To the Editor:

I am writing on reflection to the January 2023 article "Health Medicine".

The article reflects an emerging reality in healthcare: conventional medicine is not equipped with the tools to move us beyond the current scourge of chronic disease. Whilst many individual doctors, clinicians and even now larger health systems are waking up to this fundamental reality, one of the biggest barriers is nomenclature for what must replace it.

In 2005 when I started to work in this field, it took me years to understand the nuances of all the different descriptions and associated styles of medicine that were clearly denoted in the article.

9 years later, when I started the Functional Forum in 2014, my hope was that I could convince people to see what I saw: the *functional medicine operating system* is the best way to bring the majority of those styles together into something that large practitioner teams could collaborate around. A framework was needed to coordinate the efforts of practitioners with disparate initial training but the same goals and organizing principles.

After 9 more years of pushing that I have come to the conclusion that although I may still be right about my thesis on the operating system, the term functional medicine has become so associated with the typical tools used (supplements and deeper testing) that it cannot perform as a unifying term.

Each of the other terms have their own strengths and weaknesses.

- All medicine should be *integrative medicine*, but it casts such a wide net and has no unified operating system
- We want healthcare to be built on *lifestyle medicine,* but tougher cases and de-prescribing often need more advanced tools than the foundational pillars.
- We respect *environmental medicine*, but while it probably should unify us, it doesn't and not all illness is environmental.
- We love the principles of *naturopathic medicine*, but conventional doctors don't resonate with the term.
- We believe in *whole person health* but it lacks the cohesive system for scaled application
- What we are really talking about is *salutogenesis,* but it's a little high brow to become genuinely popular term.

In 2018 I made my own effort to create a unifying terminology "Knew Health" (pronounced "New" but written "Knew") but made mistakes along the way and underestimated the amount of consensus building needed to make it a success.

As Albert Einstein said, "if you can't explain it simply you don't understand it well enough." Out of all the options discussed, I agree that *Health Medicine* is the best option for a unifying term moving forward.

It's simple.
It's clear.
It's unifying.
It's focused on what's most important.

I salute the tireless efforts to establish a unifying term and have now adopted it for a new organization the "Health Medicine Alliance".

Over the last few years I have come to see how each of the most prominent terms are making their own progress into health systems, but none of the best practices in penetrating those systems were being shared across the respective communities. Now on the 3rd Friday of each month, leaders from dozens of large integrated health systems across America and the world come together to discuss best practices for delivering effective, efficient and empathetic Health Medicine at scale inside health systems.

My hope is that the first thing to unify will be the terminology, and then the operating system and finally the hearts of the humans involved so this medicine can fulfill it's true purpose.

Yours sincerely,

James Maskell

Founder
- *Health Medicine Alliance*
- *Functional Forum*
- *Evolution of Medicine*
- *Knew Health*
- *HealCommunity*

To the Editor:

Loved your article in *IMCJ* on Health Medicine. It will take quite a movement to engage "all" the different health and healing professions and modalities in adopting this idea.

The various health and healing professions might be incentivized to rally under the banner of Health Medicine if reimbursement for their services were enhanced by adopting this terminology. The IHPC is a vehicle that could facilitate that process. Getting the various PfH (partners for health) to agree on the terminology would be the first step. With the extraordinary costs of healthcare, the legislature might be more amenable to reimbursing "Health Medicine". The publication by IHPC several years ago on Health Creation Economics created a compelling case on the cost effectiveness of the various health and healing professions involved in health medicine. Revising and reutilizing this information to educate our legislators might be very useful.

One of the biggest barriers to "Health Medicine" terminology will be the nursing community. Nursing is not included in Medicine. Nursing has worked diligently to develop its own body of knowledge and is both a science and an art apart from Medicine. The Nursing community will feel disenfranchised by the term Health Medicine. To illustrate this point, when I joined the AIHM board I was seen by many of my colleagues as abandoning nursing. I was told that if the AIHM were serious about being inclusive they would remove the "M" for medicine. I personally feel that the "M" is important in lending its financial, social, and cultural power toward the advancement of health creation. I feel even more strongly that the voice of nursing needs to be acknowledged and that nurses, representing the largest percentage of the healthcare workforce, need to be included. This creates a terminology conundrum!

The term that is most inclusive for "all" of us is simply Health Care Providers. Perhaps what is needed is to clearly define those professions and practitioners that are involved with Health Care and those that are involved with Disease Care. Health Care, as it is practiced today, is an oxymoron. In fact, less than 4% of health care costs are allocated to prevention and public health. Creating a dialogue among the greater public and our legislative groups that brings awareness to this terminology might help with reimbursement of services that truly promote health. Words are important—thank you for bringing this conversation forward!

Lucia Thornton, ThD, MSN, RN
Immediate Past Chair Academy of Integrative Health and Medicine
Past President American Holistic Nurses Association

To the Editor:

Dr. Pizzorno presents an encouraging vision about how healthcare could and should be. Many of us have spent our careers trying to help create what Dr. Pizzorno envisions. However, given human nature and the entrenched conflicts of interest in the medical industry, achieving that vision is a major uphill battle. It is important to remember the wise words from the book Pirkei Avot (Ethics of the Fathers): "You are not obligated to complete the work, but neither are you free to abandon it."

Sincerely,

Alan R. Gaby, MD

To the Editor:

Joe, regarding your editorial in the December 2022 issue of *IMCJ*, I like the term "Health Medicine."

I like it so much that immediately after reading your editorial, I updated the "Practice Description" page of my website so that the first sentence now reads "**Dr. Levy is an integrative holistic medicine specialist; he practices health medicine."**

As a founding Board member of the Academy of Integrative Health and Medicine, I can tell you that the founding Board devoted significant time and discussion back in 2014-2015 to choosing a name for this newly created organization, a "child" of the AHMA and ABIHM, and the decision to include the word "Health" and the name of the organization was a conscious group decision.

Sanford H. Levy, MD, FACP, ABIHM

To the Editor:

I enjoyed reading your editorial on "The Path Ahead "and agree with everything you said. I work for the Osher Center at UCSF, and we recently rebranded our name from OCIM to OCIH, to incorporate "health" instead of "medicine" next to "integrative."

Thanks for a thought-provoking article.

I'm about to spearhead an outpatient offshoot of the OPTIMAL COVID clinic at UCSF with Dr. Lekshmi Santosh from Pulmonary and Critical Care and was thinking about the branding. I was leaning towards OPTIMAL-IM (for Integrative Medicine) but have changed the name to OPTIMAL-IH (Integrative Health) to join your efforts to consolidate the branding.

I had some similar comments to yours in the intro to my book "The Long COVID Solution."

There's increasing interest in integrative medicine at my institution—I am hoping to bridge the gap between the two by collaborating with Pulmonary and Critical Care Medicine to build a center of excellence for COVID care. COVID may yet be the meteoric event that helps to change the current dynamics of the medical field into ones that are more innovative and open to change.

My best,
Carla Kuon, MD

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To the Editor:

What a refreshing and thought provoking article (Health Medicine Jan 2023) by Dr. Joseph Pizzorno. Simple words are, and have become, so increasingly polarizing that one must be careful with any utilization of the words we use to communicate.

Dr. Pizzorno has masterfully hit upon a non-offensive, accurate and easily identifiable way to differentiate between the heroic life-saving technologically sophisticated crisis approach to ***Disease-Care***, and the more ubiquitous low-tech cognitive life-style ***Health-Care*** approaches delivered by a considerable variety of ***Health-Care*** practitioners who are cognizant of the innate intelligence of the body and its incredible influence on the host. These practitioners first ask "why the body is sick" and then attempt to seek a conservative path back to health. Along with the patient's Life-style, nutritional assessment, an epigenetic influence, history familial and personal, number and category of medication(s), work life balance and the powerful influence of mental attitude. With this approach the ***Health-Care*** practitioners begin to unravel the trajectory of the patient's life and where and how the ***Health-Care*** approach was overshadowed and ***Disease-Care*** became the main focus.

While COVID was indeed a disaster both as a viral contagion and as a global pandemic wake up call to perhaps reconsider the value of "natural immunity" and the importance and significance chronic conditions (e.g. diabetes, metabolic disorders, obesity, and age), which were the primary reasons attributed to serious illness, hospitalizations and death. Compounding and confounding the global debate were "mandates" essentially infringing on the basic human rights of the individual. The media was complicit in fostering and fueling a single narrative and the voices of reasonable dissent were silenced. Physician's autonomy was challenged for the first time and many physicians reluctantly complied for fear of reprisal. Now three years Post COVID, issues are now surfacing and becoming clear that the general public was deceived. Time and rational debate will eventually uncover many of the errors in judgement imposed with no scientific basis, but that is for another discussion.

There is a parallel between Dr. Pizzorno's ***Disease-Care*** vs ***Health-Care*** model and the manner in which ***Health-Care*** has been high jacked by Economics and Big Pharma. Unless and until there can be a deterrent for profitable sickness which would essentially remove the enormous economic gain made by Big Pharma on the backs of those individuals deprived of a ***Health-Care*** model in direct conflict with a pill for every ill approach. More drugs do not mean more health.

It is time for a national debate, it is time for reform on many levels, it is time for transparency in revealing costs and profitability, and it is time for the grip of Big Pharma on the decisions of medical and health professionals to be removed. The national debate on ***Disease-Care*** should be focused on how do we improve ***Disease-Care*** and what guidelines are involved to highlight and understand that the ***Disease-Care*** model leads to Chronic-healthcare conditions, and referrals to ***Health-Care*** practitioners are essential. The entire paradigm of ***Disease-Care/Health-Care*** reimbursement to the providers of both models must have a paradigm shift in operational and economic mindset, from Medicare to every commercial insurance carrier.

The system can no longer afford building larger and larger hospitals and ***Disease-Care*** facilities, while ignoring the evidence that this disease weighed model is causing irreparable harm by ignoring the health care mindset. Economics has blinded common-sense and unfortunately economics has dominated and perverted the entire research community, the practitioners, and the dysfunctional delivery system. Everything in our terminology is deceptive, the NIH (National Institutes of Health) spend the vast majority of their billions of dollars on disease, and other Agencies do likewise. Can change occur, absolutely and the non-offensive terms proposed by Dr. Pizzorno of ***Disease-Care*** for the acute/traumatic/heroic cased should be continued, but the ***Health-Care*** paradigm shift should not offend anyone but help to clarify the raison d'être for everyone involved in the complex delivery system to feel good about the global change in paradigm and the increased health and care of humankind.

Louis Sportelli, DC
President, NCMIC Foundation, Inc.

Whole Health

My fascination with medicine began with my wonder of the intricacy and complexity of human function. During my undergraduate years at an engineering school, I became quite interested in medical anthropology and the traditional world views regarding health and healing. I became fully aware of the fact that optimal health was holistic in nature (physical, emotional, mental, and spiritual). There was little attention paid to this approach during my medical education and subsequent training. I became a member of the fledgling American Holistic Medical Association in 1979 and was also given the opportunity to start one of the first corporate wellness programs at Marriott Corporate headquarters.

As a likeminded group of us explored this shared belief, we turned to the various traditional disciplines such as Traditional Chinese Medicine, Ayurvedic Medicine, Native American Medicine, and many others. It became apparent that every one of these traditions embraced a holistic, or "whole person" concept where the patient is at the center of the healing process and the goal is wellness and well-being. Furthermore, this led to the growth of integrative healthcare which embodies this approach.

Through the efforts of groups such as The Integrative Health Policy Consortium (www.ihpc.org) and several others, Congress and many other stakeholder groups became aware that we needed to focus on all aspects of health including one's environment. Currently, The U.S. Health Care System has embraced whole person health with its focus on wellness and well-being in addition to the treatment of clinical disorders. This is evident by the success of the VA Whole Health Program (https://www.va.gov/wholehealth/) and (https://www.nationalacademies.org/news/2023/02/u-s-should-scale-and-spread-whole-health-care-through-va-and-hhs-leadership-create-federal-center-for-whole-health-innovation-says-new-report) , the new NCCIH Strategic Plan (https://www.nccih.nih.gov/about/nccih-strategic-plan-2021-2025), the success of the Congressional Caucus on Integrative Health and Wellness (http://www.ihpc.org/new-congressional-caucus-on-integrative-health-and-wellness-formed/), the recent launch of The Congressional Social Determinants of Health Caucus (https://congressionalsdohcaucus.org/), The University of California Irvine Susan and Henry Samueli College of Health Sciences (https://cohs.uci.edu/), the development of Whole Health School of Medicine and Health Sciences (https://www.linkedin.com/company/whole-health-school-of-medicine-and-health-sciences/), and several additional activities in virtually every stakeholder group.

We are past the tipping point and are now in the implementation phase. The focus on whole health is here to stay.

Len Wisneski, MD, FACP
Chair Emeritus, IHPC
Faculty at University of Colorado, Georgetown U. and George Washington University
Strauss -Wisneski Indigenous & Integrative Health Collection, University of Colorado

To the Editor:

I have long admired your intellectual leadership in forging a new approach to medicine that does not axiomatically depend chiefly on the dispensing of pharmaceuticals. With all due respect to your recent editorial, might I suggest that yet another rubric that unites all of the different integrative medicine frameworks—that of preventive medicine.

I fully agree with you that the public is voting with its pocketbooks at this juncture. The growth in expenses for integrative health care continues, with the global supplement market reaching $151.9 billion, and that of the U.S. at about $45.3 billion for 2021.

Frankly I'm not sure that much effort should go into uniting around a single term although I am happy to advance the use of the phrase health medicine that you have advocated. As Rudolph Virchow pointed out years ago in investigating the origins of a typhus epidemic in German, the underlying physical and social environment has a profound effect on health. This pioneering German physician appreciated that economic conditions that affected access to nutrition, clean water and housing, directly determined the underlying health of any population. It is generally accepted that the major improvements in the reduction of infectious diseases that killed so many in the 18th and 19th centuries came about from fundamental alterations in indoor plumbing, housing, food storage, and we're conditions. Antibiotics actually played a very minor role in the reduction of these infections.

At the run of the twentieth century, nearly one in three deaths occurred in deaths occurred among children under age 5. By the last decade of that century, in 1997, that number of child deaths had dropped to slightly more than one in a hundred, according to the Centers for Disease Control.

"In 1900, the three leading causes of death were pneumonia, tuberculosis (TB), and diarrhea and enteritis, which (together with diphtheria) caused one third of all deaths (Figure 2). Of these deaths, 40% were among children aged less than 5 years. In 1997, heart disease and cancers accounted for 54.7% of all deaths, with 4.5% attributable to pneumonia, influenza, and human immunodeficiency virus (HIV) infection."

In the 1970s my colleagues Lorenz Ng, Ron Manderscheid and I promoted the twin concepts of health promotion and disease prevention. Indeed, the two phrases have been bandied about for quite a while and are isomers. If we succeed in promoting health then we prevent disease. We noted some four decades ago that there was:

> …[W]idespread agreement concerning the need for reform in the American medical care system. Many suggested reforms reflect a preoccupation with the economic dilemmas of modern medicine. Less frequently considered are the institutional arrangements, technology, environment, and social networks associated with health-aversive lifestyles. Changes in the primary sources of morbidity and mortality since the 1900s illustrate the etiological significance of environmental and lifestyle factors. The problems of disease control have changed radically from a half-century ago, when pneumonia, tuberculosis, and other infectious diseases were among the leading illnesses and killers. Today, heart disease, cancer, stroke, respiratory diseases, and accidents constitute the principal cause of premature death and disability among adults in modern industrialized nations.

To those concerns, we must add today, the spectre of infectious diseases, for which neither our health care system nor the government is well suited to tackle. With all the attention paid understandably to the pandemic there's been an abject failure to consider strategies to prevent infection from taking route, including the development of health promotion organizations designed to prevent disease and promote health. Such an organization would be premised on the need for health care professionals to advise on ways to avoid or prevent disease by changes in the environment large and small, along with encouraging healthier lifestyles.

But as you also know very well prevention is not very sexy. The heroes of medical dramas on television today or not the infections disease experts to go around figuring out the origins of the latest virus. Instead they are the individuals that devise magical breakthrough pharmaceutical and surgical solutions to medical mysteries.

I would agree that a starting point in thinking about how to reform medicine, unfortunately must address the fact that the economic incentives are all backwards. Doctors get paid more if they order more tests especially where they own the machines and there's really no incentive to keep people healthy. The scandals of oncology payments are especially egregious and have been documented thoroughly by Marcia Angell and Otis Brawley, among others.

At one point the UK national health service offered incentives to doctors if they lowered the rate of obesity or diabetes in their populations but I have no idea if that went by the boards. Indeed much of modern medicine is simply pill dispensing.

Years ago,my colleagues presented an argument for a health promotion organization to be like the HMO which

as we know doesn't really maintain health but tries to create economic savings in the dispensing of medications and surgeries. Perhaps this concept of health promotion might finally resonate better with the public appetite for integrative medicine.

As Aaron Wildavsky pointed out in *Daedalus,* in 1977, the assumption that more medicine results in better health is just wrong. He calculated that about 10 % of the usual indices for evaluating health, such as infant mortality, sickness and death rates depend on modern medicine.

> The remaining 90 percent are determined by factors over which doctors have little or no control, from individual life-style (smoking, exercise, worry), to social conditions (income, eating habits, physiological inheritance), to the physical environment (air and water quality). Most of the bad things that happen to people's health are at present beyond the reach of medicine.

Your editorials provide a roadmap for refocusing medicine on what matters most. Whether and how we can create a system of incentives to promote health and prevent disease constitutes one of the most consequential problems of our age.

Devra L. Davis, PhD, MPH
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Associate Editor, Frontiers in Radiation and Health

President, Environmental Health Trust