



TRACY GAUDET, MD: TURNING THE PROMISE OF TRULY INTEGRATIVE MEDICINE INTO REALITY

Interview by Frank Lampe and Suzanne Snyder • Photography by Tamara Lackey Photography

Tracy Gaudet, MD, is the executive director of Duke Integrative Medicine and assistant professor of obstetrics and gynecology at Duke University Medical Center in Durham, North Carolina. Under her leadership, Duke Integrative Medicine (www.dukeim.org) recently opened a state-of-the-art healthcare facility dedicated to the transformation of medicine through the exploration of new models of whole-person healthcare. Dr Gaudet also made possible Duke Integrative Medicine's pioneering work on the development of Personalized Healthcare Planning, as well as initiatives in research and medical student and resident education.

Dr Gaudet joined the faculty at Duke University in November 2000 and assumed the position of director of the Duke Center for Integrative Medicine in April 2001. She has led Duke Integrative Medicine to the forefront of the field, helping to co-found The Consortium of Academic Health Centers for Integrative Medicine and chairing the Membership Committee (2002-2004), as well as serving on the Steering, Executive, Education, and Policy Committees. Dr Gaudet actively leads public discourse with members of both the medical and lay communities, presenting talks on integrative medicine, as well as integrative approaches to menopause and other women's health issues.

Prior to her work at Duke, Dr Gaudet was the founding executive director of Dr Andrew Weil's University of Arizona Program in Integrative Medicine, helping to design the country's first comprehensive curriculum in this new field and launching a 2-year fellowship.

*Dr Gaudet is the author of *Consciously Female*, a book on integrative medicine and women's health, which was published by Bantam Books in 2004. Her most recent book, *Body, Soul and Baby*, was published by Bantam Books in January 2007. She also writes a regular column for *Body + Soul* magazine.*

*Dr Gaudet has been recognized as a leader in the field of integrative medicine in *McCall's*, *Natural Health*, *Prevention*, and *New Age* magazines, as well as the PBS documentary *The New Medicine*, ABC News 20/20, Oprah, Arts and Entertainment, and *The People's Pharmacy*, and professional journals including *AM News*, *Unique Opportunities*, and *Alternative Therapies in Health and Medicine*. She has served on the editorial boards of *Clinical Acupuncture* and *Oriental Medicine*, *Integrative Medicine Journal*, and *Seminars in Integrative Medicine**

Opposite: Shown here at Duke Integrative Medicine, Dr Gaudet wants to see the day when every doctor's office, church, synagogue, and community center has integrative health coaches, and every patient is offered support in addressing his or her whole health—body, mind, spirit, and community.

and as a reviewer for JAMA, Archives of Internal Medicine, and the American Heart Journal.

Alternative Therapies in Health and Medicine (ATHM): In terms of your background in medicine and, more specifically, integrative medicine, how did you get to where you are now?

Tracy Gaudet, MD: You know what? I didn't have any kind of life-changing experience like some people talk about. I always felt that I wanted to go into some kind of health field. I didn't pursue a pre-med degree because what I understood about being a doctor didn't seem to align with what I cared about. It seemed too cutthroat, competitive, scientific, reductionistic. And I cared about people.

I wasn't pre-med as an undergrad because I really wanted to work with people. I care about the human experience, and I care about partnering with people on that journey. It didn't seem like medicine, as I understood it, would allow me to do that.

I ultimately decided that I would like to be a part of trying to shift medicine more in that direction and that the best way to do that would be to go through conventional medical training, get my MD degree, and work through the system in that way. That was my motivation from the beginning.

ATHM: In what area was your undergraduate degree?

Dr Gaudet: Psychology and sociology, which has served me quite well, as you can probably imagine.

ATHM: What led you to integrative medicine, as opposed to conventional medicine?

Dr Gaudet: I was in my ob/gyn residency at the University of Texas in San Antonio, and somehow, I got a newsletter that described Andrew Weil's vision for a new program in something called Integrative Medicine at the University of Arizona. It had a little box—I can visualize it still—saying, "What is integrative medicine?" And it had bullet points listing things like "whole-person care" and all these other aspects of what I always thought healthcare should be about and that I was passionate about. I read that and said, "Wow. I've never heard this term before, but this is what I care about."

The thing I probably knew the least about was specific complementary approaches to medicine, but the philosophy and the

orientation and the values all spoke to me. It just felt like, “Ah, somebody else thinks and sees this the way I do.”

ATHM: How long after you received your degree and became an MD did you go to work with Dr Weil at the University of Arizona?

Dr Gaudet: When I saw that newsletter I had not heard of Andy; I hadn't read any of his books. But that particular brochure talked about a fellowship they were planning to start. I was in my third year of residency and I thought, “I might want to do this fellowship. You know, this sounds really interesting.” But I also thought, “I don't know this guy. He might be a quack.”

I took a week of my vacation in my third year of residency and I went to a retreat that Andy was doing at Feather Pipe Ranch in Montana. My friends thought I was nuts. When you're a resident, every moment of vacation is precious. My friends said, “You're going where? To do what?” But I went to the retreat. We were in the opening circle at the retreat, which was not for medical professionals—most of the people there were real fans of Andy. I started by saying, “I've never read anything you've written, but I heard about this program, and I basically came to check you out.” Everybody kind of gasped. Andy was fine with it. He said, “Great, no problem.” And I said, “And you can check me out, too.”

I quickly learned what an intelligent and grounded guy he is. He's not fanatical; he is a very interesting person. I wanted to do the fellowship and at that time, Andy said, “Well, you're not going to be able to do the fellowship because the fellowship is only for internal medicine and family practice.” I was ob/gyn.

The whole thing unfolded with them hiring me to be the first medical director and to help design and build the program. I thought, “Oh, well, that way I don't go through the program, I just help design and create it!” That was the year after I finished my residency, in 1996. I went to Arizona, and 9 months later, we launched the fellowship and the clinic and the curriculum. It was a pretty intense experience.

ATHM: Especially for somebody just out of residency.

Dr Gaudet: Yes, it was. Initially they did a national search for a medical director. They were looking for someone quite senior, and I think at some point they started to realize that people that entrenched in the current system would be encumbered by that experience. A person who had worked in the system for a long time might recreate what he or she knew with a few different bells and whistles, throw in an herb or an acupuncture needle or something, but wouldn't necessarily be the ideal person to create a whole new paradigm. My inexperience and my very keen awareness that I didn't have all the answers, and my ability to facilitate a process by which we could collaboratively create something innovative, was a strategy that I could bring to the table.

ATHM: Is it true that the University of Arizona program was the first integrative medical center in the US?

Dr Gaudet: Yes, it was. It was the first integrative medicine program

[there was a research program in integrative medicine at the University of Maryland] focused on educating providers in this new approach to medicine, primarily physicians. How do we teach this and create a new way of practicing? For me the intriguing part of this, then and now, is less about the content, because teaching physicians about botanicals is pretty straightforward. That's important, but it doesn't really shift the way we practice medicine.

The deeper question that was much more interesting is, how do we really shift the culture of medicine from this quite patriarchal, expert-driven model where the doctor is on a pedestal and it's his or her job to know all the answers to a model where we understand and are comfortable with the fact that we don't know all of the answers? And yet, we're not taught to understand that and sit with it. We're not taught to look at our own suffering and sit with that. I feel strongly that if we don't do these things as healthcare providers in our own lives, then of course we're not going to be comfortable sitting with patients when they're suffering—or sitting with patients when we don't have the answer.

So I was very interested in designing a curriculum and an experience that helped re-educate physicians in that paradigm. It was a really exciting thing to be able to do.

ATHM: How did your journey from the University of Arizona to Duke come about?

Dr Gaudet: In Arizona, we agreed that integrative medicine shouldn't be a sub-specialty, and yet, we couldn't march into medical schools and say, “You need to be teaching a different way” because we hadn't yet defined what that way was.

We needed a process by which to define and understand in what areas physicians need to be educated. We needed to determine the critical experiences or knowledge bases or skill sets, as well as what is not critical. We needed a place to learn how to do that. We chose to do the 2-year on-site fellowship in a very traditional fellowship model as a way to learn what should be mainstream medical education. I call it a living laboratory. We recruited people who wanted to be leaders nationally and start programs.

Part of my job was to help cultivate positions for the fellows as they were graduating. I was a Duke undergraduate and I was a Duke medical student, and I always had a great deal of respect for Duke as an innovative and entrepreneurial academic center. So I met with the chancellor and said, “You guys need to hire one of these fellows and here's why.” And he said, “Well, we're really interested in this, and we want to do it in a big way. And we'd really rather hire you.” That was unexpected and at the same time it felt like a very good move for me personally and professionally. Coming to Duke was, in a lot of ways, like coming home.

ATHM: You got to develop a program from scratch all over again.

Dr Gaudet: Start-ups are so hard. When I was in Arizona, it was so intense and incredibly rewarding; I learned so much but it was so exhausting. I thought, “I'm never doing a start-up again.” Then I got back to Duke and I joined some people who were already doing

integrative medicine, but to launch it in a bigger way, it was a start-up with a focus more on what is the clinical model. What does this really look like, as well as the education and the research?

Before I left the University of Arizona, we launched the associate fellowship, which was for physicians and nurse practitioners who are currently in practice and who don't want to come to Arizona for a 2-year intensive program, but want to learn how to practice integrative medicine. It is a 2-year program, primarily online, and it is still a very vital part of the program.

At Duke we're in a place where we can design the practice just the way we want it. We think, "What could it be if we waved a magic wand? What might it look like?" We say we want healthcare to follow certain values and be health-oriented and proactive, not reactive, etcetera, but what does that really mean? How does that look? And does it work?

Those are some of the key questions we're focusing on here. Due to the amazing vision of a philanthropist named Christy Mack, we had the opportunity to build, from the ground up, a facility that was built with those values in mind. We have a 27-thousand-square-foot building and only 5 physician exam rooms because it's not a physician-centric model. It is focused on teaching new skills and learning and education and a lot of other approaches. The concept here is to let this be a living laboratory where we're creating new models and testing them, and we must focus on translating that across the system.

We don't want medical education for integrative medicine to be a sub-specialty at the fellowship level, and we don't want everyone to have to go to Duke Integrative Medicine, necessarily. We want to see all of medicine shift in that way. We have this nidus, this catalyst for change, because to be able to model it and demonstrate it and see it and feel it and experience it is a powerful change agent. The real work then is, how do we translate it?

ATHM: You have addressed the difference between the educational focus at the University of Arizona and the clinical and education focus that you have instituted at Duke. Where does research fit into that?

Dr Gaudet: Our vision and mission is to be a catalyst in the transformation of healthcare. So our research is aligned with that.

In other words, we're not researching the effectiveness of botanicals for a specific condition or acupuncture for a certain symptom. That's important research, but it's not aligned with our core work. Our core work is, "Can we create new models of care that help transform people's lives?" We've done randomized, controlled trials on folks at risk for heart disease doing personalized health plans, and then working with health coaches to change their life patterns and their risk for heart attack and stroke over the next 10 years.

We're looking at the effectiveness of using mindfulness, which is at the core of our health model, as it relates to eating disorders and the relationship with food and our health. Our research is designed to find out whether these models are working.

ATHM: Are you generating research that's going out into the academic world?

Dr Gaudet: We're getting there. We didn't have any research program at all at the beginning, so it's grown pretty substantially over the last 3 years, which is great. We've gotten some funding for infrastructure. We're also a part of and the coordinating site for the Bravewell Practice-Based Research Network called BraveNet. That is another strategy that looks at how integrative medicine is being practiced across different clinical sites, in the real world, and gathers data about what's working and what's not.

ATHM: Where is the intersection between Duke Integrative Medicine and Duke University's Center for Living?

Dr Gaudet: Center for Living is actually both the administrative and the physical campus that Duke Integrative Medicine is a part of, and our sister programs include Duke Diet and Fitness, which is a residential weight-loss center, and a couple of other programs that share the common themes of highly personalized whole-person approaches to healthcare. Duke Integrative Medicine is, structurally, a center. We report to a vice chancellor, who reports to the chancellor of the health system. We don't sit within a department. I am appointed in the department of ob/gyn, and the other faculty members are appointed in their individual departments, but the center is interdepartmental. If you notice, however, we don't use "Center" as a part of our name. This was consistent with our donor, Christy Mack, who believes, as we do, that Duke Integrative Medicine is a philosophy of care that has no physical bounds, as "Center" implies.

ATHM: On the website for Duke Integrative Medicine (www.duke-integrativemedicine.org), in a section that explains the concept of integrative medicine, the phrase *evidence-based* is used over and over again. And yet evidence-based research seems to be what's lacking most in this field, at least according to those in conventional medicine. One of your personal research interests is to establish a research base for both efficacy and cost savings, which is the Holy Grail of integrative medicine. Would you comment on the status of your work as it relates to this area?

Dr Gaudet: Even the conventional medicine that's being practiced is largely not evidence-based. As much as we want it to be and we would like it to be, we simply don't have evidence for everything we do in mainstream medicine or in integrative medicine.

The point that Duke Integrative Medicine is trying to make in its marketing materials is that it is more medically based; we definitely focus on helping patients. In other words, what we're saying is that we partner with patients to work through the quandary of the lack of evidence. Where we do have evidence, we make sure it is on the table, and where we don't, we're using our best medical judgment, cultural experience, and patient values and beliefs to make the best decisions that we can make.

But that's different than saying that it's evidence-based. And I think we have to be honest about that.

Part of integrative medicine is the acknowledgement that evidence, in the conventional use of the word, will get us only so far. This gets into the art of medicine versus the science of medicine.

For me, a lot of the decision making is based on the efficacy and cost savings of an integrative approach, some of which may not be purely evidence-based. We may be recommending strategies that we believe to be helpful and that we believe to be not harmful, yet can we say, "Here are all the randomized control trials to support this recommendation"? Probably not.

ATHM: There is a clear inclusion of mind-body medicine in a lot of the work at Duke Integrative Medicine. How did those programs develop? And was there any specific source of inspiration for you?

Dr Gaudet: It is probably, to at least some degree, a reflection of my background in psychology and sociology. Before I went to medical school, I worked in the medical psychology department at Bowman Gray, and so I've always believed that one of the lowest-hanging fruits that we underutilize when it comes to health and management of illness is the mind-body approach.

If we could use the connection proactively and skillfully, I think many things are possible. There is evidence to that end. In conventional medicine, we're not taught that, and we certainly don't typically incorporate it. When I came to Duke, there was already a strong health psychology group, and that evolved quite naturally. It's very

much at the core of what we do and I can't imagine practicing integrative medicine without it.

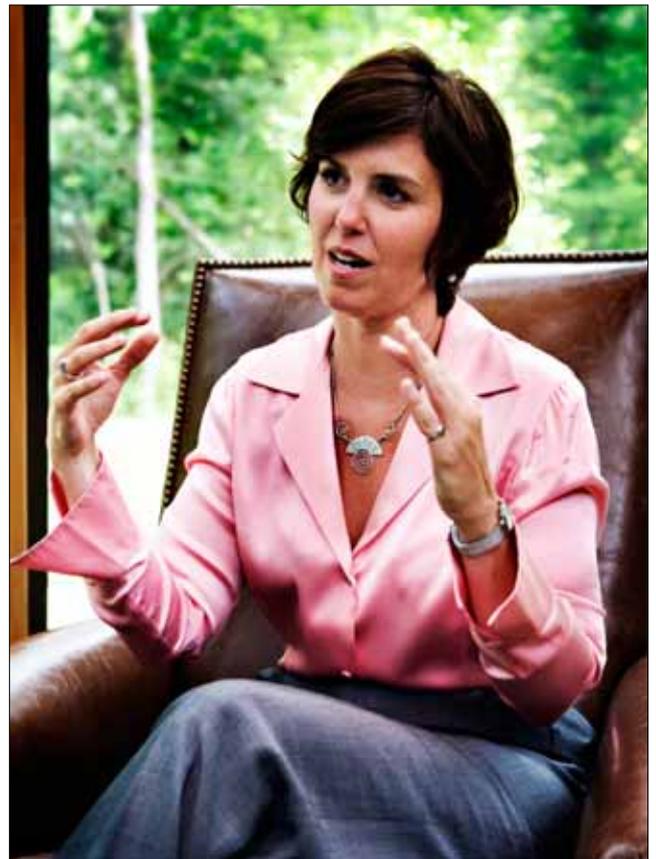
ATHM: Mindfulness appears to be an important component of the "Wheel of Health" that is also featured on the Duke Integrative Medicine website (www.dukeintegrativemedicine.org/services/planning.aspx). Might you discuss its development and its importance to the program?

Dr Gaudet: Yes, we developed that. For the first couple of years I was here, it seemed all we did was evolve it. There are many, many ways to cut up the pie and name the pieces, but it was a practice to help us get clearer about what we're doing. What do we think is important to address, and how do we name it?

For the first many years we worked on it, we all thought, "Oh, no. Not the Wheel." My team would cringe because we would have multi-hour philosophical discussions about what the Wheel should look like. I think there's tremendous power in words, specifically when you're launching new ideas or trying to promote new ideas or catalyze change. We have to be careful about what we say. The distinctions that we make define the field, and the distinctions that we don't make define the field. So we have spent a lot of time looking at that, and hav-



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ing “mindfulness” at the center of the Wheel was a big discussion.

If the model is about being proactive about our health and well-being, we have to start by first being aware of the state of our health, body, and soul. I often use the label *soul* simply to mean all of the non-physical: the mental, the emotional, the spiritual. Particularly in this culture, we are so disconnected from the state of our health, the state of our bodies, the state of our minds, the state of the whole thing, that we have no hope of being proactive and health-oriented because we are not listening to the messages our own bodies are trying to send us.

I always tell my patients, “Your body and your soul talk to you all the time, but they start with whispers and, if you’re not listening to the whispers, your body will eventually scream. You will eventually go into something that you can no longer ignore. But how much better is it to train yourself to actually tune in to the present state and allow yourself the chance to respond to that?” We decided that that is a core element of a truly health-promoting model.

It applies to every aspect of living. It applies to being conscious of your relationship with food and why you eat and when you eat and how you eat. It applies to being conscious and aware of your relationship with exercise, the quality of your relationships, and the level of your stress. Teaching that skill set, to first be conscious and aware, and then make choices and decisions,



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allows you to really be proactive and health-oriented.

ATHM: Can you explain how you use the Wheel in clinical practice?

Dr Gaudet: The Wheel is kind of a comprehensive snapshot. It allows us to start where people want and need to start. It allows us to be very individualized. Let’s say “John” is a smoker and he has a lot of stress in his life and he doesn’t work out. Medically, we might say, “Number one, stop smoking.” Well, if he’s not ready to do that, we’re going to acknowledge that, but he may say, “I want to focus on stress.” We can teach the skills of mindfulness and making healthy choices, and the way that process works is by starting where the patient feels ready to start, building new skills, and creating momentum. What ends up happening, over and over and over again, is people start to build momentum. They start to feel better, they start to have confidence in themselves, they trust the health relationship they have with you, and then they’re ready to take on more—and more and more. We ask people to start by doing a self-assessment of where they’re in balance, where they’re out of balance and where they want to focus their attention.

ATHM: Is there any part of this approach that resonates specifically with the staff?

Dr Gaudet: The concept of mindfulness, as it relates to nutrition and all the other different aspects, is new to most people and even most healthcare providers. When people understand the concept of mindfulness, it makes sense. People say, “I get that I’m disconnected from myself and I’m plugged into so many other things and so many other places and so many other people that I’m not even paying attention. And how can I be healthy if I’m not paying attention?”

ATHM: Where do you see most patients getting stuck?

Dr Gaudet: It’s very interesting. It’s so individualized. I don’t know that I can say where most people get stuck. Everyone has their own strengths and their own weak spots. I always tell people, when a system is stressed, part of it is genetics; part of it is habits. I’m likely to break in one way; you might be likely to break in a different way.

In general, I think it can be overwhelming for patients to look at the model and see how much of it is self-care. The inner circle that includes exercise and nutrition ultimately is self-care. People can feel concerned or anxious or frustrated that so much ultimately depends on them. It is why we have created so much of our model to support people in behavior change.

One of the core distinctions for us is understanding that we can help people create a really personalized, holistic, balanced health plan, and that’s wonderful—and the plan can still sit on a shelf. Just like when you go to the doctor for your annual exam and he or she says, “Exercise more and lose weight and I’ll see you in a year.” It doesn’t help very much.

One of the aspects that’s unique about our model is that once someone has goals and a plan and they know where they want to go, we don’t just turn them loose, because most of the time that doesn’t

work. It's not sustainable. A core piece of the model is determining how we can truly support behavior change. It's why we have programs that last many days because, ideally, we'd rather have someone here for many days go deeper, do deeper work, and begin to lay the foundation for new patterns. And when they go home, we support this with health coaching.

We're really excited about that. There's no one in the current healthcare system whose job it is or who has the skill set to partner with people to make the changes they want to make or that their doctor recommends they make. If you think about it, it's kind of crazy. This summer we're launching the first professional training in integrative health coaching.

The coaches are trained to partner with people to make the behaviors real and practical. They help them overcome obstacles. They hold them accountable. It's a wonderful model. It could be a while until we transform all of medical education. If the whole thing is dependent upon restructuring the current clinical healthcare model, we've got a long way to go. But I can see the day that we have integrative health coaches trained in this kind of a model in every clinic across the country.

Maybe in communities where the physician still has only 10 minutes to spend with you and he says, "Exercise more, lose weight," but instead of saying, "See you in a year," he says, "Why don't you see the health coach?" You might become part of a group health-coach program or a telephonic group—there are a lot of ways that can work. I think it's a way we can create access to these approaches and to these models that doesn't mean that everyone has to find a Duke Integrative Medicine or another one of these programs.

You can train nurses and nutritionists in integrative health coaching. You can train people who are already plugged into the system but don't have this framework and skill set and get it out to people in that way. I'm so excited about the potential.

ATHM: You're creating an entirely new career path for healthcare providers. Society is inundated with coaches for so many areas of life, and the coaching profession is clearly growing. A health coach makes a lot of sense.

Dr Gaudet: Doesn't it? You're right, there's so much out there using the label of coaching, and it's happening in health coaching, too. Someone needs to start defining this field and setting standards because it's going to get bastardized really quickly. In fact, it already kind of is. People say, "We do coaching." But they don't really. They give somebody a call and check in, but they haven't been trained in this skill set and this new model. We're piloting the first professional training this summer, and our goal is to create a whole new career path. We're excited about that. We can see a day where it would be covered by insurance, and it would help so much with the access issue.

ATHM: It seems it would also help with the issue of a lack of compliance with patients following their doctor's orders.

Dr Gaudet: Absolutely. We have secured funding through GlaxoSmithKline to examine this exact thing. It's a pharmaceutical

company, so members of its staff wondered if health coaching could help people with medication compliance. We said, "If you let us develop an integrative coaching model so we're not just focused simply on the drug part, we're working on their whole lives, we'll take it on." The company agreed and funded us, with a focus on diabetic patients. Endocrinologists are e-mailing us and calling us, saying, "I don't know what you're doing with these patients, but I've had them for decades and suddenly their lives are changing." It's really exciting. We're hopeful that it can have a big impact.

ATHM: You mentioned earlier that there are only 5 exam rooms in your 27-thousand-square-foot facility. What else are you doing there?

Dr Gaudet: We designed it to be an experiential place. We want it to be a place where people walk in and they feel their shoulders drop. As opposed to when you walk into a hospital and every part of your sensory being wants to turn around and run out. We want the experience to be quite personal, and we've tried to make lots of invitations for people to try something new.

For example, in the café we have a great executive chef who works with the nutritionist. We offer cooking classes so we can teach people to prepare healthy meals in their real lives. We have a silent table in the café with a written guide that teaches people how to experience silence and mindfulness as it relates to food and their relationship with food. We have meditation spaces. We have classes every day in tai chi and qi gong, as well as classes on meditation, nutrition, and exercise.

We basically go around the Wheel of Health and talk about different aspects of it. We have places for self-care: a sauna, a steam room, and a hot tub. There is a team of therapists, health coaches, health psychologists, and acupuncturists. The physician will often help guide the overall plan for patients, but then the patients take it on themselves with the rest of the team, mostly working with a health coach.

The part of the vision that has not yet been built is to have residences on site. We have a 26-acre wooded campus. We're on the edge of the woods, and we have the property to build little cottages. Now when people come for multiple days—we call them health immersion experiences—they stay at a hotel, which is not ideal. Ideally, you want people to be in full retreat mode. We hope to be building the residences pretty soon.

ATHM: What is the revenue model for Duke Integrative Medicine? It sounds like a number of the programs would not be covered by traditional insurance.

Dr Gaudet: It's something we struggle with because, obviously, the vision is to have this be accessible to everyone. That's why we're looking at these strategies to translate it. We've come to realize that if we want to be a place where we're truly being innovative and our thinking is, "What could this be?" then we cannot be confined by what insurance will cover. Because the second we are confined, we're not being innovative. By definition, we're boxed in.

We're creating signature programs, such as the 3-day health

immersion, the health coaching, and the membership model. People will pay out of pocket and then they get a bill to submit for reimbursement. Some parts are reimbursed and others aren't. The more medical services—health psychology, the physician, and sometimes the nutritionist—typically get reimbursed. The more educational or “alternative” services are typically not going to be covered. Unfortunately, the educational part doesn't get covered; the skill building doesn't get covered; the self-care doesn't get covered. Part of our goal is to show the effectiveness of these programs, so hopefully, along with other centers around the country, we can work to shift the reimbursement model.

ATHM: Is Duke Integrative Medicine in the black financially?

Dr Gaudet: Oh, no, no, no. We're not even close to profitability. We've just hit our year mark for being open. We definitely expected to lose big amounts of money this year. And we are. The good news is we're hitting the pro forma. We're optimistic that we will break even by year 3. It's a new model, so we're doing the best projections we can, but it remains to be seen whether we can maintain our budgets. The innovative models are more expensive because they're quite therapeutically intensive. Like everybody else that's doing this work, we're learning every day; that's for sure.

ATHM: In the time you've been in this field, how have you seen integrative medicine evolve?

Dr Gaudet: When I started at Arizona, as conventional medicine began to pay attention to this field, one of the big concerns among the folks who had been doing this work for a long time was, “Oh, great. We're going to be co-opted. We're going to be reduced like everything else that conventional Western medicine does.” I'll tell you a story that is interesting and very illustrative of this.

I remember meeting with the department chair of medicine when I got to Arizona. At the University of Arizona, we were set up as a section within internal medicine, like gastroenterology or cardiology. The assumption was that in 2 years, we would teach these physicians how to do acupuncture, how to do osteopathic manipulation, how to do botany. It was 100% physician-centric: “Well, I'm a doctor. Just show me where the acupuncture point is; I can put a needle in someone.”

The concern of being co-opted was a legitimate concern of people who, for example, practice Chinese medicine. It's a complete system that takes decades to become skilled at. It was frightening for them to see conventional medicine turning their attention to these areas. I get that, especially now. At the beginning, I was pretty naive, but there was a lot of concern on both sides. Everybody was afraid of everybody else.

I remember Andy Weil showing me a cartoon from the *The Wall Street Journal* back then. It had 2 doctors walking out of a presumably hospital-type building. One says to the other, “I'll tell you what I'm afraid of. I'm afraid *we're becoming the alternative.*” There was that sense of, “Is it them or is it us? Who's going to win?” The concept of being integrative or complementary or whatever word

you want to use was really a stretch then.

There was a fear that integrative medicine was going to be dominated and co-opted by biomedical Western medicine practitioners, who seemed to think all that people want is an herb instead of a pharmaceutical or an acupuncture needle instead of a scalpel. That's not what people want. That's not what the surveys have shown. People want a different paradigm and a different philosophy of care. They're finding it with these approaches more than they're finding it in mainstream Western medicine, for obvious reasons.

We could have missed the entire mark if all we did was add integrative medicine tools to the existing system. For me, the biggest advance and the most reassuring thing is that adding tools to the existing system is not the conversation that we are in. By and large, the conversation is one of “How do we shift the system and the approach to be more about health?” That's really big because we could have gone down the wrong path and we would have missed the whole opportunity.

ATHM: That's a scary thought.

Dr Gaudet: Yes, and it was a real possibility. I was at the University of Arizona 9 months before we launched the program. I thought, “If the assumption is that these doctors have to go through all this training, I'd better go through the training first and see how this is going to work.” So I signed up for the Joe Helms acupuncture course at UCLA and osteopathic training at Michigan. It took a millisecond to step into those worlds and realize that our plan was insane. It was completely the wrong approach. But the existing system is physician-centric enough that you could see it happening. I'm happy it's not. I guess that's the bottom line.

ATHM: Please tell us how you became a founding member of the Consortium of Academic Health Centers for Integrative Medicine.

Dr Gaudet: My dean at the University of Arizona was Jim Dalen [*Editor's note: Dr Dalen is an associate editor of ATHM*]. Before he came to Arizona to be dean, he was department chair of medicine at the University of Massachusetts. He was wandering around the halls there and saw a poster for a study about meditation and pain and thought, “What is this? I don't know anything about this.” He tracked down Jon Kabat-Zinn, who was in the basement of the School of Nursing, learned what he was doing and became intrigued. This is one of the critical factors that will lead to the success of integrative medicine: people such as Jim Dalen and Ralph Snyderman (the former chancellor for Health Affairs, president and CEO of Duke University Health System)—visionary leaders who say, “I don't know what you're doing, but it's interesting and intriguing, and I'm giving you a chance.” That's what Jim Dalen did with Jon. He moved him into the Department of Medicine.

Jon Kabat-Zinn had the idea for the Consortium. He called me and said, “I was just out visiting Ralph (Snyderman), and you have Jim Dalen with you at the University of Arizona. These deans and chancellors are putting their necks on the line to give us a chance to do this work, and they have no support. What if we created some

way to bring them together?"

He said, "Let's bring the deans and chancellors together, let's educate them about integrative medicine. Let's give them a chance to experience this." I said, "That is a phenomenal idea, Jon." And he said, "I don't have the time to do it." So I said, "Well, this is a change agent kind of thing. I'm all about changing things. And this is a great idea. I'll help make this happen." We had the first meeting in 1999 up at the Fetzer Institute in Kalamazoo, Michigan. We had 8 institutions in attendance, and the deans and the chancellors came to represent them. It was a phenomenal experience. Now there are 41 academic health centers that are members. And we have a pretty high bar for membership. You can't just join. You have to apply for membership; you have to meet criteria. One of the criteria we set, which I think was pretty wise, was that the application needed to be initiated by the dean or the chancellor of the health system. We wanted to use it as an opportunity for programs that may not be on the radar screen of their deans and chancellors to get on the radar screen.

I think the growth of that organization is a little bit of evidence of where the field is going, certainly within academics. Another change I've noticed since I've been in this field is that I used to have to start conversations by making the case for why we should be talking about this. I never have to do that anymore. The culture has shifted enough in medicine that nobody is resisting the fact that we need to have a conversation about integrative approaches, alternative therapies, health-oriented medicine. Now there is enough awareness and acceptance that there's no resistance to the fact that it's important.

ATHM: Is there anything that really stands out to you with respect to the change going on within academia around integrative medicine?

Dr Gaudet: There's going to be an Institute of Medicine National Summit on Integrative Medicine and the Public Health (www.iom.edu/integrativemedicine) in February 2009 that will be held in Washington, DC, that's being funded by Bravewell (www.bravewell.org). I think it's interesting how transformation happens. If you look at the history of medicine, one of the big milestones was the Flexner Report in 1910. That transformed medicine and medical education by bringing science into medicine, so that science was the basis for medicine. It really was only a transformational agent because it was paired with a demonstration project, which, as it related to medical education, was Johns Hopkins School of Medicine. By and large, that's the model that we have followed for the last century. I think it's interesting that the Flexner Report came out in 1910, and we're coming up on 2010. I think we're ready for the next transformation in healthcare. I think the IOM Summit can help catalyze this—the summit and a thoughtful plan paired with some demonstration projects around the country could help clarify the next century of healthcare.

ATHM: There must be many interesting applications for integrative medicine in your work as an ob/gyn.

Dr Gaudet: You're so right. There are. Integrative medicine applies to anything because it's a philosophy and an approach to care, but it so aligns with women's health because if you stop and think about

what brings women to the healthcare system, very often it has nothing to do with disease. It's a life event. Whether it's, "Now you have your period, you need to have an exam," or "You need birth control," or "You want to get pregnant," or "You don't want to get pregnant," or "You are pregnant," or "You have menopause. . . ." Whatever those reproductive-focused things are, none of them is disease-related.

Of course, women get diseases, too, but think of birth and pregnancy. We do what we know how to do, and systems do what they know how to do, and the healthcare system is designed as a disease-care system. Largely, we have approached pregnancy, labor, delivery, and menopause more from a disease-based model, and it doesn't fit. It is not ideal. It's incredibly fun and rewarding and kind of obvious to use an integrative approach for women's health. It seems ridiculous that we haven't done that more extensively in the past.

With conditions such as pregnancy, even the sub-specialists say, "We'd rather not be using big-gun drugs or invasive procedures." Philosophically, there's a reason to look at more whole-person approaches and less invasive treatments. It's a no-brainer. And the applications are limitless: anything from optimizing people's health to treating a serious illness. In the *New Medicine* PBS special, they followed my work with a pregnant patient who had very premature, ruptured membranes. She was 26 weeks along, and she ruptured her membranes, broke her bag of water, which put her at very high risk for infection and pre-term delivery.

One of the things we know in obstetrics, as an example, is that pre-term labor is directly related to women's stress. And yet have we ever done a stress-reduction intervention for women who are at risk for pre-term labor or who are having pre-term contractions? No. So we're doing imagery and relaxation strategies for women at risk for pre-term deliveries, which just seems to be so obvious. There's no risk involved. The worst-case scenario is they're feeling more relaxed and more supported and the best-case scenario is we are actually affecting outcomes. Incidentally, the woman in the PBS special had a healthy and happy baby boy.

You would think women's health would be a place where we've done a lot of research with integrative approaches, and we haven't. It's insane. Even with menopause. You would think that after the publication of the Women's Health Initiative, where so many women said, "No, I don't want to be on hormones anymore," we would be doing all sorts of research on integrative approaches. I just came back from teaching a course for the American College of Ob/Gyn, and it's embarrassing to see the lack of research in this area.

I love bringing integrative medicine into women's lives. It is what women want, by and large. It's aligned with their lives. It makes sense, and it works. And it's a wonderful way to practice. It is extremely rewarding.

ATHM: Is ob/gyn an area that you get to focus on with all of your other responsibilities?

Dr Gaudet: I've done less and less clinical time as my administrative and other duties have increased. Right now I'm only in the clinic a half a day a week, which is not very much. I also love teaching residents and students. That's a little frustrating. It was a big push to get

our program built and launched, and I'm hoping that I can shift more time back to the clinical side of things because I love it. It is also why I wrote the books I wrote—a lot of it is philosophy. You don't have to go to the doctor to be able to do it.

ATHM: What is the essence of your books?

Dr Gaudet: *Consciously Female* is an integrative approach to women's health across the lifespan. As an ob/gyn, I've had intimate insight into women's lives across their decades, and I've learned so much, as a woman, that I thought it would be wonderful to share some of it with other women. The reason I called it *Consciously Female* is that women are so disconnected from their own lives. I know so many women who say, "I'm just not myself around my period," and "I'm just not myself with PMS," and "I'm just not myself when I'm pregnant or trying to get pregnant or when I have peri-menopause or menopause."

I say, "Okay, time out." If we aren't ourselves during those times, that's half a woman's life missing right there. Instead of dismissing all those times that you think you're not yourself, it's better to engage that and be conscious of it. It is a whole-person approach to women's health. The second book, which came out a year ago, is on pregnancy. It's called *Body, Soul and Baby*. It offers the same kind of approach, but focuses on pre-conception, pregnancy, delivery, and postpartum—the whole experience.

ATHM: What's the one single biggest challenge holding integrative medicine back? What's the biggest thing on your radar screen right now?

Dr Gaudet: Reimbursement. We always say if we're successful, the concept of integrative medicine will fall away because it will just become the practice of medicine. Reimbursement is a key piece of that, but the parallel to that is to continue to create strategies that bring this to the mainstream. The onus is on us to help create those solutions. And then fight to get them reimbursed. That is where the challenges lie.

ATHM: You were the lifestyle makeover medical expert on Oprah. What did that involve and what was that experience like for you?

Dr Gaudet: Oprah hasn't had that program in place for a while. It was fun. A couple of years ago she decided that instead of having makeovers that are about hair and makeup, she would do lifestyle makeovers. The person who pushed for that concept is a life coach by the name of Cheryl Richardson. Cheryl pitched Oprah relentlessly until she agreed.

The show did the lifestyle makeovers for a year or 2, and they put together a lifestyle makeover team. It had Suze Orman for financial health and Bob Greene for fitness. Oprah wanted a female physician for lifestyle makeovers, and through an odd set of circumstances, I got to fill that role. It was fun. We worked with women and looked at their whole lives and what was in balance and out of balance.

Doing the show, working with Cheryl, and learning about

life coaching was where the concept of health coaching really came alive to me. We both said, "This is what healthcare needs." I should let Oprah know that someday. It was through that team that the concept really started to take hold in our minds. Cheryl Richardson helped us train our first set of health coaches. That was one of the outgrowths of the *Oprah* experience.

ATHM: What's next for you?

Dr Gaudet: Next for me is to continue to help evolve and disseminate this model of care. We want to complete our model by having housing onsite, and we have great partnerships to bring this to our hospitals as well as to Duke students and extend it to living communities. I would love to see the day when instead of having a 20-minute annual exam, everyone has a several-day health immersion, and every doctor's office, church, synagogue, and community center has integrative health coaches, and every patient who has cancer or who is headed into surgery is offered acupuncture and hypnosis and a plan and support in addressing his or her whole health—body, mind, spirit, and community.