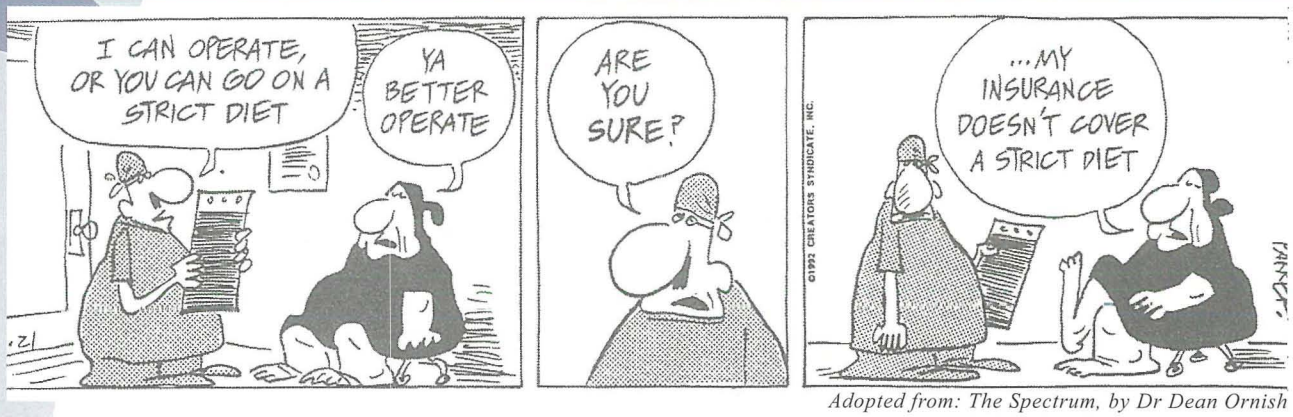

Adopted from: The Spectrum, by Dr Dean Ornish

Healing & Disease Reversal - II

by **Albert Cilia-Vincenti** *MD FRCPath*

This article is the second part of a series looking into Dean Ornish's work, emphasising that there is more to medicine than pharmaceutical drugs and surgery. His clinical research findings on disease reversal, in particular, may not be exactly what you learnt at medical school. He is Clinical Professor of Medicine and Founder President of the non-profit Preventive Medicine Research Institute, California University, San Francisco.

Until recently most doctors considered it impossible to reverse the progression of heart disease. They thought that, at best, diet and lifestyle changes might slow down disease progression but, in the end, it could only get worse. Now that professor Ornish's clinical trials have proven that coronary heart disease, and other chronic diseases, can often be reversed by making comprehensive lifestyle changes, these misconceptions have slowly began to change. *However, although many American physicians believe that Ornish's diet and lifestyle programme works, they tend to think that the majority of people can't follow it because it's too strict, too hard, and too boring – so why bother?*

Ornish admits that when he published his research findings, he thought these would significantly change medical practice, but later realised he was a little naive. *The stark reality was that with all the talk of evidence-based medicine, we were actually in an era of "funding-based medicine".* It wasn't enough to have good science; one needed to change the way medicine was funded. *Doctors do what they are paid to do, and are trained to do what they are paid to do.* If one could change funding, both medical practice and medical education would be improved.

Beginning in 1993, Ornish's team began training personnel, in more than 50 hospitals and clinics around America, on their diet and lifestyle programme, via their non-profit research institute, and they conducted three demonstration projects with three prominent medical insurers. Alexander Leaf, professor of medicine at Harvard Medical School, co-ordinated the data centre for the demonstration projects. They found that 80% of patients eligible for coronary bypass heart surgery or angioplasty were able to safely avoid it for at least 3 years. In the first year it saved medical insurers $30,000 per patient. By then, more than 40 insurance companies were covering Ornish's programme. One insurer, Highland Blue Cross Blue Shield, found that the programme reduced its overall health costs by 50% in the first year and by an additional 20 to 30% in subsequent years.

Medicare, the biggest American medical insurer, was then approached to see if it would provide coverage for the Ornish programme, but initially said no. Its Director later told Dean Ornish that *before they could consider his programme, they needed a letter from the National Heart, Lung and Blood Institute, stating that his programme was safe.* Ornish could not believe it. *He was being asked to get a letter saying that it was safe for older Americans to walk, meditate, quit smoking, and eat fruits and vegetables!* He met the Director of the National Heart, Lung and Blood Institute to review the medical literature evidence. Not surprisingly, they found that Ornish's programme was not high-risk, especially when compared with having your chest sawed open for a bypass operation. His earlier research had shown that with his programme older patients improved as much as young ones. Considering that the risks of bypass surgery and angioplasty increased with age, these lifestyle changes were especially beneficial for older patients in the Medicare population. Four years later, in 1999, with strong bipartisan political support from President Clinton and the Republicans, Medicare agreed to conduct a demonstration project.

At that stage professor Ornish remarked that we had gotten to a point in medicine, where it's considered "conservative medicine" to cut open someone's chest, or to inflate balloons and put stents inside his/her coronary arteries, even when there is inconclusive data supporting these approaches in the prevention of heart attacks or in the life-extention of stable patients with heart disease, yet it's considered high risk or even radical to ask people to walk, meditate, stop smoking, and eat fruits and vegetables.

In 2005, his team completed the Medicare demonstration project, and after its results were reviewed, Medicare agreed to provide coverage for their programme for reversing heart disease, and other similar programmes. This was a major breakthrough – *it was the first time that Medicare covered an integrative-medicine programme of comprehensive lifestyle changes.* Because funding/reimbursement is a major determinant of medical practice and medical education in America, Medicare coverage may help make comprehensive lifestyle change programmes more sustainable and widely available to those who need them most.

Medicare coverage in America is, for practical purposes, analogous to coverage by Malta's NHS and by our private medical insurers. In Malta we are still at the stage where Dean Ornish was 15 years ago, that is, Maltese health providers will cover pharmaceutical drugs and

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surgery but not comprehensive dietary and lifestyle change programmes, nor do they cover food supplements such as purified fish oil extracts (as the Japanese health ministry does). Teaching of healing methods in our Medical School covers little more than information about pharmaceutical drugs and surgery. In the meantime, Dean Ornish's team are training health professionals worldwide and offering them free licences in an open-source model. These include physicians, nurses, dieticians, clinical psychologists and exercise physiologists.

Ornish's research has shown that our body has remarkable capacities to heal itself (and much more quickly than people once realised) when the underlying causes of illness are addressed. The choices we make every day as to what we eat and how we live are among the most important underlying causes.

When prescribed medications for hypertension, hyperlipidaemia or diabetes, patients are usually told that they would have to take them for the rest of their lives. Why? *Because the underlying causes are not being addressed.* It's important to treat not only the problem but also its underlying causes, otherwise the same problem often recurs, a new set of problems may emerge (such as drug adverse effects), or even worse, there may have to be rationing of medical services (such as keeping 47 million Americans from having health insurance because it's too expensive to treat everyone with the drugs and surgery that they may need).

Ornish's team found that many people with coronary artery disease, diabetes, hypertension, hypercholesterolaemia, and other chronic conditions, are able to reduce or even discontinue these medications (under doctor's supervision) when they make the diet and lifestyle changes that will be outlined in future articles.

Professor Cilia-Vincenti is a former London University Teacher of disease mechanisms at Charing Cross and The Middlesex Hospital medical schools, and at the Malta Medical School. He is currently steering group chairman of the Academy of Nutritional Medicine of Cambridge, UK, a charity sponsoring teaching and research. He may be contacted on *acvincenti@onvol.net*.

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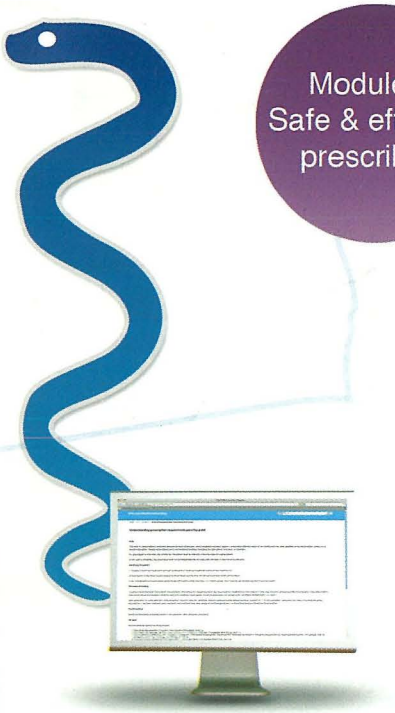

Module 1
Safe & effective prescribing

About this e-Module

This module aims to provide an awareness of common medication errors and how to minimize them as well as to give some practical prescribing pointers to look out for in one's professional practice. By the end of the session one should be able to remember the key information to include in a prescription; understand ways to minimize potential errors as regards prescription writing; identify common types of medication errors as well as beginning to think about how to minimise errors by using one's knowledge, skills and available resources.

Topics

- Aims
- Clinical tips
- Prescription-writing and local legislation
- Understanding prescription requirements point by point
- Practical tips on prescription writing
- Appropriate prescribing
- The benefit to harm balance
- Medication errors
- Types of commonly reported incidents
- Where to seek evidence about benefits and harms and where to seek further medicine information
- Assessment

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