

REVISITING THE HEALTH HISTORY: AN INTEGRATIVE MEDICINE APPROACH

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Integrative medicine is a new approach to medicine. It honors the innate ability of the body to heal, values the relationship between patient and physician, and integrates complementary and alternative medicine when appropriate to facilitate healing.¹ Integrative medicine refocuses medicine on health and healing. It insists on patients being treated as whole persons—minds and spirits, as well as physical bodies—who participate actively in their own healthcare. Not surprisingly, communication and relationship are central to its implementation.

Following Engel's landmark article² on the biopsychosocial approach to medicine, thousands of articles have been published on the subject of doctor-patient communication. Integrative medicine promotes the movement toward a broader definition of health. It

stresses the importance of eliciting the patient's perspective on health and wellness as well as disease.

RATIONALE

One way to gain a broader understanding of our patients involves asking a new set of questions. There are questions that give people new insights.³ There are questions that help patients recognize when their behaviors are consistent (or inconsistent) with their stated values and goals. When people become aware of discrepancies between their values and their behaviors, this awareness often catalyzes change. There are evocative and thoughtful questions that can reveal hidden truths and forgotten strengths. The process thus initiated may be useful in formulating a new approach to treatment, indeed, a new approach to living. Some of these questions have long

been posed by psychiatrists and psychotherapists. Similarly, family doctors trained in behavioral medicine ask some of these questions. Other questions come from our work with ministers, practitioners of Chinese medicine, and homeopaths.

We believe it is our job as physicians and healthcare professionals to help foster a deeper understanding of self. In these moments, real change becomes possible. And this can translate into physical, emotional, or spiritual healing. As we enhance our understanding of the needs of the whole person, we are able to offer a unique treatment plan. The goal of this article is to share some of the rich questions that we as practitioners of integrative medicine have found to be valuable as we take our patients' histories. Other goals are to enhance our dialogue with and referrals to complementary practitioners and to deepen our partnership with patients.

Often, not all of the questions that follow are asked. In the flow of a history, they often do not come out as a sequence. What commonly occurs is that by raising a particular issue, the patient becomes aware of underlying concerns, and the conversation follows that vein. It may be about relationships or work or exercise. And of course, more important than the questions are the answers they evoke. Listening attentively, empathi-

cally, and without interruption may be more valuable than any particular question.⁴ Allowing someone to hear his or her own thoughts on intimate matters constitutes a potent medicine in itself.

These questions do not replace a conventional medical history. Rather, they augment traditional questions that focus on past medical history, past surgical history, and family and social histories. This expanded line of inquiry also serves to unearth information that is valuable to alternative providers such as practitioners of Chinese medicine and homeopathy. Thus questions about vivid or recurrent dreams and reactions to heat and cold may be asked, and fears or phobias elicited. By soliciting information that these practitioners use in the process of diagnosis and treatment, primary care physicians foster a more meaningful dialogue between themselves and alternative practitioners. The referral process in which we match patients and providers becomes clearer.

AN INTEGRATIVE HEALTH HISTORY

The interview starts with a broad statement such as: "My goal is to get a sense of who you are as a person, to understand the important relationships and events in your life in addition to the medical condition that brings you in today." This allows the patient to take the lead. For patients used to telling only their medical story, we redirect with questions such as, "What have been pivotal events in your life? What are your roots? What are important features of your background?" These allow patients to begin to tell their story.

Articulating one's story helps one make connections. James Pennebaker, PhD, who has extensively studied the value of disclosure, describes this process as "organizing."⁵ The story of an event often becomes shorter over time. The causes and effects become clearer, as do the implications. Expression of traumatic experiences by speaking or writing improves physical health, enhances immune function, and is associated with fewer medical visits.⁶ The converse is true as well. Not sharing emotional experiences is a form of active inhibition that leads to long-term health problems.^{7,8}

The interview proceeds to explore the social context in which the patient lives. The goal is to gain a deeper understanding of the mesh of relationships that shape the patient's life. There may be issues that figure intimately into the root of an illness. There may be wounds from the family of origin that need to be addressed. Patterns of social and health behaviors are often uncovered. Ask: "Who do you consider to be in your family? Is it your family of origin? Or is it a family that you have constructed from your church group, your neighbors, your co-workers, or your friends? What is (or was) the quality of your relationship with your parents like? Similarly, what is the quality of your

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Following are sample questions that may be asked. In the flow of a history, they often do not come out in sequence.

The beginning

My goal is to get a sense of who you are as a person, to understand the important relationships and events in your life in addition to the medical condition that brings you in today.

What have been pivotal events in your life? What are your roots? What are important features of your background?

Social context

Who do you consider to be in your family? Is it your family of origin? Or is it a family that you have constructed from your church group, your neighbors, your co-workers, or your friends? What is (or was) the quality of your relationship with your parents like? Similarly, what is the quality of your relationships with your siblings? How deeply involved are you in each other's lives? Has an illness of theirs affected you?

What activities do you and your significant other do together? (Do you do activities together?) Do you feel supported? Or, if you are alone, are you satisfied with that?

What are your relationships with your children like? How involved are you in their daily lives? Would you like that to change?

What do your friendships mean to you? How do you acknowledge them?

Reflect for moment on your job. How defined are you by your job? Is your job an expression of who you are? If it is not, what would you like to be doing?

Physical health

Think about your energy level. What time of day or what activities make you feel energized? What times of day or what activities make you feel depleted? What do you do at those times? Do you nap? Eat? Are you satisfied with your level of energy or do you feel yourself dragging?

What is your tendency toward illness? Do you get all your kids' colds? Do you have a fear of flying because you constantly pick up germs?"

Do you sleep well? Do you wake up feeling refreshed, ready to go? Or do you press the snooze button multiple times? If you nap, do you awaken feeling refreshed?

What is your relationship with food? Do you graze throughout the day, or do you eat defined meals? Who prepares your food? Do you eat only when you are hungry? When you eat, what part of you are you feeding? Are you conscious of what you crave? Do you share your meals with someone?

What is your relationship with your body? Does the word exercise make you cringe or feel guilty, or is it something you enjoy? Do you exercise regularly? Do you hike, or garden, or play golf? How has your activity benefited you?

What are sources of stress in your life? Are they financial or job-related or in your family? What are your coping mechanisms or strategies or practices to get through stresses? How do you relax? How do you recharge? Do you meditate? Breathe deeply? Exercise? Watch TV? Do you take time regularly to recharge?

Spiritual health

Where do you derive your strength during difficult times? How do you feel connected to life, to humanity? What gives your life purpose and meaning?

Personal image

What is it that you love? How is that manifested regularly? If it is art, are you painting or sculpting or playing music? What do you do well? What are your strengths? What would your family and your friends say they adore about you? What is your gift that you bring to the world?

Adaptations to the conventional medical history

How do you feel about taking pills? Is it an effort? Do you miss doses?

What impact has your illness had on your life? What insight has it given you? What does your intuition tell you about what has contributed to this illness? What motivates you to fight? What are your expectations or hopes?

relationships with your siblings? How deeply involved are you in each other's lives? Has an illness of theirs affected you?"

Turn then to other relationships in the person's life. Explore the nature of those interactions. Learn whether there is a significant person in your patient's life. Ask "What activities do you do together? (Do you do activities together?) Do you feel supported?" Or, if the patient is alone, "Are you satisfied with that?" Similarly, discover the nature of patients' relationship with their children. Ask: "What are your relationships with your children like? How involved are you in their daily lives? Would you like that to change?" Ask as well about friendships. "What do your friendships mean to you? How do you acknowledge them?"

Working adults spend most of their waking time at work. There are people who love their work, who have a sense of fulfillment and purpose at work. We wonder what the cost to a person's health is when work does not sustain him or her. That cost is likely to be magnified if one feels compromised by work in some way.⁹ Ask the patient to "reflect for moment on your job. How defined are you by your job? Is your job an expression of who you are? If it is not, what would you like to be doing?"

There are many subtle aspects to well-being that are not typically addressed in an allopathic interview. They address the day-to-day experience of our patients and reveal important clues in diagnosis, treatment, and referral. Ask: "Think about your energy level. What time of day or what activities make you feel energized? What times of day or what activities make you feel depleted? What do you do at those times? Do you nap? Eat? Are you satisfied with your level of energy or do you feel yourself dragging? What is your tendency toward illness? Do you get all your kids' colds? Do you have a fear of flying because you constantly pick up germs?" Inquire as well into your patients' sleeping patterns. Ask: "Do you sleep well? Do you wake up feeling refreshed, ready to go? Or do you press the snooze button multiple times? If you nap, do you awaken feeling refreshed?"

Integrative medicine values prevention. This is broadly defined to include physical activity, nutrition, stress management, and spirituality in addition to screening tests and immunizations. Begin to discover your patient's habits. Some profess, "You are what you eat." How you eat and with whom you eat may also be important. Ask: "What is your relationship with food? Do you graze throughout the day, or do you eat defined

meals? Who prepares your food? Do you eat only when you are hungry? When you eat, what part of you are you feeding? Are you conscious of what you crave? Do you share your meals with someone?" Similarly, discover the relationship with physical activity. Ask: "What is your relationship with your body? Does the word *exercise* make you cringe or feel guilty, or is it something you enjoy? Do you exercise regularly? Do you hike, or garden, or play golf? How has your activity benefited you?"

We live in a stressful society, one that does not support relaxation and relaxing behaviors. Dean Ornish has said that the hardest thing for patients to follow in his program is not the restrictive diet or the daily exercise—it's the relaxation program!¹⁰ Validate your patients' taking time to care for themselves in this way. Ask: "What are sources of stress in your life? Are they financial or job-related or in your family? What are your coping mechanisms or strategies or practices to get through stresses? How do you relax? How do you recharge? Do you meditate? Breathe deeply? Exercise? Watch TV? Do you take time regularly to recharge?"

Spiritual strength and religious connections help many patients get through a variety of difficult or stressful events. They are sources of richness in many people's lives. The literature supports the connection between religion and

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mental and physical health.¹¹ Physicians have not historically addressed this aspect of patients' lives, although patients say they would like their doctors to.¹² Ask: "Where do you derive your strength during difficult times? How do you feel connected to life, to humanity? What gives your life purpose and meaning?"

Finally, seek to discover and allow your patients to articulate the things that give them real joy, real pleasure. Patients can be observed to change in aspect as they discuss these things. They feel good about themselves. They remind themselves of who they are beyond their disease. Ask: "What is it that you love?"¹³ How is that manifested regularly? If it is art, are you painting or sculpting or playing music? What do you do well? What are your strengths? What would your family and your friends say they adore about you? What is your gift that you bring to the world?"

The conventional medical history can be adapted with this approach as well. When taking the medication history, ask: "How do you feel about taking pills? Is it an effort? Do you miss doses?" As you learn of medical diagnoses, ask "What impact has it had on your life? What insight has it given you? What does your intuition tell you about what has contributed to this illness? What motivates you to fight? What are your expectations or hopes?" It is amazing how often

patients have a sense of what has caused an illness and what they need to do to heal. As healthcare professionals we can validate their chosen path and, through deeper questioning, help patients to clarify what is really important to them.

BARRIERS

The most obvious barrier to this approach is time. In our practices (V.M. and K.K.), we spend 60 to 90 minutes on the initial consultation. The majority of physicians don't have this luxury, although many physicians practicing integrative medicine do schedule an hour for the initial consultation. We have found an intake form to be a useful time saver for the fact-gathering aspects of history taking. Primary care physicians can ask these deeper questions over the course of several visits.¹⁴ The qualities of presence and interest in the whole human being are communicated in multiple, timeless ways.

Other barriers include scheduling, coding, and patient flow. Further effectiveness research¹⁵ and political action are necessary to modify current payment systems to support time spent with patients. Without addressing these larger issues, we are at risk of creating a two-tier health system in which the affluent have choices not shared by those less well off.

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CONCLUSION

We are struck by how often change happens after an integrative interview, often without advice or overt intervention. This may be due to the power of disclosure. Hearing oneself articulate powerful aspects of one's life story can lead to change. Empathic listening alone may be sufficient to create change.

As practitioners of integrative medicine, we have found that this approach serves us in several important ways. It allows individuals a chance to reflect deeply on their lives and, in so doing, enhance the potential to make life changes. Our approach grants physicians insight into who is sitting before them and how their responses can be used to facilitate healing. It provides us with fertile ground for communication with other practitioners. And it serves us in one other significant way: relating to patients on this deeper level restores soul to our work. The connections fostered nourish who we are and what we have to offer as physicians and fellow travelers.

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