



## The other Side of the Bedrail

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## The Other Side of the Bedrail

**A**s many of you know, in June 1995 I became a cancer patient. I shared part of this experience with you in my column titled "The Road Less Traveled" in the September/October *Oncology Issues*. Since then I have received many letters and telephone calls from our membership and thank each one of you for taking the time to write or call. The quality of my life has been enhanced by your thoughtful concern and prayers. A number of you also asked that I keep our readership informed of my journey and share what I have learned along the way, both from the perspective of the patient and as an oncology administrator.

In the first stage of my journey I learned the importance of involving the "community" of family and friends in the healing process. Recent studies have confirmed that emotional support from families can significantly alter how a patient adapts and responds to a cancer diagnosis. Supportive families can be the medicine that helps a patient heal, while families that interfere or disagree with treatment can have a negative impact. As health care professionals, it is critical that we respect and facilitate the community bonds, which may be more crucial to a patient's survival than the latest high-tech procedures or equipment.

As I entered the second phase of my journey, I discovered that as health care providers in a technological society there is a great deal of frustration as we attempt to create an environment that promotes healing. Technology has distanced us from our patients. The managed care environment and its "less is more" philosophy has further distanced us from our patients. Today we function in a treatment model milieu where surgery, radiation, and/or chemotherapy and other drugs are used to manipulate the physical body with the goal of reducing or eliminating the signs and symptoms of disease. We are experts in the science of medicine and understanding the physiological system; however, it is the art of understanding the whole person that gives us the best chance of helping a patient deal with an illness and be healed. In the healing model as defined by Elliot S. Dacher, M.D., the inner power and resources of our mind and body are used to restore our own unique balance and harmony. The healing model requires that we empower our patients to be partners with us in the healing process. As partners, patients help us help them.

I entered the third phase of my journey when I began looking for ways to enhance the treatment I was receiving. I began reading about the exciting new research in the field of psychoneuroimmunology. We know from studies using biofeedback that individuals can control their autonomic responses, such as brain wave activity, blood pressure, pulse, and temperature. Herbert Benson, M.D.,

associate professor of medicine at Harvard Medical School and pioneer in the field of behavioral medicine, has documented similar responses using relaxation-response techniques. Research conducted by Candace Pert, Ph.D., former chief of the Section on Brain Biochemistry of the Clinical Neuroscience Branch at the National Institutes of Health, and her colleagues have now confirmed that an individual has the capacity through his or her attitudes and actions to self-regulate aspects of the biochemistry and physiology of the mind and body. When applied to the immune system, an individual can choose to either enhance or suppress it and affect other systems in the body. This new knowledge of the mind/body interactive-ness and how it can be used as an adjunct to conventional cancer therapies could have significant implications in the treatment of the oncology patient.

In the fourth phase of my journey I have had the opportunity to take a step back and assess the care I have been receiving from the other side of the bedrail. This fall I experienced a superior vena cava syndrome and was treated with radiation therapy and low-dose chemotherapy as a radio-enhancer. I was grateful to have access to good combined modality therapy and impressed with the levels of technical expertise and commitment on the part of the oncology team. I am very proud to be a part of our health care system and to have community access to the latest technology and the high level of professionals delivering my care. I have methodically sought out the "healers" in our community and am receiving valuable support from my "healing" team as I pursue a daily program of guided imagery, meditation, relaxation therapy, exercise, and nutrition as an enhancement to the radiation therapy and chemotherapy.

In my September/October column I invited you, the ACCC membership, to open your minds to the possibility of merging contemporary medical technology—brilliant but limited—with some of the newer disciplines as we prepare for the 21st century. I also invited you to be part of my odyssey. As we go down this path together, it is my hope that we gain a greater understanding of the mysteries of the mind, body, and spirit and that this awareness finds its way into our hospitals, clinics, and practices. When curing is unreachable, as is the case with many of our cancer patients, our goal should be "wholeness," which is the root of healing.

Diane Van Ostenberg