

The Pursuit of Health

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[The Human Journey Website](http://www.humanjourney.us)

<http://www.humanjourney.us/health.html>

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What really determines health? Who provides care? Does mind really matter? When human health is viewed from a population level and all the evidence is considered, several surprising answers to these basic questions about health emerge.

What Causes Health?

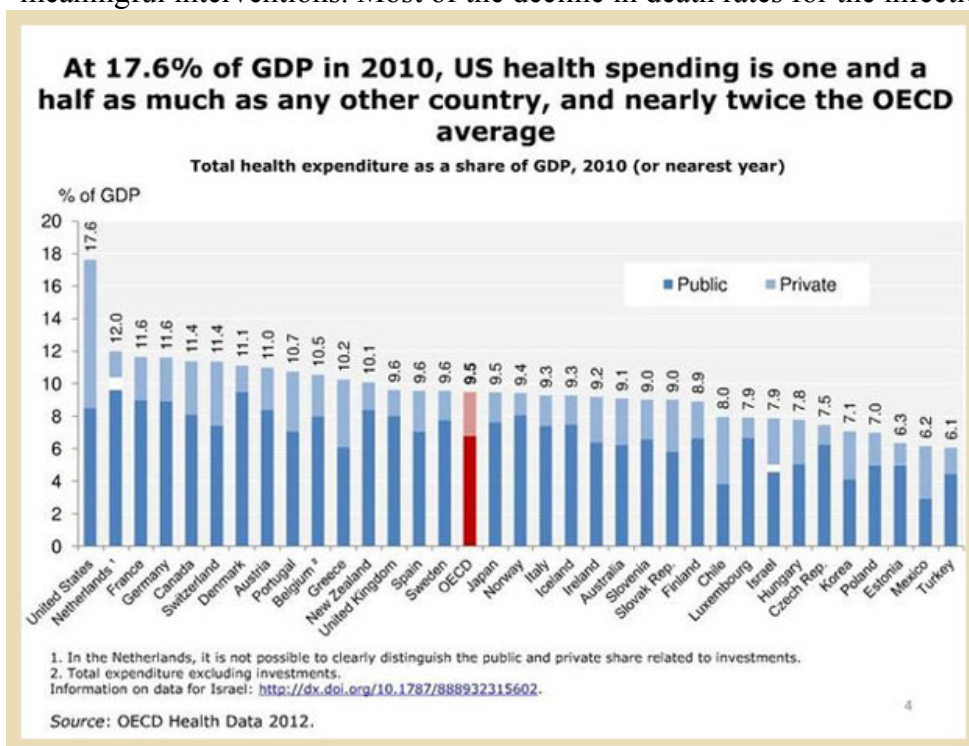
The Determinants of Health

Prevention Matters

When we think of health and longevity, we often envision doctors and nurses ministering to ill people. And yet, throughout human evolution and history, human health has improved not as much by what happens to us when we fall ill, but that we tend not to get ill. And we tend not to get ill because of safer environments (sanitation and clean water), better nutrition, and the inherent healing and self-regulatory capacities of the human organism. That is, the major determinants of human health in both developed and developing worlds are the environment (physical and social), human behavior, and our genetics – and to a lesser extent medical care.

Life expectancy in most areas of the world is increasing with the exceptions being due largely to war, epidemics, and social displacement. The improvements in life expectancy are still largely due to public health and preventive interventions (some delivered through medical care) rather than medical care provided to the already ill.

It is striking how little medical care contributed to life expectancy during the full span of the 20th century. Between 1950 and 2000 (years that coincided with the explosion in medical technology in the United States), life expectancy increased by 8.8 years; however, it increased by 20.9 years from 1900 to 1950, years when medicine often had little to offer in the way of meaningful interventions. Most of the decline in death rates for the infectious diseases that were



the principal causes of death during this period occurred before a treatment or vaccine for these diseases had been discovered. A rising standard of living and the associated improvements in housing, sanitation, and nutrition account for many times more years added to our life expectancy than do all aspects of medical care combined.

Improvements in the quality or use of medical care have a relatively limited ability to reduce deaths among Americans. This is quite surprising, given the fact that we spend 17 percent of our gross domestic product (GDP) on medical care. This is nearly twice the average expenditures in other developed countries. Yet, the US lags behind these countries in life expectancy. Over the course of the twentieth century, about five of the thirty years of increased

life expectancy could be attributable to better medical care. The relative contribution of medical care to life expectancy rose during the latter part of the century and will likely continue to grow as technology is better able to address the health care needs of our aging population.

The benefits of medical care also come with costs: both financial and health. Medical errors, misdiagnoses, hospital acquired infections, adverse effects and addiction to prescribed drugs, etc. all take their toll on health. In the US, medical errors alone may account for 44,000–98,000 deaths annually, or about 2–4 percent of all deaths. The Centers for Disease Control and Prevention (CDC) estimates the contribution of health care system deficiencies to total mortality at about 10 percent. Globally it is estimated that 142,000 people died in 2013 from adverse effects of medical treatment up from 94,000 in 1990.

The causes of death and disability can be viewed in terms of heart disease, stroke, cancer, infections, accidents, etc. But when the underlying causes of these types of disease are analyzed a different picture emerges. On a population basis, using the best available estimates, the impacts of various domains on early deaths in the United States distribute roughly as follows:

- genetic predispositions: 30 percent
- social circumstances: 15 percent
- environmental exposures: 5 percent
- behavior and lifestyle: 40 percent
- medical care: 10 percent

But more important than these proportions is interaction of each of these domains. Whether a gene is expressed can be determined by environmental exposures or behavioral patterns. The nature and consequences of behavioral choices are affected by our social circumstances. Our genetic predispositions affect the health care we need, and our social circumstances affect the health care we receive.

Given this view, how well do our investments in health reflect the true determinants of health? In the US, approximately 95 percent of the trillions of dollars we spend as a nation on health goes to direct medical care services, while just 5 percent is allocated to population-wide approaches to health improvement. However, some 40 percent of deaths are caused by behavior patterns that could be modified by preventive interventions. In developed countries, smoking, lack of physical activity, poor diet and excessive alcohol consumption are the major contributors to death. ([Mokdad AH. JAMA 2004;291:1238-1245](#)) It appears, in fact, that a much smaller proportion of preventable mortality in the United States, perhaps 10–15 percent, could be avoided by better availability or quality of medical care. Thus, one could question a funding reality that places so much emphasis on medical care and not on prevention.

Of course, longevity is not the whole picture of health. As people live longer, the number of years the average person lives with disability has increased. The major causes of years lived with disability in the US were major depressive disorder, anxiety disorder, low back and neck pain, and other musculoskeletal disorders. Medical care can sometimes markedly help people manage such disorders, such as the striking improvement of quality of life that can follow a successful hip replacement. Nonetheless, the major opportunities for improving quality of life and functioning again point to modifying diet, increasing physical activity, avoiding tobacco and excessive alcohol, as well as managing stress. And in developing countries, clean water, better nutrition, and immunizations continue to be major determinants of health.

This is not to say that medical care is irrelevant. In fact, many lives are saved or at least enriched by the careful application of medical science: from medications to surgery. Rather, we

overestimate the impact of medical care on human health, and many people suffer from misuse or overtreatment as well as the lack of access to effective, evidence-based medical care.

Digging Deeper: Social Determinants of Health

"Why is Jason in the hospital? Because he has a bad infection in his leg.

But why does he have an infection? Because he has a cut on his leg and it got infected.

But why does he have a cut on his leg? Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.

But why was he playing in a junk yard? Because his neighborhood is kind of run down. A lot of kids play there and there is no one to supervise them.

But why does he live in that neighborhood? Because his parents can't afford a nicer place to live.

But why can't his parents afford a nicer place to live? Because his Dad is unemployed and his Mom is sick.

But why is his Dad unemployed? Because he doesn't have much education and he can't find a job.

But why ...?"

from [Toward a Healthy Future: Second Report on the Health of Canadians](#)

While individual lifestyle choices and behavior play a significant role in health, social factors often underlie these individual behaviors and determine health outcomes. Using estimates on social determinants of health and the year 2000 mortality data, the “actual” causes of death look like this:

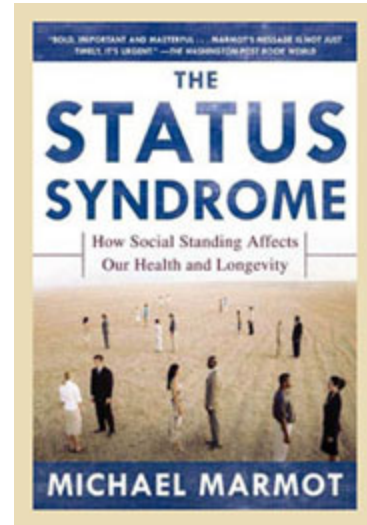
1. Low education: 245,000
2. Racial segregation: 176,000
3. Poverty: 172,000
4. Low social support: 162,000
5. Income inequality: 119,000

These mortality estimates are comparable to deaths from the leading common diseases and injuries. For example, the number of deaths attributable to low education is comparable to the number caused by heart attacks, the leading cause of death in the United States. The number of deaths attributable to racial segregation is comparable to the number from stroke and low social support is comparable to deaths from lung cancer. ([Galea S; AJPH 2011;101:1456-1465](#))

Other studies have estimated attributable fractions for mortality of 2% to 6% for poverty (depending on the year and data source), 9% to 25% for income inequality (depending on age group), and 18% to 25% for low neighborhood socioeconomic status (depending on gender and racial/ethnic group).

Low education level may even be as risky as smoking. A recent study estimated that 145,243 deaths in 2010 in the US were attributable to people having less than a high school diploma. To put the finding in perspective, that is comparable to the estimated number of deaths that could be averted if all current smokers had the mortality rates of people who once smoked but have stopped. Unfortunately, educational disparities appear to be widening. While life expectancy has gone up for those with higher levels of education, such as a bachelor's degree, it has stagnated for people with less than a high school education, and actually declined among women without a high school diploma. ([Krueger PM: 2015:PLoS ONE 10\(7\): e0131809. doi:10.1371/journal.pone.0131809](#))

Relative social status itself is also linked to health. A major British study of civil service employees found that, for most major categories of disease (cancer, coronary heart disease, stroke, etc.), health increased with job rank. This was true even when risk factors such as smoking, which are known to vary with social class, were taken into account. All the people in the study worked in desk jobs, and all had a good standard of living and job security, so this was not an effect that could be explained by physical risk, poverty or material deprivation. Health increased at each step up the job hierarchy. For example, those one step down from the top (doctors, lawyers, etc.) had heart disease rates four times higher than those at the top (those at levels comparable to deputy ministers). So we must conclude that something related to higher income, social position and hierarchy provides a buffer or defense against disease, or that something about lower income and status undermines defenses.



Such findings strongly suggest that strategic investments in education, reducing poverty and income equality, and improving social relations might yield considerably greater returns than continuing to escalate investments in medical care. ([McGinnis JM: Health Affairs 21;78-93, 2002](#))

Who Provides Care?

The Hidden Health Care System

Self-Care Matters

When the health care system is described, patients are often viewed primarily as passive consumers of health care and health professionals as active providers of services to improve health. The usual image of the health care system is a pyramid with specialists (e.g. surgeons, oncologists, radiologists, etc.) at the top and primary care (e.g. family practice, internal medicine, pediatrics, etc.) at the bottom. This incomplete image of the health care system is, in reality, only the professional care segment. Professional care is just the tip of an iceberg with the much larger system of lay health care or self-care submerged beneath the surface and hidden from view.

Consider the fact that, in any month, 75% of the general population experiences some kind of physical discomfort or symptom. Between 70% and 90% of these symptoms are self-diagnosed and self-managed without the help of health professionals. If only 10% of these individuals were to forgo self-care and seek professional care, the demand for costly medical care would increase by nearly 50%, immediately swamping the health care system.



At the same time, it is estimated that at least 25% of physician office visits are for problems that patients could treat themselves. If self-care increased by even a small percentage of this amount, such as 5%, the demand for expensive professional services could be reduced by nearly 25%. This suggests that it may be possible to improve health while reducing health care costs simply by helping patients to care for themselves, i.e., knowing when to seek professional advice and when and how to use self-care.

The bottom line: *The true primary health care providers are not doctors or nurses. Rather, the vast majority of all health care is provided by people for themselves and their families.*

Once consumers are viewed in their role as providers of care, practical and safe methods of self-care could be developed and disseminated. A vital function of the health care system then becomes increasing self-care competence and empowering patients to become active partners in health care.

Many developing as well as developed countries are harnessing the power of lay people as providers of care. People are being trained to be health workers and health coaches to assist people in the communities with self-care, healthy lifestyle changes, and how to effectively access professional medical and social services when needed and appropriate. Increasingly, lay people are informally and formally providing health care with good health and economic results.

Where There Is No Doctor

Throughout the world millions of people lack access to quality professional medical care due to geographic, economic and cultural barriers. These people can often be helped to make better self-care decisions by village health workers equipped with carefully selected and curated health information. One group providing such resources, is the [*Hesperian Foundation \(Books and Resources\)*](#), a nonprofit organization offering over 20 health guides, spanning women's health, children, disabilities, dentistry, health education, HIV, and environmental health. Available in more than 80 languages with scores of clear illustrations, these materials are used in 221 countries and territories, from Afghanistan to Zimbabwe. Hesperian health guides are used by community health workers, Peace Corps volunteers, missionaries, teachers, health educators and community organizers to improve health around the world. Hundreds of government agencies and nonprofit organizations rely on these guides to provide practical and comprehensive information that moves communities to take action on a wide range of health issues – from disability rights to women's health, from protecting local ecosystems to training the next generation of health workers.

Self-Care Credo

1. *Health care is not only everyone's right, but everyone's responsibility.*
2. *Informed self-care should be the main goal of any health program or activity.*
3. *Ordinary people provided with clear, simple information can prevent and treat most common health problems in their own homes—earlier, cheaper, and often better than can doctors.*
4. *Medical knowledge should not be the guarded secret of a select few, but should be freely shared by everyone.*
5. *People with little formal education can be trusted as much as those with a lot. And they are just as smart.*
6. *Basic health care should not be delivered, but encouraged.*

from [*Where There Is No Doctor*](#), by David Werner

Lay Health Advisors and Community Health Workers

Even where there are doctors and other professional resources, lay people can help advance community health. From barbers to bartenders, farmers to shop keepers, teachers to ministers, every community has its natural helpers - people who are sought out for health or medical advice. In some cases, these people may be more formally trained and utilized as community health workers. In China they are 'barefoot doctors'. In Hispanic/Latino communities they are called "promotores". While most of their work entails educating target audiences about health issues affecting their community they also provide guidance in accessing community resources associated with health care. Often community health workers are residents and identified leaders in their community who work for community-based health promotion projects or as part of a research group. Thus, the lay health advisors serve as liaisons between their community, health professionals, human and social service organizations. As liaisons, they often play the roles of an advocate, educator, mentor, outreach worker, role model, and interpreter.

Although they are not professional health workers, they are often tasked with projects similar to that of a professional health worker if the area where they work is significantly underserved (e.g., case management, referral source). Another highlight of the importance of lay health advisors is labor costs. Even though they are not required and in most instances do not hold academic credentials (e.g., bachelor or master's level degrees) they perform well enough to, in general, have similar improved outcomes to that of professional health workers but as volunteers or at a lower salary rate.

Chronic Disease Self-Management

Four out of five people over the age of 65 have one or more chronic conditions. Chronic diseases such as heart disease, diabetes, arthritis, and chronic lung disease account for 90% of all illness, 80% of all deaths, and 70% of all health care dollars.

Patient can learn from other patients. Consider the Chronic Disease Self-Management Program developed at the [*Stanford Patient Education Research Center*](#) and now disseminated internationally. The educational groups are comprised of patients with one or more chronic diseases such as heart disease, lung disease, stroke and arthritis. The intervention consists of a patient self-management handbook and seven weekly two-hour small group sessions led by lay leaders most of whom themselves have chronic conditions. The focus of the group sessions is not on the specific diseases or conditions. Rather, it is on the shared determinants of functioning and living well with a chronic condition. The program content concentrates on patient's perceived needs and self-management options for common problems and symptoms such as pain, fatigue, sleeping problems, anger and depression which cut across specific diagnoses. Patients learn skills to maximize their functioning and ability to carry out normal daily activities. Relaxation and imagery are taught and practiced within the group sessions. They also learn how to manage the emotional changes brought about by illness such as anger, depression, uncertainty about the future, changed expectations and goals, and isolation.

A significant part of learning and benefit comes from being able to share and help other patients, which reduces a sense of isolation and shifts the focus from one's own problems to helping others. Even patients with high levels of social support may feel isolated within their life role as a person with a chronic disease. The group interaction also improves the participant's sense of their own capabilities by putting their disabilities in perspective through the process of

social comparison "Things could be worse, I could have. . .". They develop a greater appreciation of what they can do, what's working right or improving, rather than focus on their limitations and disabilities.

Rather than providing solutions for problems, the sessions are highly interactive involving practice and feedback in decision--making and problem-solving skills. Similarly, the focus is on increasing patients' self--efficacy and confidence in their ability to manage their condition. Patients also develop skills to enhance physician/patient partnership by monitoring and accurately reporting changes in their condition and actively sharing concerns, questions, and treatment preferences. While health professionals are primarily responsible for medical management of the disease, the patient is primarily responsible for the day-to-day management of the illness. In the domain of living with a chronic disease the patient becomes the expert.

The desired outcomes of the intervention focus on quality of life, functional status, emotional well-being, and health care utilization rather than learning about their specific diseases. The goal is to get people to focus on healthy living while minimizing the time, attention, and disability associated with their diseases. Several research studies have shown those participating in the course experienced significant improvements confidence (self-efficacy), health behaviors (such as exercise), better symptom management, and less health distress, fatigue, disability, and social/role limitations. They also had fewer days in the hospital and visits to emergency departments resulting in reduced health care costs per person in the range of \$400 to \$1000 per year. This equates to a potential net national savings of \$3.3 billion if only 5% of adults with one or more chronic conditions are reached with this type of self-management education and support.

People are not just consumers of health care, they are the true primary care providers in the health care system. Increasing the confidence and skills of these primary care providers can make health and economic sense.

Does Mind Matter?

The Pursuit of Health and Happiness

Stress Matters

The focus of modern, Western medicine has been largely on intervening in the body machine with drugs and surgery. Nonetheless, psychosocial factors play a major role in who gets sick, the course of their illness, as well as the recovery from illness.

Chest pain, back pain, dizziness, headache, difficulty breathing, inability to sleep, abdominal pain and lack of energy. Sound familiar? These are the most common reasons people consult a physician.

But despite how common these ailments are, less than half of all people displaying these symptoms are [*appropriately diagnosed by their doctors*](#) – even after a thorough patient history, physical exam and medical testing. Doctors either don't diagnose or do so inaccurately because they've failed to consider a very common root cause of human suffering and the source of many physical symptoms- namely, psychological stress.

While some patients – about 10 to 20 percent – exhibit extreme anxiety and depression indicative of a major psychiatric disorder, most people have what is best termed "[*everyday psychological distress*](#)." This more common type of psychological distress has a major impact on

daily physical and social functions. It even produces disabilities equivalent to diabetes, hypertension or arthritis.

The majority of Americans report *unhealthy stress levels*. And 1 in 5 people quantify their stress level as “extremely high.” What’s perhaps even more worrisome is that only 37 percent of Americans feel they’re able to adequately manage their stress. Most commonly, stress originates from work, financial pressures, family responsibilities, relationships and personal health concerns.

Ironically, stress negatively impacts the aspects of people’s lives that cause it in the first place. For instance, *70 percent of individuals who are stressed experience physical symptoms, lower productivity at work, and disruptions in their family and social lives*.

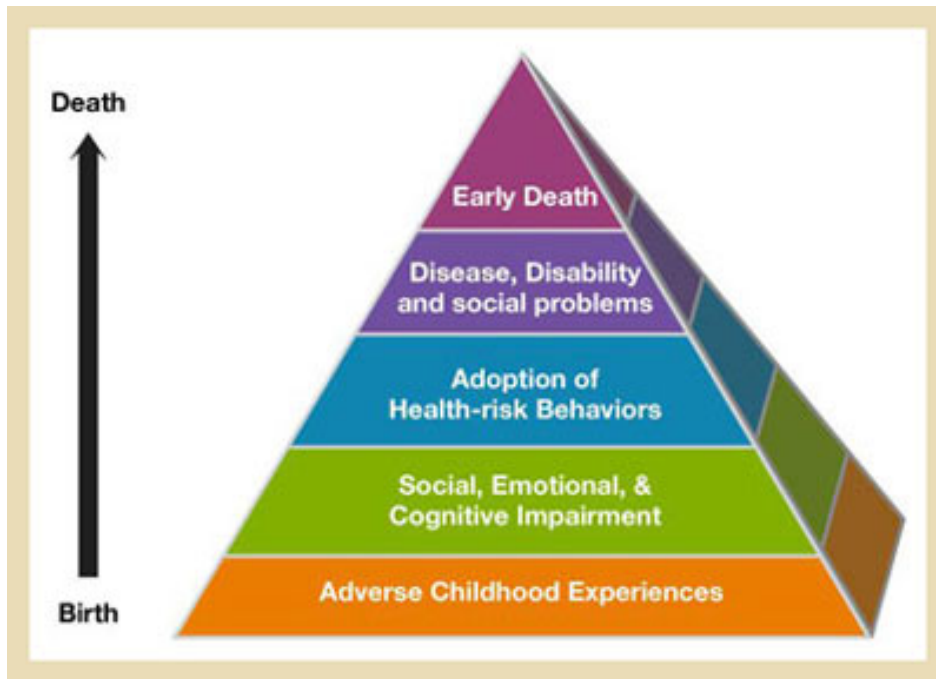
Furthermore, adults with high stress levels are less likely to eat healthily, engage in physical activity, get enough sleep or moderate their alcohol consumption. These behaviors – often caused by stress – lead to additional health problems like depression, cardiovascular disease and even a greater susceptibility to colds. Stress can even affect our genes and speed up the aging process. *Women with high stress levels* experience a shortening in portions of their DNA with results equivalent to nearly a decade of accelerated aging compared to women with less stress.

We know stress-related symptoms take a toll on individual health. But studies also show the dire impact stress has on our nation’s work productivity and overall health care system. A third of U.S. workers report feeling *extremely stressed at work*. And this job-related stress is costing American industry an estimated \$300 billion a year in *absenteeism, turnover, diminished productivity and on-the-job accidents*. Meanwhile, health care expenditures are nearly 50 percent greater for workers who report high levels of stress.

Early childhood stress seems to exert an exceptionally powerful influence throughout life. A *long-term study of 17,000 people, found that Adverse Childhood Experiences (ACEs)* are:

- 1) Very common:
 1. 11% experienced emotional abuse
 2. 28% experienced physical abuse
 3. 21% experienced sexual abuse
 4. 15% experienced emotional neglect
 5. 10% experienced physical neglect
 6. 13% witnessed their mothers being treated violently
 7. 27% grew up with someone in the household using alcohol and/or drugs
 8. 19% grew up with a mentally-ill person in the household
 9. 23% lost a parent due to separation or divorce
 10. 5% grew up with a household member in jail or prison
- 2) Have profound, lasting, and damaging effects throughout life. The more categories of trauma experienced in childhood, the greater the likelihood of experiencing:
 1. alcoholism and alcohol abuse
 2. chronic obstructive pulmonary disease (COPD)
 3. ischemic heart disease (IHD)
 4. liver disease
 5. smoking
 6. obesity
 7. depression
 8. suicide attempts

9. poor health-related quality of life
10. illicit drug use
11. risk for intimate partner violence
12. multiple sexual partners
13. sexually transmitted diseases (STDs)
 1. unintended pregnancies
 2. fetal death



The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States is approximately \$124 billion in 2010 dollars. This economic burden rivals the cost of other high profile public health problems, such as stroke and Type 2 diabetes.

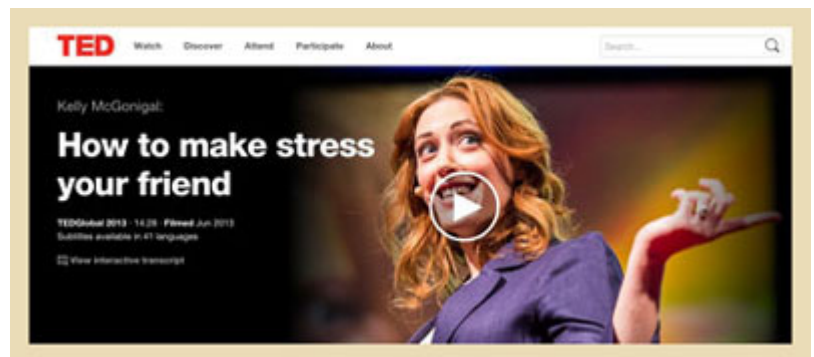
Fortunately, there is evidence that some of this [*child maltreatment and its health, social and economic consequences can be prevented.*](#)

The Other Side Of Stress: Why Positive Moods and Mindset Matters

Some *stress can actually be positive*, particularly when it motivates necessary lifestyle changes and builds resilience. Interestingly, the effect of stress on health and well-being, seems to be moderated by your view or “*mindset*” regarding the impact of stress. People who view stress as potentially helpful, something to be used and embraced (“*stress-is-enhancing mindset*”), fare much better than those who see stress as something that makes you sick and to be avoided and reduced (“*stress-is-debilitating mindset*”). The good news is that these stress mindsets can be altered. In one experiment, when “*stress-is-enhancing*” videos were shown to people, their symptoms of anxiety and depression, as well as work performance improved. (Crum, Alia J., Peter Salovey, and Shawn Achor. "Rethinking stress: The role of mindsets in determining the stress response." *Journal of Personality and Social Psychology* 104.4 (2013): 716.)



In a *study* of over 28,000 people those who reported both a lot of stress and the perception that stress affects their health had a 43% increased risk of death. In fact, believing that stress is harmful to health may have caused over 20,000 premature deaths per year, making this the 15th leading cause of death in America. (Keller A: Does the perception that stress affects health matter? The association with health and mortality. ([Keller A: Health Psychology 31\(5\):677-684, 2012](#)) Seeing the *upside of stress* is not about deciding whether stress is either all good or all bad. It's about how choosing to see the good in stress can help you meet the challenges in your life. ([McGonigal, Kelly The Upside of Stress: Why Stress Is Good for You, and How to Get Good at It. Penguin Publishing Group. 2015](#))



Studies show that positive and negative moods influence physical health and longevity independently. Mounting evidence demonstrates that happiness, pleasure, joy, optimism, excitement and sense of humor each have positive biological and physiological effects. So, while counteracting chronic stress and reducing negativity is important, another key to better health is finding happiness.

People who report that they are very happy (with less negative and more positive emotion and optimism) live 4 to 10 years longer than unhappy individuals. More so, those extra years are also lived healthier. Further, people who express positive emotions like *joy, cheerfulness, and enthusiasm* are 22 percent *less likely to develop heart disease* than those who don't. In fact, in a study of nearly 100,000 women, optimists were 30 percent less likely to die

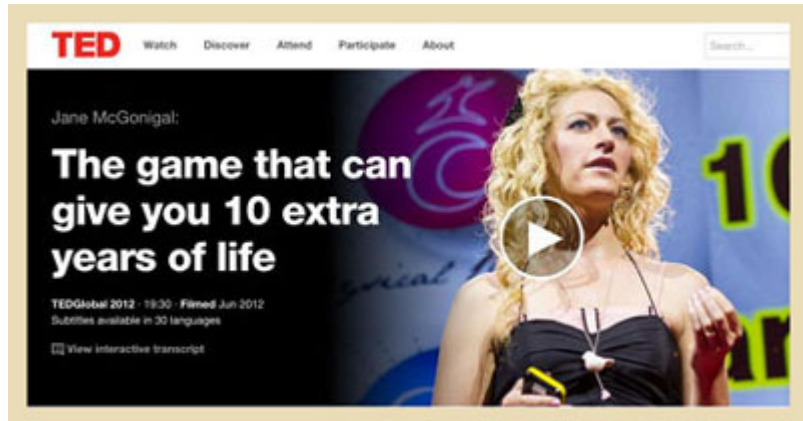
from coronary heart disease than pessimists. Happiness, even expressed in a given day, is a statistical predictor of health. In one study, those who reported a more positive mood in one 24-hour period experienced a [*50 percent lower death rate*](#) over the next five years compared to those who were less happy that day.

Since happiness – and its many forms – can improve one’s health raises an important question: Can we choose to be happy? If we’re generally unhappy, can we reset this emotion or are some people too influenced by genetics, upbringing, and environment to modify their emotional state?

Of course, separating cause and effect is difficult here. Does one’s negativity cause stress that causes negative health outcomes? Likewise, can day-to-day happiness alone reverse negative health trends? Evaluating the impact of stress levels on lifestyle change is complex.

Factors like genetics and the environment can impact both disease prevalence and mood. But regardless of etiology, when faced with such adversity, happy people optimize their health and cope better than those who are unhappy.

Happily, there is mounting evidence that our moods and happiness can be modified by some simple activities and interventions that reshape our thoughts and moods each day.



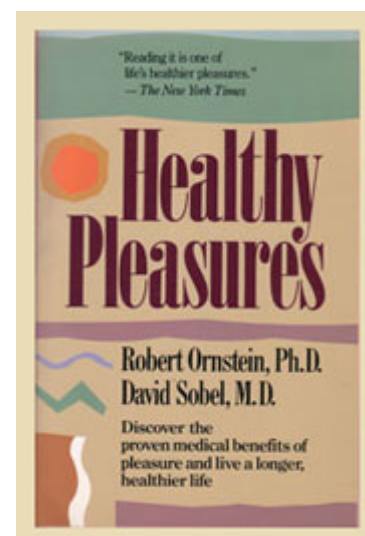
Healthy Pleasures:

The Health Benefits of Sensuality, Optimism and Altruism

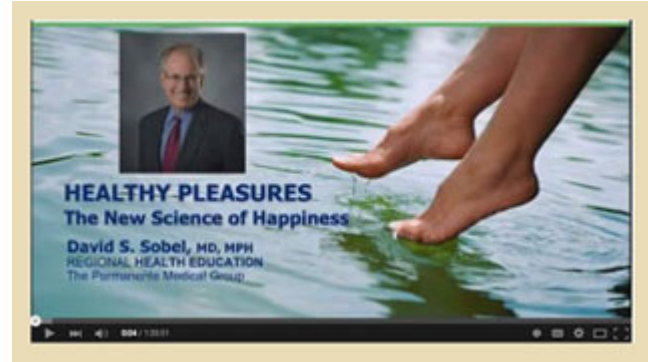
Imagine a medical treatment that can help lower your blood pressure, decrease your risk for heart disease and cancer, boost your immune function and block pain. It’s safe, inexpensive and readily available. The main side effects include feeling good, an increased sense of well-being and greater self-confidence.

Would you take it?

Many of us couldn’t begin to imagine such a treatment. But it turns out this remedy is readily available and inexpensive. And best of all, this “miracle drug” is produced by our brains in response to pleasure, happiness, optimism and positive mood. ([*Ornstein, Sobel: Healthy Pleasures, Video Lecture*](#))



“Mind-body” medicine – increasing our positive thoughts and emotions to influence physical health – is safer than medications sold through pharmacies, produces fewer negative side effects and provides longer-lasting results. But unlike swallowing a pill, such medicines require people to contribute time, energy and practice.



1. Savor Your Senses

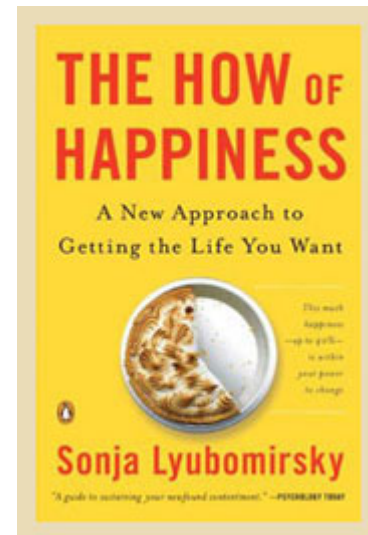
Our senses – touch, taste, sight, smell and hearing – allow us to learn about and enjoy the world around us. Human beings evolved to seek out experiences that are pleasurable because they either increased individual or group survival. For example, our ancestors who sought out a variety of taste sensations and foods, were more likely to get a healthier mix of nutrients, survive, and pass on this propensity to later generations. We rely on our senses to protect ourselves from danger, but our sensory nervous system also has the power to reduce stress. To enjoy the positive health outcomes of our senses, try some of these mind-body medicines on for size.

- **Enjoy nature.** Individuals who take time to look at nature – soaring trees, lush woods and wide-open parks – report a better mood, less stress and even [*recover from surgery quicker*](#).
- **Experience touch.** Human touch can calm the heart, lessen headaches, speed childbirth and increase survival in premature infants.
- **Listen to music:** [*The emotional impact of music*](#) can reduce stress. In fact, music therapy has been used to improve mood in depression. In addition, music often results in movement and exercise adding to one’s physical well-being. And for people engaged in physical activity, music enhances the experience. As a result, listening to music has been shown to have a [*beneficial effect*](#) on blood pressure, heart rate, respiratory rate, anxiety and pain.
- **Take a siesta.** [*People who nap frequently*](#) enjoy a nearly 40 percent reduction in deaths from heart conditions.
- **Eat chocolate.** Numerous studies have demonstrated the health benefits of modest amounts of [*dark chocolate*](#): from lowering blood pressure to reducing the risk of stroke and heart disease. And remember to savor each bite.
- **Kiss.** According to the Western Journal of Communication, couples who engage in [*more romantic kissing*](#) are less stressed, experience higher relationship satisfaction and even have lower cholesterol levels.

2. Practice Happiness

Much of our distress comes not from the stress triggers themselves but from our own interpretations about our situation. These mental stories can be altered with positive results.

- **Rethink stress and embrace a healthy perspective.** When feeling stressed, ask yourself these questions: Is this really as important as I think? If it is, will it be important in a week, a month, a year? Can I impact the situation by taking actions that will make a difference? Am I being objective about the impact or simply assuming the worst outcome? Am I taking the actions of others too personally? Sometimes, just pausing to consider such questions can lessen stress and help you adopt a more positive, optimistic frame of mind.
- **Do what you love.** [*Enjoyable leisure activities*](#) can enhance well-being by acting as breathers, restorers and stress buffers. While different for everyone, they may include spending quiet time alone, visiting and dining with friends, belonging to clubs and religious groups, and pursuing hobbies. Research found that people who enjoyed these activities report greater life satisfaction and a lower incidence of depression. They also have lower blood pressure, reduced stress hormones, less obesity, better sleep and improved physical function.
- **Be present.** Studies show that people report a better mood when they are focused on the present vs. when their minds wander. Surprisingly, the positive benefits of “mindfulness” apply to both pleasant and unpleasant activities. Remember, right now is literally the only time to be alive – and the only moment in which you can experience happiness. And it only takes a moment.
- **Take vacations.** According to one study, [*taking regular vacations*](#) can lower cardiovascular risk by 30 percent.
- **Laugh heartily.** [*Patients prescribed a humorous video*](#) for 30 minutes a day experienced a reduction in blood pressure, stress, need for medications and recurrent heart attacks. Even [*a forced smile*](#) can lower stress levels.
- **Be playful.** Playfulness is “the predisposition to frame a situation in such a way as to provide oneself (and possibly others) with amusement, humor and/or entertainment.” Research indicates that adult playfulness is correlated with overall well-being, life satisfaction, increased physical activity and greater fitness.

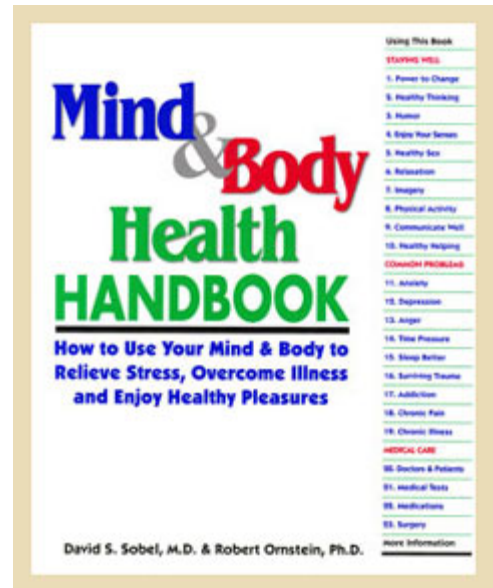


Scientific evidence now suggests that for most people, doing what is pleasurable actually pays off in both immediate enjoyment and better long-term health. The healthiest, most robust people seem to indulge in many small daily pleasures and cultivate a positive, optimistic view of their lives.

So taking a siesta, playing with a pet, talking to a friend, looking at nature, smelling a sweet scent, laughing at a funny movie and scores of other healthy pleasures may measurably improve your life, your health – and your happiness.

At the same time, neither commercially produced drugs nor “mind-body” prescriptions are cure-alls. Both have their usefulness and their limitations. Mental imagery, relaxation or other mind-body techniques are ineffective in treating medical problems such as infections, cancers and advanced heart disease.

But before concluding that there is a pill for every problem, remember that traditional treatment with drugs and surgery are also not effective for a variety of medical problems, particularly those that result from stress and mild mood disorders. For these patients, a combination of mind-body techniques and traditional medical care produces the best outcomes.



The Way Forward

While it might seem at first from reading this article that I am somehow against medical care. Not so. I have practiced medicine for 35 years and many of my patients have benefited greatly from the care that I and my colleagues have provided. And the future is bright for medical care. With advances in biotechnology and medical science we will certainly develop better preventive medicines and interventions tailored to individuals based on their genetics and risks. This emerging development is sometimes referred to as [Precision Medicine](#) or Personalized Medicine.

At the same time, the arguments made above suggest some prudent and realistic approaches to optimizing health and minimizing harm as well as costs.

- **At least do no harm.** Clinicians need to provide evidence-based medicine: using effective diagnostic and therapeutic approaches, and protecting patients from [unnecessary, potentially harmful and costly tests and treatments](#). Physicians and patients need to engage in conversations about the overuse of tests and procedures and help patients make smart and effective care choices. Clinicians need to be honest with patients about the limitations of medical science, and patients need to be realistic in their expectations and demands. Clinicians need to help reduce the [burden of treatment](#) imposed on patients by visits to the doctor, medical tests, medication management, and lifestyle change that challenge patients in caring for themselves.

- **Apply Behavioral Science.** Just as the quality and efficiency of care has been improved by applying the principles of quality control and efficiency derived from manufacturing and industry, so too can the experience and effectiveness of care be improved through the application of behavioral science. (David S. Sobel, MD, “[*Behavior Change and Beyond: Health, Confidence and Healthy Pleasures*](#)”: video lecture, 100 minutes)
- **Partner with Patients.** Educate, equip and empower patients as the true primary care providers. This includes self-care for acute and chronic conditions as well as shared decision-making that aligns with and respects patients’ values. A critical component of self-care is ensuring that each person has made their wishes known by completing and discussing with family and physicians an [*Advance Care Planning*](#) document. This clarifies a person’s wishes for life sustaining treatment if they have a critical accident, injury or illness and cannot speak for themselves. It is also critical that alternatives are created to help people remain independent and functional in the face of aging and end-of-life illnesses. (Atul Gawande, MD [*Being Mortal*](#))
- **Rebalance Investments in Health.** In light of the broader causes of health realign investment of resources to reflect the imperatives for preventive care, behavior change, and social determinants of health.