Healthcare Solved—Real Answers, No Politics

By Debra A. Smith, DO. 216 pp. $14.55 (softcover), $31.50 (hardcover). ISBN: 978-0-557-09032-7. Indianapolis, IN: Global Health Press; 2009.

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Healthcare Solved—Real Answers, No Politics covers several important aspects of the healthcare system, including costs, electronic medical records, liability issues, and the roles of pharmaceutical companies, insurers, and government. Writing for the "citizen consumer, healthcare professional, and employer," Debra A. Smith, DO, provides an insightful and clarifying discussion regarding a matter that is often muddied with uninformed and inaccurate commentary.

Healthcare reform is an issue that deserves honest, straightforward dialogue. Dr Smith provides that discourse by meticulously dissecting components of healthcare, with an emphasis on cost containment and the need to provide quality care. All points in this book's 13 chapters have been thoroughly researched and heavily documented. Dr Smith uses her medical and business backgrounds to navigate the reader through the complex reality of healthcare, and she does so in terms that everyone can understand. She is an osteopathic physician and economist who has worked in clinical medicine, medical administration, and insurance underwriting. She brings an international perspective to the text with her experience as a consultant in healthcare financing and public health for the World Bank and United Nations.

As with anything in life, it is best to—as chapter 3 is titled—"follow the money." Dr Smith explains why medical costs have spiraled out of control. Part of this explanation is as follows:

> Less than 1% of the population accounts for 30% of the total medical costs, most of which are cancer patients. Another 11% of the population accounts for 43% of the costs, most of these are patients with chronic diseases at advanced or end stages. ... The money goes to treating the end results of these chronic diseases that often take decades to develop. That's why it takes so long to reap the benefits of prevention. As a clinician, I believe prevention is necessary, as is adequate continuing medical management. But, it's <u>not</u> the most effective way to impact healthcare expenditures now.

Dr Smith points out that health insurers are operating with an average profit margin of approximately 2%, and more and more insurers are losing money. Insurers derive their wealth from underwriting, investment income, and interest rates. If private insurance companies are struggling, can we realistically expect the government to do better?

The author explains very eloquently that more healthcare does not equal better healthcare. For example, she notes the following:

> If there is no impact on patient management as a result of the screening tests, there is no point in doing it. ... Doctors need to know the costs of the tests they order and understand when the evidence base supports ordering a given test for a given patient. Physicians must understand the power of one test vs. another to get the biggest bang for our healthcare dollars. Otherwise our good intentions will cost the system more money and our patients more worry, both unnecessarily.

Issues related to demographics are discussed extensively. Dr Smith clarifies how factors associated with aging and ill consumers when weighed against young and healthy consumers affect insurance premiums and the purchase of insurance.

Dr Smith notes that Medicare, founded in 1965, has become a catastrophic unfunded liability as a result of changes in demographics from the time of its founding to the present. Medicare has never been indexed to increase the eligibility age and reflect the increase in life expectancy. Thus, a substantial cut in discretionary spending and an increase in tax revenue are now required to correct this problem. However, this is a self-perpetuating problem because the public repeatedly elects politicians who do not address the issue but kick it down the road.

The text goes on to explain how research into cost analysis and cost effectiveness in medicine is in its infancy. There are no standards for economic review because there is a lack of physicians with business and economic skills to properly evaluate studies. In addition, there are no agreements on national standards for basic treatments and diagnostic tests for various conditions. Dr Smith recommends that we look at catastrophic diseases—the diseases on which insurance companies spend large funds—and analyze the effectiveness of treatments, diagnoses, and prevention as they relate to cost.

Electronic medical records can be part of the solution. However, as the book points out, a single electronic medical record does not work for everyone. With proper use of medical records, a substantial amount of funds will be saved.

Healthcare Solved—Real Answers, No Politics methodically and meticulously explains healthcare issues so that everyone can learn by reading the book. A number of tables and figures aid the explanations by highlighting key concepts. The author does not shy away from a truthful discussion of the issues, and she is willing to evaluate holistic and foreign sources of information as aspects of a viable solution to a complex problem. I applaud Dr Smith for a job well done.

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Unlearn Your Pain: A 28-Day Process to Reprogram Your Brain

By Howard Schubiner, MD, with Michael Betzold. 271 pp. $25. ISBN: 978-0-9843367-0-8. Pleasant Ridge, MI: Mind Body Publishing; 2010.

Pain is an unpleasant sensory and emotional experience that indicates the possibility of tissue damage. It elicits a rapid defensive response at the spinal cord and brain stem levels, as well as slower, long-lasting, defensive stress responses involving musculoskeletal, neurologic, immune, and endocrine adaptations. Excessive activity in nociceptive pathways (ie, somatic dysfunctions) or in target regions of the forebrain can generate feelings of pain and distress when no peripheral generator exists. Continuous pain and stress reactions can lead to neuronal damage and changes that result in deepening and hardening of these aberrant synaptic patterns, such that an indelible chronic pain circuit (ie, pain matrix) can become ingrained in the patient's mind, body, and spirit. A combination of peripheral and central nervous system dysregulation can result in the pain system overresponding to noxious stimuli (ie, hyperalgesia), nonnoxious stimuli (ie, allodynia), or—in some cases—generating spontaneous activity that the brain interprets as continuous chronic pain.[1,2]

This abnormal nociceptive processing, or central sensitization, is the focus of *Unlearn Your Pain: A 28-Day Process to Reprogram Your Brain*, written by Howard Schubiner, MD, with Michael Betzold. Dr Schubiner is director of the Mind Body Medicine Center at Providence Hospital in Southfield, Michigan, and a clinical professor at Wayne State University School of Medicine in Detroit. After working as a pain psychologist for 35 years, I find it refreshing to see a physician produce an entire "psychology tool box," and employ it in a thoughtfully organized, self-learning, 28-day program. A bonus to the 12-chapter text is a CD recording of "Meditations for Healing Mind Body Syndrome."

The text includes five sets of therapeutic writing exercises requiring 1 hour of "homework" each day of the 28-day program. These daily exercises are reflective and promote self-discovery by using mindfulness theory and practice, cognitive behavioral psychotherapy strategies, and therapeutic journaling. Specific psychological tools discussed by Dr Schubiner include breathing and muscle relaxation techniques, self-efficacy training, positive affirmations, fear/avoidance retraining, suggestions for reinterpreting pain sensations, systematic desensitization, reinforcing increased behavioral activity, and active problem solving. Dr Schubiner describes his model as "a process of writing, meditating, talking to your brain, and making changes in your life."

The author's implied goal is to educate the public and physicians about mind body syndrome (MBS), the term the author uses for pain stemming from "unresolved emotions." His premise is that "MBS is caused by unresolved emotions, and it is usually necessary to resolve them to get better." Unresolved emotions include depression, hopelessness, helplessness, fear, anxiety, and stress from unresolved conflicts, as well as childhood traumas and other problems. An individual's personality traits affect how he or she responds to stress. The author notes that "the mind has twisted your body into pain" to avoid unconscious conflicts, and the mind can be retrained to respond in adaptive ways to reduce suffering. The MBS model is squarely focused on emotionally induced pain disorders—an area that is not yet well understood.

The MBS model assumes that "negative normal emotional reactions to stress have caused the pain, and that mental processes can reverse the pain"—and if an individual has not been helped by either traditional or alternative medical care, "the diagnosis may be MBS." A physician arrives at an MBS diagnosis by first ruling out any pathologic "tissue breakdown disease," such as infection, cancer, fracture, stroke, heart attack, or other serious intractable conditions. Dr Schubiner writes the following:

> If you have been suffering for some time, if your doctors haven't been able to adequately explain why you have so much pain, if your only options are injections or pain

> medicines, then you are likely to have MBS.

Among many medical diagnoses that the author lists as being commonly caused by MBS are back pain, chronic fatigue syndrome, fibromyalgia, headache, insomnia, irritable bowel syndrome, posttraumatic stress disorder, whiplash, and other chronic pain disorders and autonomic nervous system-related disorders.

I believe that clinicians and researchers working in these areas will have difficulty collapsing their focus to a singular conceptual MBS model. The author points out that "it will be difficult to be cured if you don't believe that MBS explains why you have your pain." A problem arises with the MBS model when structure-function factors and biomechanical issues explain the pain condition. This problem is highlighted by a question from a hypothetical patient in the book. The question asks if the patient should continue physical therapy as a way to stretch and strengthen the body. Dr Schubiner offers the following answer:

> Physical therapy is a form of exercise, so I have no problem with that. While you are exercising, make sure to tell yourself frequently that your body is strong, you are healthy, there is nothing wrong with your body, and that you are doing this to get stronger. If your physical therapist reinforces the idea that there is something wrong with your muscles or joints, this can delay your recovery from MBS.

For me, however, any solo chronic pain "cure" is problematic. The MBS model is weakened by its presentation of a solo "mind" treatment, without room for concurrent "body" treatment. According to Dr Schubiner, "If you believe a physical problem is causing your pain, this gives the subconscious mind an 'out,' a way to continue producing pain." In addition, the MBS model requires substantial self-determination and discipline by the patient and a strong belief in the unconscious mind. In the MBS model, the unconscious mind is a collection of jumbled bits of random emotions, memories, reactions, unresolved past and present stressors, and a "child mind" and "parent mind" feeding off each other—causing unconscious tension that triggers pain.

The MBS model is not entirely at home in osteopathic medicine. Osteopathic physicians place special emphasis on factors originating in the neuromusculoskeletal system and on alleviating somatic dysfunction through osteopathic palpitory diagnoses, osteopathic manipulative treatment, medications, surgery, and education to restore normal motion and function.[3] Osteopathic physicians assess and treat the whole person—including physical, psychological, social, cultural, behavioral, and spiritual aspects—in a collaborative partnership with individualized patients. Osteopathic physicians also urge patients to take self-responsibility for healthy lifestyle choices. Osteopathic assessment leads to a differential diagnosis with many comorbidities that often involve multimodal treatment plans. Chronic pain is conceptualized as a biopsychosocial process,[4] with reciprocal musculoskeletal, neurologic, immune, and endrocine interactions.[2] The goal of osteopathic medicine is to treat the person, not the pain. As Irvin M. Korr, PhD,[5] wrote, "in short, the person is far more than the union of mind and body."

Dr Schubiner's MBS model uses sound evidence-based psychological tools, but I cannot see how an osteopathic physician could easily apply this model while knowing that the neuromusculoskeletal system can be treated directly to control pain symptoms. The connection between mind and body, and between body and mind, goes both ways. I wish that osteopathic philosophy and Dr Schubiner's MBS model could sit more comfortably side by side.

Despite this concern, I believe that *Unlearn Your Pain* is clearly worthwhile reading for osteopathic physicians who want to learn more about psychological factors that drive chronic pain. The book's real strength is recognizing the role of mental processes in pain conditions and combining mindfulness practices[6] and evidence-based cognitive behavioral strategies[7] in a very easy read.

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