

## ON HEALING

In the new language of health care certain terms appear over and over: managed care, medical necessity, assessment, plan, problem oriented record (POR), and clinical indicators, to name a few. Certain other terms have either changed or are absent. For example, "doctor" has been replaced by "provider" (as in "participating provider") and "patient" has been replaced by "disease." While "prevention" is sometimes used, it appears to be more in the nature of part of a vision statement for health care, i.e., something to aspire to in the future, rather than a primary and immediate goal. One term that seems to be missing altogether is "healing."

Indeed, this term has taken on a somewhat negative connotation, as in "faith-healer." In current usage, the snake oil salesman rightfully occupies the most negative meaning of this term, while the religious evangelist and Indian medicine man are somewhat more acceptable, at least to some elements of our society. And while "healing" appears to not be an important component of mainstream American health care, it still persists, and to some degree is making a comeback. Bookstores have sections devoted to works written not by charlatans, crackpots or quacks, but by respectable physicians, psychologists, nutritionists, and other health care professionals.

Recently, a valued friend sent me a copy of the book *The Four Pillars of Healing* by Leo Galland, M.D. (published by Random House, N.Y., 1997, and available from OEP). The author makes the case for a more holistic system of health care both by anecdote, and by citing references in the scientific literature that form the basis of his proposed system of care. He makes a number of distinctions that are key. Galland differentiates between the disease

and the illness; disease constitutes the objective findings, while illness involves that which the patient is experiencing. There is some reference to this distinction in present health care jargon; it is the "sign" as opposed to the "symptom." Dr. Galland makes it clear that in order to treat the patient optimally, both the disease and illness must be vigorously addressed. However, he emphasizes that in modern medical care the major focus is on the disease (or sign) with little concern given to the illness (or symptom). Consequently, the health care professional is most often a "treater" of the disease rather than a "healer" of the patient. In order to heal, the provider must, according to Galland, take a much broader view of the patient. The care giver (and note that I changed "provider" to this term) must not only be competent and proficient in understanding the anatomical, microbiological, physiological and biochemical aspects of the disease, but additionally must take into account the patient's psychosocial domain. This would include the dynamics and history of the patient's family, workplace, and a more than superficial knowledge of the *person* who is seeking care.

Galland's contribution is that he has unified the emerging literature and philosophy that is now identified as "alternative medicine" into a very readable, logical, and scientifically documented work. He proposes the name "integrated medicine" which more accurately describes the system than the out-of-the-mainstream term, "alternative medicine."

We can easily adopt Galland's new term and come up with "integrated optometry" to fit the system of care that a number of behavioral optometrists have espoused over the years. However, they have been, and still are a distinct minority of the profession.

So, how many of us can honestly state that we are primarily healers, as opposed to primarily treaters? While some of us are sometimes healers, I propose that few fit the category of primarily healers, for at least several reasons.

Healing, to my knowledge, as in medicine, dentistry and the other health care professions, has not been a part of the optometric curriculum. Simply stated, we were and are basically taught to treat things like myopia, convergence insufficiency, and more recently glaucoma, but not to heal the patient. While some of the professions have attempted to include the topic, the ruling and exclusive scientific reductionist model of health care espoused by academia has by and large precluded serious consideration of expanding the model to include healing. An optometrist, Selwyn Super,<sup>1</sup> some years ago proposed a curriculum very much in line with Galland's system. While it did receive some attention, little in optometric education changed as a result.

*EDITORIAL continued on page 103*



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## *EDITORIAL continued*

Further, the present system of health care reimbursement is not conducive to healing the patient. Managed care seeks to reduce the number of procedures performed and minimize the time the doctor spends with the patient. Consequently, the doctor's ability to fully understand the disease in order to fully treat, and to gain the knowledge and insights about the patient as a person that are prerequisites for healing, are both compromised. This is the antithesis of Galland's method of "patient centered diagnosis" and "integrated medicine."

Finally, a system of integrated optometry would require the doctor to at once balance a superb knowledge of the diseases that afflict his/her patients with the knowledge and sensitivity to understand them as unique individuals. This means that the *healer* must be doctor, psychologist and clergyperson all at once, indeed a challenging task. Perhaps Galland's system is utopian, yet it is reminiscent of the old time family doctor. Hopefully, what goes around will come around in the near future.

### **Reference**

1. Super S. The spiral curriculum in optometric education. *Optom Vis Sci*: 1989;66(10).