Unique Self and the Future of Medicine

Venodhar Rao Julapalli, M.D. and Vinay Rao Julapalli, M.D., F.A.C.C.

Abstract

Medicine is at a critical crossroads in its evolution from antiquity to our modern age. This article aims to reconceive the future of medicine. Key to this conception is an understanding of the evolution of individual development. To this end, the discussion will first outline the stations of the selves, on the path to what has been termed the Unique Self by spiritual thinker Marc Gafni. Next, the discussion will distinguish between two poles of development and outlook, in order to understand how the insight of Unique Self integrates these dualities. It will then view the Unique Self from three perspectives, or four quadrants, of reality and also illustrate how Unique Self appreciates the balance between part and whole. The discussion will subsequently correlate the stations of the selves with the history of medicine and further examine dualities in medicine that parallel those of the self. It will then elucidate how an understanding of Unique Self fundamentally shifts our envisioning of the practice of medicine. This shift renews the unique calling that is the art and science of healing.

Introduction

Universal to the human experience is care of our health. Medicine is defined as "the science and art dealing with the maintenance of health and the prevention, alleviation, or cure of disease."[1] The topic of medicine is therefore relevant to all of humanity.

In the United States, the practice of medicine has reached a critical crossroads. National spending on health care has been estimated to total $2.8 trillion in 2012, which is 18% of the gross domestic product (GDP).[2] It is projected to increase to about 25% of GDP and 40% of total federal spending by 2037.[3] Few dispute that this trajectory is unsustainable.

The dispute begins in how to alter this trajectory. The debate has raged on from multiple perspectives. Some have focused on the structures of payment for health care,[2,3,4] while others have investigated the sources of health care pricing.[5] Some have proposed the standardization of health care delivery with an emphasis on maximizing value through evidence-based medicine,[6,7] while others have highlighted the role of the social determinants of health in influencing the rising costs of medical care.[8] The Affordable Care Act, signed into law in March 2010, expanded health insurance coverage for Americans and introduced programs designed to slow spending on health care. However, there is no clear consensus on its ultimate effect in bending the health care cost curve down.

Most of the recent discussions on the practice of medicine have preferentially approached health care as an object. Evidence-based guidelines, quality measures, value-based metrics, and pay-for-performance programs presuppose an objective perspective on medicine. The increasingly acknowledged urgency of controlling spiraling health care costs has certainly advantaged this perspective, along with desires to improve patient safety and even out regional variations in health care delivery.[6,9]

Somewhat drowned out in the recent movements in medicine is the voice of medical humanism. This voice presents medicine from a subjective perspective, as it highlights the individual values, goals, and preferences of a patient with respect to clinical decision making.[9] From this perspective, paramount are factors such as honoring the dignity of patients and their families, acknowledging their cultural and ethical sensitivities, sharing clinical decision making between the patient and the physician, and upholding the autonomy of the patient in making medical decisions.[9] Physicians voicing humanism in medicine feel that the subjective aspect is crucial in maintaining medical professionalism, demonstrating good clinical judgment, and caring for patients near the end of life.[9,10] They question the effectiveness of health care based merely on utilitarian medical decision analyses,[11] rather than nuanced conversations between the patient and physician on the patient's perception of his/her illness and its treatment.

The two perspectives, medicine as an objective science and medicine as a subjective art, are often diametrically opposed to each other. Health care objectivists regret that "Our current health care system is essentially a cottage industry of nonintegrated, dedicated artisans who eschew standardization."[6] They criticize the current system as one that "overvalues local autonomy and undervalues disciplined science."[6] In subjective medicine, "'Good doctors' are celebrated for their unwavering dedication to doing whatever it takes to care for their individual patients."[6] In their view, this leads to excessive tests and procedures, a fragmentation of care, limited oversight of such care, and ultimately wasteful and unreliable medicine.

Health care subjectivists, on the other hand, lament that "Reducing medicine to economics makes a mockery of the bond between the healer and the sick."[10] They eschew the replacement of terms such as "doctors" and "nurses" with "providers," and "patients" with "customers" or "consumers."[10] They feel these terms are "reductionist; they ignore the essential psychological, spiritual, and humanistic dimensions of the relationship – the aspects that traditionally made medicine a 'calling,' in which altruism overshadowed personal gain."[10] In objective medicine, the "discourse shifts the focus from the good of the individual to the exigencies of the system and its costs."[10] In their view, this results in diminished independent and creative decision making, dehumanization of the patient and professional, destruction of the trust so crucial to the patient-doctor relationship, and ultimately a demeaning of medicine.

How best can we reconcile these two positions in a way that includes and transcends them both? Is there another perspective that honors medicine both as a science and as an art, without congealing the two sides into a muddled compromise that satisfies neither?

Acknowledging the instability of the current system, can we evolve medicine to a practice of greater value, efficiency, meaning, and purpose?

In the rest of this discussion, we aim to reconceive the future of medicine. Key to this conception is an understanding of the evolution of individual development. To this end, we will first outline the stations of the selves, on the path to what has been termed the Unique Self by spiritual thinker Marc Gafni. Next, we will distinguish between two poles of development and outlook, in order to understand how the insight of Unique Self integrates these dualities. We will then discuss the Unique Self from three perspectives, or four quadrants, of reality and also see how Unique Self appreciates the balance between part and whole. We will subsequently correlate the stations of the selves with the history of medicine and further examine dualities in medicine that parallel those of the self. We will finally outline how an understanding of Unique Self fundamentally shifts our envisioning of the practice of medicine. Our discussion will highlight the physician as the exemplar of the medical professional but can apply to any professional involved in caring for patients. All are included in the future of medicine.

The Stations of the Selves

Gafni discusses the trajectory of individual development as passing through six stations (note that while these stations generally unfold in sequence, they are not necessarily linear).[12] The first station is the pre-personal self, which appears in the infant before it has individuated from mother or the environment.[12] Identity is subsumed into the surroundings, and the self exists in an undifferentiated form.

The second station is the personal self, or separate self. At this station, the self differentiates into a personality, or ego.[12] This is what we perceive as our everyday, ordinary selves. We develop our identities through the formation of boundaries between ourselves and the world, and the individual stories of our lives take hold. The separate self is therefore "the cluster of needs, drives, memories, fears, and expectations that [is] typically referred to as 'me.'"[13] The duality of our existences is readily apparent at this station, as we experience successes and failures, dignity and disgrace, joy and sorrow, and living and dying.

The third station is the false self, which is the unhealthy and distorted expression of the separate self.[12] It often expresses itself as a fixation on a set of core sentences about oneself: "I am not safe," "I am not good enough," or "I am too much."[12] The false self can protect us at times from the pain of our separate self, but when fixed through deeply held beliefs it distorts our perception of reality.[13] Psychotherapeutic techniques such as psychoanalysis, shadow work, and cognitive behavioral therapy engage the false self and attempt to reintegrate it into the healthy separate self.[14]

The great contemplative traditions invite us to expand ourselves into the fourth station, the True Self. This is the momentous realization of a Self beyond the mere personal ego. Gafni writes as follows:

> At this station, you engage in spiritual practice in order to dislodge your identity from the hell of separation, and you begin to realize your identity as the eternal Witness, as Big Mind/Big Heart, as the effortless spacious awareness behind this moment and every moment. You recognize your profound interconnectedness with others and the world. You realize that you are part of the larger field of love, intelligence, and creativity underlying All-That-Is. You reach beyond time and taste eternity, stepping out of the stream of past, present, and future, consenting to the full presence of the unchanging Now.[12]

The True Self exists in the singular, the plural of which is unknown.[13] This signifies the non-separate nature of reality, not in the pre-personal, undifferentiated sense but in a trans-personal, interconnected sense. The separate self is seen as necessary for healthy personal growth and action but limiting when exclusive attachment to it distorts the true nature of the universe.

This true nature of the universe can be understood not only in the subjective realm through contemplative traditions rooted in the great religions, but in the objective realm through modern systems theories rooted in the hard sciences. As exemplified by thinkers such as Ludwig von Bertalanffy, Fritjof Capra, Ervin Laszlo, and Humberto Maturana with Francisco Varela, systems theories conceive the universe as an inextricably interconnected web.[15] The patterns that bind this web are holistic, unifying, and scientifically observed. Whether seen through science or religion, True Self is therefore a recognition of the oneness of the universe.

Gafni's insight is the formulation of the fifth station of the self, the Unique Self. The realization of the Unique Self is that True Self cannot manifest in the universe but through a unique perspective. Gafni explains as follows:

> What Unique Self realizes in its genuinely evolutionary unfolding of True Self, is that every True Self sees from a different perspective. Every True Self sees through a unique perspective. Once you understand that perspectives are foundational there is no way to escape this truth. Perspective is not less than but it is much more than merely your conditioning. Perspective is a property of your essence. While the same True Self exists in every one of us, each of [us] is awakened as True Self from a radically unique perspective. Each one of us has a personal perspective that is irreducible.[12]

So who are you, really? Gafni's answer to this core question is that "you are the irreducibly unique expression of the intelligence that is the initiating and animating energy of all that is, that lives in you, as you, and through you; that never was, is, or will be ever again other

than through you." (personal communication, October 17, 2014) As a Unique Self, you have an irreducibly unique perspective and taste. This unique quality of being is manifested by True Self through you and you alone. True Self is thus a true but partial realization. Philosopher Ken Wilber formulates an equation: True Self + Perspective = Unique Self.[12]

The radically unique perspective of your Unique Self fosters unique insight held by you and you alone. This unique insight creates your unique gift. This unique gift addresses a unique need in your unique circle of intimacy and influence not able to be addressed by anyone else in the world – either in the past, present, or future – but you.[12]

Awakening to your Unique Self is necessary to pull you into the sixth station of the self, the evolutionary Unique Self. In this station it is understood that the universe is continually evolving, and that the Unique Self is the vehicle through which the universe ever-evolves. As Unique Selves giving our unique gifts to address unique needs, we recognize that we can become conscious influencers of the evolution of what is good, true, and beautiful. Gafni writes the following:

> It is the awakened Unique Self feeling the imperative of evolution consciously alive in herself that is therefore called to give her Unique Gifts for the sake of the evolution of all of reality…The awakened Unique Self who has evolved beyond exclusive identification with ego is constantly being called by the evolutionary impulse. Indeed, it is in consciously aligning his Unique Self will with the evolutionary will of the kosmos that the human being is pulled beyond ego to True Self, and then to the personal face of True Self – Unique Self. One does not escape ego by awakening to the evolutionary Unique Self. Ego is always present. However, by identifying with the infinitely larger context of the evolutionary Unique Self, the limited identification with ego is gloriously trance-ended.[12]

In the manifest world, True Self has an irreducibly personal face, the face of the Unique Self.[12,13] This personal face is prefigured by the personality of the ego, which Gafni is actually contending can never be jettisoned. What can be released, though, is the exclusive identification with ego. Returning with the Unique Self is therefore not the lower-level personal character of the separate self but the higher-level personal essence of True Self.[12] Moreover, what blossoms in evolutionary Unique Self is activist participation by uniquely gifted individuals in the evolutionary unfolding of reality. The Unique Self doctrine thereby reformulates the nature of enlightenment.

Classical versus Personal Enlightenment

The term "enlightenment" has been applied over history in two distinct ways. Classical enlightenment refers to the awareness that the separate self, or ego, is the illusory source of all suffering; this self must be destroyed in order to realize the true nature of consciousness, or True

Self. Though not limited by geography, this teaching is commonly associated with the Eastern religions such as Hinduism and Buddhism. Personal enlightenment is the awareness that the personal, separate self is the essential nature of humanity; the failure to recognize the dignity and autonomy of the individual is the source of all suffering. This insight blossomed primarily in the Western world around the eighteenth century and serves as the foundation of Western cultures.[12]

Gafni contends that each perspective on enlightenment holds great insight and commits a grave mistake. This mistake hinges on the conflation of separateness with uniqueness. When this mistake is understood in the realization of the Unique Self, the intractable tension between the two perspectives is resolved.[12,13]

The great insight of classical enlightenment is that to become free, one must dis-attach from a separate self that believes falsely in its alienated existence. The separate self does not see itself as part of a larger, transcendent reality. Anything outside of its own circle becomes an "other," whether this other represents a different individual, worldview, culture, or death itself. It then struggles to protect its own survival against the other. In refusing to sacrifice its contracted, grasping, fearful separate self to its True Self, it "violently recoils and declares war upon the world."[13] This, classical enlightenment teaches, is the root of all suffering.

The great insight of personal enlightenment is that freedom is best expressed through the dignity and autonomy of the personal self. The natural rights of humanity are granted to each individual in relationship with the divine. Goodness, truth, beauty, and love flourish only when the self separates from God and enters into a dialectic relationship with God and others. Life in this temporal world gains value, for the separate self is freed to fulfill its destiny. When the self remains absorbed in an amorphous "One," distinctions between good and evil, right and wrong, and heaven and earth are lost. Love and choice are imprisoned.[12] This, personal enlightenment teaches, is the root of all suffering.

The grave mistake made by both classical and personal enlightenment teachings rests in the failure of each to distinguish between separateness and uniqueness. Both classical and personal enlightenment doctrines see separateness and uniqueness as one and the same. Because classical enlightenment views separateness as an obstacle to self-realization, *uniqueness* must be destroyed at all costs. Attempts to cling to such uniqueness are seen as a fool's game. Uniqueness therefore becomes the enemy. In an often genuine endeavor to free ourselves, classical enlightenment then attempts to discount and root out uniqueness.[12,13]

The perspective of personal enlightenment recoils from this devaluing of uniqueness, for it sees uniqueness as fundamental to the dignity of human existence.[12,13] Nevertheless, it too conflates uniqueness with separateness, so separateness then assumes a lofty status. In personal enlightenment the glory of the individual is *only* realized when separateness is fostered. Attempts to destroy separateness are therefore seen as the fool's game. "Oneness" becomes the

enemy. In an often genuine attempt to preserve freedom, personal enlightenment then discredits the call for individuals to die to the whole.

The Unique Self perspective identifies the mistake common to both classical and personal enlightenment – the indiscrimination of separateness and uniqueness – and thereby creates the space for the insights of both classical and personal enlightenment to thrive. In Unique Self enlightenment we recognize that to hold on to a contracted, limited pseudo-story is to obscure our connection with an infinitely larger reality. At the same time, we intuit that our basic value as human beings resides in our own personal stories. Yet we do not need to give up our unique character to realize our true essence. Since uniqueness, in fact, is intrinsic to how our true nature expresses itself in the manifest world, disavowing our uniqueness repudiates our True Self. Vice versa, hampering our realization of True Self diminishes the fullness of our Unique Self.[13] Gafni expresses the following:

> Unique Self is the personal face of essence, our ultimate nature – it is the unique God-spark or love intelligence that lives in you, as you, and through you. Enlightened realization of Unique Self transcends the limitations of our separate self while simultaneously affirming the autonomy, value, and infinite dignity of our own unique individual perspective and expression. The Unique Self is revealed in moments of flow and grace, regardless of our level of consciousness, yet it is only after we have developed beyond the grasping of our separate self and have realized our unity with the infinite unqualified field of consciousness that Unique Self wholly manifests as a full and stable realization in our lives. In other words, Unique Self describes a particular form of enlightened individuality. While glimmerings of Unique Self are available at virtually all levels of consciousness, Unique Self is fully realized only after transcending narrow identification with ego and identifying with one's true nature as not separate from, but one with, all that is. This realization then evolves and deepens, as one understands that he or she is not merely a part of the all, but an utterly unique part, unlike any other, of all that is.[13]

Personal versus Impersonal Man

Gafni furthers clarifies the tension between personal and classical enlightenment as the tension between "personal man" and "impersonal man."[12,13] Each holds to light a vital truth that is but partial. With destructive consequences, each casts a shadow when he sees his partial truth as the whole truth.

Personal man views the personal as sacred. Bestowed with personal rights and responsibilities, he values his place in the world. He strives to make his mark on this world through the worthy pursuits of life, liberty, happiness, and loving relationships. He feels that a life well lived is filled with free will, creativity, productivity, and achievement; such is an enlightened life. For personal man, an impersonal stance on life is offensive, demeaning, and

inhuman. He sees impersonal man as indecisive, cryptic, and purposeless. He feels that only separate, autonomous selves are capable of expressing justice, love, and joy in interactions with each other; the detached position of impersonal man on good and evil, love and hate, and happiness and sorrow is insane.[12]

Impersonal man views the impersonal as sacred. In realizing the infinite core of his true nature, he sees the manifest world as illusory and ephemeral. He believes in aligning himself with the larger contexts and deep processes of impersonal reality in order to evolve the world toward greater compassion, goodness, and justice. He feels that a life well lived is freed from the bonds of space, time, duality, and separation; such is the life of enlightenment. For impersonal man, a personal approach to life is limiting, fearful, and insufferable. He views personal man as petty, insatiable, and imprisoned. For impersonal man the ravenous desire of personal man to mark the world with his works stems from an attachment to the illusion of separateness, an attachment that is insane.[12]

The perspectives of personal and impersonal man carry light in their truths and cast shadows in their distortions. The light shone by personal man is his glory in living out his personal story. Through affirming his personal story, he can create intimacy with others telling their own stories. The light held by impersonal man is his clarity in seeing the larger picture of reality. By ending the trance of the personal, he can liberate infinitely grander principles and processes that govern the world.[12]

The shadow of personal man is his egoic narcissism and victimhood. He cares for his own needs foremost, and he is unwilling to sacrifice his selfish desires for a larger cause. He feels unduly victimized when he perceives his rights are being infringed. The shadow of impersonal man is his distorted valuation of process over individuality. He relegates the individual to a cog in an impersonal machine. He then becomes susceptible to oppressing and persecuting the individual, all in the name of progress.[12]

The insight of the Unique Self reconciles and transcends the paradox between personal and impersonal man. Again, this insight rests on the crucial distinction between separateness and uniqueness. "Unique man" upholds the ethical, industrious, and autonomous impulses of his personality as dignified and worthy. At the same time, he is able to let go the exclusive identification with his separate sense of self. This allows him to honor the utopian, blissful, and unified impulses of his impersonal nature. Yet he realizes that his impersonal nature manifests in a profoundly personal manner, uniquely different from any other being. Gafni explains as follows:

> …beyond the impersonal, the higher personal comes back online with the deeper realization that the process is ultimately personal at its core. So unfolds the perpetual dance of personal and impersonal. Personal ethics and utopian ethics are held in grand dialectical tension, which is constantly moving toward higher integration and alignment. Failure to hold this dialectical tension results in either personal narcissism or various shades of impersonal alienation "for the sake of it all."[12]

Indeed, Unique man integrates two true but partial stances: He sees that his uniquely personal purpose and meaningfulness in the world deepen in direct proportion to his realization of the grander impersonal arc of life. He also sees that the embracement of his irreplaceably unique aspirations and story actually releases the attachment to his contracted ego and allows him to accept more freely the impersonal process of evolution.[13]

From this emergent perspective, the evolutionary Unique Self is now able to hold the impersonal evolutionary process in an intensely personal context. The evolutionary Unique Self reframes its purpose in life as part of a large evolutionary unfolding. It liberates itself by acting for the sake of the all. What is vital, however, is that the evolutionary Unique Self does not get swept up in process at the cost of individual worth – both its own and the worth of all others. On the contrary, it realizes that evolution cannot actually occur without the giving of its unique gifts to the universe. As Gafni writes, "The dialectical dance of the personal and impersonal must never stop…The process must always remain personal."[12]

Perspectives, or Quadrants, of Unique Self

The understanding of Unique Self entails a more expansive awareness of perspectives, as Unique Self is True Self plus perspective. Unique Self itself embodies the three core perspectives of reality. Wilber, referencing multiple other sources including Plato, Buddhism, Immanuel Kant, and Jürgen Habermas, recognizes first-person, second-person, and third-person perspectives as fundamental dimensions of reality.[15] The first-person perspective, defined in language by the pronoun "I," is the subjective inner dimension of reality (*i.e.*, in Platonic terms, the "Beautiful," or in Buddhist terms, "Buddha"). The second-person perspective is the dialogical dimension of reality (the "Good," or "Sangha"). It is defined by the pronoun "you"; although technically not second-person, it can also be signified by "we," which inherently comprises you and me engaging each other. The third-person perspective is the objective outer dimension of reality (the "True," or "Dharma"). In the singular it is defined by the pronoun "it," and in the plural it can be signified as "its."

Another way to express the first-, second-, and third-person perspectives of the Unique Self is with Wilber's elegant four-quadrant model, illustrated below.[15] In this model, all sentient beings have four major dimensions: interior, exterior, individual, and collective. These four dimensions constitute four quadrants of a given being and cannot be reduced without remainder to each other. The Upper-Left (UL) quadrant, or interior-individual, describes the subjective thoughts, feelings, and sensations of an individual; this quadrant corresponds to the first-person perspective. The Lower-Left (LL) quadrant, or interior-collective, describes the shared thoughts and worldviews of individuals engaged with each other; this quadrant corresponds to the second-person perspective. The Upper-Right (UR) quadrant, or exterior-individual, reflects the objective matter, energy, and behavior of the individual; this correlates with the third-person-

singular perspective. The Lower-Right (LR) quadrant, or exterior-collective, reflects the shared behaviors and systems of individuals; this correlates with the third-person-plural perspective.[14,15]

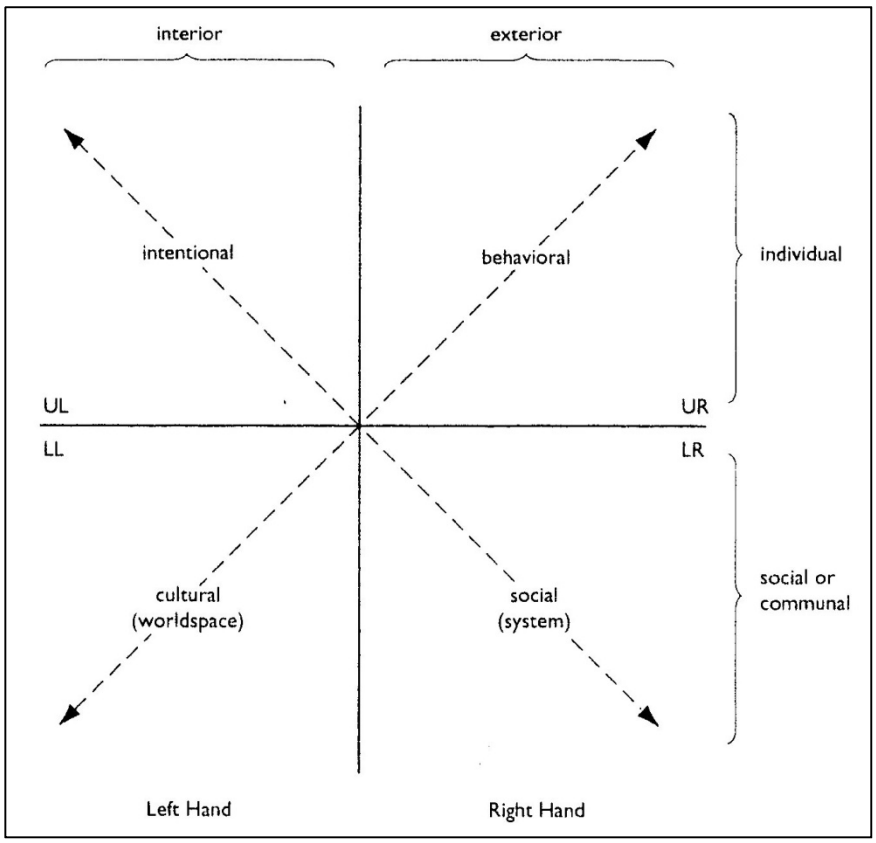

Figure 1: The Four Quadrants[15]

Through the first-person perspective, or the UL quadrant, Unique Self is the incarnated, felt realization of True Self living through "me." It is the unique and irreplaceable expression of essence in me, as me, and through me.[12] My personal thoughts, emotions, desires, and experiences are irreducible manifestations of the divine.

Through the second-person view, or the LL quadrant, the Unique Self expands into a unique encounter between you and me. You and I meet in an authentic exchange of our radically unique stories. In such an exchange I hold a piece of your unique story, and you hold a piece of mine. We must return our missing pieces to each other for both to be complete. Our personal essences relate with each other in the present moment, without labels, and with the humility of acknowledging that we cannot know each other fully. We stay open with each other in this relationship through none other than the tender force of love.[12]

The third-person perspective of Unique Self exists in the singular and the plural. In the singular, or the UR quadrant, each self has a unique biology that extends down to cellular and subcellular levels. Atoms have been found to have their own unique energy signature, thereby

imbuing the molecules that encompass atoms with their own specific energy patterns.[16] Molecules in turn organize to form genes and proteins. The unique signature of a cell is formed from the dynamic interaction of unique genes and proteins with the environment specific to the cell. An individual human being is a community of trillions of these unique cells.[16] In the plural, or the LR quadrant, individual cells were able to evolve to a higher level of awareness when they specialized their functions and banded together to form multicellular organs and organ systems.[16] Similarly, evolutionary Unique Selves band together to form a system of higher order and function. The strength of such a system depends not on those Unique Selves abnegating their specialized roles in subservience to the system. On the contrary, the system thrives when evolutionary Unique Selves, in service to the system, fully connect with one another and answer their personal callings.

The Part/Whole of Unique Self

The relationship of Unique Self to a higher-order system reflects the relationship of part and whole. Wilber, following author Arthur Koestler, posits that reality is composed fundamentally of "holons."[15] A holon is a "whole/part," or a whole that is simultaneously a part of another whole. For example, atoms are parts of molecules, which are parts of cells, which are parts of organelles, which are parts of organs, and so forth. Right relationship between part and whole establishes harmony in reality.[12] The part gives the whole its capacity, while the whole gives the part its purpose. As Gafni writes, "The mystery is that the more the part emphasizes its part nature, the more highly particularized the part is in its authenticity, the more freely the whole can express itself in the part."[12] Pathology occurs when part and whole usurp the roles of each other. When a part claims to be a whole, cancer forms. When a whole attempts to dominate a part, tyranny reigns. As such, when the separate self is blind to its True Self, it seeks to perpetuate its own survival by declaring war on its surroundings. When True Self dominates the separate self, it crushes the drive and spirit of the separate self. The Unique Self restores a healthy relationship between separate self and True Self. Unique Self realizes its place in the larger whole of reality by giving glory to its distinctive grace, without losing sight of its grander connection.

Gafni illustrates the relationship between separate self, True Self, and Unique Self with the puzzle-piece analogy.[12,13] Imagine yourself to be a puzzle piece. At the level of exclusive identification with your separate self, you see your puzzle piece as representing the whole picture. At the level of exclusive identification with True Self, you realize that there is a picture infinitely larger than you; however, you misperceive the picture to be an undifferentiated whole, devoid of puzzle pieces. With realization of your Unique Self, you see the big picture as subdivided into a number of unique puzzle pieces, of which you are a piece crucial to the overall picture. Gafni elaborates the following:

> If you try to round out the unique curves of your puzzle piece through meditation or any other spiritual oneness practice, the puzzle piece that is you will simply not fit into the divine oneness. The part fits into the whole through its unique part nature. You are not interchangeable with any other part. Only the puzzle piece that is your authentic Unique Self can seamlessly connect you to the divine one. Similarly, Unique Self is not absorbed in the whole. Unique Self is integrated into the whole, meaning that the part does not lose its integrity as it merges.
>
> Merging into oneness, and unique emerging, become – paradoxically – the same movement. The puzzle piece becomes part of the whole only through its unique puzzle-piece nature. Any attempt, through wrongly deployed meditation or practice, to round out the edges of the puzzle piece will make integration into the larger divine whole impossible.[12]

As Gafni explains, True Self needs the service of your Unique Self to bring your unique gift to this world; your Unique Self is the only way you can access True Self.[12]

Even more importantly, the puzzle-piece analogy illustrates the critical role of evolutionary Unique Self. Gafni has related that increasing uniqueness is the trajectory of evolution, from the beginning onward. In human beings unconscious uniqueness can become conscious uniqueness (personal communication, October 17, 2014). Imagine now a puzzle with 50 pieces. As an "evolutionary-unique" puzzle piece, you not only seek to fit into and complete the puzzle as it exists; you also consciously seek to become increasingly unique, fit together with other increasingly unique puzzle pieces, and increase the resolution of the entire puzzle from 50 to 100 to 1000 to an infinite number of pieces! The puzzle then becomes a clearer, richer, and more colorful display of reality's brilliance.

This dynamic integration of part and whole is the engine of evolution itself. The puzzle-piece nature of Unique Self holds the key to the evolution of medicine, to which this discussion will now return.

The Stations of Medicine*

In historical terms, the evolution of medicine has paralleled the evolution of the self. Medicine has passed through stations in its evolution, albeit not in rigidly linear fashion (as disclaimed also with discussion of the stations of the selves). An understanding of the stations of medicine helps pave a constructive path to its future, in the context of Unique Self.

"Pre-personal medicine" depicts a system of healing first practiced in the early era of human civilization, during which the human being was held to be indistinct from the world of

* Refer to Appendix.

nature or the spirit. Sickness was therefore attributed to disturbances in nature or malevolent spirits, not merely from disturbances in the mind or body of the person per se.[17] The role of the pre-personal medicine man or woman was to arrive at a diagnosis by looking for signs of the spirits' displeasure in the natural world, in accordance with tribal customs. He or she would then advise the patient on how best the gods could be appeased. Often through ritualistic magic derived from supernatural power, the practitioner could then heal the patient. Examples of such practitioners in history are the Native American medicine man, the Siberian shaman, and the African witch doctor.[18]

As the self began to differentiate from its environment, the practice of medicine began to transition from the pre-personal to the personal. In Europe this was symbolized by the medicine of Hippocrates and Galen, which replaced supernatural contexts for disease and healing with natural laws.[17] Although this form of medicine was decidedly more secular, it still emphasized the microcosmic/macrocosmic relationship between the healthy human body and the harmonies of nature. The human body possessed four humors (blood, phlegm, yellow bile, and black bile) which corresponded with the four elements of nature (fire, water, air, and earth). Sickness occurred when these humors were imbalanced, and the role of medicine was to restore their balance.[17] This could be accomplished through physical or mental exercise, diet, and attunement to the movements of the natural universe.[18,19] The belief that the human body is a microcosm of the cosmos had parallels in traditional Chinese medicine and Indian Ayurvedic medicine. Both of these systems also posited a relationship between the body and the natural world via the flow of elemental fluids within and through the body. Health would be achieved by restoring or maintaining an equilibrium among the body, mind, and environment.[20]

With the advent of the Renaissance and the Scientific Revolution, a "separate self medicine" increasingly took hold – predominantly in the Western world. The human body and mind were further differentiated from the natural world and the divine. Moreover, the human body was regarded increasingly as a physiological machine composed of material parts that functioned according to physical, mechanical laws. Physicians employed human dissection and tools such as the stethoscope and microscope to delve into the inner workings of the body. With more differentiated knowledge of body anatomy, physiology, chemistry, and microbiology, separate self medicine began to reject life forces distinct from physical and chemical processes. It delineated diseases according to the lesions producing them rather than any elemental imbalances, and it located diseases at specific sites of the body where they could be researched and treated separately from the external cosmos.[19] In effect, the individual body, with its embodied personality, was its own cosmos, and investigators became more confident that "everything that needed to be known could essentially be discovered by probing more deeply and ever more minutely into the flesh, its systems, tissues, cells, its DNA."[17]

Separate self medicine has had an undeniably powerful impact, primarily in the West but also throughout the world. It dominates all the modern medical disciplines of internal medicine, surgery, and psychiatry. Its feats in the relief of suffering are myriad – from the eradication of

smallpox to the dramatic reduction of infant and post-partum maternal mortality, from artificial limbs for the wounds of war to implantable defibrillators for life-threatening fibrillation, and from gene therapy for leukemia to drugs for schizophrenia. It serves as the foundation not just of modern Western medicine, with its emphasis on scientific trials and technological advances; but also of many forms of alternative medicine as practiced in the West, such as chiropractic, homeopathy, massage, and the Western form of yoga. Nevertheless, perhaps its biggest influence has been the prolongation of individual life through the treatment of acute illnesses such as myocardial infarction, trauma, and acute infectious diseases.

The preoccupation, however, with preserving the separate self for as long as possible has not come without cost. "False self medicine" is the distorted expression of separate self medicine. It derives from unrealistic expectations that we are not young, beautiful, strong, sexy, or healthy enough. False self medicine attempts to fulfill this perceived lack of vitality. What follows is the "medicalization" of life, in which natural events and idiosyncrasies in life become diseases and disorders whose cures fall within the purview of medicine.[17,21] Natural changes like menopause and testosterone deficiency become targets for pharmaceutical manipulation. The affluent perpetually beautify themselves with cosmetic surgery. The intensive care unit promises to defer death, which false self medicine views as a failure of the profession. False self medicine does not extend merely to high-tech orthodoxy but also to alternative medicine, which may be no less "medicalizing" when it relegates the endless pursuit of personal health to a smorgasbord of herbal essences, bio-identical hormones, vitamin supplements, and medical spas. Furthermore, false self medicine entraps both patient and practitioner, as related by medical historian Roy Porter:

> The irony is that the healthier western society becomes, the more medicine it craves – indeed, it regards maximum access as a right and duty. Especially in free market America, immense pressures are created – by the medical profession, by medi-business, the media, by the high-pressure advertising of pharmaceutical companies, and dutiful (or susceptible) individuals – to expand the diagnosis of treatable illnesses. Scares are created. People are bamboozled into lab tests, often of dubious reliability. Thanks to diagnostic creep or leap, ever more disorders are revealed. Extensive and expensive treatments are then urged, and the physician who chooses not to treat may expose himself to malpractice accusations. Anxieties and interventions spiral upwards like a space-shot off course…Doctors and 'consumers' are becoming locked within a fantasy that *everyone* has *something* wrong with them, everyone and everything can be cured.[17]

"True Self medicine," in contrast to separate self or false self medicine, repositions the health of the self into the context of the cosmos at large. Its hallmark is the recognition of the interconnectedness of the health and disease of its constituents. In the Western world it has arisen in response to the financial and social costs of separate self and false self medicine. Its

origin in the West may be traced to public health regulations passed by the state in the nineteenth century to raise the overall health of the emergent industrial society. It broadened its scope through national health insurance systems established during and after the world wars of the twentieth century. True Self medicine no longer sees health care as a fragmented, piecemeal jumble of individual patient-doctor transactions reflecting their own self-interests. This leads to a sick and dysfunctional society, for disease is to be understood not just biologically but also psychologically, sociologically, statistically, and politically.[17] Porter writes as follows:

> Medicine's gaze had to incorporate wider questions of income, lifestyle, diet, habit, employment, education, and family structure – in short, the entire psycho-social economy. Only thus could medicine meet the challenges of mass society, supplanting outmoded clinical practice and transcending the shortsightedness of a laboratory medicine preoccupied with minute investigation of lesions but indifferent as to how they got there.[17]

As a descendant of systems thinking, True Self medicine is systems-based and process-oriented. Through quality measures, meta-analyses, public education, and national guidelines, True Self medicine aims for a new holism in health care that prioritizes progressive prevention rather than reactive bandages for the sick.

The holistic approach to health manifests not only in orthodox but also in alternative True Self medicine. For example, advanced forms of energy medicine involve healing not just the diseased body of the separate self but also perturbations in the environment, family, and past and future life of the patient.[22] Trans-local imagery uses imagery and intention from a sender to produce health-related outcomes in a receiver remote from the sender.[23] Remote healing through the intention of positive energy presupposes the interconnectedness of the energetic bodies of individuals. Whether orthodox or alternative in orientation, True Self medicine highlights the universality of health and disease.

Personal versus Impersonal Medicine[*]

Similar to the distinction previously made between personal and impersonal man, the difference between separate self medicine and True Self medicine can be recharacterized as the distinction between personal and impersonal medicine. In the tradition of the Hippocratic model, personal medicine is encoded in the sacred, private contract between patient and doctor.[17] Echoed by giants in medicine such as William Osler, the patient is viewed as a person, not a disease. A great clinician is one who pays attention to the story of the patient. The sacredness of the patient-doctor relationship is itself therapeutic.[17] From a more objective perspective,

[*] Refer to Appendix.

personal medicine also encompasses personalized treatment tailored to the genetic makeup of an individual, as in the selection of specific chemotherapy or drugs.[24] The population-based clinical trial becomes passé as real-time connectivity through mobile phones enables the personal health idiosyncrasies of individuals to be streamed continuously to doctors.[25] Personal medicine therefore emblemizes patient-centered care.

Impersonal medicine reconstitutes the patient-doctor relationship into a larger health system. Health care is integrated among an interdependent team of providers, processes are standardized across disparate departments and locales, and patient outcomes are tracked over space and time. Efficiency, reliability, and constructive action from aggregated feedback replace fragmented, erratic care, and the gap between established science and current practice is closed.[6] From a more subjective perspective, impersonal medicine views specific symptoms as common reactions to an underlying problem, thus freeing the system to address the problem without getting bogged down in the minutiae of the particular symptoms. Impersonal medicine therefore emblemizes system-centered care.

The strength of personal medicine is its patient-centered perspective. Personal medicine upholds the dignity of the patient-doctor bond and humanizes the patient. It caters treatment to the needs of the patient and unleashes the power of the placebo effect in the sacred trust of the patient-doctor relationship.[16] The weakness of personal medicine is its narcissistic attachment to personal attention, as it victimizes the person with the label of illness. In a desperate attempt to be cured, the patient shops around for healing in fragmented orthodox and/or alternative outfits; the profit-driven practitioners of personal medicine may be all too willing to please, as they unsustainably construct lavish facilities both to meet and manufacture demand.[17,26]

The strength of impersonal medicine is its system-centered perspective. Impersonal medicine standardizes the care of the patient according to best practices for a given condition. Integration of the health care system leads to less duplication of overhead, which in turn restores its sustainability. Impersonal medicine refrains from aggrandizing the trivial needs of individuals and can increase their access to a more orderly system. The weakness of impersonal medicine is its dehumanization of the patient as well as the doctor. A socialized, bureaucratic health delivery system serves up generic care to the patient who is now a mere client, through a doctor who is now a mere distributor. Clinical guidelines become mandates, patients are given what guidelines dictate and not what they want, and the human touch of doctors becomes therapeutically unnecessary.[17] The alienation endemic in impersonal medicine has led patients increasingly to seek more personal alternative practitioners[17,27] and doctors increasingly to desire different careers.[28,29] As Porter writes, "The doctor-patient relationship could thus be seen, on both sides, as a rip-off."[17]

How can the doctor-patient relationship be reconceived so as to reconcile the tensions surrounding separate self, True Self, personal, and impersonal medicine? We believe the answer lies in a fundamental change in perspective – the practice of Unique Self medicine.

Unique Self Medicine[*]

The key to understanding how the Unique Self can apply to the future of medicine once again rests in the clarification of separateness and uniqueness. In Unique Self practice, the exclusive identification with egoic separateness is let go; uniqueness, however, is cherished as the trans-egoic personal face of reality. Separate self medicine idealizes diversity; it does not believe that dignity of individuality, professional autonomy, and the personal touch can be preserved in patient-doctor encounters in a True Self medical system that rejects uniqueness. True Self medicine idealizes unity; it cannot believe that accountability, efficiency, and transparency can be maintained in patient-doctor encounters in a separate self medicine that clings to uniqueness. Unique Self medicine perceives uniqueness as unity-in-diversity; both ideals can naturally coexist in its practice. This serves as the first of several interwoven tenets of Unique Self medicine:

Tenet 1: Unique Self medicine renews the patient-doctor relationship by upholding its sacred unity-in-diversity.

Fundamental to the practice of medicine is the patient-doctor relationship. Unique Self medicine reconstitutes the patient-doctor relationship as a sacred encounter between individuals that is both utterly unique and positioned in a unified system of best practices. Both aspects are crucial to strengthen the encounter and lead to better patient care.

For example, infection-control measures and validated checklists have successfully decreased avoidable errors and improved patient safety in operating rooms and intensive care units.[9] Furthermore, clinical guidelines based on meta-analyses of data have been established for various medical conditions. These guidelines can delineate scenarios in which the potential benefit of a recommended action clearly outweighs the potential harm. Patient-doctor encounters involving such scenarios would be enhanced by following such guidelines. As physicians Kerianne Quanstrum and Rodney Hayward editorialize, it would be imprudent to individualize clinical judgment in cases in which evidence-based medicine presents a clear-cut standard of care.[30] However, they rightly also point out that even in evidence-based medicine there is often a gray area of indeterminate net benefit for a given intervention. It is in this gray area that the unique values of the patient and doctor must come to the fore – values that are informed by the interplay of the unique psychological, cultural, sociological, and spiritual aspects of both the patient and doctor. The Unique Self medical practitioner nurtures, often over several encounters, a unique bond with the patient that honors and clarifies her individual essence. The more uniquely the patient and doctor relate to each other, the more appropriate and rewarding decisions in the vast gray area of medicine can become.

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[*] Refer to Appendix.

Physicians Pamela Hartzband and Jerome Groopman argue one step further in their valid contention that evidence-based guidelines have an inescapably subjective core.[10] Guidelines based on ostensibly objective data can vary from one expert to the next, as they reflect the subjective values and preferences of the experts interpreting the data. In addition, an individual patient with coexisting conditions and unique genetics, lifestyle, diet, and circumstances may not represent the selective study populations from which the guidelines are derived.[9,31,32]

A concrete example of how unique circumstances should influence clinical action is provided by emergency-medicine physician Amal Mattu in his commentary on guidelines for reperfusion therapy in ST-elevation myocardial infarction (STEMI).[33] He presents the clinical scenario of a 50-year-old man visiting the emergency department at 11:00 P.M. to see his mother. He suddenly develops angina and is found on electrocardiogram to have a STEMI involving the anterior wall. Only five minutes have passed from symptom onset to diagnosis. The patient needs emergent reperfusion therapy to abort the infarction and preserve vital myocardium, and there are two choices: immediate administration of intravenous fibrinolytics (he has no contraindications) or emergent percutaneous coronary intervention (PCI). Which reperfusion therapy would be best for this particular patient? According to the 2013 guidelines of the American College of Cardiology and the American Heart Association, PCI is favored over fibrinolytics if balloon inflation of the blocked coronary artery can be achieved within 120 minutes of symptom onset – which has been increased from the 90-minute recommendation in the 2009 guidelines. In Mattu's clinical scenario, the interventional cardiologist on call assures the emergency department that the patient can expect balloon inflation within the time recommended by the national guidelines. Mattu, however, correctly questions whether this patient would be better served by receiving fibrinolytics immediately rather than letting him infarct myocardium for up to two additional hours while awaiting PCI. Mattu contends that strict adherence to fixed time windows in choosing PCI over fibrinolytics is a flawed, one-size-fits-all approach that may actually harm patients; rather, factors such as infarction location, duration of symptoms, age, cardiac risk factors, and other circumstances unique to a given case should influence the clinical decision.

The Unique Self professional is strongly informed but not blindly confined by clinical guidelines; she uses clinical judgment, based on the unique perspective of the patient, to share decision making in the patient-doctor relationship. For example, Hartzband and Groopman have characterized patients based on their orientations toward medical care: "believers" who trust in successful treatments for their problem versus "doubters" who distrust all treatment options, "maximalists" who believe that more is usually better versus "minimalists" who think that less is more, and "naturalists" who look to the healing power of nature over technology versus "technologists" who look to modern over alternative medicine.[31] The practitioner then personalizes clinical guidelines based on an awareness of the orientations of a particular patient. When the doctor and patient share medical decisions in this fashion, they also share the burden

of the decisions and lessen the chance of regret stemming from the choices made.[31] Unique Self medicine thus balances autonomy and communion in the patient-doctor relationship.

Unique Self medicine also restores the special roles played by different medical professionals in the care of the patient. As Hartzband and Groopman explain, "doctor" derives from *docere*, which means to teach; "nurse" derives from *nutrire*, which means to nurture. In this lexicon the doctor is a "teacher with special knowledge to help the patient understand the reasons for his or her malady and the possible ways of remedying it," and the nurse is "a nurturer with unique expertise whose close care is essential to healing." Conflating doctor, nurse, and other practitioners into the generic term "provider" reduces health care to "a prepackaged commodity on a shelf that is 'provided' to the 'consumer,' rather than something personalized and dynamic, crafted by skilled professionals and tailored to the individual patient."[10]

Unique Self medicine also reconceives value in the context of the patient-doctor relationship. Both True Self and separate self medicine pursue high-value health care; both split the physician and patient from each other in their pursuits. As physician Lisa Rosenbaum notes, "When we focus on physicians, creating value means mitigating overuse, increasing efficiency, and providing incentives to deliver evidence-based care. When we focus on patients, creating value means enhancing patients' experience, honoring patient-centeredness, and catering to outcomes that matter to patients."[7] When the patient is split from the physician, what the patient wants is often irreconcilable with what is evidence-based and cost-effective. On the contrary, Unique Self medicine reframes patient and physician as a dyad. The dyad is what makes medical decisions, not the patient or the physician alienated from each other. In sharing medical decision making, the dyad naturally upholds a shared definition of value. Unique Self medicine hence redefines high-value health care as one in which the patient-doctor dyad stands the most to gain.

Tenet 2: Unique Self Medicine is both personal and impersonal.

In viewing the patient-doctor bond as a dyad of unity-in-diversity, Unique Self medicine includes the strengths of personal and impersonal medicine, while transcending their limitations. Like personal medicine, Unique Self medicine honors the dignity, value, and vitality of the individual patient in providing medical care. Unlike personal medicine, it does so with regard for the health of the impersonal medical system that sustains it. Like impersonal medicine, Unique Self medicine recognizes the value of standardized, integrated health care delivery. Contrary to impersonal medicine, it does not practice such care at the expense of dehumanizing the patient and physician. A number of implications follow from the harmonious integration of personal and impersonal medicine.

Unique Self medicine re-integrates the shadows of lower-level personal medicine into a practice of higher-level personal medicine. The Unique Self practitioner seeks to elicit the

particular history of a patient with her illness, for he knows that understanding and validating that history is critical to healing the illness. Nonetheless, the practitioner helps the patient learn to let go the exclusive attachment to particular symptoms, which are recast as the impersonal aspects of a unique history. Healing therefore moves beyond covering up specific symptoms and into addressing disease at its core. His patient feels less victimized by her illness and begins to drop her unrelenting efforts to defend herself against the illusion of a harsh world. She loosens the knots that tie her up with chest pain, headache, dyspepsia, and an irritable bowel, when she realizes that there is more to life than her particular suffering. In direct proportion to the opening of her awareness to a larger reality, she directs more energy to nourishing her Unique Self with healthy food, lifestyle, and relationships, while spending fewer resources toward medicating her false self.

As he deepens his own awareness in his true nature, the Unique Self physician becomes less motivated to practice for mere profit and more adept in engaging intimately with the pain and suffering of his patient. Without the scarcity mentality endemic to false self medicine, he is increasingly uninterested in practicing fragmented, self-interested medicine. He is less apt to prescribe drugs or surgery reflexively and begins to open himself to holistic approaches such as Chinese, Ayurvedic, or energy medicine. He embraces the electronic health record as a tool to integrate and systematize his medical practice, while not being tyrannized by the computer.

Unique Self medicine also re-integrates the shadows of impersonal medicine. The Unique Self doctor treats his patient based on standards of care to which he holds himself accountable. Yet he heeds the advice of Osler to listen carefully to his patient, because she is telling him the answer. The unique history of his patient reveals the answer to her illness, not merely guidelines decreed from some expert panel on high. In telling her unique story, his patient becomes a person, one who assumes responsibility for her own health. She navigates the vast gray area of uncertainty in medicine by relying on her own intuition at one time and the personal experiences of other people with similar illness at another time. She appreciates that hearing the stories of others is often the best way to forecast how she will react to her own decisions.[34] Sometimes she will assert her own preferences, and sometimes she will defer to a doctor who has "gained a sense of her as an individual and would factor in her values and goals at each point along the way."[31] The more profoundly his patient feels she is heard, the more readily she can dis-attach from the victimhood of illness and release the craving for more medicine. In addition, sickness is not just something that happens to her but actually bears meaning. Meaning is no longer a silly anthropomorphism read into illness but rather shapes the course of health itself.[35] Finding meaning in illness, his patient is able to bear the burden of disease and heal herself.

Finding meaning in illness, the Unique Self physician heals his alienation from medicine. He regains his sense of purpose as he attunes himself to the unique history of his patient. He and his patient are no longer commodities in an assembly line of health care. With this appreciation he and his patient communicate more effectively. He appreciates too the limitations of his

authority, because he cannot fully know the inimitably unique fingerprint of his patient. In engaging with his patient, he is therefore more humble and feels more freedom to drop the "badge of rationality" he used to deploy as a shield against the uncertainty in medicine.[31] With greater transparency and empathy between his patient and himself, his practice of medicine becomes less defensive for fear of litigation. He urges fewer tests and procedures but more innovative, creative perspectives on the practice of medicine.

Dyspepsia is an example of a condition best treated through the perpetual dance between personal and impersonal medicine. Dyspepsia describes pain in the epigastric area, often chronic and intermittent. During an age of lower-level personal medicine, dyspepsia was synonymous with the term peptic ulcer. Peptic ulcer was one of the quintessential psychosomatic conditions of that age, when the stress of urban civilization was thought to cause the condition.[36] The goal of treating peptic ulcer was therefore to relieve stress. Stress was thought to affect peptic ulcer through gastric acid secretion and exposure,[37] and antacids became a key part of its treatment. The technological advance of fiberoptic endoscopy subsequently allowed the crater of an ulcer to be visualized. It then became possible to identify *Helicobacter pylori* bacteria within the gastric mucosa of patients with peptic ulceration. The ulcer was able to be successfully healed with a combination of antacids and eradication of the *H. pylori* with antibiotics. This result was replicated in randomized, double-blinded, placebo-controlled trials – the instrument par excellence of impersonal medicine. Dyspepsia was thus reconceptualized from a personal reaction to the vicissitudes of life to the impersonal symptom of a structural lesion, visible to the endoscopic eye and created by an impersonal invader. In fact, treatment of dyspepsia by testing and treating for *H. pylori* infection has become a viable first-line option, codified in national guidelines as evidence-based and cost-effective.[38,39] The concrete ulcer has achieved primacy over the complaint of dyspepsia, so much so that dyspepsia not associated with a visible ulcer crater is derivatively labeled "non-ulcer dyspepsia" in modern medical parlance.

Gastroenterologist Howard Spiro exemplified the continual dialectic between personal and impersonal medicine in his approach to dyspepsia. He believed that dyspepsia has many origins and advocated a biopsychosocial model for its treatment:

> …in many people *H. pylori* lies in the background, whereas in others it may be aspirin or nonsteroidal anti-inflammatory agents, or even emotional or physical stress that is the driving force. The ulcer crater is the least important of the manifestations, and in a more holistic culture where what the patients report is relied on as much as what the physicians uncover, symptoms might gain equality with visible signs.[40]

Guided by his aphorism "The eye is for accuracy, but the ear is for truth," Spiro emphasized that physicians should pay as much attention to the stories of patients with dyspepsia as to their visible ulcer craters.[41] He recalled one such anecdote:

> Some years ago I saw a young Hispanic woman whose chronic nonspecific abdominal pain had defied her doctors'depredations until the detection of H pylori. Through an interpreter, I learned that her husband beat her, she had had 4 failed pregnancies, her only daughter with spina bifida was confined to a wheelchair, and she was on welfare and could not work. She did have those antibodies to *H. pylori*; they were new and in those days an exciting finding. However, as I listened to her story, I wondered how her doctors hoped to blame her dyspepsia on those tiny bacteria at home in her stomach.[42]

Reflecting the outlook of Unique Self medicine, Spiro wrote, "Every patient is different; every physician 'takes' the history in a different way: the time of day, the blinking of the eyes, the pause between question and answer; those details influence how – and what – doctors hear."[42] What doctors hear is all-important to setting patients' dyspepsia in the context of their particular life narratives; moreover, we do not have to deny science simply to listen to patients' stories.[41] Spiro commented that listening to patients allows the medical practitioner to cultivate empathy. He reflected often on empathy and championed it as a therapeutic placebo between the physician and patient:

> For me, empathy arises out of our own feelings and reactions; it happens when you and I becomes I am you or I could be you. For clinicians, empathy is the spontaneous feeling of identity with someone who suffers – fellowship, if you will. It is a comfortable emotion generated by interactions with our patients…
>
> Empathy can be curative, or at least helpful, for patients with the existential pain that comes from the troubles of living. Their complaints will be relieved by catharsis. But, for that, physicians must be ready to hear the words that will bring relief, and they must have the time to listen. Listening can create empathy-if physicians remain open to be moved by the stories they hear.
>
> Empathy withers in silence. What Martin Buber called The I and Thou represents an encounter, a struggle of words that brings empathy.[43]

Spiro lamented the loss of empathy in the zeal for evidence-based certainty in dyspepsia in particular and modern medicine in general. He decried, "Deaf to their patient's words, clinicians treat the 'average' patient by the rules."[42] In current practice the rise of evidence-based, electronic medicine has coincided with the devaluation of intuition, which is generated through empathy.[42] In seeking to mend medicine with study of the humanities, Spiro called for practitioners to aim for a higher-level personal medicine:

> Clinicians more than ever must learn to act as mediators between the machines and our patients. To understand them, wider humanistic learning, more intuition, will be helpful. The trouble is that physicians have lost confidence in themselves. They no longer consider it professional to help patients by their words, by their person, or by their presence, or they are embarrassed to try. Yet here is where a caring physician comforts so much more than a computer.
>
> Restoring the patient-doctor dialogue is one goal of programs in the humanities: to pull the attention of physicians and nurses—all the caring professions—back to people, back to our patients—and to ourselves.[42]

Spiro's musings on dyspepsia, intuition, and the humanities illustrate the personal and impersonal virtues of medicine. His reflections on empathy are exercises in taking perspectives.

Tenet 3: Unique Self medicine takes multiple perspectives, through multiple quadrants.

Indeed, perspective-taking is a critical skill in the practice of Unique Self medicine. As discussed earlier, reality can be described from first-, second-, and third-person perspectives. We have been taking primarily first-person and second-person perspectives thus far in defining Unique Self medicine. We have outlined first-person perspectives of the patient as well as the physician in their evolving roles in a Unique Self medical system. The patient-doctor relationship is the exemplar of the second-person perspective. This relationship provides the opportunity to model what Gafni describes as the Unique Self encounter. To reiterate, in a Unique Self encounter the stories of two people are intertwined, with each person holding a piece of the other's story. "The Unique Self relationship is the committed, caring, dynamic process of discovering just what these missing pieces might be, and puzzling them back together."[12] In Unique Self medicine a profound connection is formed when the patient and doctor exchange a piece of their personal essences with each other. This exchange can be deeply therapeutic for both.

The patient and physician forge such a bond when, as Gafni explains, certain rules are followed.[12] To have a Unique Self encounter, the doctor must authentically relate with the patient in the present moment. A Unique Self encounter cannot otherwise take place. The doctor and patient cannot project their unconscious reactions to past situations into the present encounter. Also, the doctor and patient must refrain from labeling each other, as labels obstruct authentic contact. Labeling the patient as "difficult" or the physician as "demanding" implies that the patient and physician know all there is to know about each other. Yet the patient and physician cannot fully know each other, simply because their perspectives are utterly unique to themselves. As Gafni relates, "The temptation to label, categorize, dismiss, or otherwise try to

put another person in a box is the desire for conquest through knowing."[12] In exercising humility, Unique Self medicine expands the patient-doctor relationship.

From the third-person-singular perspective, Unique Self medicine recognizes that each patient is radically unique at genetic, cellular, bodily, and environmental levels. The road to good health will not be identical for everyone. Unique Self medicine therefore embraces the individualized monitoring and therapy advocated by others in the field, such as mobile phone applications that provide real-time, adaptive documentation of personal health variables, the precision cancer care of so-called personalized medicine, and the tailored chronic-disease management of so-called functional medicine.[24,25,44,45] What distinguishes Unique Self medicine from these other approaches is its simultaneous embrace of what Carl Jung called the numinous. For "the fact is that the approach to the numinous is the real therapy and inasmuch as you attain to the numinous experiences you are released from the curse of pathology. Even the very disease takes on a numinous character."[46]

From the third-person-plural perspective, Unique Self medicine supports a new framework in the delivery of health care. This framework aims to be contextual, preventive, transparent, empowering, and validated. First, Unique Self medicine integrates the best of what modern medicine offers with alternative, holistic, and energy medicine practices. It views these practices as complementary and synergistic to each other, not antagonistic. Yet it applies the best practices to a given context without employing the grab-bag approach that befalls many systems of integrative medicine. Second, Unique Self medicine is preventive in outlook, both from the standpoints of secondary prevention (screening for a disease early in its onset) and primary prevention (preventing a disease from developing in the first place). Yet it realizes that secondary prevention alone will not adequately bend the health care cost curve down; only by addressing the root causes of disease and poor health will Unique Self medicine alter the unsustainable trajectory of health care. Third, Unique Self medicine argues that the modern health care system has disconnected society from the true costs of health care. A fair exchange of value can occur only when these costs are transparent; Unique Self medicine will make transparent the costs of the health care system among all its stakeholders.

Fourth, all stakeholders of health care are empowered when they share the costs and enjoy the benefits transparently. There are multiple stakeholders in the health care system: doctors and other health care professionals, patients, families, nurses, hospitals and clinics, researchers, insurance companies, businesses, lawyers and lawmakers, and taxpayers. Unique Self medicine holds all stakeholders responsible for the improvement of health in society. Finally, one powerful way to hold each other accountable for improving health is through an evidence-based, rational approach. Yet Unique Self medicine both incorporates and moves beyond pre-rational and rational approaches, in order to practice health care from a trans-rational plane. A trans-rational perspective is uninterested in dogmatic attachments to theories, whether in modern or alternative medicine. Instead, it insists on empirical validation of all employed practices, insofar as it is recognized that there are multiple ways of empirically validating such

practices. As Gafni echoes, "Thus every perspective grounded in direct experience supported by a valid community of interpreters has an honored, if partial place, at the integral table."[13]

As also discussed previously, first-, second-, and third-person-singular/plural perspectives correspond to UL, LL, and UR/LR quadrants, respectively. With its heavy emphasis on organic causes for diseases, diagnostic imaging and procedures, medications and surgery, and empiricism in science, the UR quadrant has become modern medicine's virtually exclusive domain. In reaction to the "quadrant absolutism" of conventional medicine, alternative medicine has embraced UL approaches such as meditation, guided imagery, and positive thinking; the LL quadrant through an emphasis on the client-professional bond, support groups, and meaning in illness; and the LR quadrant with an appreciation of the interconnectedness of environment and health.[47] The influence of True Self on modern medicine has largely been in the LR quadrant, with its focus on changing health care delivery systems by paying for standardized outcomes and mandating universal health insurance, for example. True Self medicine has involved the other quadrants to a less conventional degree, as in healing of the trans-personal energies that surround the physical body (UR), contemplative prayer (UL), and group meditation for healing (LL).

Unique Self medicine is consciously informed by and incorporates all four quadrants. It recognizes that separate self and True Self medicine, as primarily practiced by the modern establishment, often commit what Wilber terms subtle reductionism, or the collapse of the interior Left-Hand quadrants into the exterior Right-Hand quadrants.[15] In this flatland, objective medicine is considered legitimate, while subjective medicine is an afterthought at best and illegitimate at worst. It also recognizes that alternative medicine, as practiced in popular culture, tends to legitimize subjective over objective medicine. Given that perspective is intrinsic to its definition, Unique Self medicine applies all four quadrants as appropriate to a given condition. For example, it employs medications and surgery when physically necessary (UR) but also alleviates functional disease with the use of conscious language (UL). It focuses on improving access to health care for the uninsured (LR) but also focuses just as intently on restoring accountability to our lackadaisical culture for improving its health (LL).

An example of Unique Self medicine at work in all four quadrants is the Preventive Medicine Research Institute (PMRI). Physician Dean Ornish founded the institute to study how lifestyle changes could reverse coronary heart disease. From the perspective of the UR quadrant, he and his colleagues have been able to show that comprehensive lifestyle changes can reduce chest pain, blood cholesterol, and coronary atherosclerosis as measured by arteriogram and cardiac positron emission tomography scanning.[48,49,50] They have later shown that comprehensive lifestyle changes can improve early-stage prostate cancer[51] through affecting gene expression[52] and increasing telomerase length.[53] Through the perspective of the LR quadrant, PMRI has successfully petitioned private insurance companies and the Centers for Medicare and Medicaid Services to cover Ornish's comprehensive lifestyle program.[54,55] Ornish has also appreciated that the Right-Hand quadrants are not the only determinants of good health.

Engaging the UL quadrant, PMRI encourages mind-body techniques to address heart disease not just physically but emotionally and spiritually. Ornish writes, "The heart is more than just a pump. It's not enough to deal with the heart as a mechanical device; we have to deal with the emotional heart, the psychosocial heart, and the spiritual heart. If we can learn to open our hearts in these areas, we may find that the anatomical heart begins to open too, in ways we can measure more easily."[56] Applying the LL perspective, PMRI promotes social support groups that allow patients to express their truths without fear of being judged or rejected. Such group support alleviates the loneliness and alienation that Ornish has found is common to patients with heart disease.[56]

At first writing about people who meditate, Ornish relates the following observations with a decidedly Unique Self perspective:

> Beyond just quieting their minds, they may experience that although on one level we're all separate, and we can enjoy the differences, on another level we're part of something larger that connects us all – whatever spiritual, religious, or secular context we may experience that in.
>
> We work with people within their own belief systems. We're not trying to change them; we're just trying to expand their understanding of what they already believe. I think that anything that promotes a sense of intimacy is healing. Conversely, anything that promotes a sense of isolation may lead to chronic stress and, ultimately, to illnesses such as heart disease.[56]

Indeed, what distinguishes Unique Self from separate self medicine is its recognition of the interdependency of multiple quadrants, or perspectives, of experience. What distinguishes Unique Self from True Self medicine is its inherent understanding of healing through perspective.

Tenet 4: Unique Self medicine situates part and whole in right relationship.

Unique Self medicine honors multiple perspectives in the practice of health care by maintaining a healthy relationship between part and whole. Be it separate self or True Self, personal or impersonal, alternative or modern, and Eastern or Western, medicine thrives when it upholds the partial truths of various perspectives. However, when one perspective blindly adheres to its own tenets and cavalierly dismisses all others, medicine cannot evolve. The Unique Self medical professional understands that the practice of separate self medicine is an unsustainable cancer of the health care system. In unburdening the system, he does not seek to destroy separate self medicine but rather to evolve beyond exclusive identification with it. He embraces the True Self-medicine tenets of capitation, accountability, transparency, and regard

for the greater good. Yet when he sees, in the name of the greater good, True Self medicine stifling many innovative approaches to health, limiting health care to those perspectives deemed legitimate by those in power, and consolidating the practice of medicine into a dictatorship of group-think, he will not stand silently.

The puzzle-piece analogy clarifies the relationship between separate self, True Self, and Unique Self medicine. In separate self medicine the practitioner is exclusively concerned with his own self-interest and/or the reductionist interests of his own patients; he does not recognize the larger picture of health care that is influenced and can be bankrupted by his individual decisions. In True Self medicine the practitioner realizes that health care is a holistic endeavor of caring for patients as whole beings and within the context of a much larger health care delivery system; he minimizes variations in medical practice in an effort to fit such practice into the larger context. In Unique Self medicine the practitioner perceives that the ideals of True Self medicine are not possible without uniquely skilled professionals caring for patients as unique human beings with health concerns contextualized to their particular circumstances.

Physician David May exemplifies the puzzle-piece nature of Unique Self medicine in his discussions on the landscape of American health care. In an indictment of separate self medicine, he recognizes that the U.S. spends an unsustainable amount of its GDP on health care. This is in part due to hospital systems acting as profit centers while never curing anyone, insurance companies delivering not consumer choice but consumer extortion in profiting off the de facto single-payer system of Medicare,[57] and physicians who have been "too independent, too conservative, too arrogant, too fearful of failure to act in our own best interest."[58] In a nod to True Self medicine, he argues for a single-payer national health care plan, capitation of payments to physicians, access to health care for all citizens, complete transparency in medical costs and profits, and accountability with quality metrics and utilization data – all the while proudly professing his Republican party credentials.[57,58,59] In an appeal to Unique Self medicine, he contends that physicians are uniquely qualified to be in charge of health care, not insurance companies, hospital systems, or the government;[57,59] however, in the midst of the rush to achieve the ideals of True Self medicine, physicians have allowed themselves to be demonized and waylaid by such entities.[59] He writes the following:

> As physicians, we are an immensely talented group touching millions of lives in the most intimate way, yet we have been reduced to seeking banal approval from mere passersby, the majority having no idea what we do, the depth of our passion, the magnitude of our self-denial, the soaring heights of our skill or the traditions in which our profession steeps…Most tragically, we have failed to stand up for our patients. Attacked on multiple fronts, we have been passive. We have endured tirade after tirade hurled upon us, provoking only shy, quiescent, head down responses. Our collective life's work is compared unfavorably to inferior European systems as though they in some way hold the answer. They do not.[59]

May believes our patients, families, profession, and country need us physicians to demonstrate leadership, vision, and innovation in health care.[58] He implores physicians to "play the hard pieces, rise to our full potential and enrich our country for the good of all of us."[59] In effect he is asking us to activate our evolutionary Unique Selves to save medicine; the only way to practice conscious medicine is through our Unique Selves.

Tenet 5: Unique Self medicine is the practice of conscious medicine.

John Mackey, cofounder of Whole Foods Market, and Raj Sisodia, cofounder with Mackey of the nonprofit Conscious Capitalism, Inc., argue that while free-enterprise capitalism is the greatest engine for human progress ever conceived, it has been philosophically hijacked by critics who mistake businesses operating from a lower level of consciousness for representing authentic capitalism.[60] Much of what passes for capitalism is actually either mercantilism, with its fixed-pie concept of wealth, or crony capitalism, a distorted form of capitalism that preferentially favors businesspeople who have curried the most favor from government. Mackey and Sisodia contend the following:

> Crony capitalists and governments have become locked in an unholy embrace, elevating the narrow, self-serving interests of the few over the well-being of the many. They use the coercive power of government to secure advantages not enjoyed by others: regulations that favor them but hinder competitors, laws that prevent market entry, and government-sanctioned cartels.
>
> While free-enterprise capitalism is inherently virtuous and vitally necessary for democracy and prosperity, crony capitalism is intrinsically unethical and poses a grave threat to our freedom and well-being. Unfortunately, our current system has the effect of corrupting many honorable businesspeople, pushing them into becoming reluctant crony capitalists as a matter of survival.[60]

Separate self and True Self health care systems are too often operating from mercantilist and crony-capitalist positions that, as Mackey and Sisodia also recognize, maximize the profits of insurance companies, hospitals, pharmaceutical companies, and doctors over the well-being of patients.[60]

Examples abound of mercantilism and crony capitalism in the current and upcoming medical climate. Perhaps the best example of these movements at work today is the rapid consolidation of health care providers in the U.S. In response to a number of factors such as reduced Medicare reimbursements, rising technology costs, and incentives presented by the Affordable Care Act, physicians and hospitals across the country are consolidating their

practices.[61,62] The percentage of independent doctors nationwide has decreased from 57% in 2000 to 39% today.[62] Hospitals are buying many of those physician practices: the percentage of hospital-owned physician practices has increased from about 25% in 2002 to over 50% in 2008.[61] Hospital systems themselves are merging, with more than one thousand mergers since the mid-1990s.[61] These mergers have been justified as repositioning to become so-called accountable care organizations, which the Affordable Care Act has promoted to cut health care costs and improve patient care by coordinating patients' medical management, avoiding unnecessary tests, and keeping patients out of the hospital. In reality, the primary purpose of these mergers is to gain leverage in the health care market. Given much uncertainty in the future landscape of health care, consolidation is allowing hospital systems and doctors to raise the fees they can charge to insurers or demand preferential agreements with them.[61,62] Hospitals who employ doctors can also exploit a Medicare billing structure that pays more for the same services when they are performed at a hospital rather than a doctor's office. This structure exists in part because of the strong political lobbying power of hospitals.[63] Doctors who now serve as employees of hospitals may practice under misaligned incentives: they describe growing pressure to cater to the financial goals of the bean-counters of their new employers,[62] shift responsibilities to ancillary staff paid directly by their employers instead of themselves, and lose productivity as they assume more shift-work roles.[63] Indeed, unconscious medical systems have corrupted honorable health care professionals to create government-sanctioned medical cartels, falsely perceiving that crony capitalism is necessary to survive in medicine. Ultimately, the costs of mercantilism and crony capitalism in health care are non-transparently borne by the people in the form of higher insurance premiums or deductibles and slower wage growth to compensate for the rising costs of their company insurance plans[61] – with little value offered in return to the people in the form of better health.

Conscious capitalism is a movement that reorients capitalism through conscious intention. Its credo is that "business is good because it creates value, it is ethical because it is based on voluntary exchange, it is noble because it can elevate our existence, and it is heroic because it lifts people out of poverty and creates prosperity."[60] Businesses become more conscious by upholding four foundational tenets: aligning toward a higher purpose, integrating stakeholders to maximize value for all of them, promoting conscious leadership that serves the higher purpose, and building a conscious culture within the business.

Unique Self medicine is fully in tune with the tenets of conscious capitalism. It practices medicine with a deeper purpose than merely profit: to help people live in good health through the expression of our Unique Selves. It seeks to create value for all stakeholders of health care, not by playing a zero-sum game of pitting one stakeholder against another but by finding solutions to expand the pie overall. It believes that conscious leadership is crucial to transform the practice of health care; we also assert that in our society doctors are singularly positioned to lead this effort, for as Wilber attests, "If you are *really* sick, in virtually *any* area, you do not go to a rabbi, a priest, or a massage therapist. You go to a doctor."[47] It understands that to enact this transformation successfully, we must cultivate a culture of diversely talented practitioners who

are aligned with the deeper purpose of medicine and with all its stakeholders. As May implores, physicians should "lead in the incentives realignment so that all are focused on quality, cost-efficient, appropriate care, consciously consolidating resources, reducing duplication and stopping the obvious 'medical arms race.'"[59] Health care reform that fails to uphold these principles is not as conscious as evolution calls it to be.

Tenet 6: Unique Self medicine is medicine in evolution.

The drive toward increasingly conscious medicine is an evolutionary movement that takes place from first-, second-, and third-person perspectives. Gafni notes that Unique Self manifestation is the essential technology that evolves consciousness. He likens every wisdom tradition to a macro Unique Self, each one "holding a particular medicine that is crucial to the health of the whole."[12] The Unique Self teaching transcends and includes pre-modern, modern, and postmodern wisdom traditions: for example, the pre-modern systems of religion and philosophy, the modern disciplines of neuroscience and psychology, and the postmodern insights of deconstructionism and ethnography.[12] Similarly, Unique Self medicine weaves pre-modern, modern, and postmodern traditions of medicine together, each contributing a particular medicine crucial to the health of the whole. For example, without letting a particular modality overreach its claim, Unique Self medicine welcomes the pre-modern insights of shamanic healing and Ayurveda, the modern disciplines of pharmacology and surgery, and the postmodern contributions of epidemiology and meta-analysis in medicine. It aims for the practice of personal medicine – not regression to the personal medicine of yesteryear but evolution to the personal medicine of tomorrow. This higher-level personal medicine, sourced in the best of pre-modern, modern, and post-modern health care, is the medicine most capable of mending our broken health care system.

Such is the evolution of medicine in the voice of the third person. The voices of the first and second person are expressed in the evolution of the patient-doctor relationship. Physician Tom Janisse illustrates this evolution as follows:

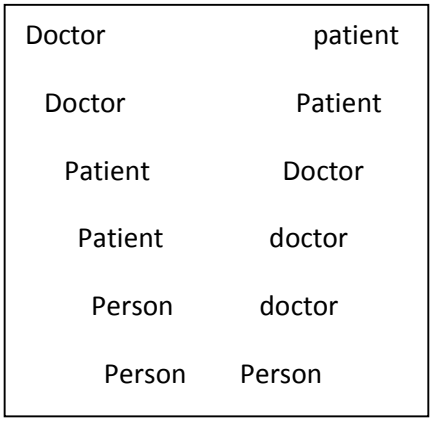

Figure 2: The Evolution of the Patient-Doctor Relationship[64]

The first stage, "Doctor-patient," depicts the traditional paternalistic relationship between an authoritarian doctor and the passive patient. The doctor conducts a cursory history and physical on the patient and renders a diagnosis and treatment plan, with little feedback or input from the patient. In the second stage, "Doctor-Patient," the doctor applies more customer service in the relationship with the patient. The third stage, "Patient-Doctor," represents a dramatic change toward a patient-centered approach, although the patient and doctor are still exploring their newly developing partnership. In the fourth stage, "Patient-doctor," the patient takes center stage as the doctor assumes more of a shepherding role. The patient asserts his medical preferences and shares more in decision making. In the fifth stage, "Person-doctor," the doctor perceives the patient as a person, who expresses not only his medical symptoms but also his personal stories, family life, behavioral blocks, and social constraints. Together the doctor and person account for these unique factors in creating a treatment program. By the sixth stage, "Person-Person," the doctor himself is transformed into a person, who engages with his partner not just intellectually but with deep attention, presence, and compassion. The stories of two persons are now interwoven in a Unique Self encounter. Janisse relates the following:

> In this evolution, the physician and patient each move from the exterior individual realm to the interior collective realm when they interact as people sharing a common moment of importance. Here in the realm of interpersonal interaction there is the potential to move to a transpersonal moment of either intuitive knowing or intentional caring. This place is that of intersubjectivity – a timeless moment of connection. Physicians, in that moment, may move from perceiving the visit as a diagnostic and treatment determination to perceiving the visit as a therapeutic moment. A caring act of intention may initiate the healing process before the first pill is swallowed, or this caring act may become the treatment itself…[64]

Importantly, Unique Self medicine allows for the patient and doctor to stay at any stage of their relationship upon which they agree is most comfortable and appropriate to them. Moreover, the patient-doctor relationship may evolve over a lifetime or during a single encounter.[12,64]

As an example of the evolution of a Unique Self patient-doctor relationship for one author (Venodhar Rao Julapalli), the story of a patient we will call Doug comes to mind. I first met Doug in March 2008. He was an alcoholic who had stopped drinking by the time I first met him, but the ravages of alcohol had given him severe cirrhosis. He was disheveled and living in a nursing home facility, and when I first saw him as a consultant in the hospital, I labeled him as a decrepit, lost patient unlikely to improve his health. To be sure, I tended to him diligently in my professional role over the next several months, as I followed recommended guidelines in caring for a patient with cirrhosis. His biggest issue was recurrent ascites (accumulation of fluid

within the abdomen), which at one point required fluid removal almost every two weeks. He would not adhere strictly to the recommended low-sodium diet to help prevent reaccumulation of the fluid, and diuretic medications to help release the fluid were resulting in renal failure. He also had a period of altered mental status from hepatic encephalopathy. I referred him for liver transplant evaluation, but he was turned down due to relatively poor social support. At one point I did not believe he would survive long. As time passed, I would allow him to direct me when he needed fluid removal from his abdomen. I would brace myself when he called or visited me in the office because he tended to ramble about his problems. His ramblings, though, would reveal the story of his life, which came to fascinate me. I learned that he was a gourmet cook who had a selective taste for his meals. He had eclectic artistic tastes as well, as his comparison of a picture on my office wall to a painting of the Mughal dynasty would attest. I enjoyed his impeccable sense of comedic timing; he is the funniest patient I know. And as he held his rosary beads, he would reveal in our conversations glimpses of his Catholic faith.

Over the next few years, Doug's condition steadily improved. He was able to leave the nursing home and be taken in by a couple who tremendously influenced his improvement in health, in the face of his endearing irascibility. We got him through two hernia operations, even as I was concerned how his cirrhosis and ascites would affect his surgeries (he insisted on being given the last rites by his priest before each). He stopped needing abdominal fluid removals, and his cirrhosis has become quite stable. He has been able to resume living on his own, and he now drives around a man in his nineties who relies on him for his own health. Doug likes to discuss his life with me, and I like to share my life with him. We have come to enjoy each other as two persons who just happen to have a patient-doctor relationship. He has changed the way I see a patient and enriched my life; he tells me I have saved his. As of this writing, he has just finished undergoing surgery for lung cancer, and his prognosis from this is good. Other doctors might consider him a "difficult patient." I consider myself blessed to have met him – even though he still rambles.

Tenet 7: Unique Self medicine affirms life, in the face of death.

Perhaps in no other scenario does the patient-doctor relationship have the potential to evolve more rapidly and act more influentially than in care near the end of life. The ramifications of what form of medicine is practiced during end-of-life care are tremendous, particularly in the United States where it is oft noted that care of patients during their last six months of life accounts for much of the cost of health care.[65] In the debate over health care reform and end-of-life care in the U.S., physicians, patients, politicians, and commentators in the media have had highly charged conversations about health care rationing, "death panels," and "unplugging Grandma" from life support. Indeed, conversations about life and death in health care are among the most difficult to resolve. This is in part because the wishes of a patient, as well as the family, about treatment near the end of life often fluctuate over the course of an

illness.[66] Groopman and Hartzband note that "Guiding a patient and her family as she nears the end of her life is neither an easy nor an efficient process. It takes time and effort because it is not direct, not linear; it involves much back-and-forth discussion, often without coming to a decision or, after deciding, reversing that choice and then later changing choices again."[31]

Unique Self medicine does not purport to simplify these difficult choices, but it does unequivocally value life. Gafni asserts that the "core intuition of immortality could not be more correct."[12] The human impulse to escape death and live forever is a noble one. The difference is that while the separate self identifies with its finite ego and body, the Unique Self identifies with its eternal essence. Simultaneously it affirms the dignity of life, from its inception to its end. In embracing the worth of finite human life while aligning with the infinite mystery of all that is, the Unique Self relaxes in the face of death.

In Unique Self medicine the sacredness of the patient-doctor relationship is essential to navigate both patient and doctor through end-of-life decisions. The Unique Self practitioner feels comfortable asking the patient how he pictures his last days of life.[67] When the patient is dying, his attention often redirects to the meaning and purpose of her life; a physician open to such concerns can accelerate the evolution of the patient-physician bond. Relationships between patient and physician that reach the stage of "Person-Person" greatly facilitate letting go of the physical and embracing the ineffable. In the spirit of Unique Self, hospice physician Karen Wyatt writes that the "process of dying is meant to be an ending to a story, a final tying together of the threads of a tapestry, to reveal a complete and perfect whole."[67] It is near the end of life that a person often shares his sacred autobiography, with all its unique narrative. When a physician receives his sacred story, she comforts him in death. He no longer feels alone when his unique story is heard, for as Gafni explains, loneliness is the inability to share his Unique Self story.[12] Studies have shown that patients with incurable diseases who receive early palliative care, with its emphasis on listening to the individual needs of the patient and offering psychosocial support, have improved quality of life and mood, less aggressive end-of-life care, and even longer survival.[68] The physician can be equally healed in the exchange.[67]

John Hughes, a spiritual caregiver working for a hospice in Wisconsin, illustrates how receiving the sacred Unique Self stories of dying patients allows them to cherish life, even in the face of death.[69] He relates, "My task is to get into the boat of their experience with them empathically and travel down their river towards their death, sharing the feelings, thoughts, and scenery along the way. It is my high privilege to be their companion." Informed by the Unique Self understanding, he explains his moments with patients as follows:

> Yes, it is, we are, Spirit talking to Spirit. I get that, but down in the corner of the picture is the fact that Infinite Freedom also prefers tomato seeds in the garden, over green bean seeds. One of us loves cribbage, and the other chess. We are people talking to one another, cherishing our uniqueness, enjoying our idiosyncrasies and quirks as part of the essence of our relationship. In my limited understanding, the Eastern emphasis on emptiness doesn't seem to capture the entire truth. It seems to miss the fact that the energy exchanged between two perspectives is like flint on flint, igniting an experience of the divine.[69]

He recalls a particular journey which lasted for over two years with a patient he calls Walter, who was slowly dying from chronic obstructive pulmonary disease. He reflects of their relationship the following:

> He is my patient, and I am his spiritual care provider, but over time we've become fast friends. I have done nothing, social work-wise, or nursing-wise, to help him, but we are two beings who sit across that cluttered table in the chill air and express our true natures, laughing. My "ministry of presence" sometimes feels impotent, but he has repeated over and over, and his family has agreed, that my visits are a lifeline to him, and help him feel not anonymous and forgotten, but valued.[69]

Unique Self medicine affirms value in life and death, for as Wyatt echoes, there is "one thing every human being must surely deserve at least once before death: to feel loved."[67]

Tenet 8: The currency of Unique Self medicine is love.

Gafni suggests that many of us make two core mistakes about love.[12] The first is that we think love is an emotion; the second is that we usually identify love with the emotion of infatuation. Emotion and infatuation are aspects of love, to be sure, but they are not its totality. Gafni reveals that love is ultimately not an emotion but a perception and then an identification.[12,13] To love is to perceive reality with the eyes of the divine and then to identify that reality with the divine. In this respect, love is not a noun but a two-part verb that moves in first, second, and third person. To love yourself is to perceive an expansive, loving consciousness living in you, through you, and as you. To love another human being is to see into his Unique Self, which is the unique perspective of his true nature; to be loved by another human being is to have your Unique Self seen. To love is to identify with the evolutionary impulse

itself, which has incessantly been organizing the universe from the Big Bang to the highest levels of humanity.

Love is the precious, fundamental, indefatigable impulse of Unique Self medicine. The patient-doctor relationship flounders without it. To love is to have the doctor perceive the Unique Self of her patient, and even to see in him what he cannot yet see in himself. To love is to have the patient perceive the Unique Self of his doctor, and to see in her what she cannot yet see in herself. Love is what forges the patient-physician bond as a sacred unity-in-diversity, what moves medicine beyond the personal and impersonal, what opens the practitioner to multiple perspectives of healing, and what respects the balance between part and whole in the practice of medicine. Love is what fuels conscious medicine, what evolves medicine and the patient-doctor relationship, and what flows in care near the end of life. Love gives medicine unity and meaning.

Love implores the patient to loosen the grip on his egoic separate self, which cannot live forever no matter how many labs, procedures, drugs, surgeries, supplements, herbs, and massages he seeks. To love is to free oneself from the "curse of pathology" by entering the domain of the numinous.[35] Love allows a patient to proclaim, "Cancer is the best thing that ever happened to me!";[35] to love is to perceive meaning in illness that adds value to life. Illness and health do not obey rigid laws of nature but are powerfully influenced by the action of love. For example, when interviewed many cancer survivors have attributed their survival more to new meaning in life, strong connections with caregivers, expression of emotions, and attitude changes than to treatments they received.[70] Studies have also shown that that the character of the relationship of patients to their spouses and jobs, as well as their sense of loneliness and alienation, significantly influences heart disease .[35,56] To love is to shift perception and open a doorway to intimacy that heals, that affirms the right to live, and that fortuitously can extend survival in this world.

The story of Steve Gleason epitomizes the undercurrent of love in disease and illness. Gleason played American football for the New Orleans Saints, who had been displaced after Hurricane Katrina destroyed much of New Orleans. The Saints' return to New Orleans became the focal point of the city's resurrection. In the Saints' first game back in their newly restored home, the Superdome, Gleason became known for blocking a punt that led to a touchdown and lifted the spirits of a shaken city. Three years after he ended his career in football, he was diagnosed with amyotrophic lateral sclerosis (ALS), a motor neuron disease of progressively worsening muscle weakness that has no known cause and no cure. The average lifespan is two to five years after diagnosis. He notes that he is well into the progression of his disease, as he can no longer walk, talk, or eat.[71] Even as ALS ravages his body, Gleason has dedicated his life to helping people live with ALS. He has written about his reaction and response to the disease:

> So, how does a person react when he or she learns there are two to five years left with which to live?
>
> Denial. Frustration. Anger. Despair. But at some point, I understood that acceptance of this diagnosis was not admitting defeat. That was critical for me personally. I think our lives are enriched when our own death is a conscious thought. I am not saying we should obsess over this, but it can be useful, because it makes you focus on the things and people you truly love. After that realization, I started to dig in, to look forward to what might be in my future.
>
> Because ALS research is underfunded and under-resourced, patients end up fading away quietly. I did not want to fade away quietly.
>
> Then I noticed something unique about a handful of ALS patients. They were living beyond the two-to-five-year estimate. A small fraction of ALS patients progress very slowly. These people went beyond that. They were choosing to go on ventilators, and continue with life. Years. Decades! I was shocked.
>
> These people were not fading quickly or quietly.
>
> I realized these patients had three crucial elements to help them: the right support, the right technology and purpose. They had things they were so passionate about, they were willing to go on a ventilator to continue to pursue them…
>
> After my diagnosis, I was determined to gather the right support, the right technology and continue living a purposeful life. For decades, despite the progression of the disease.[71]

Football commentators and Gleason himself have speculated whether football caused his ALS. In considering this question, Gleason sublimates his illness with meaning:

> But if football did, somehow, cause my ALS, what does that mean for my life?
>
> As humans, we are able to conjure and attach meaning to almost any circumstance or development. When handed what feels like a terminal diagnosis, it's human nature to ask, Why did this happen to me?! or What does this mean?!
>
> The question What caused this? can usually be analyzed and measured precisely. (Scientists are still working on defining the cause of ALS, and I am not sure if football caused my ALS.) On the other hand, interpreting meaning is, in my opinion, quite ambiguous. We cannot measure, verify or confirm meaning. We, as humans, create and apply meaning. When something happens to us, we become the author of meaning. The best philosophy I have adopted is to apply a useful and productive meaning, rather than a negative or destructive meaning, regardless of the circumstances in my life.
>
> So, I have conjured my own meaning from my circumstance, if in fact football did cause my ALS. It means to me that I gave my life helping a city and a region in ruins find some hope in their struggle for rebirth. I will never regret that.[71]

Through his organization Team Gleason, he is providing assistive technology similar to what he uses himself to help other patients with ALS live extended, productive, inspired lives of meaning. In his view, "I do not see this as charity work. I see this as an investment, with measurable return, in people who want to continue to be productive and purposeful."[71] We hear in Gleason's words not a desperate clinging to life but an expansive release of life lived as love.

Love shifts the perception of the physician as well. Love opens a physician to move beyond unsustainable self-interests and practice more integrated, transparent, accountable, and validated medicine. Love pulls her toward a trans-personal orientation to health care. Yet the health care system needs the physician to love in her work, for without it the system is an oppressive, barren, lifeless heap. To love is to alchemize the numbness, fatigue, and alienation of the doctor into service, empowerment, and meaning. The power of love is displayed when a surgeon sheds a few tears after losing a life on the operating table, and when an obstetrician delivers her thousandth baby like the first time. It is beheld when an oncologist shepherds a dying cancer patient through the end of life, and when a pediatrician doctors a critically ill infant back to health. The driving force of medicine is love. Physician Lawrence E. George expresses the transformational power of love well:

> To see each patient as a luminous jewel, tarnished to be sure from the imperfect (from a relative perspective) unfolding process of human development, is to experience medicine as a spiritual path that transcends and diminishes the lower-level issues of the financing of health care. It also empowers us to begin to make changes in the sociocultural problems that we see in medicine today. This tarnish, which is manifested as disease ("dis-ease") in our patients, can be the grace through which both healer and patient can transform their respective lives.[72]

Mackey has stated that love is not weak; love is strong.[12] We have recently had a very bittersweet experience of the strength of love. Joohee Moonat was a family friend and general surgeon who specialized in breast surgery. Tragically, she passed away from cancer at a relatively young age. We remember the infectious smile and laughter she would display on mornings in the physician lounge as she shared her amusing stories with us, even amidst the grueling schedule of a surgeon on call. At Joohee's memorial the constant theme of friends, family, and colleagues who remembered her was her boundless passion for patients, loved ones, hobbies, and all of life. Her surgical partners bore witness to her "take-no-prisoners" attitude in the operating room. Her cousin challenged us to commit ourselves to one thing with the passion that she committed to everything. Her love touched the life of one particular patient who spoke with emotion and conviction that when she was struggling to survive her breast cancer, Dr. Moonat was her angel. Joohee was the living embodiment of the truth that love is not weak but strong. She fulfilled her Unique Self in this life and touched countless others in her practice of love in medicine. We choose to honor her by committing ourselves and other practitioners to live up to her example of loving in medicine, in our own unique ways. For medicine is lost without it.

Conclusion

We began this discussion with a definition of medicine as both a science and an art. Has it lived up to these ideals? The science and art of medicine have been emphasized in varying proportions across history and cultures. We have seen that as the self became increasingly individuated, so did medicine. This medicine of the separate self has conquered lethal diseases and extended our lives considerably. Its practice has become increasingly specialized, scientific, and enormously expensive in our modern world, with diminishing returns for the price we pay. As a society, we have come to appreciate that health care is an interconnected system of numerous moving parts, and that the efficacy of the system is heavily dependent on its functioning as a cohesive whole. The age of True Self medicine has thus begun in earnest, most recently in the U.S. Many are decrying the loss of autonomy in this latest age and believe the very soul of medicine is in jeopardy. Disillusioned with rising costs and reduced income, or alienated in the self-centered practice of medicine of the false self, many physicians feel compelled to cash in their practices and merge into the rapidly consolidating health care system. What they find there, however, is the oppression of bureaucratic and nameless medicine – where performance metrics rule over clinical judgment, and lowest-common-denominator care reigns. A sense of scarcity and meaninglessness abounds in our profession.

Society is no bit player in the evolution of medicine. As medicine has accomplished much and promised more, many in society are eager to consume in their insatiable desire to live longer, look younger, act sexier, and feel happier. All the while, they engage in unhealthy lifestyles and do not hold themselves responsible for their own health. Expectations on modern

medicine have ballooned, and health care professionals are straining under their burden. Many in the public rightly applaud the intent of an integrated medical system to make health care more standardized, accountable, transparent, and affordable. Yet they too have become disillusioned by a cold, detached modern medical system that, for all its gadgetry, does not sufficiently deliver on its promises. The public feels unseen by modern medicine, as its increasing consumption of alternative medicine illustrates.

Medicine is indeed at a critical crossroads, and at stake is nothing less than the future of how we care for each other. We are paying an immeasurable price on ourselves, our bodies, our culture, and our planet when we consciously and unconsciously persist in partial truths about how to maintain good health. Why are we resigning ourselves to this "rip-off"?

Marc Gafni reflects that enlightenment is nothing more and nothing less than sanity.[12,73] Enlightenment is not some exalted state of spiritual bliss or perfection. It is simply a remembering of your true identity, not as a skin-encapsulated ego but as the True Self. Your True Self is the same Self that is in everyone and everything else in reality; you are not a self separate from all of reality. To be sane, hence, is to know who you truly are. To be insane, conversely, is to insist on identifying yourself by a name other than who you truly are. Your experience as a separate self, which is taken by much of society to be "normal" consciousness, is actually insane. Gafni and many other teachers of the great traditions point out that this deluded consciousness of separate self and its protection at all costs are the source of untold human suffering. Normal consciousness killed one hundred million people in the last century[12,73] and has resulted in twenty million children dying of malnourishment and starvation around the world in the last year.[73] This is not sane. Enlightenment then is a technology to help us remember our sanity and alleviate the suffering of ourselves, our world, and our future generations.

The recognition of sanity beyond attachment to our egoic selves is the teaching of classical enlightenment. Yet this teaching has clearly been insufficient to help us drop our insane ways. As Gafni relates, enlightenment teachers have offered two main reasons for this conundrum: the clever ego always seeks to preserve itself when threatened, and the path of enlightenment is too hard and ascetic for many people to put in the work to let go of the pseudo-comforts of the world.[12,73] In his teaching of Unique Self, Gafni offers a deeper reason: we are each unique to the core, and we naturally resist any teaching that conflates our uniqueness with ego. Gafni argues that "As long as enlightenment seems to demand abandoning the essential specialness of every human being and of every human collective of persons or system of knowing, it will intuitively be rejected by the masses."[12] We never evolve beyond our ego; we evolve beyond our exclusive identification with ego. We see in turn that our ego prefigures the irreducibly unique expressions of our true nature. As Gafni writes, "Unique Self enlightenment teaches you how to lose 'me' at the level of ego only to reclaim a higher and deeper 'me' at the level of Unique Self."[12] Unique Self enlightenment merges the core intuition of classical enlightenment – that you are not separate and therefore not special – with the core intuition of

Western enlightenment – that you are separate and therefore special.[12] Thus, the Unique Self teaching reformulates the nature of enlightenment.

More than anything else, we believe what is needed now is a fundamental reformulation of medicine. The awareness and embodiment of Unique Self shift our perception of what is possible in medicine. We have been increasingly recognizing that to practice medicine from a separate self perspective is not sane. At the same time, as long as medicine demands abandoning the essential uniqueness of every human being and every system of healing, we in the medical profession and society at large will intuitively reject it. Unique Self medicine calls for us to let go our attachment to fragmented, unaccountable, consumptive medicine but not the uniqueness inherent in the patient-doctor relationship. It sets the patient-doctor relationship in a unified medical system but frees the system to practice clinical judgment unique to the context at hand. It insists on systematic evaluation of clinical judgment but reclaims meaning and purpose in medicine that no evaluation can truly measure. It celebrates the unique calling that is the art and science of healing.

Gafni has called for the democratization of enlightenment. Enlightened living used to be a path for the spiritual elite, whom we consulted to guide us through life and death. Along came the concept of democracy, which recognized the inalienable equality, value, and dignity of every individual. Personal enlightenment democratized political power. Classical enlightenment recognizes the True Self beyond personality and ego. Unique Self awareness democratizes enlightenment by making enlightenment genuinely possible for every single uniquely special human being. As Gafni expresses, enlightenment hence becomes not only a genuine possibility but a sacred obligation for every individual to embody in order to heal ourselves and our world. The democratization of enlightenment is crucial to the evolution of consciousness, which is none other than the evolution of love.[73]

So it can be written for the practice of medicine itself. Medicine is no longer the exclusive purview of elite guilds, associations, and institutions, to be authoritatively doled out to the masses. The future of medicine depends on its democratization. We stand for the democratization of medicine: in professionals practicing a saner form of medicine, in systems increasing access to health care for all, in communities supporting the health of each other, and in every irreducibly unique individual taking active responsibility for realizing a healthy life.

Gafni, Wilber, and others have traced evolution through a series of epochs or "big-bangs," as it were.[12,15] The first big-bang was cosmological evolution, when matter was created from emptiness. The second was biological evolution, when life formed from matter. The third was cultural evolution, when mind arose from life. The fourth was the very process of evolution awakening to itself. As Gafni explores (personal communication, October 17, 2014), the fifth big-bang is evolution awakening to itself as Unique Self. And the sixth big-bang is Unique Selves co-creating evolutionary "we-spaces": communities of evolutionary Unique Selves engaging each other with conscious intent to evolve the communities to higher and higher levels

of development. It is only in giving and receive each other's unique gift in the context of activist communities that the entire evolutionary process moves forward. Separate selves cannot form evolutionary we-spaces because they egoically clash with each other and are unable to form open communion. True Self cannot form evolutionary we-spaces because in True Self, there can be only one! In this regard, Unique Self is the technology that serves as the "strange attractor" of the whole evolutionary operation.

It is high time for evolutionary Unique Selves to attract a community that consciously practices medicine in an evolutionary context. One that celebrates the irreducibly unique expressions of every health care professional. One that connects each of our unique contours together, not to solve the puzzle of health care but to evolve it collectively. For health care is neither a right nor a privilege. It is the sacred obligation of every precious one of us to actualize. And the health of the whole depends on us all.

In closing, this is a clarion call from our Unique Selves to Yours. Let us answer the call of our Unique Selves and play a much grander game. Let us democratize medicine. Let us build a community that radically co-creates the future of medicine. Let us embrace our Unique Obligation. Let us love.

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Appendix: The Stations of Medicine, as Seen through Perspectives

Station of Medicine	Perspective			
	1st Person "I" (UL)	2nd Person "You"/"We" (LL)	3rd Person Sing. "It" (UR)	3rd Person Plural "Its" (LR)
Pre-Personal	- appeasement of spirits - possession - light and dark magic - shamanism	- tribal medicine - group rituals - memory of community codes/symbols	- humoral balance - medicinal herbs - charms/amulets	- disturbances of nature - ceremonial sacrifices - traditional Chinese medicine - Ayurvedic medicine
Separate Self **(Lower-Level Personal)**	- patient-centered - patient dignity - patient/physician autonomy - medical humanism - medical individualism - health care as a privilege	- self-interested patient-doctor relationship - disease advocacy groups	- anatomical medicine - biological medicine - reductionist medicine - organic vs. functional disease - pharmacology - supplements - modern psychiatry - homeopathy - chiropractic	- technological medicine - procedural medicine - mercantilist medicine - independent practices - non-integrated medicine - cottage-industry medicine
False Self	- victimization with label of illness - hypochondria - medical narcissism - "I'm not young, beautiful, strong, sexy, healthy enough" - fearful, alienated physician	- collective victimization - fear-based marketing to crowd	- medicalization of life - pharmaceuticals to cheat natural changes - over-diagnosis - over-medication - over-supplementation	- medical arms race - crony capitalist medicine - medical cartels - medical profiteering - defensive medicine - ICU care to cheat death
True Self **(Impersonal)**	- symptoms as impersonal - healing past/future of patient - imagery - contemplative prayer - meditation - detached patient/physician - dehumanization - doctors and nurses as "providers" - patient as "consumer" - health care as a right	- family healing - group healing - trans-local imagery - communal medicine - impersonal patient-doctor relationship	- nutritional standards - prevention - energy medicine for non-physical body	- holism - evidence-based medicine - meta-analyses - Big-Data - value-based metrics - pay-for-performance - transparent reporting - transparent costs - efficiency - integrated health care - electronic health record - mandatory health insurance - single-payer system - capitation - accountable care organizations - consolidated practices
Unique Self **(Higher-Level Personal)**	- medicine as a calling - accountable physician, accountable patient - unity-in-diversity - medical uniqueness - doctor as teacher - nurse as nurturer - consumer as patient - intuitional medicine - meaning in illness - numinosity in disease - symptoms as impersonal aspects of unique history - humility in medicine - creativity in medicine - conscious language - placebo effect - health care as a sacred obligation for physician and patient	- unique patient-doctor encounter - patient-doctor relationship as sacred dyad - evolution of patient-doctor to person-person - unique story exchange - love in medicine - empathy - shared clinical decision-making - integrated support groups - cultural sensitivity - society held accountable for health - conscious medical culture	- unique biology - epigenetics - psycho-neuro-immunology - personalized medicine - personalized nutrition - personalized pharmacology - adaptive smartphone health apps	- evidence-based contextual medicine - integration of orthodox/alternative medicine - clinician as mediator between patient and machine - conscious medicine - integrated stakeholders - evidence-based trans-rational medicine - integral medicine - functional medicine - interdependent practices - democratization of medicine