

A Conversation About the Future of Medicine with Larry Dosey, MD

In your new book, *Reinventing Medicine*, you describe three periods in medicine: Eras I, II, and III. Please tell us about them.

These eras describe the periods through which medicine has progressed since the second half of the 19th century.

Era I, which can be called "mechanical medicine" and which began roughly in the 1860s, reflects the prevailing view that health and illness are totally physical in nature, and thus all therapies should be physical ones, such as surgical procedures or drugs. In Era I, the mind or consciousness is essentially equated with the functioning of the brain.

Era II began to take shape in the period following World War II. Physicians began to realize, based on scientific evidence, that disease has a "psychosomatic" aspect: that emotions and feelings can influence the body's functions. Psychological stress, for example, can contribute to high blood pressure, heart attacks, and ulcers. This was a radical advance over Era I.

The recently developing **Era III** goes even further by proposing that consciousness is not confined to one's individual body. Nonlocal mind -- mind that is boundless and unlimited - is the hallmark of Era III. An individual's mind may affect not just his or her body, but the body of another person at a distance, even when that distant individual is unaware of the effort. You can think of Era II as illustrating the personal effects of consciousness and Era III as illustrating the transpersonal effects of the mind.

It's important to remember that these eras are not mutually exclusive; rather they coexist, overlap, and are used together, as when drugs are used with psychotherapy, and surgery is used with prayer.

What do these eras mean for the future of medicine?

They can help us make sense of the confusion within medicine. By drawing attention to the effects of consciousness, they can help us move beyond the exclusive use of mechanical, physical measures in treating illness.

The most interesting era, in my view, is Era III. The evidence supporting Era III implies that there are no boundaries to consciousness, that it is infinite in space and time. If our minds are unbounded, then they must unite or come together at some level. This means that in some sense we are literally one. The implications of this unity are profound. If our minds are connected, then we can, and do, share any and all experiences. All the joys and sorrows of life can be mutual affairs. This means we are never alone, which relieves the twin burdens of loneliness and isolation, two major factors in illness.

The biggest payoff of Era III concerns our destiny. If our mind is nonlocal and boundless, then it is infinite in time. Therefore, the death of the body does not mean that consciousness ceases to exist; something about us endures. Era III, therefore, carries with it the promise of immortality, which is a cure for the "disease" that has caused more suffering for humans than any other: the fear of death.

How did you become interested in the effects of prayer?

I grew up in a deeply religious environment in central Texas, where people prayed all the time; but I threw religion overboard when I went off to college and fell in love with science. I had no interest in prayer again until, during my practice of internal medicine, I occasionally began to bump into patients who had horrible diseases and who received no medical treatment - yet their illnesses went away following prayer. One patient I encountered during my first year in medical practice had terminal lung cancer for which no treatment was given; members of his church prayed nonstop for him and the cancer totally disappeared. I did not take these cases seriously, however, until the mid-80s, when I discovered the existence of scientific studies, dealing with humans and animals, showing the effects of prayer. After years spent researching this evidence, I became convinced that it is one of the best-kept secrets in medicine.

Can you cite specific research that supports your theory that prayer can help people heal?

In 1998, Dr. Elisabeth Targ and her colleagues at California Pacific Medical Center in San Francisco, conducted a controlled, double-blind study of the effects of "distant healing," or prayer, on patients with advanced AIDS. Those patients receiving prayer survived in greater numbers, got sick less often, and recovered faster than those not receiving prayer. Prayer, in this study, looked like a medical breakthrough.

In 1988, Dr. Randolph Byrd conducted a similar study at San Francisco General Hospital involving patients with heart attack or severe chest pain. He found that patients receiving prayer did much better clinically than those who did not.

Currently, Dr. Mitchell Krucoff at Duke University Medical Center in Durham, North Carolina, is studying the effects of prayer on patients undergoing cardiac procedures such as catheterization and angioplasty. Patients receiving prayer have up to 100% fewer side effects from these procedures than people not prayed for.

These are impressive double-blind studies, meaning that no one knows who is receiving prayer and who isn't. This eliminates or at least reduces the placebo effect, which is the power of suggestion or positive thinking. However, the studies I find most impressive are not done on humans. For example, when bacteria are prayed for, they tend to grow faster; when seeds are prayed for, they tend to germinate quicker; when wounded mice are prayed for, they tend to heal faster. I like these studies because they can be done with great precision, and they eliminate all effects of suggestion and positive thinking, since we can be sure the effects aren't due to the placebo effect. Mice, seeds, and microbes presumably don't think positively!

How do you see these concepts being incorporated into the current medical model?

My wife and I were recently invited to consult with a large hospital in a major city. The CEO and a few physicians on the staff had become aware of the evidence supporting the health effects of religious devotion and prayer. How, they asked, should they respond to this evidence? Should they relegate responsibility to the clergy or to hospital chaplains? Should the physicians and nurses play an active role? A meeting was held that involved prominent leaders of the community. One woman stated, "If I were sick and came to this hospital, and you didn't offer me some form of spiritual support, I would be very angry!"

This illustrates the situation our healing institutions face. The public, by and large, wants spiritual support to be available. A survey on the East Coast found that 75% of hospitalized patients

believed their doctor should be concerned about their spiritual welfare; and 50% wanted their physician to pray not only for them, but with them. In response to the evidence showing a positive role of prayer and religious practices on health, nearly 50 medical schools currently offer courses in this area. The fact that our young doctors are now learning about these issues is an important indicator of where we are headed.

But Era III interventions do not have to be physically located in hospitals. Recall that prayer and positive intentions are nonlocal; they work at a distance. Evidence suggests that they are as effective from the other side of the earth as at the bedside. This means that lay groups, off site, can successfully employ these methods; we don't have to depend on doctors and hospitals to provide them. Even so, I do believe physicians should take a greater lead in Era III medicine. Perhaps they may choose to pray for their patients. Or, at least, they might mention the importance of these factors, which could encourage patients to "cover their spiritual bases" in their own ways: for example, asking friends to pray for them or placing their names on various prayer lists in the community.

The important thing is to honor the data supporting the benefits of spirituality in health, instead of continuing to ignore them. As we move forward, however, we must be very careful not to use this evidence as a pretext for pushing our private religious views onto people who are sick. I have seen a few examples of shameless evangelizing during illness, which I deplore. Above all, we must avoid making people feel as if they are spiritual failures if they get sick or don't heal, as if illness were punishment for sin.

What sort of reactions have your ideas met with in the medical establishment and among practitioners of different religions?

There is intense interest among physicians. I cannot keep up with the invitations to speak about these issues at medical schools and hospitals. This is a dramatic change from five years ago, reflecting a growing acknowledgment of the evidence that supports a role for spirituality in health. Of course, there are a few doctors who think this wrong, who believe we're trying to drag medicine back into the Dark Ages, but this is a minority point of view.

Modern medicine is one of the most spiritually malnourished professions that has ever existed. Doctors need their spiritual needs to be met, just like anyone else. This is another reason most physicians are sympathetic to these developments. The response from nurses tends to be, "What took you so long?" Nurses, by and large, understand intuitively the role of spirituality in healing. I am immensely grateful for their support. The response of the theological community is 95% positive, although a small minority doesn't like that the experiments show that the prayers of all religions appear to be effective.

What is the current attitude about alternative medicine held by the orthodox medical community? How is the popularity of alternatives affecting the mainstream?

Surveys show that a large majority of conventional physicians are interested in alternative therapies and want to know more about them. As an indicator of this widespread interest, the Journal of the American Medical Association devoted a special issue to alternative medicine in 1998; and the great majority of the nation's 125 medical schools have courses in alternative therapies. Most physicians are stunned by the extent to which their patients have responded to alternative therapies. Nearly half of adults in the US seek out some type of alternative therapy every year; this exceeds the combined number of office visits to family doctors, internists, pediatricians, and

gynecologists. Currently, most physicians are trying to understand why this is happening, and this is prompting a healthy reexamination of medicine in general.

What is the most important issue in health care today? What will the hospital look like in the future? What will training be like?

The major challenge we face is how to spiritualize and humanize medicine, how to infuse it with a compassionate quality that answers to our inner needs as well as to the needs of our physical bodies. The good news is that this challenge is being met. In the future, high-tech medicine will remain with us and will become even more prominent. But in addition, psychological and spiritual approaches to healing will assume a substantial position. Healers will take their places in surgery suites, coronary care units, and emergency rooms, as they are already beginning to do in some hospitals. As a result, it will feel different to be a patient. One will know that "the system" cares about the soul as well as the body. Fantasy? Hardly. These changes are already penetrating some of the major hospitals in the country.

What applications, beyond medical practice, can Era III thinking have, in our culture at large and in our private lives?

The foundation of Era III is nonlocal mind -- mind that is infinite, eternal, immortal. As nonlocal mind becomes a living reality for more people, we could become a kinder, gentler culture. Nonlocal mind leads to what I call the Golden Rule of Era III: "Do good unto others because they are you!" Why? Because, as I said earlier, nonlocal mind is unlimited and boundless, which means that minds can't be walled off from each other. In some sense, at some level, we are each other.

Taking nonlocal mind seriously can, as I describe in *Reinventing Medicine*, widen the dimensions of the consciousness. We can tap into sources of wisdom beyond ourselves and beyond the present. Creative breakthroughs and prophetic knowing become ordinary in the context of nonlocal mind. Empathy and compassion flower as a result of our felt linkage with one another. And the awareness of immortality, as I've described, takes the pressure off living and dying. This will not happen automatically, however. We have to do our share and set our biases and prejudices aside. These are urgent matters. As Andre Malraux said, "The twenty-first century will be spiritual or it will not be at all."

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