



# Rock Bottom

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Modern medicine is evolving in a dangerous manner with regards to your health care. The major factor in deciding to offer a procedure or treatment is often whether it's covered by insurance and how well it is reimbursed. The effectiveness of the intervention is a lesser consideration. Additionally, there is little accountability for the outcomes unless there is severe negligence. One problem that is not often acknowledged is that of inducing a depression from repeatedly dashing people's hopes. This was powerfully demonstrated by Harry Harlow. (1)

## “The Pit of Despair”

Harry Harlow was an internationally renowned psychologist who pioneered research in human maternal-infant bonding using primates. During the first half of the 20<sup>th</sup> century, it was felt that mothers should touch their children as little as possible. The leading mental health professionals aggressively discouraged mother-child interaction in research papers, lectures, books, and the media. Interestingly, or tragically enough, their recommendations were based on rodent research.



Dr. Harlow was the leading force in changing the tide of opinion using various species of monkeys. His story is well-presented in an entertaining biography, *Love at Goon Park* by Deborah Blum. (1) In the 1960s, he turned his attention, also based on primate research, to some of the smaller details of human interaction. One model he worked on for quite a while was that of inducing depression. He used various isolation methods and ways of simulating parental neglect or even abuse. He consistently produced monkeys that were seriously disturbed, but he wasn't able to cause depression. At the time, he was experiencing his own severe depression associated with his wife's diagnosis of terminal cancer.

He finally discovered a consistent methodology to create depression by devising an cage apparatus that resembled an upside-down pyramid. The sides were steep, but still allowed the monkey to climb to the top to peek outside. The top was covered with mesh. Initially, the monkeys would repeatedly climb up to look out and quickly slide back down. Within a few hours, they would give up, sit in the middle of the device, and not move. They were almost unresponsive. What was even more disturbing was that when they returned to their families, they wouldn't revert back to normal social behavior. It didn't matter what problems the monkey had prior to the experiment. The abnormal monkeys became worse and normal monkeys suffered the same fate. Even the “best”

monkeys from stimulating and interactive families would succumb. The researchers called the apparatus, “The Pit of Despair”. It was felt by the research team that this “learned helplessness” was from a combination of feeling the loss of a good life reinforced by occasional glimpses of the outside world and feeling trapped. Within a half a week, every monkey spiraled down.



### **Profits over quality**

The business of medicine, like any other business, is focused on making a profit. Computer programs monitor physicians’ contribution to the profit margin. Most of the revenue is derived from performing procedures, most of which have been documented to be ineffective for treating chronic pain regardless of the source and location. (2) The downside risks include unnecessary costs, significant risks and patients are often worse off than before the intervention. (3) It has also been documented that only about 10% of spine surgeons are addressing the known risk factors for poor surgical outcomes. (4) Dr. Ian Harris, who is an orthopedic spine surgeon from Australia, has done extensive research on the utilization of ineffective procedures. He wrote a book, *Surgery: The Ultimate Placebo*, (5) where he extensively documents the data behind many procedures that have been proven to be of no benefit and it hasn’t stopped physicians from using them – at all.

### **What works**

Effective treatments are often not covered because they don’t generate enough revenue. For example, expressive writing is a simple intervention that has been shown to be helpful in alleviating symptoms in multiple medical conditions. Its effectiveness has been well-documented in over 1,000 research papers. (6) The most basic form of it is simply writing down your thoughts and immediately destroying them. It has been shown to decrease symptoms of asthma, depression, rheumatoid arthritis, and improve student’s athletic and academic performance. I had dinner with the original author of the technique, James Pennebaker, who is a psychologist from Austin, TX. There is a lot of debate of why it works and what might be the best technique. But there is no questioning whether it works. It costs nothing, has minimal risk, but is rarely presented as a treatment option. Most physicians have never even heard of it. Why?

Mindfulness-based stress reduction has also been demonstrated to decrease pain in many papers and is usually not covered by insurance. (7) Several excellent pain programs in the Puget Sound shut down because they could not afford to keep them open.

Listening is a proven healing modality in addition to being a basic requirement to understand a given patient's whole situation. (8) Dr. Francis Peabody, a famous Boston physician, was concerned about the intrusion of technology into the patient-physician relationship in 1927. One of his more notable quotes was, "The secret of care is caring for the patient." (9)

### **The business of medicine**

Currently, mainstream medicine is pretending to deliver medical care, while at the same time, people still trust their physicians. My observation is that it isn't the individual physicians that are the core of the problem. The corporatization of medicine is backing everyone into a tight corner. Not only are we not given the time to talk to our patients, many are often penalized heavily for not being "productive enough."

You don't feel heard. You are offered random treatments, which must be coordinated and combined in order to effectively solve your chronic pain. Each of them may help but won't solve your chronic pain when as an isolated intervention. No one has explained the nature of chronic pain to you. How many times can your expectations be dashed before you lose hope? The additional tragedy is that it is such a solvable problem given the correct evidence-based approach.

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4. Young AK, et al. "Assessment of presurgical psychological screening in patients undergoing spine surgery." *Journal Spinal Disorders Tech* (2014); 27: 76-79.
5. Harris, Ian. *Surgery, The Ultimate Placebo*. New South Publishing, Sydney, Australia, 2016.
6. Pennebaker, J and Joshua Smyth. *Opening Up by Writing it Down*.
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