patients as whole persons – minds, community members, and spiritual beings as well as physical bodies. Finally, it asks physicians to serve as guides, role models, and mentors, as well as dispensers of therapeutic aids.

The Integrative Medicine movement is fueled not only by consumer dissatisfaction with conventional medicine, but also by growing physician discontent with changes in their profession. Physicians simply don't have the time to be what patients want them to be: open-minded, knowledgeable teachers and caregivers who can hear and understand their needs. Physician unhappiness is not only the result of the limitations managed care has placed on their earning capacity. It is also a response to loss of autonomy, loss of fulfilling relationships with patients, and, for some, a sense that they are not truly helping people lead healthier lives. Significant numbers of physicians are now quitting medical practice, and applications to medical schools are dropping precipitously.

Most Americans who consult alternative providers would probably jump at the chance to consult a physician who is well trained in scientifically based medicine and is also open-minded and knowledgeable about the body's innate mechanisms of healing, the role of lifestyle factors in influencing health, and the appropriate uses of dietary supplements, herbs, and other forms of treatment, from osteopathic manipulation to Chinese and Ayurvedic medicine. That is, they want competent help in navigating the confusing maze of therapeutic options available today, especially in those cases where conventional approaches are relatively ineffective or harmful. Unfortunately, that option is not generally available – physicians with the desired attitudes, knowledge, and training are few and far between. It is out of great frustration that many patients enter the world of CAM and its practices that run the gamut from sensible and worthwhile to ridiculous and even dangerous.



For the past four years, the University of Arizona's Program in Integrative Medicine has been offering intensive two-year fellowships to physicians who have completed residencies in primary care specialties. The Program is now training larger numbers of practitioners using a distance-learning (Internet-based) model. It is also providing clinical services and conducting basic research on CAM modalities, but the focus is the restructuring of medical education.

During the past two years, colleagues at a number of academic health centers have been meeting and sharing ideas intended to foster the rational introduction of integrative medicine into medical education and practice. One initiative has been to form a Consortium of Academic Health Centers for Integrative Medicine to address the gap between consumer expectations and professional realities. This group has had two meetings, the more recent in September of 2000, and now includes representatives from the following medical schools: Albert Einstein-Yeshiva, Duke, Georgetown, Harvard, Jefferson, Stanford, and the Universities of Arizona, California (San Francisco), Maryland, Massachusetts, and Minnesota. Requirements for participation are: 1) the school must have a program in place in this area – not simply an elective course, research project, or clinic; 2) the program must have the support of the institution; and 3) the dean or chancellor of the school must attend meetings personally or send a designated representative. Our intention is to admit new delegations until we can speak for one-fifth of the country's one hundred and twenty-five medical schools, at which point we hope to be a significant voice in the call for fundamental changes in the way we are training future physicians.

The point of the integrative medicine movement is to position academic medicine to continue to build upon its fundamental platform of science but to train physicians to also:

- Refocus on the patient as a whole and the primacy of meaningful physician-patient relationships.
- Involve the patient as an active partner in his/her care, with an emphasis on patient education.
- Be open to understanding the benefits and limitations of conventional allopathic medicine and the realization that science alone will not effectively deal with all the complex needs of our patients.
- Use the best in scientifically based medical therapies whenever appropriate but provide compassion, attention to our patient's spiritual needs as well as appropriate complementary and alternative approaches when they improve conventional medicine.

Fundamentally, Integrative Medicine is meant to provide the best possible medicine/healthcare, for both doctor and patient, and the success of the movement will be signaled by dropping the adjective. It is our belief and recommendation that Integrative Medicine be a cornerstone of the urgently needed reconfiguration of our increasingly dysfunctional system of healthcare. The Integrative Medicine of today will simply be the medicine of the new century.

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## Enhancing Human Healing

### Directly studying human healing could help to create a unifying focus in medicine

Published: *BMJ* 2001;322:120-121 ( 20 January )

All therapeutic avenues meet at life's innate healing or destructive processes. So direct study of human healing might serve as a unifying focus, bridging disparate worlds of care—a truly integrated medicine. In recent decades orthodox medicine's successful focus on specific disease interventions has meant relative neglect of self healing and holism, and from this shadow complementary medicine has emerged, with its counterpointing biases. The gap between them is, however, narrowing with the emerging view, backed by the study of placebo and psychoneuroimmunology,<sup>1</sup> that to ignore whole person factors is unscientific and less successful.

Almost 20 years ago young doctors' interest in complementary medicine surfaced,<sup>2</sup> presaging major changes in Western medicine that seemed unimaginable at the time. For example, acupuncture is now used in most chronic pain services,<sup>3</sup> and about 20% of Scottish general practitioners have basic training in homoeopathy.<sup>4</sup> But is integration just bolting on the scientifically proved bits of complementary medicine to the "leaning Tower of Pisa" of orthodoxy?<sup>5</sup> To stop there would ignore the fundamental imbalances that complementary medicine's rise reflects but cannot fix. Indeed, complementary medicine may be largely driven by medicine's main omission—the failure of holism. Consider the needs (of both doctors and patients) revealed by these remarks of doctors after training in complementary medicine: "This has rekindled my interest in medicine" and "I now see the whole person and not a biochemical puzzle to be solved."<sup>4</sup>

But how can primary care deliver its whole person perspective and honour a biopsychosocial perspective<sup>6</sup> in too short consultations with rushed doctors whose human contribution is so undervalued it is excluded from treatment protocols? The back up is a pressured secondary care system designed around a mind-body split. So we end up too often resorting to our Western based, limited range of interventionist, expensive tools, with their resultant iatrogenesis. A Trojan horse delivery of holism by complementary medicine may help but won't cure this system failure.

Both orthodox and complementary medicine are in danger of identifying themselves and their care with the tools in their tool boxes—be they drugs or acupuncture needles. Our research and our "evidence based" treatment guidelines echo our focus on technical treatments for specific diseases, ignoring the critical impacts of whole person factors in these diseases. We are the artists hoping to emulate Michaelangelo's David only by studying the chisels that made it. Meantime, our statue is alive and struggling to get out of the stone. Take ischaemic heart disease, for example: evidence that hopelessness accelerates the disease and increases mortality<sup>7</sup> is ignored in our guidelines. In

developing and assessing care we cannot ignore that human caring and interaction is a powerful, creative activity with impact, which tools can serve but should not lead. Complementary medicine has similar blind spots, and its need to defend its specific interventions undervalues what it has to teach about holism and healing.

It might help to speak of integrative care (as in the United States), rather than integrated care. If we defined it as care, aimed at producing more coherence within a person or their care it would be measurable. For example, Howie's patient enablement index<sup>8</sup> has been used to show that a homoeopathic consultation alone has a healing impact before any additional effect from subsequent medicine (SW Mercer et al, Scottish NHS research conference, Stirling, September 2000). Critics and advocates agree that complementary medicine produces non-specific benefits, so—apart from the debate about specifics—if the greater emphasis on human care and holism encouraged by complementary medicine can result in better outcomes, long term cost effectiveness, and reduced drug use, iatrogenesis, and spirals of secondary care,<sup>9</sup> then how will orthodoxy change to get similar results?

We should explore how therapeutic engagement (and qualities like compassion, empathy, trust, and positive motivation) can improve outcomes directly in addition to any intervention used. But can the creation of therapeutic relationships be taught? Could we do for the healing encounter what Betty Edwards has shown for other creative processes, with "non-artistic" people's ability to draw being transformed in days by activation of so called right brain processing?<sup>10</sup> Creative medical caring might similarly require balancing short term analytic, quick fix, technical thinking with analogical, holistic processing.

The study of human healing would ask, on multiple levels, what facilitates or disrupts recovery processes in individuals, with what potentials and limits? Founded on clinical care, it would gather knowledge from other places—placebo effects, hypnotherapy, psychoneuroimmunology, psychology, psychosocial studies, spiritual practices, art, and complementary medicine, not as ends in themselves but as portals to common ground in creative change.<sup>11</sup> It needs to be practical—for example, if fear affects physiology, say in bronchospasm,<sup>12</sup> what help can we offer other than drugs?

I hope in future that we routinely ask: what is the problem, is there a specific treatment, and how do we increase self healing responses? Then “show me your evidence” will require evidence of effective human care and facilitation of healing and not only data that our chisels were sharp. Because sometimes there is no chisel.

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## Integrative and Whole Health Learning Resources

- 1. Familiarize yourself with the UW Integrative Health online resources:**
  - **Clinician and Patient Education**  
(<https://www.fammed.wisc.edu/integrative/resources/modules/>) page contains clinician and patient-oriented educational handouts organized by areas of self-care and professional care
  - **Check out the Self-Care areas and handouts**
- 2. Learn about the Circle of Health, understand the Self-Care circles, and take a Wellbeing Assessment from the University of Minnesota**
  - **Whole Health: Integrative Care Starts With Me** – read this handout. Be able to describe the Circle of Health circle elements.
  - Use the Circle of Health as a guide for your learning about your own self-care.
  - If you have not already, take the [Wellbeing Assessment](#) from the University of Minnesota, paying particular attention to what to do AFTER the assessment in terms of establishing goals and strategies.
- 3. Visit the UW-Veterans Administration’s Whole Health Library to learn more about Whole Health, available tools and handouts, and even take an online course.**
  - <https://wholehealth.wisc.edu/>
  - Browse the “Get Started”, “Implementation”, “Self-Care”, “Professional Care”, “Tools”, and “Courses” tabs
  - Under Self-Care, visit each of the different areas of self-care and select a “Whole Health Tool” to read
    - Select 2-3 areas to focus on and look up additional resources in areas that are interesting to you.
  - Visit the VA Whole Health website: <https://www.va.gov/wholehealth/>
    - Check out the Self-Care Blog Series
    - Watch:
      - **Whole Health: What Matters to You?**  
<https://www.youtube.com/watch?v=fgNzmQBGeHU>
      - **Whole Health Approach to Clinical Care:**  
<https://www.youtube.com/watch?v=wrVHS8oMSWM>
  - **Browse the Courses here:** <https://wholehealth.wisc.edu/courses/>
    - Several online Whole Health courses are available through the VA Train site. You can find the list of those courses under the **Whole Health TMS/Train Courses**.
- 4. Visit the [Whole Health Institute](#) webpage to learn about this national initiative launched in 2020, built on the Whole Health model, and intended to radically**



**redesign the systems that impact health and well-being and make Whole Health affordable and accessible to everyone.**

- This site will be growing and new resources added.
- Consider attending a Mind-Body Live Facebook session:  
<https://www.wholehealth.org/mindbodylive>

5. Familiarize yourself with the organization, **Integrative Medicine for the Underserved (IM4US)**. IM4US is committed to affordable, accessible integrative care for all. Through outreach, education, research, and advocacy, IM4S supports those dedicated to promoting health in underserved populations and to shifting the current paradigm towards equity, wellness, prevention, patient empowerment, and self-care.