

Better Healthcare Newsletter from Patrick Malone

For too many patients, medicine now revolves around not the the patient and procedures. But since humanity's earliest times, those treating the sick and injured often have turned to more human sources for help in healing their pain, music, dance, theater, and literature. We are rediscovering that the arts are not only deep wells of wisdom about what it means to be human, but also valid ways to heal mind and body.

Modern medicine erodes itself on its basis in fact and science. At the same time, doctors, researchers, and artists at places with big reputations develop amazing evidence on the benefits for patients by marvel at visual art works, play instruments or sing, break out in happy steps on a dance floor, see and create live dramas, or write personal truths as prose and poetry.

The role of the arts in therapy for our physical and mental well-being follows the same path as the research in the research arena.

Great art can help healing, major health care institutions finding

Pablo Picasso, Andy Warhol, Willem de Kooning, Marc Chagall, Frank Stella, Max Ernst, Joan Miró, Frank Stella, David Hockney, Jasper Johns, and Robert Rauschenberg. These are names plucked from a museum catalog. This is as if you were the artist whose work is displayed at Cedars-Sinai's new art gallery, the new addition to the research wing west of the Mississippi.

The hospital, at the behest of legendary Los Angeles collectors and expert Marcia and Frederick R. Weisman, has committed for decades to the "healing power" of art. This push began when Weisman underwent treatment for a severe head injury and suffered in and out of consciousness. His wife began to bring into his room favorite works from her collection, setting them by his bed and observing his reaction. He identified a painting as a Jackson Pollock before he recognized his wife knew the hospital history says. After his recovery, Weisman has led a similar program to ensure that others, especially patients receiving neurological and pediatric care — can benefit from interacting with a 4,000-works collection.

WATCH: CBS News reports on healing arts, with correspondent Bill Whitaker reporting in Los Angeles on patients' benefits.

Cedars-Sinai is far from the only well-known institution invested in the idea that art can bolster patients' health and well-being. Hopkins argues that "arts can be instrumental in helping us process and make meaning of our experiences, and feelings of grief and loss. Participating in collaborative, creative activities fosters connection, community, and well-being." It works across its schools, including the Peabody Conservatory, on research and clinical programs, including its International Arts and Mind Lab, Brain Science Institute and its International Arts + Mind Lab, which has promoted a NeuroArts Blueprint.

The World Health Organization, the Metropolitan Museum and the Museum of Modern Art in New York, and New York University launched a cooperative initiative focused on "exploring the arts as a new frontier in health, care, and well-being."

The National Endowment for the Arts (NEA) is sponsoring studies at universities from coast to coast, including at the University of Maryland and George Mason University.

WHO researchers in Europe, by the way, conducted in 2021 a meta-analysis of 3,000 published medical- scientific research studies, in English and Russian, on the arts and health, reporting:

"This report drew evidence from a wide variety of disciplinary approaches and methodologies for the potential value of the arts in contributing to our determinants of health; playing a critical role in health promotion; helping to prevent the onset of mental illness and age-related physical decline; supporting the treatment or management of disease; and assisting in acute and end-of-life care."

Researchers tune up the data on role of music as a medical treatment

Music has a long linkage to medicine, as Dr. Harvey Simon reported in an article published in a medical journal. He wrote:

"The ancient Greeks put one god, Apollo, in charge of both medicine and dance. People who dance have an advantage: They have less risk of developing heart disease or dementia. So, what is it that makes dance so different? Three reasons: music, a social aspect, and movement ... dance is a sport, an aerobic exercise. It gets your heartbeat up, keeps your muscles in shape and releases toxins from your body. In addition to these, there's the emotional component. We express ourselves when we dance. We don't just make shapes. We can be authentic, and be what we want ..."

The National Institutes of Health (NIH), the NEA, the Kennedy Center, and the National Symphony Orchestra are partners in the Sound Empathy and Foster a Sense of Well-being program, a patient- broad research into scientific explanations of music's potential benefits for health and well-being.

WATCH: CBS News reports on healing arts, with correspondent Bill Whitaker reporting in Los Angeles on patients' benefits.

The initiative has brought NSO musicians, as well as the whole orchestra, to NIH facilities for performances in clinical and research settings. It has started to result in published studies on the brain, how dance affects music, and what medical interventions may be. Dr. Frank Collins, the recently retired NIH chief, said of the work, which also has been spotlighted by soprano Renée Fleming:

"For me, [Sound Health is] both a basic science opportunity, to use what we're learning about how music affects the brain to understand the benefits better, but it's also got the medical implications. Music therapy can be incredibly powerful for kids with autism, adults with Alzheimer's and even helping in recovery, but we don't really understand most of a time story's basic. We can give this field a strong scientific base, and it can be even better."

At Johns Hopkins, the Center for Music and Medicine reports that its research "explores the impact of music and rhythm-based therapies on Parkinson's disease, Alzheimer's disease, stroke, and ... other disorders ... Patients can take note of the center's therapeutic groups, including ensembles for guitar, drumming, and singing for those with Parkinson's or Huntington's."

Dance steps lively in therapeutic ways

With the fitness movements of recent times, regular folks have learned about the importance of exercise in staying healthy and rehabilitating from injury and illness. Even a moticum of movement can be a difference maker, studies show. And dance can be its own kind of medicine, say Julia F. Christensen and Dong-Seon Chang, brain scientists and co-authors of "Dancing to the Best Medicine: The Science of How Moving to a Beat Is Good for Body, Brain, and Soul."

"We looked at studies where people have been assessed for 10 or 15 years on their hobbies, such as swimming, running, doing crossword puzzles, and dance. People who dance have an advantage: They have less risk of developing heart disease or dementia. So, what is it that makes dance so different? Three reasons: music, a social aspect, and movement ... dance is a sport, an aerobic exercise. It gets your heartbeat up, keeps your muscles in shape and releases toxins from your body. In addition to these, there's the emotional component. We express ourselves when we dance. We don't just make shapes. We can be authentic, and be what we want ..."

Academic medical centers just specialized programs to treat the special needs of professional and other elite dancers with injuries and physical performance concerns. Just as with musical therapy, there also are professional dance therapy programs.

Both the renowned modernist Mark Morris Dance Group and the English National Ballet have developed programs for therapy and research in Parkinson's. At the University of Florida, the Center for Arts and Medicine has brought together UF health clinicians and artists to bring music, regular "Dance for Life" sessions to help Parkinson's patients "improve their quality of life through enhanced overall physical well-being, social interaction, creative expression, and targeted improvements in balance, strength, and mobility. Watch the program, which is undergoing clinical study.

WATCH: Patients participate in UF Dance for Life program and other efforts to incorporate arts, medicine, and health.

Drama takes a star part in healing

As anyone who has come through a major injury or illness knows, the experience can be full of drama. Converting that life into theater, though, can be an important treatment for soul and mind, experts say. Here is how the online site Medical News Today described drama therapy:

"Drama became a form of recreation, with people creating plays and exploring their issues. It evolved into exploring their lives in a safe and controlled environment. It evolved into becoming more focused, with practitioners helping its redefinition as a therapy in the 20th century. It is an active and experiential approach to help people address various issues, including trauma, mental illness, relationship problems, and personal goal setting. Drama therapists help people explore difficult emotions, process past traumas, and work through challenging life situations ... When individuals explore their inner lives through drama, they can access hidden parts of themselves, develop new ways of relating to others, and find new solutions to old problems ..."

"While there is limited research on the effectiveness of drama therapy ... [a] 2021 study used [it] in individuals with serious mental illnesses such as schizophrenia, major depressive disorder, or bipolar disorder. Following a 9-week drama therapy program, the researchers noted a modest reduction in the Brief Psychiatric Rating Scale ... Another 2021 study explored drama therapy and 42 participants with dementia. After an 8-week program, the results showed that the experimental group showed a significant improvement in depressive symptoms and quality of life."

The University of Florida, with its Center for Arts and Medicine, has worked for a quarter-century with the UF Health system on a weekly therapeutic program involving "Playback" theater, notably with the Reflections troupe based in the Shands hospital. Storyteller and troupe participant Barbara East explained in an online interview what she and her colleagues do:

"Every week I go to patients' bedrooms and ask them to share their life stories. I tell them that in every room there is an amazing story and if it doesn't get written down no one else can tell it. I emphasize that it is their story and more than just a "heat" or "a car accident" or "a fall" or "a fall" but a whole human being, and I want to honor them and their life."

She described why the performances of their lives, unscripted and with music, can be beneficial to patients and medical staff:

"A huge medical complex such as Shands Teaching Hospital can be an isolating place for patients. For someone to be able to tell a personal story, not just the "her" medical history, to another person is a powerful way to connect. Our audiences are not limited to just patients. The family and friends of the patients, young medical students who go on rotations, and other staff members are invited to process their feelings, and hospital staff also come in and tell their stories. So, every Thursday afternoon this diverse group is our audience. In addition, one Thursday each month we go to Shands at Alachua General Hospital, the first and oldest hospital in town, and do bedside Playback Theatre or a performance there as well."

WATCH: PBS shows in the path-breaking research and clinical work of the University of Florida's Center for Arts & Medicine.

At the University of Southern California, faculty from the Keck Medical Center and the School of Dramatic Arts, have cooperated to craft a interdisciplinary institutional setting, medical staff and students better deal with burnout and the emotional challenges of the healing professions. The drama involved patients, medical students, and staff, as well as theater-makers from "hospitalized" communities. The performances deeply engaged the various participants and had a measurable effect, notably improving employee satisfaction survey.

Say the word: Writing can be healthy

Patients are people first, and especially when they are sick or injured, their very lives become complex stories. Doctors must listen to these, as well as to observe, analyze, chronic, and put together those stories to treat the afflicted. It is little surprise, then, that medicine and literature have long, deep connections. Consider this from a Yale Medicine magazine article:

"The prevalence of great physician-writers suggests an affinity between the two fields. Among the best-known practitioners are the Russian short-story writer and playwright Anton Chekhov; the poets John Keats and William Carlos Williams; and Sir Arthur Conan Doyle, who created Sherlock Holmes and his physician sidekick, Dr. Watson. Contemporary physician-writers include Oliver Sacks ... Jerome Groopman ... Atul Gawande ... and Abraham Verghese ... author of the popular novel Cutting for Stone. Khalid Hossain wrote The Kite Runner; Robin Cook ... writes medical thrillers, and the late Michael Crichton ... wrote popular fiction on everything from dinosaurs to marijuana smugglers to extraterrestrial diseases."

Dr. Daniel Bachner, a now-retired palliative medicine expert, poet, and onetime director of the University of Virginia, Virginia's Center for Biomedical Ethics and Humanities, has described in an interview the importance of stories, storytelling, creatively reading, and writing in medicine, observing that "unless you get the patient family story right, you're not going to do an adequate job taking care of them. Imaging, lab tests, medications — all of that doesn't approximate suffering, loss, family dynamics — how a father's illness affects mother, kids, for example."

Studies have shown the health benefits of writing, he said, adding, "If you take college kids who volunteer and encourage them to write about a difficult personal experience and compare them to students who didn't write, they have an easier time in college, go to student health less often ... It's been reproduced in a clinical setting."

For some clinicians, a key component of the quality of their care is rooted in the expertise of narrative medicine, a field championed by Rita Charon, an English Ph.D. who, as the National Endowment for the Humanities explains and M.D. in an online posting:

"In 2000, Charon founded the Program in Narrative Medicine at the Columbia University College of Physicians and Surgeons to teach future doctors how to elicit, interpret, and act upon the stories of their patients. The skills came through rigorous training in diary-keeping, attentive listening, and reflective writing on stories of illness. By studying how narratives work, doctors could build trust, develop empathy, and foster a sense of shared responsibility in a patient's health. An article in the March 2011 issue of Academic Medicine described an experiment that followed 693 diabetic patients for three years to see if their health outcomes related to their physicians' empathy levels, which was measured in part by (if diabetes) was significantly greater in the patients of physicians with high empathy scores than in the patients of physicians with low scores."

WATCH: Dr. Charon describes narrative medicine in a TEDx talk in Atlanta.

For patients, of course, reading and writing can have significant health benefits, studies have shown. Consider, for example, this bit of information from a study published in medical journal:

"In comparisons with controls, expressive writing produced significant benefits for individuals with a variety of medical problems. Study participants with asthma or rheumatoid arthritis showed improvements in lung function and physician-rated disease severity respectively, following a laboratory-based writing program (Journal of Health, Social and Behavioral Sciences, 1999) ... Some studies found that patients with cancer reported benefits such as better physical health, reduced pain, and reduced need to use health care services (Pat Rosenberg, Rosemary Rosenberg and Ernst Rosenberg et al., 2002; Rei Stanton, Daniel Burg, Leanne and Sarah Stewart in Daniel Burg, 2002) ... Patients with HIV infection showed improved immune response similar to that seen in mono-therapy with anti-HIV drugs (Pat, Pierre, Fontavilla and Thomas-Paine et al., 2003) and individuals with cystic fibrosis showed a significant reduction in hospital days over a 34-month period (Pat, Taylor, Williams and Anderson-Layke et al., 2003). Women with chronic pelvic pain reported reductions in pain intensity ratings (Pat Norman, Lanning and Ingham-Kimball et al., 2004) and poor sleepers reported shorter onset latency (Pat Harvey and Farrell-Haney & Farrell, 2003)."

Architecture and design get new focus in safety and quality of patient care

Architecture and design can have significant effects — good or bad — on people's health and health care, a fast-growing body of research has found. These studies point to a disturbing conclusion: Too many health care facilities are built all wrong, making patients sick, slower to improve — and even killing them. It's a view that the pandemic pandemic has only reinforced.

Long before the coronavirus, Dr. Druv Khullar, an M.D. and M.P.P. at Massachusetts General and Harvard Medical School, wrote a trenchant Op-Ed column in the New York Times. He argued that the bean-counting financial types who run hospitals must stop thinking about architecture as an aesthetic or "trophy"-creating concern.

Instead, he emphasized the significant harms that patients suffer in hospitals, most notably due to infections acquired there. Hospital-acquired infections (HAIs) add to the woes of hundreds of thousands of already ailing patients annually, and they're part of the broader problem of medical errors, which some experts estimated in 1990s times claimed 250,000 lives annually and may be the No. 3 killer in this country.

As Khullar noted, hospitals could achieve sufficient cost-savings with reduced HAIs alone, so that they could put all patients in single rooms rather than shared rooms. These would give doctors and patients greater privacy, comfort, quiet and calm, and lessen infections' spread. (Separate research, for example, has found that curtains that screen patients can themselves be germ-ridden, with one California hospital finding that a third of them in use there carried multi-drug-resistant bacteria.)

Further, by rethinking the solo suites' design, hospitals could make rooms safer from the growing problem of patient falls. By starting from the built means to beds and be made more navigable with ramps. If redesigning from scratch in designs, other research has found, hospitals could create adjacent rooms in mirrored fashion sufficiently alike left and right, so important medical equipment in the suite would be better positioned and in places instantly familiar to staff to avert error.

Better designed rooms also would relocate and improve their sinks, both in patient bathrooms and for caregivers to wash their hands — a major way to reduce hospital infections. More attention must be given to hospital sinks, other research shows. That's because fatal infections, such as those that outbreak at the National Institutes of Health clinical flagship in Bethesda blamed in the deaths of 11, may be tied to persistent bacteria flourishing in hospital plumbing and spreading from sinks.

Khullar says that redesigned hospitals could better position nursing stations with clearer sightlines into multiple patient rooms, lessening the need for the many noisy electronic alarms with which so many medical devices now are armed. Better design would eliminate hard, slick hospital floors that may be easier to clean but also contribute to falls and add to hospital clutter. (Hospitals are trying to help patients by quelling noisy beeping devices to give them a more quiet night's sleep.)

During the pandemic, news articles have reported how doctors and hospitals were and will be forced to reexamine an array of institutional design issues. These include: quarantine capacity, infection control, and the inflexibility of spaces in many facility-giant buildings.

When trying to treat overwhelming numbers of very sick patients, many hospitals came close to collapse, partly because they were designed when policy makers sought to slash capacity — keeping costly beds at the lowest numbers possible. That meant too many hospitals had become sealed fortresses to handle fewer, specialized, and highly complex cases — forcing the sickly ill to wait in halls, jammed waiting areas, and wait.

The pandemic will force politicians, doctors, and hospitals to reconsider whether networks of satellite centers — for surgical procedures and urgent and emergency cases — provide sufficient facilities for future situations involving mass treatment.

By the way, the pandemic has made painfully clear that giant nursing homes and other long-term care facilities, towering behemoths packed with residents in hopes of making business operations run smoothly, also demand changes. These were outlined in a recent research investigation by the National Academies of Sciences, Engineering, and Medicine. As the Associated Press reported, quoting David Grabowski, a nursing home expert and Harvard Medical School professor:

"Among the more routine subjects in the report, but one that nonetheless impacts residents' everyday lives, is the authors' call for homes to prioritize private rooms and bathrooms, instead of the communal ones that can fuel infections and underscore the institutional setting. And in a brief reminder of how bleak life in nursing homes can be, the report notes most residents spend "little if any time outdoors," calling for facilities to make outdoor access more accessible. The proposals, Grabowski said, have the potential to improve the days of residents who, even when they are having their basic medical needs met, are frequently lacking other areas of their lives: "I think the average nursing home resident has an OK quality of care but a poor quality of life," Grabowski said."

Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you:

- Federal officials have notified at least 989 patients for callouts with suicidal thoughts or other mental health emergencies, hoping that the public alerts will prompt help. The findings as a family and a friend's a 911 is best course for notified in other urgent help needs. The National Suicide Prevention Lifetime, which those in distress could reach by calling 800-772-TALK (6255) or texting HOME to 741741, will keep operating for a time. But mental health advocates say that hope 988 soon will become embedded in the public consciousness as the line to call 247 to take into resources — many of them which will rely more on individual states — for what will become big jobs.
- Get some sleep! That's not just a late-night nudge for the kids from their parents. It is strong new advice patients will hear from their cardiologists and other doctors, as the American Heart Association has added sleep to its list of important ways for folks to avoid cardiovascular disease. Cardiacs, sleep specialists, and health-care agencies have reported the association has identified five lifestyle factors and other factors for a time now, but the leading cause of death in this country heart disease. The federal Centers for Disease Control and Prevention has reported that almost 700,000 Americans died of heart disease in 2020. The almost costs the country \$230 billion annually.
- Since the 1970s, some doctors have treated arthritic knees by injecting them with hyaluronic acid, a substance originally derived from the combs of tortoises. Specialists have zealously promoted this therapy, costing patients a few hundred dollars a pop and repeated so widely that Medicare alone pays \$300 million annually for the "knee" injections. But a new study from the University of Illinois at Chicago, led by Dr. Robert M. LaPrade, says that the procedure is no better than a placebo (sugar, or salt water), and that it's not worth the cost. The study's authors say that a half-century's worth of data from 169 clinical trials involve more than 20,000 patients.
- One of the nation's largest health care systems had its ambitious plans to reshape itself for the 21st century undercut by a dozen members of the U.S. Senate, with taxpayers and veterans left in the lurch with great uncertainty about the future medical care for those who valiantly have served this country. Just a few weeks ago, Denis McDonough, the secretary of the Department of Veterans Affairs, met a deadline from Congress to detail significant shifts in how his sprawling agency cares for former military personnel and their families. He provided a proposal — a plan to shift to a new structure, and he was largely ignored by Congress. The plan was to create a new agency, the Veterans Health Administration, to take over the care of veterans and their families. The plan was to create a new agency, the Veterans Health Administration, to take over the care of veterans and their families. The plan was to create a new agency, the Veterans Health Administration, to take over the care of veterans and their families.

HERE'S TO A HEALTHY 2021!

Sincerely,

Patrick Malone

Patrick Malone & Associates

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Dance steps lively in therapeutic ways

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Nature has deep roots in keeping people healthy

BY THE NUMBERS

50% Percentage of health care workers reporting in 2020 national survey that they had art projects including art therapy classes and concerts, including art displays in patient rooms were on the upswing.

31% Percentage lower risk of dying for older adults who engaged every few months in social and cultural activities vs. those who did not. Findings came from 14 years of data on 1,000+ 50+ year-olds in a British study on aging.

73% Percentage of recently published scientific studies that used statistically significant effect sizes in arts-based patients in arts-based programs. Most were in the National Endowment for the Arts funded research to determine how art programs could help build the opioid abuse and drug overdose crisis.

\$30,000 Potential savings for one day in intensive stroke care by projecting on walls of the savings for psychologic patients on an image of a natural landscape. This cut incidents of patient falls and other incidents of abstract art or nature.

QUICK LINKS

Our firm's website

Read an excerpt from Patrick Malone's book:

This life you save

New Steps to Better Medical Care — Why Would You?

the you gave

Learn More

Read our Patient Safety Blog, which has news and practical advice from the frontlines of medicine for how to become a stronger, healthier patient.

Just say "Whoa!" to runaway medical costs. Staying safe and healthy this summer can be costly and risky. Why do we keep letting dangerous doctors put patients at risk? Before we launch a new campaign, let's talk about cancer care right now.

You Can Eat This ... But Why Would You?

Looking Ahead: Preparing for Long-Term Care

Monogamy or Concubine Pair: It's Complicated

Secure Health Records: A Matter of Privacy and Safety

Standing Tall Against a Fall

More ...

WATCH: CBS News reports on healing arts, with correspondent Bill Whitaker reporting in Los Angeles on patients' benefits.

WATCH: PBS shows in the path-breaking research and clinical work of the University of Florida's Center for Arts & Medicine.

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