

Newsweek

Bypass Surgery and Tai Chi

BY

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From Issues 2000 Special Edition
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Health care: Globalization has been linked solely to business and economics for too long. New technologies now enable physicians to learn much from their colleagues worldwide. BY MEHMET OZ

BYPASS SURGERY AND TAI CHI

IF A PATIENT COMPLAINS TO ME OF A PRESSURE IN the chest during exercise, I immediately suspect that a major artery of the heart is blocked—in effect, that the patient may be having a heart attack. So does the patient; the idea of a clogged tube amenable to bypass appeals to the Western mind. Yet in East Asia, precisely the same event might be attributed to an energy imbalance, a diagnosis much more attractive to the local culture.

Exploring such different perceptions opens up a fascinating field of inquiry. Hitherto, “globalization” has been perceived

as a force that affects diverse national economies. In contrast, the world's view of health, a truly global phenomenon, has remained curiously provincial; diagnosis and treatment are determined by specific cultural traditions. Medicine has historically been a fragmented cottage industry governed by the treasured relationship between the physician and the patient. The Hippocratic oath itself—“I will follow that system of regimen which I consider for the benefit of my patients”—reflects the sense among physicians that their primary loyalty is to the individual in their office, rather than to society as a whole.

That traditional attitude is changing. The pioneering work of Médecins sans Frontières, winner of the Nobel Peace Prize in 1999, is a testament to a growing sense among physicians that they have responsibilities that go beyond their duties to indi-

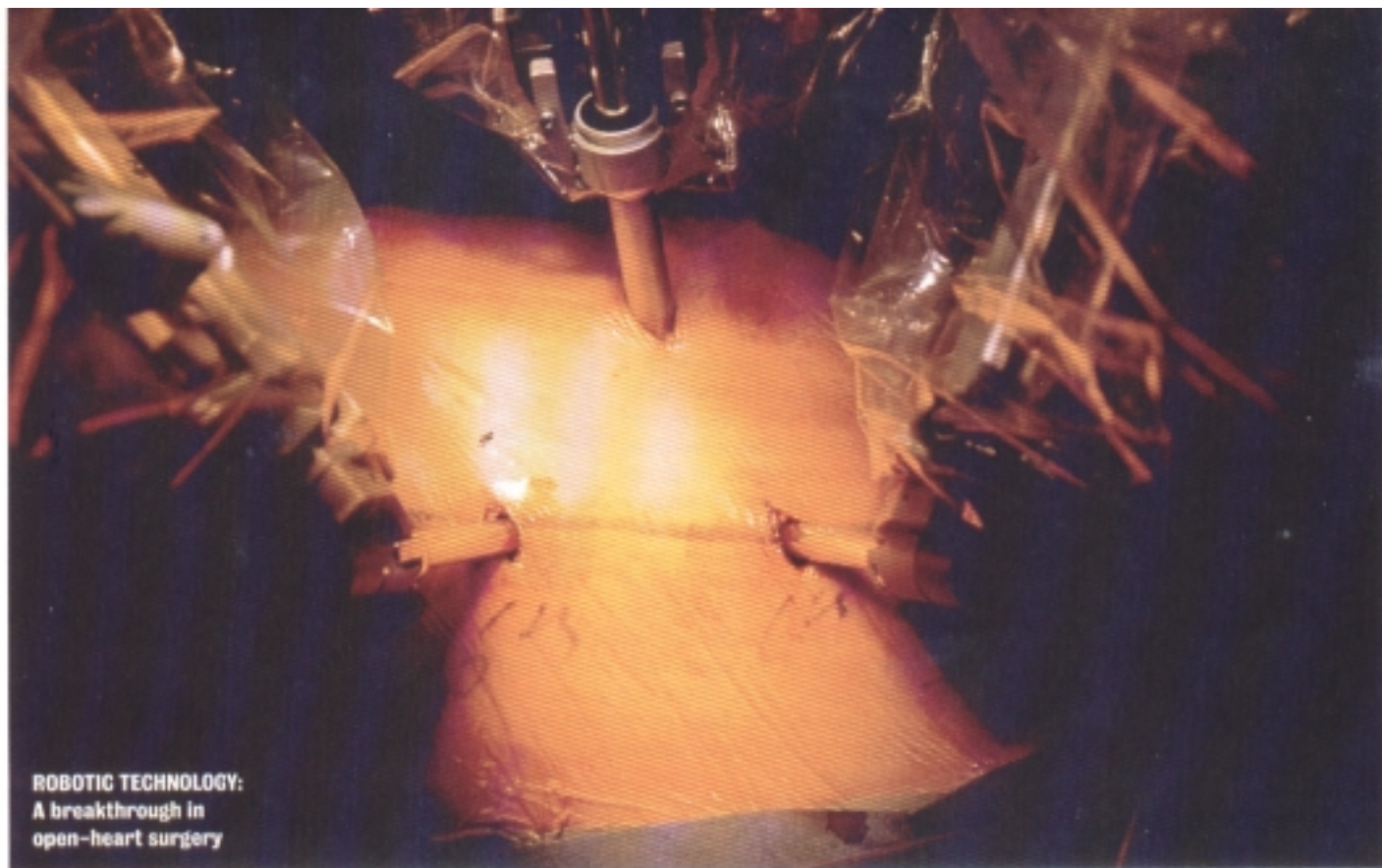
vidual patients. By providing medicine outside their own nations, health-care providers can foster an enhanced global understanding—as did those Greek doctors and nurses who helped in last August's Turkish earthquake, a favor returned when a quake hit Athens a few weeks later. Above all, the revolution in information technology now allows us to develop treatment plans so that we can manage disease for whole populations as well as individuals. Seamless access to medical information has become a way of bonding health-care providers across the world. The next millennium holds the promise of access to high-quality health care for all.

There are clear signs of this new, global medicine. Lessons learned from traditional Chinese practice have dramatically altered the West's sense that it has a monopoly on knowledge, and the same phenomenon is



THE CARING TOUCH:
A new patient
arrives at Seattle's
Children's Hospital





ROBOTIC TECHNOLOGY:
A breakthrough in
open-heart surgery

true in reverse. When a patient visits the 304 Military Hospital in Beijing, she is usually directed to the east wing for chronic ailments like arthritis and back pain and to the west wing for acute problems such as a broken leg or a heart attack. The physicians in both areas were educated together for two years before specializing in traditional Chinese medicine (the east wing) or conventional Western techniques (the west wing). The doctors share an understanding of basic anatomy and pathology, but they differ in the paradigms they use to explain mankind's ability to either maintain or lose health. Just as important, the changes in medical practice affect patients' expectations, evidenced by the growing interest in "alternative" or "complementary" medicine. Such pressures have led Western health-care systems to investigate whether culture-specific modalities like acupuncture really do have an impact on disease states.

The globalization of medicine can also be seen in the practice of pharmaceutical companies. Increasingly, they are aggressively investigating the extent to which exotic flora of the world may have medicinal or nutritional value. The incidence of many diseases, including chronic degenerative ailments like hardening of the arteries, can vary tenfold across the planet. Such differences are often explained by diet and have led Western and Eastern medical traditions to unify in recommending appropriate nutritional foundations for growth and wellness.

As we enter the next millennium, the technology of medical care is undergoing a profound change—one that follows a series of fundamental shifts in the practice of Western medicine in the last 100 years. At the turn of the 20th century, an understanding of germ theory led to advances in antimicrobial treatments that reached fruition by the end of World War II. These in turn gave way to cellular-biology advances, which eventually led to progress in the field of immunology. Substitute-organ technology followed and captured the

world's imagination. Today medical innovation is led by the revolution in information technology.

Once it was possible to believe that advancing technology held all the answers for our global well-being. If heart failure was causing more deaths than any other disease, then artificial hearts could literally replace the problem. The heart pumps we use today do indeed reverse the abnormal physiology resulting from heart failure, but *health* is a much more illusory concept. A recent patient of mine suffered a devastat-

NEWSMAKERS 2000

What She Wants

Will Viagra do for women what it did for men? New data out soon will answer the big question.



HOPE IN A TABLET: Viagra

THERE WAS A TIME—WELL BEFORE BOB DOLE appeared in national advertisements—when erectile dysfunction was a shameful secret. Then came Viagra, attacking impotence head-on and transforming a frustrating performance problem into a curable medical condition. Now it's the other half's turn. By the summer of 2000, Pfizer, the drug's manufacturer, will release data from the first large placebo-controlled trial testing Viagra in women. While the data are expected to show that the drug is not as effective for women on a broad scale as it is for men, it could help selective groups of patients—like women who've had hysterectomies or those taking antidepressants that can dampen sexual response.

Viagra isn't the only drug being tested to treat female sexual dysfunction (FSD). Researchers are looking into everything from testosterone to herbal supplements. Some feminists worry that drug companies are medicalizing FSD just to make a profit. But scientists say they want to do for women what they've done for men: heal their sexual troubles.

ing heart attack at work and was transferred to my facility in a coma. We heroically inserted the most advanced mechanical heart system available, and after an expenditure of several hundred thousand dollars, my patient awakened. Upon visiting his room, I was stunned to learn that this very religious man believed that he was now a burden to his community and had become suicidal. The operation may have saved him from death. Yet what really persuaded him to *live* were the efforts of his family and church to provide him spiritual rather than material goals in life. (He is now an evangelist.) As Western-trained physicians, we did not expect to do much more to cure such a patient than to change his heart—a mechanical solution to a mechanical failure. We did not expect the psychological element of recovery to be so dependent on family and spirit. Experienced healers from other cultures around the world know better.

Increasingly, we are able to learn such lessons from each other. This year both an energy healer with a traditional Chinese-medicine background and the Dalai Lama's physician shared their techniques with us at New York Presbyterian Hospital. Almost si-

multaneously, visiting surgeons from South America and Israel learned our newest heart-transplant techniques and took the knowledge back home. Equally important, telemedicine and telesurgery initiatives are now reaching fruition. A Ugandan with a rare immune disorder can be examined and interviewed by a world-class infectious-disease consultant in Bangkok. The barrier of distance has become trivial compared with the emotional obstacle of entrusting one's health care to a foreign individual whom a patient will never meet. Even more intriguing is the successful completion of telesurgical cases. Robotics-assisted surgery has already been performed by U.S. surgeons operating on patients in European hospitals.

So the significance of a physical barrier between physician and patient is diminishing. Yet the development of truly global medicine is still hampered by the cost of treatment. Here again, however, change is

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afloat. Half of all visits to physicians are psychosocial; there is a uniqueness and magic of the human touch that is impossible to either replace or quantify. At the same time, a cure is often completely in the hands of a patient. The chronic ailments plaguing mankind are often amenable to nutritional and emotional counseling. Healing centers that appeal to local cultures can markedly increase a society's sense of wellness and reduce the cost of health care (box).

The gains from a truly global provision of health care will be immense. As we continue to find ways of controlling infectious diseases, and as rates of perinatal mortality drop, the global health-care system will increasingly focus on noncommunicable diseases. Yet one third of the world's population still lacks access to essential drugs. The globalization of medicine holds the promise of providing the necessary services and products through communication systems that

educate and empower the consumer, while facilitating the physician's task. In 20 years' time, when I will be 60, I hope to be able to insert my health card into an electronic kiosk and update my customized questionnaire. After a mechanized abbreviated physical exam and body electrolyte scan, I will be provided with diagnoses from several medical traditions and the opportunity to see a health-care professional best able to provide the caring touch and compassion that all humans seek. The printout will recommend (in whatever language I choose) a new drug that reduces cholesterol, an herb for an enlarged prostate, a diet that cuts my fat intake and a tai chi exercise schedule for overall energy. And when I take those suggestions to heart, I will know that, at last, globalization has become a phenomenon that goes beyond business and economics and enriches the lives of us all.

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Outreach: A hospital shows that a combination of traditional and modern techniques can enrich a community's life

HEALING WITH HERBS

BY MEHMET OZ

THE NORTHERN HAWAII Community Hospital was built with philanthropic support in a rural community on the northern side of the Big Island's moonscape terrain. The brainchild of Earl Bakken, retired CEO of Medtronic Corp., the facility offers modern high-quality Western medical technology alongside native Hawaiian rituals; it is designed to be a healing center rather than a hospital. The architectural design highlights the natural beauty of the region by providing direct access for each room to the manicured gardens. Hawaiians are encouraged to visit the center for



PRIDE OF LOCAL TRADITIONS: Massage therapist with patient at Hawaiian center

health maintenance rather than to cure diseases. The emphasis on traditional Hawaiian healing techniques

and mythology, including feng shui, massage, prayer and local herbs, empowers the population and restores a sense of strength and pride to local healing traditions. The program places a strong emphasis on community education through outreach services and measures its impact not through mortality rates, but by communitywide standards of health, including rates of teenage pregnancy, substance abuse and suicide rates.

Dr. Bakken's center demonstrates that a global approach to healing can lead to a more universal sense of health.