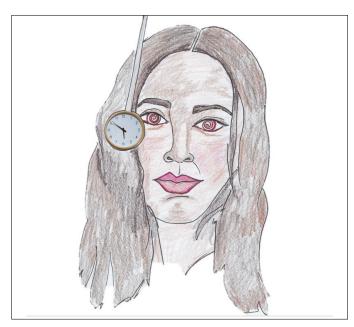
## Enriching Medical Education by Appreciating Complementary Medicine

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**Lior Fusman**: *Hypnotherapy* 

As future physicians, we must be sensitive to the unique attitudes and beliefs of our patients. Our recognition and utilization of these details facilitates stronger relationships and trust with our patients, which results in more consistent compliance and overall better health outcomes. I have learned through various experiences talking with patients that ascertaining a comprehensive clinical picture is dependent on actively listening to the patient. Throughout my medical education, my mentors have emphasized the importance of asking open-ended questions in order to maximize the patient-physician interview. While practicing taking patient histories, however, I quickly realized I was not as comfortable discussing or commenting on patients' use of complementary medicine in their treatment as I was with other aspects of their care.

Out of a strong desire to familiarize myself with complementary medicine, I explored the Alternative Medicine network offered by one of Israel's major health providers. Particularly, I was intrigued by medical hypnotherapy, which is defined by the American Medical Association as "an artificially induced

alteration of consciousness in which the patient is in a state of increased suggestibility" (Frischholz, 1997). Hypnotherapy has been shown to alleviate symptoms of pain, benefit pre/post-operative patients, and aid in the setting of labor/child delivery. In fact, several medical associations including the British Medical Association, American Medical Association, Canadian Medical Association, and the American Psychological Association have endorsed the therapeutic use of hypnosis. Further, the National Institutes of Health recommends hypnosis in the treatment of chronic pain associated with cancer (National Institutes of Health, 1996; Kravits, 2013). In recent years, a growing number of chronic pain and cancer patients have begun to utilize this practice as a vehicle for relaxation, calmness, and wellbeing.

Despite the medical community's acceptance of medical hypnotherapy as a complementary treatment modality, several patients I met were hesitant to disclose their participation in hypnotherapy. These interactions taught me to be more sensitive to patients' discomfort discussing their pursuit of non-Western healing practices. I learned about this common experience through open communication and interpersonal skills. For example, I asked my patients to discuss their adjuvant therapies, and allowed them to elaborate their thoughts before I offered comment. I was careful not to change the subject, or to disregard their preferences in favor of pharmaceutical interventions.

By approaching conversations in this manner, physicians can avoid passing judgement; therefore, we maintain our patients' trust. This principle underlies the patient's sense of autonomy; violations thereof are often the driving force behind their continued participation in hypnotherapy and other complementary therapies. As future physicians, we should facilitate our patients' senses of bodily autonomy, rather than making them feel threatened with judgment or skepticism. In this way, the physician-patient dynamic will function as a mutually respectful partnership, in which both parties

are working towards a shared goal.

Though I understand the fundamental importance of this attitude, I wanted to further explore the ways in which patients benefit from hypnotherapy. To that end, I met with a cancer patient who uses hypnotherapy to alleviate many symptoms caused by her condition and its associated medical treatment. She described her ongoing insomnia, pain, and anxiety issues. She told me that after her 6th hypnotherapy visit with a local clinical psychologist, she began feeling more relaxed and slept better. The patient explained that she felt less pain without altering the dose of her medication and generally felt happier. Her oncologist was skeptical at first, likely because he was not taught hypnotherapy in medical school, but now supports the adjunctive treatment.

However, some medical schools worldwide have integrated hypnotherapy into their (Goldbeck-Wood, 1997). To better understand this phenomenon, I met with an anesthesiologist who learned hypnotherapy during his medical training in France. He explained how medical schools in France introduce hypnotherapy to students and emphasize its value in healthcare delivery. He further elucidated how his team in Haifa integrates hypnosis pre-operatively for a variety of procedures and outlined the patient benefits. The entire healthcare delivery team works as a unit in calming the patients and reducing stress through linguistics and framing. The team's peaceful environment, use of imagery, and elimination of aversive stimuli are instrumental in the success of their provided medical hypnotherapy.

**Key Points:** Hypnotherapy as complementary medicine

- Hypnotherapy is often used as a form of complementary medicine in chronic pain and cancer patients.
- Patients are sometimes hesitant to discuss complementary medicine with their physicians due to a fear of physicians dismissing it for pharmacological treatments, instead.
- Hypnotherapy is often integrated into medical education and sometimes even medical practice.

I was fascinated by the benefit hypnotherapy provided these patients. In addition to its widely documented use as ancillary therapy for chronic pain patients, hypnotherapy can also be used by trained physicians in treating their patients directly. Several studies support hypnotherapy as a non-pharmacologic adjunctive approach with surgical patients (Montgomery 2002). Montgomery et al. concluded that patients receiving hypnotherapy had better clinical outcomes than 89% of patients in control groups. Other studies demonstrate the role of hypnotherapy in Labor and Delivery departments by reducing the overall amount of analgesia administered and self-reported satisfaction with pain relief (Davis, 2014). Ultimately, whether it is supplemented with hypnotherapy or not, the underlying principle of appropriate communication is essential in all aspects of medicine and healthcare delivery.

I am confident this eye-opening experience will equip me to treat my future patients who participate in complementary medicine. Compared with other treatment modalities, there is less information currently available regarding the clinical and financial benefits of integrated treatment within established standards of care for patients suffering from other conditions. As research continues to fill these gaps, I believe medical hypnotherapy will become more validated as a tool in traditional Western medicine.

## References

Davis, E., Oh, B., Butow, P., Mullan, B., & Clarke, S. (2014). Cancer patient disclosure and patient-doctor communication of complementary and alternative medicine use: A systematic review. Forschende Komplementarmedizin, 21(1), 58-59.

Frischholz, E. J. (1997). Medicare procedure code 90880 (medical hypnotherapy): Use the code (not the word). American Journal of Clinical Hypnosis, 40(2), 85-88.

Goldbeck-Wood, S., Dorozynski, A., Lie, L. G., Yamauchi, M., Zinn, C., Josefson, D., & Ingram, M. (1996). Complementary medicine is booming worldwide. British Medical Journal, 313(7050), 131-134.

Kravits, K. (2013). Hypnosis: adjunct therapy for cancer pain management. Journal of the advanced practitioner in oncology, 4(2), 83.

Montgomery, G. H., David, D., Winkel, G., Silverstein, J. H., & Bovbjerg, D. H. (2002). The effectiveness of adjunctive hypnosis with surgical patients: a meta-analysis. Anesthesia & Analgesia, 94(6), 1639-1645.

NIH Technology Assessment Statement. (1996). NIH releases statement on behavioral and relaxation approaches for chronic pain and insomnia. American Family Physician, 53, 1877-8.