

CENTER FOR MIND-BODY MEDICINE  
COMPREHENSIVE CANCER CARE 2000

KEYNOTE/PLENARY: The Heart of Cancer Care and the Future of Medicine

PRESENTER: James S. Gordon, MD

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P R O C E E D I N G S

DR. FAIR: We were disappointed as Jim said that Rick Klausner could not make it, what it has enabled, for the first time at this meeting, is a presentation from Dr. Jim Gordon. And I think this, his presentation on The Heart of Cancer Care and the Future of Medicine is a real treat for this audience and I think without this change in the schedule, Jim in his typical modesty would not have presented it.

As far as background goes, Jim's academic achievements are not foreign to many in this audience. As I said, he's a graduate of Harvard, spent ten years as a research psychiatrist at the NIH. During that time, directed a special study of alternative services for President Carter's Commission on Mental Health. He also established a national preceptor program for medical students.

Jim is in constant productive motion. He's written two books, he has edited nine others, has published more than 120 articles in professional journals in the lay press and has been featured on a wide variety of TV appearances. In addition to all this he continues to practice medicine. He creates programs in mind-body healing for physicians, medical students and other health professionals.

As I mentioned, he still continues to see patients although he can accommodate only a small fraction of those seeking his services. As a matter of fact, if any of you have ever called his office, you get this telephone message that says something like "Dr. Gordon cannot see you as a new patient unless special arrangements have been made." And I've finally been able to ascertain that the special arrangements mean you had to be born into Jim's immediate family.

His least obvious activity but one I suspect he would rank near the top of those he considers most important is his work with the highly traumatized masses and the healers who serve them in Kosovo and Bosnia. And so, it's my distinct privilege to formerly present to you Dr. Jim Gordon who in my mind and the mind of many rank as a great physician, great humanitarian, but most importantly, a great friend to thousands of people in need throughout the world. Jim.

DR. GORDON: Thank you very much Bill. It's wonderful to be introduced by Bill Fair and to have Bill on our Board at the Center for Mind-Body Medicine. I'm going to talk a

little bit about the heart of cancer care and the future of medicine and it's, as Bill said, I haven't made, although I'm sure many of you think I'm talking incessantly, I haven't actually made a formal presentation at a plenary session so it seemed like a good time.

It's the third year of conference, it's the 33rd year that I've been practicing medicine and the title came to me because for me the heart of cancer care is our heart and is the connection between hearts of those who are coming for care and those who are offering it.

When I was a second year medical student at Harvard and I was working in Pediatrics at the MGH, Massachusetts General Hospital. The first patient I examined was a very small rather frail looking pasty boy. And as I began to do the second year medical student's halting but a sincere and lengthy physical examination, I felt the boy's belly and I felt the enlargement in the spleen, I felt the liver enlarged and I knew that the boy had leukemia.

And that little boy touched me, touched my heart and that feeling of being touched by people with cancer has continued throughout my life. People say, ask me am I an oncologist and the answer is no, I'm not. I'm a psychiatrist. So they say well why cancer? Why this conference? Why, why are you devoting so much time and energy to cancer? Are you an expert? And I say no I'm not really an expert. I'm kind of, I'm a physician with a serious and sincere interest in it.

But I've come to cancer because there's something about this illness that touches so many of us. In terms of numbers, of course, 40 percent of us will at one point or another have a diagnosis of cancer. But it's not just those numbers. Heart disease is also very prevalent. So is chronic pain.

It's something beyond the numbers. It's something about cancer that confronts us with ourselves; whether we're somebody who's been diagnosed with cancer or we're somebody who is working with people diagnosed with cancer. It's something about the pervasiveness of the illness. The way it affects all systems. The way it can wear away at life. The way it addresses and forces us to deal with our own mortality.

It has an enormous psychological, perhaps spiritual, power. Perhaps the way it's connected to the world around us, to the environment, to the way we live, to the way we eat. All of these things are part of it.

So I kept being drawn back to cancer and as I began to learn over 30 years ago about complimentary and alternative therapies which we certainly didn't call by those names at the time. We just said this looks interesting. Let me learn a little bit more about that.

As we began to learn about that I began to discover that the largest group that came to me for advice was people with cancer. And the largest group that came to our

Center, when we opened the Center, asking for advice about complimentary and alternative therapies or holistic approaches or integrated approaches, was people with cancer.

When I chaired the Advisory Council to the Office of Alternative Medicine and we had 1200 calls a month in those early days, 70 percent of those calls were from people asking about cancer.

So there's something, there's some kind of fit between the seriousness of the illness, the reminders of mortality, the limitations as well as the strengths of present treatment that draws people to look beyond conventional care to ask is there anything else I can do? Is there anything else I can do while I'm receiving conventional treatment? Is there anything else I can do when conventional treatment doesn't seem to work?

So tremendous numbers of people are asking those questions and this whole movement to transform medicine, to create a more integrated or holistic or new medicine in a sense is being very much lead or at least shepherded by people who are concerned about cancer.

And there's another question too and it's a question which Bill Fair asked when he received his diagnosis of the recurrence of cancer and it's the same question, just a different accent. It is what can I do? What can I do? How can I become active? And this whole new medicine that we're talking about is not a medicine of passive passivity. It's a medicine of engagement. It's a medicine of activity on one's own behalf and of activity together with other people.

Now, the question for people with cancer and Tom Harkin said it very well, is not isn't therapy conventional, complimentary or alternative. The question is does it work? It's a very practical question and does it work for me. Extremely practical, extremely scientific. The most crucial question interestingly, it's also a very deeply spiritual question and Buddha answered it by saying truth is what works. Truth is what works.

Our work at the Center for Mind-Body Medicine is to help people work on their own behalf, to help people find out what works and to help people work together. And everything we do hopefully fulfills those aims. We have mind body skills groups which, my colleague, Nancy Harazduk coordinates for people with cancer and other serious illnesses. We have information for people who call up. We have Rick Steinberg who's a physician, volunteer counselor offering advice to people about which therapies they can integrate into a comprehensive cancer care.

We have this conference with is answering that question, what works and what can work for me? We have our book *Comprehensive Cancer Care*, the book that Sharon Curtin and I did based on the first two cancer conferences which provides, I think, a very good summary of what we know about what works and about some of the most promising treatments that work, seem to work in some cases.

We have most recently, and I want to announce it here publicly, a program to train integrative care counselors. That is people who will be available. Professionals, patient advocates, people who will be available to help cancer patients on an individual basis to figure out what works. To take a look at the research literature. To help people be informed, to be with cancer patients as they go through this incredible journey of being a patient, transformative journey of being a patient. To be there with them, helping them see what works, what doesn't, helping them to fulfill their very own destiny.

And so, with the generous help of a seed grant from the George Family Foundation, we're beginning this program of integrated care counselors and we welcome your support and participation and we hope that in the future, every oncology practice, every cancer hospital, every community group will have a trained integrated care counselor who is trained in the human aspects of cancer care as well as trained to help people sort through the research on complimentary alternative and conventional therapies.

There are, we've discovered, some elements that we feel should be part of every patient's cancer care. We go into great detail on the book. I'm not going to go into the research literature or anything more than just to tell you what we've found so far and, I'm not asking you to believe me. I'm asking you to consider them and take a look at your own experience and take a look at the evidence that we present in the book, that's being presented at the conference.

First of all, the importance of learning to cope with the diagnosis, with the experience of having cancer. There's a very good, very interesting enriched literature on coping and coping styles.

We feel it's very important for people to become self aware, to become reflective. How am I doing? Am I confronting it head on or am I feeling hopeless and helpless and overwhelmed? Becoming aware of your coping style is the beginning of transforming it to a style that may be more healthy for you. Becoming aware is actually an action, awareness is, in fact, a kind of action.

Secondly, the creation of healing partnerships. It's very important. Some of the wonderful research that's been done at the Institute of Noetic Sciences and published in a book called Remarkable Recovery. We have one of the co- authors here with us, Marc Barasch, shows the importance to people who live an extremely long time; well, beyond what their ordinary prognosis is, the importance of having healing partners both medical professionals and others in, in one's life who can be with you as you go through this journey.

Third is the importance of information. Gaining information is again an activity. Reading an article, even if you have to struggle with statistics. Even if you have to struggle with the statistics or ask someone to help, it gives a sense of power. I know it

does for me, I know it does for hundreds and hundreds of people with cancer and with whom I've worked over the years. Reading the literature, getting to know it, getting to know what's going on. That information needs to be available.

What is out there and NCCAM and NCI are beginning to bring it together. We bring a good deal together in the book. Michael Lerner, whom you'll hear later in the day, brought together a tremendous amount of valuable information in his book. It's important to know what's out there. And it's important to have a fair, tough minded and open minded look and that's what we hope this conference provides.

Mind-body therapies. Therapies that mobilize the mind to affect itself, enhance itself and to affect the body. Therapies that mobilize the body to affect itself and the mind. Meditation, relaxation, bio-feedback, yoga, physical exercise, imagery, all of these techniques, there is a significant body of literature on their capacity to improve quality of life. Also literature on the ability of these therapies to improve mood and decrease anxiety and to enhance immunity.

These therapies should be part of everyone's treatment. They are absolutely vital to cancer treatment and they should not be regarded as peripheral any longer.

Physical exercise. For many years there was a kind of conventional wisdom that you shouldn't do too much if you're a cancer patient. In fact, physical exercise within the limits of one's condition is extremely helpful on a psychological basis and on a physical basis as well.

Nutrition. Studies have been done showing that anywhere, and the figures vary, particularly work done by Doll and Peto at Oxford, anywhere from 40 up to 70 percent of all cancers have a significant nutritional component in causation. It only stands to reason, even though we don't yet have all the evidence and we're hopefully going to be accumulating more and more of the evidence, that nutrition may play a significant role in recurrence as well. So nutrition is something that needs to be addressed.

Group support. There is a significant literature, names of David Spiegel and Fawzy and Fawzy, Gene Richardson, among others, on the importance of group support and psycho-social support for people with cancer. Not only in improving quality of life but also in enhancing immunity and perhaps, at least from some of the studies, these studies that I've just quoted which are now being replicated, many of them, that having group support may also prolong life and I'm sure many of you know, David Spiegel's work with women with metastatic breast cancer and Fawzy and Fawzy's work with UCLA with people with malignant melanoma. It's very important work.

And we feel that just as chemotherapy and radiation and surgery should be available, group support and I mean a group support that encourages people to take charge of their own lives, that teaches them techniques that they need to help themselves should be a part of everyone's cancer treatment. Should be available to everyone.

Chinese medicine. Friends of ours in California, Harriet Beinfield and Efrem Korngold call their place "Chinese Medicine Works." It's a good motto. Chinese medicine does work. In our book *Comprehensive Cancer Care* at the first two of these conferences, we saw some of the ways that it works. It was an NIH Consensus Conference showing, stating very strongly the utility of acupuncture to treat the nausea and vomiting that accompany chemotherapy. Acupuncture, although the evidence is not yet as strong, we feel is also extremely valuable in dealing with pain, in improving mood, and there are many studies showing that acupuncture can also enhance immunity.

(WARNING: Recent developments on PC-SPES have shown it to contain estrogens and other non-herbal remedies, which have the potential to be dangerous. This info was not known at the time of this conference. When reading about PC-SPES, keep this information in mind. For more information, see the Washington Post Article from September 5th, 2004[may require registration].)

Chinese Herbal Therapies. Earlier Tom Harkin mentioned some work on PC SPES, work that was presented at this conference two years ago, it's just now beginning to come into the mainstream. It was just presented at the American Society for Clinical Oncology this year. Sophie Chen's work, Alexander Sun's work, work that the Office of Cancer and Complimentary and Alternative Medicine is also paying very much attention to, this work with Chinese herbal therapies is very promising. And some of the work coming out of China combining herbal therapies with radiation and chemotherapy, work that we cite and talk about in our book, work that Mary Ann Richardson describes in some detail on the Web site at the University of Texas, that work is immensely hopeful. As much as three fold increases in survival, for example, with patients with primary liver cancer who used Chinese herbal therapies together with conventional therapy. This was work done in China.

This work which needs to be replicated, more that needs to be done in the United States, larger studies need to be done, we feel right now, the work is hopeful enough so that we include Chinese medicine and Chinese medicine is not acupuncture, it's not herbalism, it's not chi gong, it's not a change in attitude. It's all of these. And we feel very strongly that Chinese medicine can be very, very helpful to people with cancer.

By singling out Chinese medicine I'm not in any way slighting any of the other great healing systems in the world. We just don't have the evidence as of now that we do for Chinese medicine and hopefully with the help of NCAM and NCI and work that Berkley Bedell and others are doing, we will begin to gather some of this evidence to see which of these therapies work.

Finally, we do a lot of counting. We do a lot of counting here at this conference. We count the percentage of people who do well with a particular therapy, five year survival rates, the numbers of people who have a particular kind of cancer. Counting is very important. But one of the great gifts of cancer is that it helps us to see what really counts for us.

I've worked with many hundreds, perhaps thousands by now of people with cancer and one of the things I've heard over and over and over again is, I would not wish to have had this disease or this illness but it has been the most important experience of my life.

I realize for the first time what's really important to me and I have begun to make myself whole as I face this illness. I've begun to deal with issues that I haven't dealt with before. I've discovered new possibilities. I've learned to take charge of my life in a different way.

One of the extraordinary benefits of asking and answering Bill Fair's question, what can I do, is that people who have often felt themselves victimized in life, begin as they face and deal with their cancer, to take charge of their life in a whole new way.

Beyond that, miracles also happen in cancer. Beyond counting. In 1964, Everson and Cole published a very interesting paper on 224 I think it was cases of what they called spontaneous remission. People who were expected to die from advanced cancer, who somehow have survived for many years. The Institute of Noetic Science Project assembled several thousand cases of people who expected to die, who outlived their prediction by 5, 10, 15, 20, 30 years.

Cancer, the diagnosis of cancer, the experience of cancer, also, in many cases, opens us to the experience of grace and to these spontaneous remissions, to these remarkable recoveries.

A few words about what all this teaches us and what all this helps us think about for the future of health care generally. And, what I want to call this final section is "Back to Basics" or "What Works."

Cancer and illness generally remind us that we are human and vulnerable and flawed and just folks. It is one of the great levelers, illness is one of the great teachers. Most of us don't learn very easily. I don't mean book learning. Most of us do very well at book learning. I mean really learning deeply about what needs to change so that we can grow as human beings.

Cancer and illness generally open the door for many of us. And they remind us that we are more like other people than we are different. That we're all in this together. One of the beautiful things about seeing the Race for the Cure is seeing all the different people, all the different sizes and shapes and races and all the folks coming together.

As far as what we learned for the future of medicine and of health care, what's important, what are some of the lessons that we've learned in three years of this conference, or relearned in three years of this conference and I've learned in 33 years of trying to create a comprehensive integrative holistic approach to health.

Number one, time spent with a healer, physician or other professional and patient is an absolute necessity. We cannot work in settings where we're forced to work for eight to ten minutes with people with serious illness, where we're limited by a managed care setting, that's criminal as far as I'm concerned.

And it's a crime that hurts not only patients but physicians as well. I was at a cancer center not long ago and three young oncologists came up to me and said can we have dinner with you after I had given a talk, and I said sure. And we went out to dinner and two of them started weeping. And they said we went into this profession and this specialty because we really cared so much about people and because, in their cases, they'd had experiences of cancer in their family. And we're in a managed care setting and we're seeing people eight to ten minutes and one of them said, I find myself interrupting people who can barely speak and interrupting them after eight minutes of looking at my watch and I feel terrible.

That shouldn't happen. They shouldn't do it and I pointed out to them that they were free to leave, and we should not allow this to continue.

Secondly, we need to spend time with people over time. One of the great things about practicing the way I do, I may not be able to see as many patients as I would like but I'm able to see them over many years and to be with them over many years. This is so important. The notion of being passed back and forth or of giving up patients to the specialists because they have a diagnosis of cancer or any other condition, it's completely misguided. The people are looking, people are looking to the person, what is the thing, they want to "leave the dance with the one that brung them." They want to be with that person if there's a good relationship. And so we need to make that possible as well.

We also need to realize the extraordinary capacity we have to help ourselves. Our scientific medicine has been extraordinary in showing what physicians and other health care professionals can do to and for people. We are just now, in the last 30 years, rediscovering our enormous capacity to affect our own health and well being. Thirty-five years ago, when Elmer and Alyce Green went to India and brought back reports of Yogi's being able to slow their heart rate and lower their blood pressure, everybody thought they were lying.

After a while they said well, maybe this is a neurological freak that's happening. Then they said, well, maybe you have to be in the cave, in the Himalayas for 30 years before it can happen. Then they said well maybe you have to join a religious group. And now, because of research that had been done by people in transcendental mediation, by Herb Benson and his colleagues, by many other people, we know that we all have a tremendous capacity to affect our well being and we have to remember that and even in the face of serious diagnosis remind ourselves of it. And as physicians, we have to experience it ourselves.

One of the things they do at Georgetown Medical School is we teach the students self care, self awareness and self care and if they've experienced -- and you can't learn this on other people. Gall bladder surgery, maybe you can do one on yourself, maybe. If you're very good. Otherwise you have to learn on other people. Self care, the power we have to help ourselves. We can only learn, all of us, by doing it ourselves and then by sharing it with others.

We need information and we as physicians and other health professionals, need to be able to provide information to our patients, we need to invite them to bring us information. Many times doctors get impatient with patients when they bring something off the Internet. My strategy is to say you haven't done enough research. Bring me more. I want to see better information. When you have the best possible information, lets take a look at it together. Our work, doctor means teacher. It doesn't mean policeman. It doesn't mean boss. It means teacher and our work is not just to treat, it's to teach and to help people, teach them how to understand information on all therapies.

We need a more dispassionate attitude in our profession. We need to drop our egos a bit. The issue is not whether my therapy works or your therapy works. The issue is what is best for the person who's sitting in front of us and to be not attached to what works best. This is, do you all follow me with this? This is really crucial. This is not about, nor is this conference, about promoting any particular specific therapy. This is about seeing what makes most sense for the individual in front of us and to do that we have to drop our egos and not think apriori that we know the way because we don't.

Next is each person is different and the way is different for each person who comes to us. And we need to learn much more about this scientifically. A therapy that may work brilliantly for one person may be a total bust for another with the exact same tissue diagnosis. And we need to understand that and to work with that kind of individuality.

We need to return as well as a principal, a guiding principal to the Hippocratic notion of first do no harm. We need to begin with the least toxic therapies and then Hippocrates also said "In extraordinary times, extraordinary measures."

So we need to be willing to use whatever is necessary but to start what's least harmful. And, in fact, to start with self care first, last and always, to move then to those therapies that maximize our capacity for self healing and when necessary then to use those therapies that have to be administered by someone that attack the specific symptoms.

They're all necessary, they need to be used together and the priority is always for the least harmful therapy. When we look at least harmful, we really have to do this with a very open mind.

In the future, we need too, to have more confluence between the head of science and the heart of compassion. We need to bring those more together. The labels of the therapies we use are not important and I think that these labels, which we use because we have to use them now, of complimentary, alternative, integrative, little by little they're going to drop away and what we're going to be talking about is medicine, health care and healing.

Finally, 33 years ago when I was an intern out in San Francisco and I received my paycheck after my first two weeks, I think it was \$120 for two weeks work and all the food we could eat. It was a Jewish Hospital. It was Mount Zion Hospital so they fed us incessantly. They couldn't pay us very much but they fed us and it was great food. A model for hospital food. And I received the first paycheck for \$120, I was, I was astonished to the point of tears because I was so struck that I could do something that gave me such joy in being useful to other people and that I could be paid for it. It was an extraordinary thing for me.

It continues to be an extraordinary thing for me to be able to come here, to work with our team to bring this together, to be here with you, to be paid for it, to be creating a healing community and a community of healers. Thank you very much.

DR. FAIR: Thank you all. We have a break and then, a break and then the breakout sessions and workshops will begin at eleven and then we'll see you back here this afternoon.

(Whereupon, the PROCEEDINGS were adjourned.)

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