

progressively zero in on more limited areas—in other words, we are being trained to learn more and more about less and less.

As a consequence, patients, with all of their complexities, are the ones suffering from this form of myopia in medical education. Another detrimental factor is the technologic revolution that tended to push aside the history and physical examination, which is so therapeutically important both to the patient and to the physician.

The writer argues for a better integration of medical subjects. It is crucial that this integration be developed to reflect the concepts of body unity and interrelationship of the body systems.

The article, "Medicine in the '80s: Need for an integrative approach," is a splendid generalization of some of the problems we face in medical education and, ultimately, in the practice of medicine itself. The need for an integrative approach is apparent. The article should be read and reread and committed into positive action.

GEORGE W. NORTHUP, D.O., FFAO

I. Natelson, B.H.: Medicine in the '80s. Need for an integrative approach. *Am J Med* 81:1048-50, Dec 86

Holistic medicine: A matter of definition

Ever since General Smuts, who was a South African statesman and military person, published the first reference to holism in 1926, there has been a growing use and misuse of the term. Smuts, who was also an amateur botanist, developed the philosophy as a means of looking at organisms and systems. He maintained that any entity is always greater than the sum of its parts.

That there are two definitions of holistic medicine is confusing to the public and divisive to physicians. For example, one approach is illustrated by the book, "High-level wellness: An alternative to doctors, drugs, and disease." As noted in a recent article published in *Postgraduate Medicine* on holistic medicine,¹ people promoting this definition downplay the role of physicians in maintaining health and even seem to regard doctors as a necessary evil rather than as leaders in programs designed to obtain maximal health.

However, the American Holistic Medical Association puts traditional medical training at the very center of holistic medicine, placing it neither in a contrasting or opposing relationship. The American Holistic Medical Association defines holistic medicine as "A system of medical care which emphasizes personal responsibility and fosters a

cooperative relationship among all those involved, leading toward optimal attunement of body, mind, emotions and spirit. Holistic medicine encompasses all safe modalities of diagnosis and treatment including the use of medication and surgery, emphasizing the necessity of looking at the whole person, including analysis of physical, nutritional, environmental, emotional, spiritual and life style values. Holistic medicine particularly focuses upon patient education and responsibility in the healing process." This is consistent with the basic philosophy which dates back to the early Hippocratic concepts. The first definition as an alternative to doctors, drugs, and disease is neither holistic nor is it medicine. The second definition is obviously consistent with the beliefs and basic tenets of osteopathic medicine.

Even today, despite the fact that many people realize the difference in these two definitions, the average layman still thinks that holistic medicine in some way supplants contemporary medical practice.

Dr. Still did not proclaim an alternative to fundamental medical practice. His stated purpose was to improve the current practice of medicine, surgery, and obstetrics. He proclaimed the holistic approach as a philosophic base upon which the search for health and the diagnosis and treatment of disease could be carried out.

GEORGE W. NORTHUP, D.O., FFAO

I. Davidson, K.W., et al.: Traditional and holistic medicine. Are they philosophically opposed? *Postgrad Med* 80:209-12, Dec 86

editorial comment

A canister of pure oxygen is as traditional a sideline staple as Gatorade. Yet is the practice of inhaling 100 percent oxygen really necessary to rejuvenate an exhausted athlete? An exercise physiologist at The University of Texas Health Science Center at Dallas thinks not.

Twelve soccer players were run to the point of exhaustion and allowed to recover by breathing either room air or pure oxygen. Not only did the gas make no statistically significant difference in renewed endurance, but the players could not even distinguish between which gas they had inhaled. Nor did pure oxygen facilitate the clearance of lactic acid from the blood.

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Peter Snell, Ph.D., readily admits that if an exhausted athlete *thinks* he's getting some benefit from breathing pure oxygen, he probably is. But physiologically, plain old garden-variety air works just as well.

A nursing shortage is again upon us. Yet this shortage is different—and more serious—because it involves all types of nurses in all kinds of hospitals and in all regions of the country, warns Connie Curran, R.N., Ed.D., executive director of the American Organization of Nurse Executives, which is an affiliate of the American Hospital Association (AHA).

An AHA survey of 1,000 hospitals found that the vacancy rate for R.N.s has more than doubled between 1985 and 1986, from 6.3 to 13.6 percent. Only about 17 percent of hospitals surveyed had no vacancies, as compared to 35 percent a year before.

The shortage is especially significant because current payment policies by the government and private sector encourage patient admittance only for the acute portion of illness. "Thus," explains Dr. Curran, "while patients are in the hospital, they require a more intense level of nursing care."

Teenagers who are heavy users of alcohol and marijuana may be risking their health in a general fashion that is not specifically related to the effects of the drugs, according to an article in the February 1987 issue of *Pediatrics*.

A study of 49 demographically similar adolescents revealed that users were more likely to have poor dietary habits and deterioration in general health rather than abnormalities in growth or nutritional status. Abusers showed symptoms of nutritional deficiencies such as muscle weakness, bleeding gums, and tiredness. They were also more prone to upper respiratory tract infections and somatic symptoms in general.

"The trends seen in these subjects may lead to the deficiencies and symptoms found among older drug abusers following a longer exposure to these substances and food consumption patterns," the researchers concluded.

An account of how hospitals are maintaining service to their communities while coping with a changing health care environment is chronicled in a report by the American Hospital Association.

Hospital stays have shortened and care has shifted away from the inpatient setting, reports the AHA. Outpatient surgeries, for example, increased

from 28 percent of total surgical procedures in 1984 to 35 percent in 1985. Spurred by the price-driven payment environment, total community hospital expenses rose only 7 percent in 1985 as compared to the double-digit increases in the mid-1960s.

AHA President Carol McCarthy had some criticisms of federal payment and coverage policies. "Medicare prospective pricing does not accommodate transitional care needed by many beneficiaries when they no longer require more expensive acute care, nor does the government pay hospitals adequately for the care they provide." She warns that patient access to high quality care cannot be preserved indefinitely if this trend continues.

The marriage of microsurgery and microelectronics may make it possible someday to repair severed or crushed nerves and restore use to deadened limbs, according to researchers at Stanford University Medical Center.

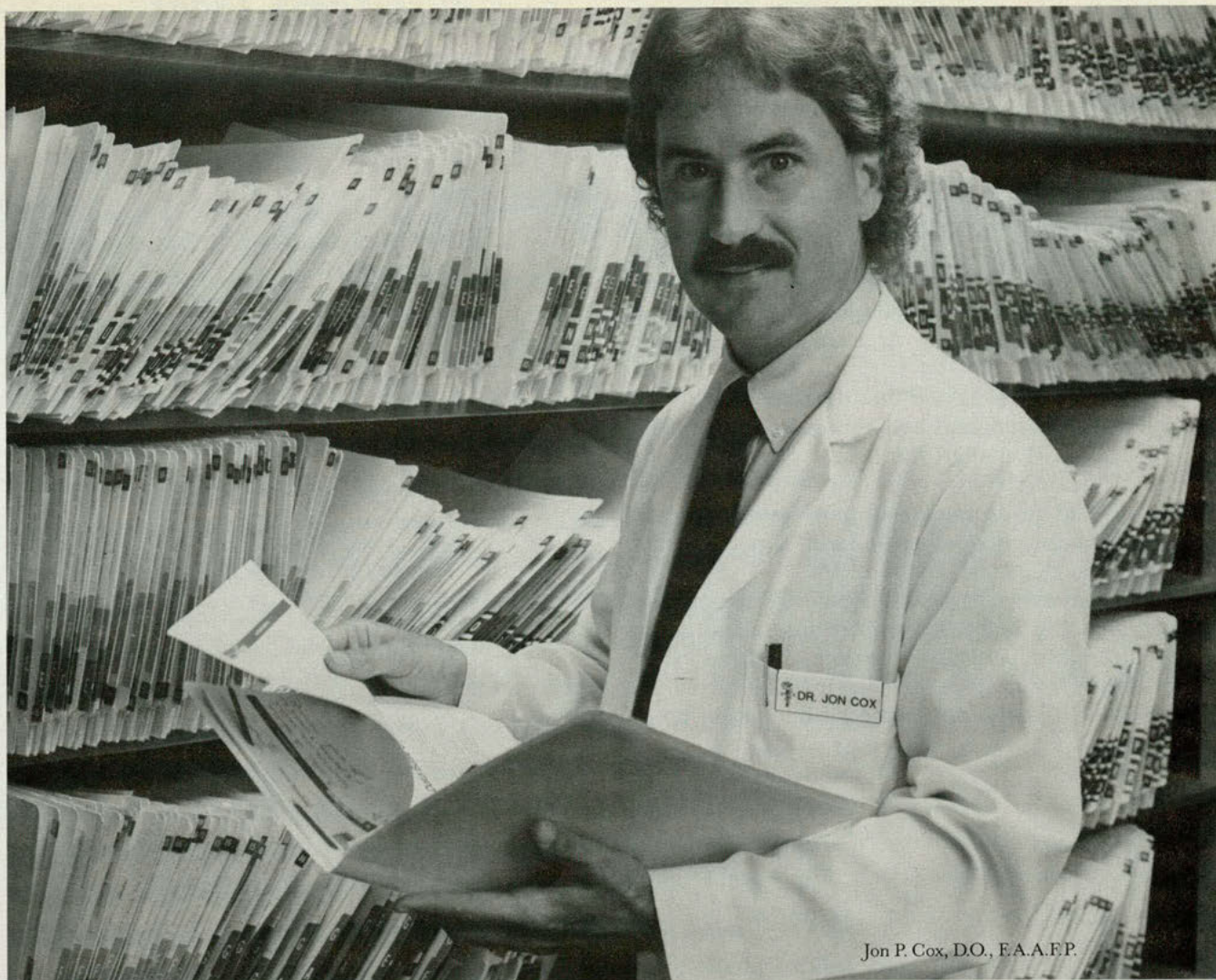
The researchers have taken the first step toward this goal by growing minute animal axons through tiny 8-micrometer holes in silicon chips. Eventually, the chips will be implanted in humans, where they will electronically transmit nerve impulses across the bridge of severed nerves.

The researchers have been working on the project for two years and expect it will take at least 5 years to achieve any kind of workable nerve connection. Yet they remain optimistic. "If we can get a genuine direct access to the peripheral nervous system, there is no end to what can be accomplished."

Elderly people are less likely to be diagnosed and treated for emotional and psychologic problems than are people under 65, according to researchers at The Johns Hopkins Medical Institutions.

The subjects were chosen randomly from patients with appointments scheduled over a 4-month period at an internal medicine group practice at the Johns Hopkins Hospital. Before seeing their physician, 1,240 patients responded to a health questionnaire and were scored for mental illness. The scores of only half the patients were revealed to physicians. The rate of diagnosis (57 percent) remained the same for younger patients with high scores, regardless of whether or not the scores were made known prior to examination. Among the elderly, the likelihood of detection increased from 41 to 63 percent when the scores were blinded and unblinded, respectively.

This lack of sensitivity is of concern because it



Jon P. Cox, D.O., F.A.A.F.P.

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occurs at a time when more and more elderly patients are entering the health care system. The study suggests that increased screening and feedback will improve detection of mental illness in the aged population.

“Multihospital systems: Perspectives and trends” offers predictions about changes in the health care industry over the next decade. Over 650 professionals were surveyed by the American Hospital Association/Arthur Anderson and Co. for the report.

The responders agreed that the cost of caring for the medically indigent will almost double by 1995. Medicare will change significantly, with benefits being determined by the income level of the beneficiary. The government will move away from the prospective pricing system and shift care to prepaid systems such as HMOs and PPOs.

The majority felt that a hospital's tax-exempt status should be based on providing a minimum amount of indigent care. Participants from investor-owned hospitals, however, felt this level should be higher than did respondents from not-for-profit systems.

- Abbott Laboratories
Hytrin, 69
- Beecham Laboratories
Fastin, 28-30
- Ciba Pharmaceuticals
Estraderm, 17-20
- Electro-Med Health Industries, Inc., 74
- Fisons Corporation
Nasal crom, 85
- Flint Osteopathic Hospital, 62
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- Lederle Laboratories
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- Lever Brothers, Inc.
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- Roche Products Inc.
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- Sandoz Pharmaceuticals
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- Schering Laboratories
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- Smith Kline & French Laboratories
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- Stuart Pharmaceuticals
Tenoretic, 118-122
- Syntex Laboratories, Inc.
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