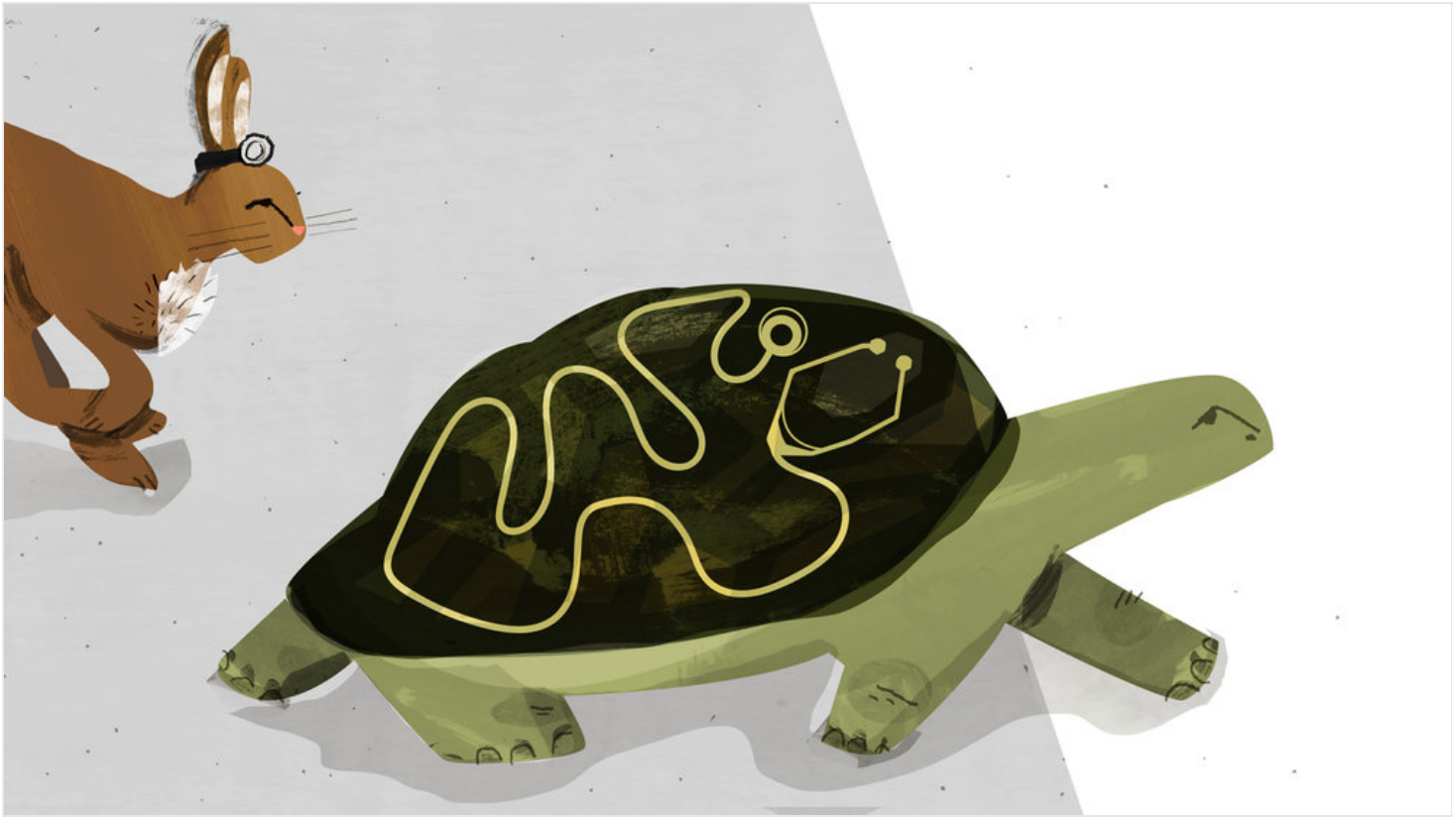
If Slow Is Good For Food, Why Not Medicine?



Maria Fabrizio for NPR

Maybe you've heard about the slow food movement. Maybe you're a devotee.

The idea is that cooking, nutrition and eating should be intentional, mindful and substantive. Avoid fast food and highly processed grub. For the slow food set, the process is as important as the product.

Now I'm seeing a medical version of slow food. The concept is bubbling up in response to industrialized, hypertechnological and often unnecessary medical care that drives up costs and leaves both doctors and patients frazzled.

As a teacher of medical students and residents, I find myself pulled between two contradictory poles. I want new doctors to be efficient so that they can survive in the real world of medical practice, which breaks our time into eight-minute increments. But I also want them to take the time to think through their actions and consider potential consequences.

Slow medicine adherents will be quick to tell you that the vast majority of CT scans ordered in emergency departments are of little value, most of the time adding only unnecessary cost and radiation risks for patients. Antibiotics for colds are another example of harmful

waste. They don't work for viruses, and patients who take antibiotics are more likely to develop resistant bacteria, diarrhea and other symptoms that lead to avoidable office visits and hospitalizations.

As I've learned more about slow medicine, I've found it comes in many flavors.

One variety geared to geriatrics is exemplified by family doctor and author Dennis McCullough. He argues that in caring for the elderly, we doctors need to slow down and think twice about treatments we might reflexively offer younger folks, like medication for blood pressure, which can cause older patients to faint. Doctors also have to take extra care to avoid sending the frail into a medical-industrial complex that frequently causes unintended harm — think bedsores, falls and hospital-acquired infections.

Another vision of slow medicine is advocated by Victoria Sweet, whose two decades spent working at a hospital outside San Francisco taught her the value of low-tech, high-touch medical care for society's poorest patients. For Sweet, slow medicine incorporates the medieval view of the human body as a garden to be tended rather than a machine to be fixed.

At her hospital, a throwback to almshouses of old, severely ill patients sometimes stayed for years, and were slowly nursed back to health. Admittedly, this is an ideal that can't be easily copied because it's so expensive. But I find it *is* both possible and therapeutic to spend more quiet time with patients, away from the distractions of computers.

In searching for ways to teach the essence of slow medicine to new doctors, I was fortunate to come across what is perhaps its newest flavor: a running correspondence from two physicians driven to find hard evidence for the best approaches to medical practice. Their emails have sparked a nationwide conversation among doctors about costs, the limits of scientific proof and — yes — the art of medicine.

The emails between doctors, Pieter Cohen, the mentor, and Michael Hochman, his protege, became fodder for weekly roundups sent to their department's trainees at the Cambridge Health Alliance in Massachusetts. The doctors analyze important journal articles, comment on new findings in the context of established medical knowledge and share wisdom.

Cohen, a natural skeptic, always asks how doctors should decide whether or not to incorporate something new into their practices.

I find myself agreeing with their email recommendations frequently. Yet they seek thoughtful discussion, not ironclad uniformity. In fact, Cohen and Hochman often take issue with national guidelines when they see opinions trample science. Moreover, as generalists, their ideas counter the biases of both subspecialists and industry — two groups that typically tend to favor more medical intervention.

Cohen and Hochman adopted slow medicine as the name for what they do because it ties together several ideas that they've found to be the strongest, safest and most effective in their practices. In their credo, they emphasize "careful interviewing, examination, and observation of the patient over the growing array of medical tools and gadgets. In addition, Slow Medicine recognizes that many clinical problems do not yet have a technological 'magic bullet' but instead require lifestyle changes that have powerful effects over time."

This is what we all struggle with most. As a doctor, teacher and patient myself, I know that changing my own habits and those of my patients are some of life's most challenging tasks. For the few patients I've seen give up smoking for good, the sacrifice has been well worth it.

Cohen told me that he and Hochman want their work to make a real difference for patients directly. The real test for success, Cohen said, is whether patients would notice if they had experienced slow medicine.

Like a stew that's had hours to simmer, slow medicine hopes to lock in medicine's best ideas, providing deeper meaning and richer lives to both patients and practitioners. I'm savoring this growing movement, adopting its wise examples in both my teaching and my practice.

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