

## **Preventive Medicine Column**

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### ***How Healthcare Ought to Be***

This past week, I found myself obliged to serve as an expert witness for the defense in a medical malpractice lawsuit. This was not because I am inclined to defend my profession in general (I often find my sympathies go the other way), but because in this case, I felt an unfortunate outcome had nothing to do with malpractice. The case involved holistic care, and that is the topic to which I would like to devote some reflections.

After practicing primary care Internal Medicine for a number of years, I became the director of a holistic clinic- the Integrative Medicine Center in Derby, CT- in 2000 (see <http://www.imc-griffin.org>). As a result, I have first-hand knowledge of why patients seek holistic -aka alternative, complementary, unconventional- care. At times, it is because they have a strong philosophical preference for natural treatments. But mostly, it is because the conventional treatments they have received have simply not gotten the job done.

This tends to be the case whenever symptoms are prominent, but definable pathology is not. In fact, the basic distinction between a “disease,” which conventional medicine invariably respects, and a “syndrome,” which all too often it does not, is the results of laboratory and radiologic testing. When abnormal images or lab results are found to explain symptoms, they earn the status of a disease. When not, they are consigned to the realm of syndrome.

Examples of well-known syndromes include chronic fatigue syndrome, fibromyalgia syndrome, irritable bowel syndrome, and premenstrual syndrome, to name just a few. There is no abnormal diagnostic test result that establishes the presence of any of these. Rather, when you have characteristic symptoms, and your test results are normal and thereby exclude other diagnoses, you earn a syndrome diagnosis through the process of elimination.

The good news about no abnormal test results is that the kind of progressive damage to body tissues, as seen, for example, in rheumatoid arthritis, is simply not occurring in a syndrome. Degradation of tissues and dysfunction of vital organs reliably result in test abnormalities, so no question, the absence of abnormal tests is in some ways a good thing.

But the bad news about normal test results is that it leaves your conventional doctor with little to treat. Modern medicine tends to be quite diagnosis dependent.

And that’s where holistic medicine comes in. While many tend to think that the distinction between conventional and alternative medicine is the availability of scientific evidence, that just isn’t so. It is true that conventional medicine is more dedicated to scientific evidence, and in particular clinical trials, than complementary and alternative medicine. But in both disciplines there is evidence, of variable quality and quantity, across the expanse of treatments and conditions.

Some holistic practices, such as massage therapy for osteoarthritis, have good trials to support them. Some conventional practices, such as the use of Swan Ganz catheters in coronary care units, do not.

Evidence is, indeed, important. But so is the interpretation of evidence, and the ways in which it is put to use. And another principle is important, too: the absence of evidence is not the same as the evidence of absence. In other words, some things that simply have not been studied yet will ultimately be proven to work. That offers little comfort to the patient who happens to need such a treatment today.

It is just such a patient that justifies the practice of holistic medicine, and just such patients who pushed me in that direction. It did not seem reasonable to me to abandon my patients to their sufferings when I happened to run out of party-line treatments, or the results of randomized clinical trials.

On the other hand, there is real danger in the realm where clinical trial results run out, and decision making gets creative. The primary obligation in medicine is to first, do no harm. When evidence is lacking to determine with confidence the risks and benefits of a given treatment, fulfilling that obligation can become both difficult, and hazardous.

To guide our decision-making in this murky realm, my clinic has developed (and published) a concept called the “evidence hierarchy,” which acknowledges that evidence is not simply present or absent. Our scheme considers 5 factors: safety, effectiveness, strength of evidence, alternatives, and patient preference. Looking at the extreme outcomes illustrates how it works.

If a treatment is unsafe, ineffective, based on poor evidence, there are superior alternative, and a patient does not especially want it, it should never be used. If a treatment is safe, effective, based on strong evidence, lacks any alternative that works as well, and a patient wants it, it should always be used. Most medical decisions, of course, are in between, and that’s when the hierarchy is most valuable. A treatment that is probably safe, possibly effective, and based on relatively weak evidence may still make sense as the next best option when alternatives are lacking and the patient is desperate to try something.

Good holistic care requires a thoughtful and informed patient as well as doctor. You should know that neither science nor nature is reliably innocuous, and anything with the power to do good has the power to do harm. Neither conventional nor holistic care deals in magic or miracles; those reside in another domain altogether. All forms of medical practice have limitations as well as strengths. If you encounter a practitioner who guarantees results or speaks in terms of miracle cures, I suggest you head for the door.

The real difference between conventional and holistic care tends to be less about evidence, and more about priorities. In holistic care, the priority is relief of symptoms whether or not there is a known disease to treat. That is a laudable principle. So, too, is respect for scientific evidence.

Responsible use of evidence, coupled with responsiveness to the needs of patients- even if they go on after the evidence starts to dwindle – seems to me the way health care ought to be, whatever we wind up calling it.

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