Preface

Integrative Medicine and Health

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Editor

Integrative medicine and health (IMH) “reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing.”

IMH is not a new specialty; it is a model of care that focuses on prevention and wellness and is particularly relevant given the current challenges facing US health care.

Despite spending 17% of gross domestic product on health care, the United States lags behind most western countries in many indicators of health status. One reason is the morbidity, disability, cost, and mortality associated with chronic illnesses such as pain, depression, obesity, and cardiovascular disease. Simple cures for these conditions are unfortunately few and far between. Care is often fragmented, hard to access, and challenging to navigate. Patient experience, an increasingly important metric for hospitals and providers, often suffers. As health professionals try their best to care for these complex patients, burnout is common as pressures increase to see more patients in less time, to generate more revenue, and to comply with mounting administrative, regulatory, and documentation burdens.

IMH can help address these challenges. Many chronic illnesses are caused or exacerbated by poor nutrition, sedentariness, excessive stress, inadequate sleep, tobacco, alcohol, and substance use. IMH helps patients with chronic conditions adopt lifestyle behaviors such as healthy eating, physical activity, stress management, improved sleep habits, smoking cessation, and reduction in alcohol and substance use. IMH also incorporates a range of therapies that are relatively safe, effective, and inexpensive for reducing symptoms. Examples include acupuncture and yoga for low back pain (see Robert Alan Bonakdar’s article, “Integrative Pain Management,” in this issue), mindfulness-based stress reduction for depression (see Gary N. Asher and colleagues’ article, “Complementary Therapies for Mental Health Disorders,” in this issue), and lifestyle modification for heart disease (see Monica Aggarwal and colleagues’ article,
“Integrative Medicine for Cardiovascular Disease and Prevention,” in this issue). IMH’s whole person approach—understanding and addressing how illness impacts physical, emotional, social, and spiritual well-being—improves the patient experience. IMH emphasizes the therapeutic importance of a trusting collaborative relationship between a team of health professionals, the patient, family, and caregivers. The value of these continuous healing relationships to quality health care is well established. Last, being part of a collaborative interprofessional team providing IMH care can help bring meaning and purpose back to one’s work, thus enhancing the “joy of practice” and countering burnout (see Katherine A. Gergen Barnett’s article, “In Pursuit of the Fourth Aim in Health Care: The Joy of Practice,” in this issue).

This special issue of Medical Clinics of North America reviews the current state of evidence for an IMH approach to many of the common problems and populations encountered by internists and family physicians. Many of the authors are affiliated with the Academic Consortium for Integrative Medicine and Health, comprising over 70 academic health centers and health systems committed to disseminating rigorous scientific research, curricula, and clinical care models.

The goals of the IMH approach are consistent with the “quadruple” aim: improved health outcomes, patient satisfaction, decreased costs, and provider well-being (see Katherine A. Gergen Barnett’s article, “In Pursuit of the Fourth Aim in Health Care: The Joy of Practice,” in this issue). Ultimately, as IMH research and clinical models mature and are increasingly incorporated into health care, medicine will become more patient-centered, relationship-centered, and interprofessional. Health care systems will successfully integrate lifestyle modification with medication, self-care with surgery, high tech with high touch, and curing with healing. When this occurs, hopefully the term “integrative” will be superfluous and no longer be necessary.

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REFERENCES


