

Transcript Details

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Integrative Medicine: Bridging Western and Eastern Healing Methods

You are listening to ReachMD, The Channel For Medical Professionals. When famous clothing designer, Donna Karen lost her husband and then her best friend to cancer, she felt frustrated with the limitations of the strictly western style of medical care that they had received. To quote Ms. Karen, they needed the powerful science from western medicine, but they also needed the healing that can only be accessed from the heart, spirit and alternative approaches. Her desire to approach eastern and western healing methods has been welcomed by one New York Hospital that is willing to help her turn her vision into a reality. Welcome to a special segment of Focus on Future Medicine. I am Dr. Cathleen Margolin and joining me from New York is Dr. Woodson Merrell, Chairman of the Department of Integrated Medicine at Beth Israel Medical Center.

DR. CATHLEEN MARGOLIN:

Welcome, Dr. Merrell.

DR. WOODSON MERRELL:

Great to be here. Thanks for having me on.

DR. CATHLEEN MARGOLIN:

Dr. Merrell, lets first begin by talking a bit about the Department of Integrated Medicine that you chair. How long has it existed and how was it created?

DR. WOODSON MERRELL:

This exists since May of 2008, but we have had one of the nation's largest centers for providing integrated medical primary care to patients, seeing about 4000 patients a month for nearly 10 years, and so they grew out (01:30) the outpatient clinic as part of the hospital and now the mission of the hospital is to bring integrated medicine throughout the hospital system through the department.

DR. CATHLEEN MARGOLIN:

So for 10 years, you have been working at this and what did it take to make it become official?

DR. WOODSON MERRELL:

It takes enlighten leadership in the hospital. We need less enlightenment than we used to in that so many of the modalities that used to be looked at skeptically are now considered nearly mainstream such as acupuncture and mind body practices, but they are still as a stretch for most hospital administrators to embrace integrative approaches particularly for the sickest hospitalized patients to make it a standard part of medicine, that's what really sets Beth Israel apart with Donna Karen funding that has allowed to help take off at Beth Israel.

DR. CATHLEEN MARGOLIN:

So is it unusual for hospitals to offer integrated medicine?

DR. WOODSON MERRELL:

I think many hospitals offer some services they have for many years. They have offered chaplaincy programs. Some have music or pet therapy and they will have social work, which can actually play a significant role with patients. Some have some mind body practices or acupuncture, but is mostly scattered services and I think they actually embrace the comprehensive program and something that very few hospitals are doing. I think there's been an exponential increase in the integrated approaches available at hospitals throughout the US in the last 10 years.

DR. KATHLEEN MARGOLIN:

You said that this will require enlightened leadership to have this become more common place. What do you think that medical professionals need to understand about eastern healing traditions, in particular in order to start incorporating that into their practices or (03:00) at least suggesting these techniques?

DR. WOODSON MERRELL:

Well, particularly for the aging health practices, it had been around literally for thousands of years such as meditation and yoga and Tai Chi and acupuncture, it's a pretty good empirical trial of billions of patients over thousands of years. The question is how does this interface with someone getting chemotherapy or in the hospital with intravenous antibiotics and that requires a little bit more care in terms of bringing it into the hospital system, but always the mind-body approach reducing stress is so effective that it should be incorporated in routine hospital care. Practices such as practicing breathing techniques as done in yoga, acupuncture – these are things that can be done. Of course the first part is safe and you establish if its safe, is it effective would help the patient and the also hospital administrators have to think about what the cost of all this is going to be and sometimes even if they feel that the treatments will be beneficial, there are going to say, "okay, who is going to give me \$100,000 for holistic nurse, even if you can show them some evidence that its going to save money in the long run by reducing medications and may be reducing length of stay, its still a stretch for most hospitals to get there in a large scale.

DR. KATHLEEN MARGOLIN:

I really want to revisit the cost element in the research part of this, but first let's talk about Donna Karen's sponsorship of the alternative or holistic program in the cancer ward at your hospital.

DR. WOODSON MERRELL:

Well, Donna has led a very holistic life for a very long time and it's really a part of her own personal lifestyle. It's known around her and a few years ago, she decided that she wanted to try to help change healthcare based on the experiences of her own husband (04:30) passing away and her best friend, both had cancer, she really wanted to help the hospital system to deliver a better quality care for the patients, even if it only improved patient satisfaction, reduced suffering, that alone is huge and what we did, we ended up designing a program that will not only do that, but will also hopefully improve some patient outcomes with the treatment and reduce costs for the hospital, so it was her vision to try to set up a pilot program, a model program in a major teaching hospital in New York City that could demonstrate that these methods not only improve patient care and satisfaction, but improve the outcomes and reduce the expenses for the hospital. So this is a very exciting groundbreaking project we have through her.

DR. KATHLEEN MARGOLIN:

I read that she donated \$850,000 to this project. What is that money going toward?

DR. WOODSON MERRELL:

It goes to the renovation of physical state to turn into an optimum healing environment not only for the patients, but for the families and the staff creating a specific healing space for everyone to use as well as other renovations throughout the unit and involves a full-time patient navigator to help patients and families through very complex process what happens particularly to the cancer patient in a hospital and also have the integrative therapies are woven into their hospital stay, it allows them both nurses who are trained holistically, we trained the entire staff of the floor to be focused on doing healing work rather than running and seeing the patient going back and doing paperwork, the whole focus is on making the patients and her family be healed by being in (06:00) the hospital and we also have yoga therapy, which is one of the cruxes of the program with people trained specifically by Rodney Yee and by our hospital cancer staff to deliver practices the patients can do themselves to empower the patient to do things that can improve their quality of life both in the hospital and when they will leave the hospital.

DR. KATHLEEN MARGOLIN:

If you have just joined us, you are listening to ReachMD, The Channel For Medical Professionals. I am Dr. Kathleen Margolin and I am speaking with Dr. Woodson Merrell, Chairman of the Department of Integrated Medicine at Beth Israel Medical Center.

Dr. Merrell, is the celebrity such as Donna Karen or any donor who has an idea that they would like to see a hospital implement, how does the hospital balance the donor's wishes with the kind of science or services that the hospital is interested in offering?

DR. WOODSON MERRELL:

That depends what the services are, so the setting is considered very unproved and it's not the place to do it with sick patients in the hospital, maybe outpatient program you could do. I also did mention when you asked about what money is going for? A significant portion is going toward the research infrastructure to actually study the patients and look at their outcomes before and after the unit was transformed in an optimally healing environment, so when some donor is going to a hospital, they should do some research to see if the modalities we are talking about have an evidence basis because the hospital personnel certainly wanted to see that there are some track records with published research studies showing the efficacy or at least probable efficacy of some treatments and that they are very safe and that can be implemented seamlessly with therapies that are going on in the hospital. For example, many things (07:30) that what we call swallowed some nutrients and herbs may not be the place to in the hospital for fear of interaction with drugs, but other modalities such as mind body practices and acupuncture, some nutritional changes are things that are very appealing to the hospital doctors and administrators.

DR. KATHLEEN MARGOLIN:

So let's really visit the research component. Other than place validity and so many years of practice, just practical evidence, there needs to be research done the modern way. What are the challenges to researching mind body treatments?

DR. WOODSON MERRELL:

The main challenge is money. I mean they are plenty people out who don't know how to do it and you can do the research. Almost every hospital has some degree of research component; at least a teaching hospital that should do it and the idea is to get the project funded. I think one of my particular passions is that there are many studies out there that have shown particular approaches and therapies are safe and are effective in kind of improved outcomes, but there's positive information, almost none that show an improved cost. So I think that is very difficult for hospital administration and insurance companies if you can show something may improve outcomes and if it costs 3 times as much and if the outcomes are same, why should we do it compared to conventional, so I think one of the big challenges now for donors is to provide funding both private and governmental and foundation donors, is to provide funding to show that these therapies are not only safe and effective, but also that they save money, that to me is the agent of change, you can really go to the hospital and say, look you are going to save X dollars by doing this, it doesn't make any economic sense for you not to do it.

DR. KATHLEEN MARGOLIN:

Is that going (09:00) to be part of the research that's conducted with Ms. Karen's program?

DR. WOODSON MERRELL:

That to me is almost the most important because we know that these modalities on their own are helpful, we know that creating optimum healing environment and enhance the patient's staff experience and were looking at the outcomes and these are various cancer patients, so its not that necessarily it will improve with chemotherapy, but what it will, we feel strongly improve is that patients will need less medication, there will be less nausea, there will be less pain, they may actually be able to leave the hospital sooner, reduce the length of stay, and all of these things are, you know, are shot of a medication for nausea that can be \$300 to \$400 for one shot and sometimes you need 2 or 3 of these a day, so even just reducing that allows an example how much money can be saved and this is not just project about money, but just to let you know that that is an important aspect of what we need to demonstrate these days to change care in the hospitals.

DR. KATHLEEN MARGOLIN:

I have to believe it also empowers the patients more. If they have these behaviors that they can participate in rather than just depending on medications?

DR. WOODSON MERRELL:

So much of the problem, for example, with particularly pain and nausea, is dramatically worsened by stress and just reducing the anxiety levels can make a huge difference in terms of experience and that's already been shown in patients who are able to do things such as self-hypnosis and imagery going through surgical procedures, its one of the few things that the NIH has recognized acupuncture is effective for is pain after surgery and the nausea after chemotherapy are 2 things that they say that the evidence is beyond approach that those are beneficial.

DR. KATHLEEN MARGOLIN:

Yoga is a big part of this (10:30) program and more of you people are aware of the benefits of yoga, but what's going to be done in the hospital is yoga therapy. How is that different?

DR. WOODSON MERRELL:

The program actually, this whole initiative actually grew out of our conversation with Rodney Yee who's so much he has been doing over for a decade and so yoga has remained a pillar of the program that we are doing. Obviously you get somebody who has come out of recently head and neck surgery is getting chemo and radiation therapy, you are not going to put them on the floor in the <____> (10:58) position, so some people can certainly move in bed and they can be shown much more comfortable position with bolsters that can help take the physical stress off their body. Other patients that are working with them, others who are able to get up and walk around you can do sitting or lying yoga postures if they are able to move a bit. So it's highly individualized with a great deal of care taken not to do things physically that would create any distress for the patient.

DR. KATHLEEN MARGOLIN:

So it's not a specific school of yoga.

DR. WOODSON MERRELL:

Yes, very flexible, it grew out Rodney, Colleen, so many Iyengar work but its really the amalgam of everything they have been doing for decades with their practice and actually finally what they did in yoga I don't mean to speak for Rodney, but we have paneled our conversation, so I know a fair amount of it that he has worked with so many patients who have been sick and ill and found that the way he works with them has significantly improved their health that felt stronger that he wanted to bring his work into the hospital setting and starting in the hospital with some of the most difficult patients while I continue to do his work with people who are outpatients.

DR. KATHLEEN MARGOLIN:

With our last few minutes could (12:00) you talk to us a bit about the holistic nurse training program that's part of this?

DR. WOODSON MERRELL:

Yes, Laura Campbell has been doing holistic nurse training for 20 years. Has actually trained the nurses and first of all with self care if you are stressed and burnt out, there is no way you can go in all of a sudden and have a quality patient encounter, so the key is to teach the nurses and the other staff, the nurses' aide, the clerks on the floor particularly the ones who are on the floor all the time are the ones that we focus the training on who are doing direct patient care for 8-12 hour shifts all day long and these are the people who not only need self care to help improve and reduce the stress in their own lives, but so often if you should train a nurse to do healing touch that goes to 10 minutes and do healing touch session with the patient and was so busy that it doesn't take 10 minutes actually be just going via hanging the intravenous bag that 10 seconds during that you say the patient hold her hands and lets do some breath work together. It could be that simple and if they get a call at 3 in the morning and if the patient is distressed, they go and perhaps do a little aroma therapy or do a little bit of guide of the imagery with the patient, so we are training the staff on the floor to do these things that are standard part of the culture, so that the staff instead of just thinking that there's another patient and another burden on my day with lots more paperwork. Here's an opportunity to have someone come in who is suffering a great deal and have them leave the hospital not only with improved physical outcomes, but mentally and spiritually having gone through really healing process and that's incredibly empowering. The reason that nurses went into nurse training was because of this love of the patients, so often they end up being burnt out (13:30) just pushing papers all day long, the fact that this is going to be the focus of the healthcare and Louis Harrison, the Chairman of the Department of Cancer have to credit in and because without the Chairman of the Cancer Care, saying this is something we need to embrace and championed that the thing wouldn't have happened, so Dr. Harrison gets a lot of credit also for allowing us to use his floor for some of the sickest patients in the hospital as our program.

DR. KATHLEEN MARGOLIN:

Thank you for listening to a special segment on Focus on Future Medicine on ReachMD, The Channel For Medical Professionals. I am Dr. Kathleen Margolin and my guest has been Dr. Woodson Merrell, Chairman of the Department of Integrated Medicine at Beth Israel Medical Center. Thank you so much, Dr. Merrell.

Thank you for listening to ReachMD on XM160 and this month's special series focused on future medicine.

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