

Moving Into the Future: Integrative Medical Education for Tomorrow's Physicians

Two articles in this issue of *Integrative Cancer Therapies (ICT)* describe progress in the area of education of physicians in integrative medicine and complementary and alternative medicine (CAM). Dr Victor Sierpina has been a leader in developing integrative curriculum at his medical school, the University of Texas Medical Branch, in Galveston. Envisioning a truly integrative medicine for the future, Sierpina identifies 3 essentials for physicians of the future: fostering critical thinking skills, promoting lifelong learning, and acquiring a fundamental working knowledge in CAM and integrative medicine. He describes additions to the medical school curriculum based on active learning models that are integrated throughout the 4-year curriculum. Aspects of Sierpina's visions for the future of medicine are also intriguing. He sees doctors becoming informed intermediaries between patients and the glut of medical information, rather than providers of information themselves. This is a phenomenon I observe in my office even now with many patients, who bring in stacks of articles and printouts from Internet sites—teeming with often unreliable or even contradictory information—and who have become overwhelmed with the number of treatment options open to them, as both the CAM and the conventional world become part of their reality.

Drs Eran Ben-Arye and Moshe Frenkel describe a course on CAM in cancer that they organized and gave in Israel to a group of practicing physicians and residents. A far more comprehensive examination of integrative care than the usual 1-day continuing education seminar, this course featured 14 weekly sessions and gave participants substantial personal exposure to CAM practitioners and techniques. The course they describe had hallmark relevance to the relationships physicians and their patients enter in cancer care. It guided the participants in the types of intense inner contemplation that their patients experience in the modalities such as yoga and meditation. It addressed some of the personal needs of participants: health professionals working with cancer patients not infrequently experience burnout, emotional exhaustion, depersonalization, and a low sense of personal accomplishment. Curiously, this sounds very much like what

cancer patients themselves may experience during the course of a prolonged battle with their disease. Helping doctors understand how to heal themselves from these battle wounds allows them to become compassionate healers for their patients as well. Each of us on *ICT's* editorial board is pleased to be able to share Drs Ben-Arye and Frenkel's unique course model. This is a valuable article for all of us who are involved in shifting medical curriculum and education in an integrative direction.

Dr Alastair Cunningham of the Ontario Cancer Institute has previously published important articles in this journal. His current article further explores his work in psychooncology, allowing us to examine the inner emotional dynamics of patients who have participated in mind-spirit interventions. While the use of randomized trials in psychooncology has given us mean or median estimates of what is going on within groups, the randomized controlled trial does not show us what happens with change at the individual level. This is particularly problematic because the survival outcomes of the existing randomized trials that evaluate the medical impact of psychological interventions have, to date, been unconvincing when taken as a whole. It is quite possible that these trials have simply been premature, with interventions that may not have produced sufficient change in the emotional state of patients to have influenced their survival or, alternatively, perhaps they did not have the most suitable research design for capturing information on process and personal change. The interventions may, as Temoshok and Wald have pointed out, lack "psychogenicity." Cunningham investigates the experiences of long-term survivors from his studies, organized around identifiable patterns of reported change. Do treat yourself to a reading of the quotations from patients found in the results section of this article! Those of us in this field willing to take the time to really listen to our patients will hear familiar and similarly rich communications. These patient responses provide a powerful framework for understanding why the term *healing partnerships* continues to take on a larger meaning as the integrative field matures.

Cancer patients often suffer significant pain. In Cunningham's group, we see the experiences of those who are finding a way to transform this pain into possi-

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bilities for growth. By examining the processes of patients who make the practices of psychological interventions, such as the Healing Journey, a daily priority to alter their health and well-being, Cunningham's efforts may do what other studies to date have been unable to achieve: lead us toward effective strategies that reliably demonstrate an influence on outcome.

A second qualitative study is presented by Andrea Mulkins and Dr Marja Verhoef. Verhoef has also published previously in the pages of *ICT*. This article examines the experiences of cancer patients undergoing treatment at 3 integrative clinics. Rather than examining a single intensive psychological program like that of Cunningham, Mulkins and Verhoef explore the reactions of patients who are undergoing a range of treatments through their integrative centers. They emphasize a theme of transformation—personal transformations that patients undergo in their efforts to find appropriate treatments for their cancer, to learn to focus on their own overall well-being, to take more control over their cancer management, and other dimensions of transformation. These features of transformation are related to the theme of benefit finding that has recently been explored by other authors.

In this issue, we initiate the Letters to the Editor column with a letter from Dr Andrew Vickers of Memorial Sloan-Kettering regarding a recent article by Dr Stanislaus Burzynski. A response from Dr Burzynski is also included. Both letters are, to say the least, pointed in their remarks. Spirited discussion and debate of this sort, as much as it may be uncomfortable for authors or readers, is critical to the growth of this field. We feel it is important to stimulate discussion on the alternative as well as the complementary therapies that patients undertake. Publishing articles on alternative therapies, regardless of the position one may take, allows us to view the value of a therapy with more critical eyes. Like other alternative treatments, Burzynski's approach, regardless of the many controversies surrounding it, needs to be reviewed and debated. As patients have sought out his clinic for many years, it is important that integrative practitioners become informed about Burzynski's studies to

evaluate this treatment for themselves. At least until higher levels of research are available for this and other alternative therapies, we hope that by encouraging debate, our readers will find the exchange stimulating and useful. Others can certainly voice their own position on Burzynski's articles or contest any articles that may arouse professional debate. By publishing strong opinions and positions, we hope we will better provide our readers with an opportunity for dynamic dialogue. We hope readers will find this exchange of letters interesting and stimulating and welcome more letters to the editor in the future.

The Integrative Tumor Board in this issue focuses on a patient with a recurrent follicular lymphoma. Based on a case from the Block Center summarized by Dr April Feng, we have received a series of very interesting commentaries. Drs Sigrun Hallmeyer and David Peace of the University of Illinois at Chicago have provided a medical oncology commentary. We are privileged to have a psychooncology commentary from Dr Leslie G. Walker of the University of Hull, a distinguished researcher in this area. Naturopathic physician Maureen Wilson discusses her recommendations. Finally, Jenna Wunder and Dr Sara Warber of the University of Michigan describe an integrative care program specifically for patients with lymphoma and blood cancers.

This issue includes 2 case studies: 1 by the staff of the Burzynski Clinic, highlighting successful treatment of a patient with recurrent glioblastoma multiforme, a most challenging situation, and 1 discussing radioembolization in a case of metastatic breast cancer by a team headed by one of our assistant editors, Dan Rubin, ND. We invite other integrative practitioners to submit well-documented case studies to expand this source of information for our readers.

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