

## Slowing down

By Dana Cook Grossman

Being slow isn't a virtue to 21st-century Americans. We focus on the pejorative meanings of "slow"—"dull," "sluggish," "inert," "boring"—not exactly qualities to strive for. But, boy, do we worship "fast." Look how we lionized swimmer Michael Phelps for pushing the limits of human physiology (and sports psychology) on his way to winning eight Olympic gold medals.

Even those of us incapable of that kind of speed race about our daily lives. As we multitask our way from home to work and back again, we engage in conduct that isn't very good for either our physical or our psychic health. We yak away on our cell phones while we're driving (behavior that sometimes lands us in the ER). We get too little sleep (a habit that can contribute to a host of health problems, according to sleep-medicine specialists). We eat too much fast food and junk food (and everyone knows the toll the nation's obesity epidemic is taking on Americans' health).

I have to admit that I'm at least partially guilty as charged. Although I make every effort to avoid talking on my cell phone when I'm in traffic, I do sometimes make calls when I'm on the open road. And I don't get as much sleep as the experts recommend. But, thanks to the example my parents set, I have always eaten a nutritious diet, heavy on locally grown fruits and vegetables.

When I was growing up, my family (by dint of "slave" labor from my siblings and me!) had a huge vegetable garden; raised a lot of our own meat; and kept cows for milk, chickens for eggs, and bees for honey. Once you become accustomed to food that's really fresh and that tastes really good, it's not that hard to eschew Ring Dings. I did, truth be told, just after the Twinkies in my friends' lunchboxes when I was a kid. But today, I'm usually tempted only by truly tasty homemade treats, and most days I've eaten my recommended five fruits and veggies by the time my husband and I sit down to dinner.

My parents were well in the vanguard of what's now known as the "slow food" movement. It's a commitment to eating food that's of high quality, that tastes good, and that's produced in a sustainable way rather than in an industrialized agribusiness system. The rise nationally of organic produce sections (even in chain grocery stores), of farmers' markets (even in urban areas), and of hormone-free

meat and eggs is a testament to how thoroughly the slow-food concept has taken hold.

In many realms, a do-more, do-it-faster ethos still rules. But in a few fields, including medicine, a slowly-but-surely ethos is taking root. A DMS faculty member recently applied the slow-food premise to health care—proposing "slow medicine" as "the compassionate approach to caring for your aging loved ones." That's the subtitle of a book called *My Mother, Your Mother* by Dartmouth geriatrician Dennis McCullough. He coined the term "slow medicine" to make the case that the U.S. health-care system pushes too much intervention on the elderly and offers too little listening.

The irony is how fast slow medicine has caught on. Dennis's book got a glowing review in the *New York Times* after it came out in February 2008. A feature in the *Times* in May explored the concept further. Dennis was invited to be the keynote speaker this November at the annual meeting of the National Healthcare Group of Singapore. Today, barely six months after his book came out, if you Google "slow medicine" you'll get over 25,000 hits. A popular health-care blog, [KevinMD.com](http://KevinMD.com), had this to say: "Dartmouth Medical School is leading the 'slow medicine' movement, where the elderly are given the decision whether to pursue more intensive medical therapies. My take: Bravo. This trend needs to be publicized and spread nationwide."

DARTMOUTH MEDICINE is doing its part. The feature starting on page 42 in this issue is about reflection regarding end-of-life care that several members of the faculty, including Dennis, engaged in as a result of experiences with their own parents.

My own parents are now in their mid-eighties and have . . . well, slowed down a lot. But my mother still reads almost every word in the *New York Times*, and not a reference to DMS crops up without her spotting it and sending me the article. It looks as if the coverage of slow medicine will keep her scissors snipping for a while.

Of course there's no guarantee, even if the slow-medicine mantra does truly take hold, that encounters between the elderly and the health-care system will go as swimmingly as the Olympics did for Michael Phelps. But as he showed us, it never hurts to have a goal. Even if it's to slow down. ■

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