

Editorial

Slow Medicine

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In 2002, a cardiologist in Italy, home of the slow food movement, published a paper in a cardiology journal advocating the idea of “slow medicine,” as a way of thinking about appropriately holding off the use of heart devices.¹ In the United States, the usual attitude propels advocacy of increasing use of devices in as many situations as possible. This is “fast medicine” in cardiology, and it is highly profitable to the device manufacturers, to the “nonprofit” hospitals, and to the specialist doctors, who also love the admittedly fascinating technical side.

The idea of “fast medicine” is ingrained into American health culture, even in alternative medicine, whether one is a doctor or a patient. American culture in general is built, for better or worse, on “getting ahead.” The idea of “slow-ing” medicine seems at first glance to be against everything we hold dear in the West—against progress, against expeditious care, even against “life.” Yet there are situations where the automatic responses of current medical intervention are not for the best.

In this issue of the *Journal*, Jackie Wootton reviews the book *My Mother, Your Mother; Embracing “Slow Medicine, the Compassionate Approach to Caring for Your Aging Loved Ones”* by Dr. Dennis McCullough,² (pp. 1067–1068) who reveals an area of health care (gerontology) in which the argument for decelerating the medicalization of care is easiest to follow. The rest of the title of this excellent practical manual, *The Compassionate Approach to Caring for Your Aging Loved Ones*, conveys that care is not best narrowly defined in terms of rapid responses with technical successes and statistical survival, and that care is not best passed off quickly to professionals in every case. The book espouses the use of listening, collaboration, compassion, and touch before technology.

Even when we agree, we’re so well trained (and expected) to call the emergency number first in situations of uncertainty instead. We persist out of habit and fear, and because we’re constantly reminded to do so as a kind of civic duty. The personal and social costs relating to elder care done in this way are enormous emotionally, environmentally, and financially. We might notice a larger pattern here: The overuse of resources in this culture (one that is propagating itself around the world) makes little practical sense, whether in health care, agriculture, or disposition of energy. Yet we are individually involved in various ways.

We’re involved when a child has an ear infection and we go for a powerful antibiotic right away to “treat” it, or if we have a minor heart arrhythmia with occasional slight symptoms and opt for a \$100,000 procedure to “fix” it, despite the attendant risks, or when we want rare plant materials from the other side of the world for a minor condition. We’re involved if we make no effort to understand the multidimensional costs of our choices, as practitioners and as patients, to ourselves, our neighbors, our descendants, and to the earth and sky cradling us.

The growth of the fast food industry led to a McDonald’s showing up in Rome by the Spanish Steps, igniting Italian outrage and the birth of the Slow Food Movement in the 1980s. Over the past 20 years, this has become a popular movement in the developed world, to encourage the slow, local, and caring cultivation, preparation, and sharing of good healthy food. Slow Food has become an antidote for fast food’s depredations on nourishment and the environment.

The idea of Slow Medicine offers a fresh way of looking at the problems that are mounting in “fast health care.” In a culture where acceleration of development of new and expensive options, for all ages of patients, is almost worshipped, applying the brakes more often (beginning with learning of their existence!) might not be a bad idea. If the notion could take hold in our culture that it is OK to wait, to consider, to take slow gentle measures, even to do nothing rather than something aggressive and expensive in the face of doubt, we might gain new footing in dealing with some of the major social and environmental problems facing the world: resource and energy waste, environmental toxicities, and personal isolation and discontent among them.

Slow Medicine can improve care by recognizing the great value of taking time to listen to patients, and working to create a structure in which this can be supported. Family and community dynamics can be healed by bringing connected people in to share this care personally. Costs of care can be lowered by making choices to wait before rushing into something unwise or uncertain, and by putting into proper place the role of the outside expert, facility, or machine. By being heard, related to, and cared for, patients will be more satisfied.

Slow Medicine can also mean avoiding jumping into rapid decisions with cancer care, for example. Practitioners often rush to diagnose based on partly formed preliminary evaluations, wanting to reach a kind of pseudo-certainty, both for an image of control and knowledge, and the patient's desire to have an answer quickly. Both sides feel pressured to reach rapid decisions about treatment in situations that have developed typically over years, and do not require snap judgments or promotion of sudden anxious over-reaction. A culture of haste can be replaced with one of calm and slow deliberation where appropriate.

Also, a healing reframing of what has been contention between "standard" and "alternative and complementary" medicine becomes possible. Where we have complained (as doctors and as patients) about the lack of time during visits, we could sit down and listen for an hour or more, with cultural permission! Conventional practitioners might notice that this is what many of the alternative people have always done. Alternative practitioners might notice that this is what many allopaths really would like to be able to do, and working together with them rather than against, might nourish collaboration. They might also be less inclined to pattern their own behavior on the aggressiveness, greed, and haste of some standard medical practitioners and hospital systems, and patients would be healthier as a result.

None of this is to say that speed and technique are not important. They are, often enough that a homeopath or an herbalist might for their own health resort out of dire necessity to surgery or pharmaceuticals. When something needs to be done fast and dirty, then it just does. But let's consider slowing things down when that is appropriate. And that would be very often as it turns out, and beginning much earlier than in old age.

Teaching young people the judgment to differentiate between situations that require fast or slow approaches will be a crucial means of bringing a shift in these cultural attitudes toward health and healing. In part this is because older people just do become "set in their ways" after a lifetime of conditioning. The role of youth has always been to learn the new and bring it into existence. We older folks will be slower to change, and that is curiously appropriate as a paradoxical way of demonstrating the principle of balancing fast and slow!

There are obvious obstacles to the idea of Slow Medicine gaining ground—and remember, Slow Food has taken 20 years so far in the face of similar resistance. There will be opposition from those, from whatever field, who benefit from the way things are. The concept has already been set up as a straw man for warnings against government and insurance regulation that would limit personal choice.³ Some

will simply miss or distort the idea at first pass and either dismiss or attack it before making an effort to understand.

Yet societal constructs such as cowboy quickness and individualism (revered even in Italy, home of the "spaghetti Western"), and paradoxical dependence on the approval of the neighbors, nevertheless can be harnessed in service of the comprehension of Slow Medicine. Individualism can further it via the self-interest of cost avoidance and not handing away power to government and business—an ideal suitable for both practitioners and patients. Gradual recovery of the value of community can promote these interests by engaging family and neighbors in care, getting everybody involved in something that they can agree is beneficial, so the structure by which necessary expert care is provided, whether "standard" or "alternative," may gradually rebalance to accommodate new expectations.

For the past 3 years I have co-hosted a radio program⁴ in which I talk about these things from the standpoint of personal experience as a doctor, reviewer, and patient—including medical news, research ethics, alternative medicine, and reports of business in health care. For more years than that I have tried to slow down and spend time with patients. While lying on a beach last year, brainstorming with a friend about what to call what I was doing and what I felt was needed in health care, we came up with the phrase "Slow Medicine." That this has occurred to others before is good news. A healing transformation is bubbling to the surface, arising from a wide and inclusive recognition. One of its names is Slow Medicine.

References

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