

10th Conference on Health Care of the Chinese in North America



Intensive Caring: Use of TCM in Health Care Settings

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Outline:

- State of the Health Care System America's high-tech health care system, which is the marvel and envy of the world, is slowly disintegrating into an expensive bureaucratic muddle. How did it happen? Is there a way out? Can we fix it?
- The Need for More Options In situations where high-tech medicine is ineffectual or inadequate, is there something else we can DO...2 stories
- Practical advice from Jerry Brown and words of wisdom from Wheelworks (the tire company) Business success through service and the politics of timing...
- A Modest Proposal for Monday morning - SONG, JING, KUNG.

Two Stories

Stone 1

A man is diagnosed with terminal cancer in the prime of his life. He chooses to forego conventional medical "treatment" and investigate alternative and/or complementary approaches, which offer some hope of survival. Unfortunately, his choices are considered to be "unconventional therapies" not included in "accepted standards of medical practice." Therefore, his doctor cannot participate in this decision, nor offer support. His insurance company cannot/will not pay for these therapies. This grave situation brings up ethical and legal issues that are not easily resolved.

Let us come to grips with these difficult questions along with the real person who is caught up in this dilemma. Peter could be any of us, a good friend, or family member. He struggles with imparting "the awful" in his own expressive prose:

So as not to prolong the mystery, seems I have a pretty far along case of lung cancer that has spread throughout one lung and also to a couple of other glands and lymph nodes (God, how stark that is to write!)

I still don't know the prognosis from a medical point of view. That will come over the next little while as I go through the formality of biopsy tomorrow, then "staging," in which I gather they check out every nook and cranny of the physical body for "where it is, and where it ain't." Then comes the treatment menu.

So, I'm in shock. I'm, thankfully, not in any physical pain at this time. I'm feeling like a "death sentence" has been passed, but no date set-yet...

So begins the e-mail journal of Peter Bowen, author and leader in organizational transformation, communicating to his substantial network of colleagues, friends and family.

A week later, he continues, more factually:

Yesterday I met for an hour with a truly wonderful and compassionate oncologist...

After examining me and going through in detail the various reports from CAT scans, x-rays, biopsies, etc., she let me know the following - all, her best shots based on her training and experience.

1. I have "stage 4" cancer.
2. It is incurable.
3. I am not a candidate for surgery or radiation.
4. The only medical treatment she sees as viable is chemotherapy.
5. The cancer is extensive in the right lung, has metastasized to the adrenal gland and also to the lymph system.
6. If what we know about in my body is all there is, she estimates I will live for 6 to 12 months if I do not elect to undergo the chemotherapy.
7. If I do undergo chemo, she believe there is a 40 to 60% chance that it will slow down the cancer and add from 12 to 18 months to my life expectancy.
8. She will be entirely my partner and supporter no matter what course of treatment, or non-treatment, I select.

Peter embarks on a course of researching options:

I am, with the help of many of you, investigating other therapies. In fact, I'm overwhelmed with the sheer volume of stuff there is to follow up. We're looking into research hospitals in the U.S. who are doing radical and aggressive treatments to see if I'm a possible candidate for any of them. We're investigating therapies outside the U.S. that reportedly are producing cures/ remissions. Alas, the caring and compassionate doctor did not support his search. She explained that, with a diagnoses of cancer, all kinds of quacks would come out of the woodwork to take his money. The only medical course that was available to him, chemotherapy, offered a small window of additional existence, but even if it succeeded, it would only postpone death for a short time, at a cost of much discomfort. Yet, if he'd elected this route, medical insurance would have paid an estimated \$300-350,000 without question. Peter chose to undergo a "plethora" of complementary treatments, which he carefully investigated, and he made some significant dietary and lifestyle changes. He died a few weeks ago, 18 months after the diagnoses was made, quite peacefully, at his parent's home, in the company of family and friends. His body was not wasted, his skin and hair were in good shape, his eyes were bright and he was alert to the end. He had mortgaged his own house to pay for therapies and food, about \$45,000. He didn't feel that the money was wasted, or that he'd failed, because he was lucid and clear to the end. He did take pain pills, so treatment was "integrated." THE QUESTION: Is there a better vision for integrated care, where Peter could have access to advocacy, guidance and assistance in locating and selecting options. Is there a way for health insurance to support the choices of Peter and

others like him without waiting for the usual complement of double-blind studies to be completed on these options? THE LARGER ISSUES: How can the delivery of health care be returned to its origins as a service - "Intensive Caring?" Is it possible for society to muster the moral and political will necessary to move toward a workable and cost-effective framework, one which incorporates effective business practices with a vision of "good medicine"? Story 2 "Qigong Therapy in the Treatment of Metastatic Colon Cancer", Loh, S-H, J Altern. Ther. 7/99 In 1996, Shi-hong Loh, M.D., chief of hematology/oncology at St. Mary's Hospital in Hoboken, N.J. performed a hemicolectomy on a patient and found invasive, metastatic lesions throughout the body. 28 sessions of chemotherapy were given, but discontinued as the patient was experiencing extreme anxiety. Dr. Loh then added qigong therapy to the patient's treatment. The patient practiced a meditative qigong 4 hours a day. Two months later a CT scan showed negative for cancer, lymph nodes were clear, and blood tests were normal. Later a form of moving qigong was added to the patient's practice. The patient moved to Arizona, but continues to communicate with Dr. Loh. As of this year, he continues to practice 4 hours a day, and continues to enjoy good health. In spite of this success, no other cancer patient of Dr. Loh has been willing to practice 4 hours a day. DEEP QUESTION: How can we provide access to a broader spectrum of options allowing for greater participation and encourage/inspire a sense of personal responsibility in patients with life-threatening and/or chronic illness (one student proposed calling them "health projects")?