

Mindful medicine

By Harise Stein, M.D.

One experience during my Dartmouth Medical School training, over 30 years ago, has stayed with me ever since. During our early, preclinical classes, when we didn't usually see patients, one instructor invited a real patient to come and speak to us once a week. It was exciting to hear patients talk frankly about their illnesses, their lives, and the effect of their illnesses on their lives.

The patient who affected me the most was a woman with a blood disorder that caused her white blood cells to destroy her red blood cells. We hadn't taken hematology yet, but this is my memory of what happened: Mrs. X talked about how the disorder had changed her life, how tired she was from anemia, and how she needed frequent blood transfusions. After she spoke, the instructor invited us all down to the stage, and we crowded around. He pulled out a tray with three syringes of blood and told us that Mrs. X had agreed to a little experiment to demonstrate what was happening within her body. He picked up the first syringe, saying it contained Mrs. X's blood, which he had drawn just before class. He injected a small amount of it under the skin of her upper arm. Then he picked up the next syringe, saying it contained blood of the same type as Mrs. X's, and proceeded with another injection in a different spot. The third syringe contained universal donor blood, which was similarly injected.

Eyes: Before our eyes, Mrs. X developed a large, red wheal where the instructor had injected her own blood. "See," he said. "Her immune system is attacking her own red blood cells." He then thanked her for participating in the teaching demonstration and escorted her out. Upon his return to the classroom, he looked us each in the eye and said, "All three of those syringes contained her own blood."

"Wow!" I thought. "If the mind could do that, what couldn't the mind do?"

But later, after I started my clinical rotations, when I excitedly told my intern one day that I'd just learned an interesting piece of a patient's personal history—a fact that fit eerily with the patient's symptoms—the intern's eyes practically bugged out of his head. He quickly glanced up and down the hall to make sure we hadn't been overheard and said, "Don't talk like that! People will think you're nuts!"

So I didn't "talk like that." I proceeded along the traditional path—doing my internship and residency in obstetrics and gynecology, entering private solo practice, going to meetings, serving on hospital committees, doing the same things everyone else did, in the same way. But I knew on some level that there was something else going on with my patients—something lab tests didn't reveal and prescriptions didn't



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affect. I couldn't put my sense into words yet, but my interest in this nebulous thing manifested itself in really listening to my patients—asking what else was going on in their lives; being truly present while they cried or told me what they were afraid of; looking at them as a whole person, not a uterus with some mechanical problem.

It also manifested itself in my taking more time with patients. When a patient miscarried on her first pregnancy, on her next pregnancy, if she wanted, I'd see her every week instead of every month until she felt the baby move. This was not cost effective, but it was very reassuring to some women. When a patient went into labor, I'd stay with her throughout her labor, because when I came into the room I could just see the relief on her face, knowing I was there.

Cognizant: This sense also led me to be more open-minded, more cognizant of the fact that a woman going through a difficult divorce might develop irregular or heavy periods, or that a young woman going off to college for the first time might suddenly have no periods at all until she came home for winter vacation.

After I'd been in private practice for many years, my husband's job changed. We moved, so I took some time off to get the kids settled. No longer surrounded by colleagues and institutions that viewed medicine from a single, traditional perspective, I began to look into concepts I'd been curious about, to try and make concrete what I had sensed was this mind-body connection. My investigations eventually led me to study a wide variety of mind-body modalities, including imagery, mindfulness meditation, biofeedback, qigong, relaxation breathing, and cognitive-behavioral techniques.

Relationships: For several years now, my practice has focused on mind-body medicine for women's health. I feel that I have finally found the place I have been seeking all of my professional life. I am on the adjunct clinical faculty at Stanford Medical Center, where I teach and have helped start mind-body support programs for patients who are experiencing infertility or facing surgery. An ever-increasing body of research is beginning to explain the things I'd noticed for years—the way stress, relationships, life experiences, coping skills, and mood all affect health, and vice versa. Because of this research I can now give grand rounds and symposium lectures filled with graphs and descriptions of physiological mechanisms, so that my colleagues don't think I'm nuts—or at least not completely nuts!

The two most important things I have learned during my career are the healing power of a positive doctor-patient relationship, and the strong influence that the story of a person's life has on his or her health. As we enter a new era of appreciation for the connection between mind and body, and even spirit, I am happy to see that medical education is beginning to step outside the box and provide the insight that I found 30 years ago, on a tray with three syringes. ■

The Point of View essay provides a personal perspective on some issue in medicine or science. Stein, a 1977 graduate of Dartmouth Medical School, lives and practices ob-gyn in California's Bay Area. She wrote an essay for Vol. 1, No. 1, of this magazine in 1976.