

# Helping Docs Mind the Body

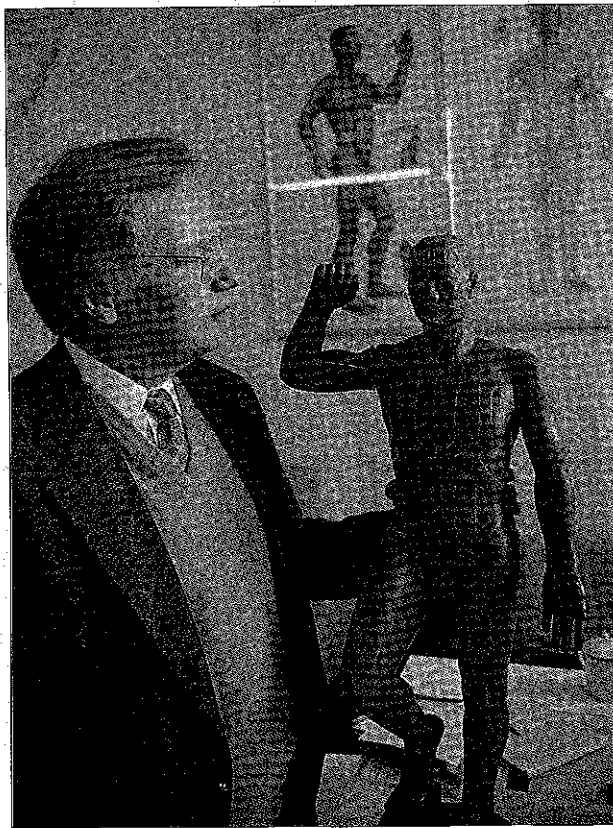
Medical schools are adding more unconventional therapies to their required curricula. Slowly.

At the University of Louisville, medical students dance, play-act, joke and meditate their stress away. At Georgetown medical school, an instructor suggests a multiple-sclerosis patient take up dance to relieve the anxiety exacerbating his disease. At Harvard, med students learn to decrease the pain of a patient's breast biopsy through yoga and breathing exercises, and to lower blood pressure in a heart patient by teaching her to meditate.

This is medical school? Well, yes and no. Last week's popular PBS series, "Healing and the Mind" with Bill Moyers, gave many viewers the impression that American medicine in general, and medical education in particular, wouldn't know biofeedback from hypnosis if its stethoscope depended on it. And in fact, training programs for the vast majority of specialties don't include so much as a seminar on the connection between mind and body, and only a dozen or so schools have specific programs in alternative medicines such as acupuncture. But an estimated one half of medical schools now offer some sort of mind-body instruction, says Dr. Herbert Benson of Boston's Deaconess Hospital, who has showed how "the relaxation response" can treat insomnia, hypertension, infertility and other ills. And lately the pace has been speeding up. Benson is setting up affiliates of his Mind/Body Medical Institute at hospitals across the country. Mercy Hospital in Chicago opened the first one last year. Harvard will offer other schools the "unconventional medicine" course developed by Dr. David Eisenberg of Beth Israel Hospital, in which he teaches about homeopathy, acupuncture and massage. Georgetown will soon be the first medical school with a comprehensive program of mind-body studies. And last year the National Institutes of Health launched an office to encourage research and education about "unconventional medicine."

Med schools have been slow to catch on to all this, however. By all accounts, Americans—especially the educated and well off—are clamoring for alternatives to

drugs, surgery and doctors who treat them as nothing but bags of symptoms. Eisenberg and colleagues recently reported that 34 percent of the people they surveyed had used at least one unconventional therapy in the past year, mostly for chronic conditions such as back pain, insomnia and headaches. That works out to 61 million Americans. "Healing and the Mind" scored



FORREST ANDERSON

Beyond pills and scalpels: Moyers in a Beijing hospital

ratings almost double PBS's usual ones for this time of year, and the accompanying book soared to the top of best-seller lists.

Patients who feel they are participating in their treatment do better—lowering their blood pressure, for instance—than patients who get nothing but orders from a doctor who barely listens to them. To exploit this link, Michigan State University, Tufts, Harvard, Louisville and New York University offer intensive instruction in doctor-patient relationships. At MSU, all residents in family practice and

internal medicine spend one month exclusively on the doctor-patient relationship, learning "new ways to listen, not take control, and follow the patient's agenda," says MSU's Dr. Robert Smith. Through open-ended questions—"how did that make you feel?"—the approach gives patients a sense of self-worth and empowerment. "The mind and body can't be separated," says Smith. "This puts them back together."

At Georgetown, Dr. James Gordon has taught about alternative medicine for 10 years. Some gets integrated into other courses in psychiatry and in community and family medicine. But last year he taught a 16-week introduction to mind-body studies, and a course this spring on "healing partnerships," required of first-year students, will teach how to interview patients and evaluate the scientific literature on relaxation and meditation. His message sinks in: one anesthesiology resident in the mind-body course came away determined to reduce the amount of anesthetic patients need, perhaps by offering them meditation. "The students see there are limits to what medicine can do, especially for chronic illnesses," says Gordon.

**Heart attack:** But they don't see it right away. Says MSU's Smith, "We're trained to be very biomedical and reductionist; the students are imbued with that." At Rochester, Susan McDaniel has developed a family-medicine curriculum for residents that examines such mind-body factors as how a patient's family relationships influence her symptoms. (Asthma, heart problems and hypertension all improve with family therapy.) "The students groan, 'Not another psychosocial thing! I have to learn to save someone from a heart attack!'" she says. But there are other impediments. Researchers best versed in mind-body connections are not always associated with med schools (many work at independent institutes). Also, adding "doctor-patient interview skills" to the curriculum may mean crowding out something else.

Nontraditional offerings are bound to increase, though. Recent research shows that biofeedback, stress reduction and support groups can reduce pain, alleviate hypertension and even increase life expectancy for breast-cancer patients. But there's another motivation. To any M.D. who offers only a prescription slip and a date in the operating theater, the popularity of alternative medicine is a threat to a sensitive part of the anatomy: the wallet.

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