

Wellness, Stress and the American Health Care System

by Sharon O'Connor, RN

A number of years ago, changes in my life style led to a transition from working as an RN in Emergency Departments to a private practice in hypnotherapy. I had no idea the impact this would have on my life and the potential it holds for transforming the health care system as we know it, in addition to individual lives.

As I began treating patients for the usual fears, phobias, unwelcome habits and to prepare them for surgery something else was happening. They would call back saying that in addition to managing the primary issue, other changes were happening as well. For instance, one man said the psoriasis he had for 20 years was gone. Another woman who was scheduled for surgery on her knees got better. One woman began to sleep through the night for the first time in her life. One man whose broken arm had not healed for 9 months returned to his doctor to find it had suddenly healed.

Reviewing literature and anecdotal reports, I've come to the conclusion that stress is the underlying issue in the vast majority, perhaps as much as 90%, of health issues. In the mid 1950's Hans Selye encouraged doctors to "treat the whole person, not the organism causing illness" and yet that suggestion has not yet been adequately integrated into our systems.

In the February 27, 2008 issue of JAMA, Thomas R. Frieden, MD, MPH writes

"If reforming US health care results only in expanded access to care, costs will increase faster but with limited health benefits. If only cost controls are instituted, even more individuals will be denied access to care. Health care must be restructured to make maximizing health the organizing principle. To do this, 3 synergistic changes are needed: (1) payment that offers substantial rewards for disease prevention and effective management of chronic disease; (2) an information system

oriented toward prevention; and (3) changes in care management and practice workflows.”

Let’s consider how managing stress could impact the current crisis in health care funding.

Janet Kiecolt Glaser, University of Ohio Medical School did a study measuring the rate of healing of a small, intentional wound (size of an eraser on a pencil). The wound took nine days longer to heal on the group experiencing stress versus the control. Think of the implications of this on diabetics and wound healing. Would you be stressed if you were diabetic with a foot ulcer? How about patients undergoing surgery who are “scared to death”? Reading about the history of hypnosis and surgery, it is said that back in the early 1800’s surgery was done without anesthesia. When hypnosis as anesthesia was introduced, the mortality rate decreased from 40% to 5%.

Blue Shield of California gave a group of 941 women undergoing surgery a guided imagery (hypnotherapy) CD which cost them \$17.95 each. This reduced the per patient cost by \$2,000 on average.

Similar studies and results abound. This is such a simple, powerful, affordable intervention. Why is it not commonly done?

How about reducing stress among asthmatics, IBS patients, cancer patients, couples seeking fertility treatments, people with dental phobias? Insomnia. Think about the implications of sleep deprivation which can be caused by stress. The applications are endless. Studies support these applications and others.

Hypnosis was approved by the AMA in 1958 – 50 years ago. Since then the trend has favored pharmaceuticals. In my opinion, it’s time to revisit that. Hypnotherapy is evidence based, effective, affordable and without adverse side effects. It manages underlying stress that impacts our physical and mental health, our ability to heal and ultimately our quality of life.