

Speaking of Faith

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Heart and Soul: The Integrative Medicine of Dr. Mehmet Oz

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Krista Tippett, host: I'm Krista Tippett. Today, "Heart and Soul: The Integrative Medicine of Mehmet Oz." Cardiovascular surgeon Mehmet Oz is a healer, a teacher and, he says, an explorer. In bringing meditation as well as robotics into the operating theater, he and others like him are changing the face of modern medicine.

Doctor Mehmet Oz: When you finally figure out that you've got the best technology available, when you've finally climbed the last technology mountain and the patient still doesn't feel well, that's when we start looking in areas where we're much less comfortable, like spirituality and alternative therapies that bridge cultures of healing beyond this country's borders.

Ms. Tippett This is *Speaking of Faith*. Stay with us.

I'm Krista Tippett. The word "healing" means "to make whole." But historically, in a field like cardiology, Western medicine has taken a divided view of human health. It has stressed medical treatment of biological ailments. This hour, we revisit my conversation with Mehmet Oz, one of the most respected and dynamic of a generation of doctors on new spiritual, as well as technological, frontiers.

From American Public Media, this is *Speaking of Faith*, public radio's conversation about religion, meaning, ethics, and ideas. Today, "Heart and Soul: The Integrative Medicine of Mehmet Oz."

[Announcements]

Ms. Tippett As director of the Cardiovascular Institute at Columbia University Medical Center, Mehmet Oz has innovated tools and techniques, including the use of robotics that are revolutionizing the field of cardiac surgery. At the same time, as a surgeon at New York Presbyterian Hospital, he's introduced mind- and energy-oriented therapies like meditation, reflexology, and massage into the operating theater and recovery room. Such therapies are sometimes referred to as alternative medicine, although many are ancient and established in Eastern cultures. The combination of alternative and Western approaches is known as integrative medicine.

But Mehmet Oz calls it global medicine. And he has a good vantage point from which to consider the convergence of old and new, East and West. He is impeccably credentialed in the best Western schools of medical science. He grew up spending summers and holidays in the native Turkey of his parents. His father's family was devoutly Muslim from a region known as the Qur'an Belt near the birthplace of Sufi mysticism and the Whirling Dervishes. His mother's affluent family came from the more secular, urban culture of Istanbul. Mehmet Oz went into medicine, he says, in part to better understand himself.

Dr. Oz: It was a search for meaning at its most profound level. I didn't think you could really understand the world around you if you didn't understand your own body. And so this almost narcissistic drive to learn about what made me tick made me that much more interested in medicine.



Dr. Mehmet Oz is vice chair of surgery and professor of cardiac surgery at Columbia University, and founded the Integrative Medicine program at New York-Presbyterian Hospital and Columbia Presbyterian Medical Center. He is the author of the book *Healing From the Heart*

Ms. Tippet Mehmet Oz says his chief desire as a physician is to promote health in his patients and not just the absence of disease. This motivation has turned him into something of a medical explorer. And as he describes in his book *Healing from the Heart*, Mehmet Oz has found the intense field of cardiovascular surgery to be thrilling territory for such exploration.

Dr. Oz: As you go through the process of training to be a physician, there are these "Eureka" moments, these "Aha" moments that occur particularly in the early years of medical school, where you realize some insight into existence that you didn't expect. And all of a sudden, it smacks you upside your head. And the heart did that to me. I remember the first time I saw this incredibly powerful organ twisting and turning in the chest cavity of a — of an individual whose life was threatened from its failure.

And you remember the heart doesn't empty blood like a balloon letting out air. That's a very bland view of how the heart functions. It's much more elegant than that. It twists the blood out of it the way you would wring water from a towel. And you watch this muscle twisting and turning. And it looked like a cobra being tamed by the physician who was managing it.

When I saw this organ, I realized why it plays such an important role in our poetry, why it dominates our religion, why we associate the soul and love with a muscle. And I've dedicated my life to trying to figure out what that allure is and, in particular, how to help folks who are challenged with this illness.

Ms. Tippet But, as you say in what you write, you had a very traditional, respectable American medical education, right? You went to Harvard Medical School?

Dr. Oz: I went to Harvard College and actually played football there of all things.

Ms. Tippet Oh, OK.

Dr. Oz: And then from there, I went to, crazy as it sounds, I went to a joint MD/MBA program at University of Pennsylvania and Wharton Business School.

Ms. Tippet OK.

Dr. Oz: In the traditional medical training, you're told early on to pretend that the mind and the body are not connected. That you can take the organs as solitary entities — the heart, the kidneys, the liver, the pancreas, the brain — and study them by themselves. And that process is very effective for teaching people a science-based, organ-based approach to medicine.

Ms. Tippet And I want to know, was there a time, maybe when you were first a student, when that approach seemed sufficient to you?

Dr. Oz: Oh, it seemed not only sufficient when I was training, but it was the idyllic existence because you could really learn it.

Ms. Tippet Right.

Dr. Oz: I mean, how wonderful it is to really think you know everything there is to know about the heart and the lungs and the kidneys? And in fact, you get to that point of arrogance usually in your third year of medical school. And it's your third year because you have spent two years doing nothing but studying. I mean, there are whole gaps in my life existence because you would get engulfed in this process.

And it wasn't an onerous task. You actually enjoyed learning about how the body worked. You'd dream about how the body worked. And then, you're faced with the reality of dealing with people. And they don't read the same books you read. They have real problems that are different from the ones that you've been studying because they deal with the interaction of these different organ systems. And you're forced to come to this reality. Actually, there's a story that is in *Healing from the Heart* about a Jehovah's Witness.

Ms. Tippet Yeah. Well, tell that story. So that was at the end of your residency, right?

Dr. Oz: This was towards the end of my residency. Now remember, just to put this in context, you, you finish your medical school training and then they start calling you Dr. Oz. And you keep looking around for who that person is.

Ms. Tippet Right.

Dr. Oz: And it takes about a year for it to sink in that you actually are the guy they're calling for. By the time you've gotten to your third or fourth year of surgical training, you're actually starting to become the team leader. And there was a Jehovah's Witness who was brought into the emergency room, having a bleeding ulcer, and a problem that we actually do a pretty good job dealing with these days.

But she was a smallish woman. And by the time she'd come to see us, she had lost almost all of her blood. So the solution is pretty obvious. You rush her to the operating room, fix the bleeding ulcer by putting a suture in it. But you have to give her blood in order to have something to carry the oxygen around the body to keep her going. And the family, when I came in to talk to her, said that they didn't think she'd want the blood. And I said, 'Well, that's good and all. But, you know, you realize we're not kidding around here. She's going to die if she doesn't get this blood.'

So I rushed her off to the operating room. And after having given the patient's family and her a pep talk about the fact that we needed to get the blood into her, and she had become unconscious by now. So while she was off there, I made this last plea to the family. And I said, 'I'm going to do this surgery. And I'll be back to get your permission. You need to sign these forms, so I can give the blood.' So I went off and did the operation. By now, her blood count, hematocrit, was about four, which, by the way, healthy animals start dying at a blood count of nine. She was at four and she should already have died. And she was already having evidence of her heart and other organs failing because they didn't have enough blood in them.

So I came out to get the permission from the family. And I was horrified to find that they were unanimous in their decision not to do this. They were condemning their mother and grandmother to death. I was flabbergasted. And only then did I really have the epiphany. They weren't telling me that they didn't believe me. They weren't telling me that they didn't love their grandmother or mother. What they're telling me is there was a deeper love, a deeper belief that transcended what I was telling them by which they were living their lives. And that no matter how logical it seemed that they should get the blood, they didn't want the blood.

Well, of course, as the story turns out, the woman who was going to die that evening hung out for another day, and then another day, and then another day, and she finally went home. And she never did get that blood. And although I would never recommend in the future for someone not to get the blood, it was, to me, a very revealing experience. Because I began to recognize that, as dogmatic as I thought I could be with my knowledge base, there were certain elements of the healing process I could not capture. And even if I was right in the science, I could be wrong in the spirit.

Ms. Tippett So did her recovery really defy what you had been learning all those years in medical school?

Dr. Oz: Her recovery made no sense at all. And I don't want to get into the issue of why she recovered because there's so many hypotheses you could offer for that. But without any question, she was the first in a long series of patients. Because, you know, once you realize this is happening around you, you start paying attention a little differently.

Ms. Tippett OK.

Dr. Oz: You start picking up subtle clues from patients, who may not be willing to share their spiritual burden with you. But now that you've expressed interest, they're willing to do that. And that, for me, became a wonderful trip, especially as I began to specialize in heart surgery, in particular, some of the sickest types of heart surgery with heart transplantation and mechanical heart devices.

Ms. Tippett Cardiovascular surgeon Mehmet Oz. He is perhaps best known in his field for innovating a process to implant a left ventricular assist device or LVAD. This technology helps keep patients alive, who would previously have died while waiting for a heart transplant.

Dr. Oz: Here are people whose hearts have rejected them. In fact, they're living a civil war.

Ms. Tippett Their hearts have rejected them?

Dr. Oz: Their hearts have quit on them. Exactly.

Ms. Tippett OK.

Dr. Oz: Their hearts think that they have quit on them, that they have rejected them. And so they have to live their lives realizing that at least one of their organs doesn't think they're worthy of living. This is, by the way, how many of these folks internalize this process. And when you realize that, you begin to deal head-on with the guilt, the shame, the frustration, the anger that these folks bring to you, when they need to get a new heart or they are dying of heart disease. You then get a much more robust view of the role some of these alternative and spiritual modalities may provide your patients.

Ms. Tippett Yeah. I mean, one thing that strikes me is that you are, and it seems that you always have been, working, as you say, at the cutting edge. You're working in extreme cases. You're working with the best new technology. And in particular, maybe you can explain this a little bit, this LVAD technology. You're working with people in that stage before they get a transplant. I'm curious if you would also say that there's something about working on the frontiers of what technology can do, or that leads you, in some way, also, to look at other kinds of therapies.

Dr. Oz: The reality is that if you're dealing with heart failure and you say to yourself, 'You know, if only I could make a mechanical pump to keep this dying patient in front of me alive, then we'll have solved all of humanity's problems.' I'm being a bit sarcastic, but that's the simplistic mindset that certainly I wandered into this field with.

Ms. Tippet And you also have patents for tools you've developed, I read. So, I mean, you're doing that also, aren't you?

Dr. Oz: Exactly. I spent a lot of time trying to figure this out with the hope and the belief, the passionate belief, that if I could make some of these devices work, that we could actually get folks to not die of heart disease.

Well, guess what? And I'll tell you this story because it's actually reflective of this. I had a gentleman, a very religious man, and religious defined by the fact that he was a churchgoing fellow, who spoke frequently of the power of his faith. And I learned this later on about him. But he used to drive the sand machines during the snowstorms in upstate New York. And he had a massive heart attack and basically dropped dead while working. He was rushed by a helicopter to our area and eventually to our institution, where I realized that his heart had died. And the only hope to keep him alive was to put a mechanical device in him, a so-called LVAD, left ventricular assist device. And these devices are pumps that act as a piggyback support system because the heart itself can't pump blood anymore. The surgery went wonderfully well. He recovered from his operation. I had never met him, remember, because he was unconscious when he came to us. And the first time he met me, he told me he wanted to kill me and then kill himself to follow.

Now, you know, here I am giving myself a rotator cuff injury, congratulating myself by patting myself on the back. And he's telling me that he doesn't want to live anymore. And in talking to his wife, I learned that he had lived under the assumption that he would always play a valuable role in the world. And when he no longer could contribute to the world, he would be allowed the dignity to die. And here I had taken that dignity from him. I had forced him now to live as what he perceived of as a cripple with no value, no use.

So the way we dealt with this problem, with the help of his wife and his pastor, was to get him involved as an evangelical force within his church. And this gentleman, who subsequently got heart-transplanted, now actually provides ministerial services for Hells Angels, motorcycle gangs. So it was, for me, a wonderful example of the fact that people crave a use in life, and if you take that from them, you have to try to replace it in another context.

Ms. Tippet And that that is a part of healing?

Dr. Oz: Ultimately, the healing process transcends replacing of the organ and moves into his spirit. And that's where disconnect happened. When you finally figure out that you've got the best technology available, when you've finally climbed the last technology mountain and the patient still doesn't feel well, you've got to look elsewhere. That's when we start looking in areas where we're much less comfortable, like spirituality and alternative therapies that bridge cultures of healing beyond this country's borders.

Ms. Tippet You do use many different, what we call, alternative therapies, traditional therapies. I don't know, like, I guess I just want to ask you the question this way to talk to me about some of these therapies, how you've come to them and why they've come to seem important to you and how you experience them to be working.

Dr. Oz: In many cases the alternative therapies were brought to me by folks outside of medicine. But within the institution that I work in, in New York Presbyterian Hospital, I found that there were folks who came to us from all parts of the globe who had their own healing traditions that had been effective for them in the past. And they wanted to use those, but they kept feeling that we didn't want that to happen. They would abdicate all responsibility for their care once they walked into our hallowed hallways. And so we tried to change that. We tried to give them the confidence to play an active role in their own recovery process by letting them use their own healing traditions. And that's how I actually learned about many of these alternative therapies.

Ms. Tippet So is it your sense that in other cultures, where what we call traditional therapies are the primary therapies, is health care more interactive? I mean, are patients in the West more passive?

Dr. Oz: I feel strongly that in the West we have come to believe that medicine offers all the solutions and so we no longer play the proactive role we should be playing. Take Turkey as an example. You would never leave a patient in the hospital there unless you had a relative with them. In fact, the nurse gives you the pills to give the patient. You change the bedpan. You make them feel comfortable. You fluff up their pillow. In the United States, we have visiting hours. No one can see the patient. We block them out. We create barriers to the family and the loved ones playing a healing role on the individual who's sick. And these are the kinds of, of disconnects that we have created because we've had so much trust in science. And please, I have a lot of confidence in science. I, in no way wish to bash the field that I'm so proud of, medicine.

It's just that if we're truly going to achieve maximum healing, maximum impact, we ought to take any tool that's at our disposal, and that includes nonscientific approaches, as long as we have evidence that they don't hurt the patients. And that's really what I'm pulling for.

Ms. Tippet Cardiologist Mehmet Oz. I'm Krista Tippet, and this is *Speaking of Faith* from American Public Media.

In his surgical practice at New York Presbyterian Hospital, Mehmet Oz has recommended and integrated complementary forms of patient care such as hypnosis, yoga, and work with the body's energy fields as understood by Tibetan Buddhism. Mehmet Oz says that as he assesses such practices he keeps his mind both open and discerning. He has to be satisfied by the same standards with which he assesses Western techniques. That is, whether they actually work for his patients. In order to explore and document the complementarity of Western and alternative treatments, including the role of spirituality in healing, Mehmet Oz cofounded the Columbia Integrative Medicine Program. This is part of a growing movement of such centers at leading hospitals and medical schools across the country.

Ms. Tippet Talk to me about some of the tools that you treasure the most. I mean, you talk a lot about hypnosis.

Dr. Oz: Hypnosis is a therapy that is, I don't think, even that unconventional anymore. But we have studied it in numerous different settings. There are many other individuals across the country who've also done work along these lines to demonstrate that hypnosis can play a role in ailments as varied as hypertension to the chance of having pain after a procedure. So I divide these alternative therapies into two basic camps. There are the alternative therapies where you put something in your mouth, you know, herbs, vitamins, and all those things, and let's leave those to the side because those really get into the science and medicine of what we're doing.

Ms. Tippet OK. And even homeopathy, would that be in that category?

Dr. Oz: I would put homeopathy in that group as well, though, of course, homeopathy works in a very different way.

Ms. Tippet Yeah.

Dr. Oz: And then there're the therapies where your mind plays a role. And what we're really trying to do is to figure out how to get your mind and, perhaps, elements of your mind that we don't understand working with you. So let's take a big area of energy. And whether energy exists or not at the macro level, at the level of the human being, is a difficult thing to tell. But we define life at the level of the cell by whether or not you have an energy level in the cell that's different from the energy level outside the cell. That's what life is. So if you aggregate those cells together into an organ, the heart, and you put those organs together into a body, the human, why would we think that we wouldn't have energy that's measurable and could be affected to make you feel better?

In fact, why would we not think that disturbances of that energy might cause some of the ailments that we cannot, today, put a name on? So that's why I think therapies like acupuncture and Tai Chi and acupressure and even the use of some of these medicinal treatments like homeopathy, which may affect energy levels, could actually be an important advance for us in medicine. If nothing else, it widens the vista of opportunities that we have in the healing arena. The big challenge: It is very difficult for folks to invest the resources to truly study these modalities. And because they are underfunded, it is often impossible to envision a mechanism to truly "prove," quote, unquote, that a therapy can be effective.

Ms. Tippet Let's say, something like acupuncture. My understanding is that while, say, a Chinese physician or healer and a Western physician, while they might share a sense of basic human anatomy, they have very different paradigms for understanding how the body works. And maybe it comes back to this idea of energy. I mean, you can explain this better than I can. But is it your experience that these different paradigms are not in contradiction but can be brought together in one medical practice? Or is there anything you're grappling with which is simply asking you to divide your mind into two and say that these are two worldviews that don't match?

Dr. Oz: There are definitely situations where the therapy I would term as alternative would not work together well. An example might be homeopathy, because in homeopathy you're assuming that small amounts of a product can influence the way the body responds. And because we can't predict what that response is, it's hard to use that in conjunction with a beta-blocker or Lipitor.

Ms. Tippet OK.

Dr. Oz: That stated, there are many, many other areas, the vast majority, where I can see them working quite effectively together. Take chemotherapy, for example, which would be used against a particular cancer. It causes symptoms, nausea, vomiting, hair loss and the like, which could be, then those symptoms could be ameliorated by the use of alternative therapies. But in addition, we could use green teas and a variety of mind-body elements, including the use of music and guided imagery to impact on tumor growth rates. And from my perspective, what's really happened is the globalization of medicine. Now think about this, Krista, for a second. We have global media. This show can be watched anywhere or listened to anywhere. We have global banking and finance. We have global entertainment.

We don't have global medicine. And that's because medicine is a remarkably provincial process. The doctors come from their local culture, they have the same biases as their mothers gave them. And so they go out, and start practicing using therapies that they think work and ignoring ones that may work but they don't think work. And so alternative medicine has really become the globalization of medicine. It is us incorporating healing traditions from other parts of the world. And in sort of carrying this to the ultimate extreme, we just finished a nice study with Mitch Krucoff and the folks from Duke looking at the role of prayer in healing. And this trial, which was

called the MANTRA trial, was a randomized trial, but we actually got groups to pray for the patients from Tibet, from France, they were Sufis.

We had Baptists, we had Protestants, we had Catholics, we had groups of prayers from all the major religions in order to assess whether prayer might play a role in the recovery of folks who had heart problems. And this is the kind of globalization process that I suspect will grow over the next few years.

Ms. Tippet Now, you mentioned the Randolph Byrd study in your book, which is one of the most famous studies of prayer and healing, but it then became very controversial. I mean, there's a lot of skepticism and controversy around all of these prayer studies. So I am curious about where you come out on prayer as a part of healing.

Dr. Oz: Well, at the outset, I should say that I also entered into the study of prayer with some reluctance, in part because I had felt that maybe we shouldn't be meddling with prayer.

Ms. Tippet Yeah.

Dr. Oz: Maybe that was too personal, and who are we to start trying to examine something as potentially powerful and also misleading as prayer? And I was comforted by a pastor who told me that folks a lot smarter than I had tried to destroy religion before, and I should feel comfortable doing this research. So we began to go after it in a fairly substantial way. And the Byrd study, which demonstrated a seeming benefit of prayer in folks who were in an ICU inf

Ms. Tippet Who were prayed for, right?

Dr. Oz: fand they were prayed for, and the people who got prayed for did better. It is a trial that is one of several that have looked at this topic, and all have been faulted because they weren't large enough and they weren't randomized perspective the way they, perhaps, could have been. And so we decided to put together this large 750-patient trial looking at prayer. But, of course, you run into problems with endpoints and what were the biases of the patients. For example, 90 percent of the people in the trial thought they were getting prayed for already.

Ms. Tippet By people they knew?

Dr. Oz: By people they knew. So it becomes difficult to tease out if your prayer's doing it or their prayer's doing it. But we did wander upon some interesting observations. And here's one that may blow your mind, so to speak. There was a trial that had been done by a group from Korea looking at the role of double prayer. In other words, not just a prayer group for your patient, but a group praying for the group praying for your patient. And this seemed far-fetched to me. I had no idea. And the reason actually they had done it was because they were in Korea and they were a Christian hospital, and so they wanted people praying from the States and they wanted to power it up a little bit. So, again, this is, perhaps, a very simplistic view of how prayer works, but nevertheless they had seen some benefits in the fertility rates in their study. So we did that at the end of our trial.

Ms. Tippet In the MANTRA study?

Dr. Oz: In the MANTRA study. And we saw some intriguing findings. Again, it was only in the last part of the trial, but we saw changes that were enticing to us and have prompted us to want to do a follow-up study looking at that particular tool and the role that it may play. But, you know, people get fixated on the subtleties of the studies. At the end of the day when you do studies on religion, you deal with religious biases. If, in your heart, you don't think religion will play a role, then you will find the data sets that support that. And if in your heart you think that prayer will work, then you're going to find information that supports that view. And the smarter you are, the better you are at finding data to support your biases. And this is the fundamental disconnect we have as rational human beings trying to deal with faith. And it is a challenge that I face day in and day out with folks who are coming to grips with what meaning their ailment has for them.

Ms. Tippet Cardiovascular surgeon Mehmet Oz of Columbia University and New York Presbyterian Hospital. This is *Speaking of Faith*. After a short break, more of Mehmet Oz's stories and insights into how alternative or global medicine can address what he calls the human journey of disease and of health.

In many ways, our radio program is just the beginning of the conversation. We're making our material more accessible and more transportable. You can download MP3s of this and our previous programs at speakingoffaith.org or [subscribe to our podcast](#). Our Web site and podcast also include my entire uninterrupted conversation with Mehmet Oz. Participate in the ongoing conversation at speakingoffaith.org. I'm Krista Tippet. Stay with us. *Speaking of Faith* comes to you from American Public Media.

Ms. Tippet Welcome back to *Speaking of Faith*, public radio's conversation about religion, meaning, ethics, and ideas. I'm Krista Tippet. Today, "Heart and Soul: The Integrative Medicine of Mehmet Oz."

We're revisiting my conversation with Mehmet Oz, who's a leading cardiovascular surgeon and an innovator in the field of integrative medicine. As a surgeon and professor at Columbia University, he is steeped in the best practices of allopathic or Western medicine. He's received several patents for medical technologies that have dramatically improved the prospects for cardiac patients facing heart transplantation or death.

At the same time, he brings alternative techniques like meditation, reflexology, and massage into the operating theater and recovery room. In his book *Healing from the Heart*, Mehmet Oz traces the evolution of his distinctly modern, global philosophy of medicine. He describes how experiences with his patients have changed his very definition of illness and of health.

Dr. Oz: I'm reminded of a story that happened recently of two fathers that came to see me. Both who had heart disease. The first father came with his wife and told me that he didn't really care if he survived this heart surgery. And I said, 'Well, that's not a good place to start off the discussion.' And I started to probe a little bit into why he didn't care if he survived.

And it turns out that his young boy, a 16-year-old kid, had died in a case of mistaken identity. And this child had been his dream-child-come-true. He had had such a good time with the kid. He was a wonderful kid. And when they had lost their child, they had become despondent. And the heart disease that occurred afterwards to this gentleman was almost a blessing because it might provide him an excuse to exit this planet.

So I said, 'We're going to talk about this,' and I sent him home. I just didn't even know how to begin to address the grief he obviously felt from losing his son. But I knew that he could not enter any kind of a life-threatening process like heart surgery, much less life, with that kind of an attitude.

That same week, a father came in to talk to me. And he walked in and the first thing he said was, 'Doctor, I have blockage in my arteries. You have to operate, and I have to live.' And I said, 'Well, of course, you want to live.' He said, 'No, no, no. I don't mean to interrupt. I have to live.' So it intrigued me and I said, 'Why?' He said, 'I've got a retarded child at home. He's profoundly debilitated. I have to change his diapers. I do everything for him. If something happens to me, there will be no one there to take care of him. I have to live.'

Now put these together. The second father never enjoyed having a game of catch with his son. He never went to the movies with his son. He never watched his son play any musical instrument. He never had the kinds of blessings the first child had. And yet, he saw an element of grace in the existence that he had with this sick child that drove him to want to live. And when I shared this story with the first father, it changed his outlook as well. At the end of the day, being ill is an opportunity for us to learn more about why we're here. "Some folks climb mountains, others get to have heart surgery," I'll often tell them.

Ms. Tippet So how do all of your experiences, as a doctor, change your definition of what quality of life means?

Dr. Oz: Well, quality of life has changed a lot for me as I've witnessed patients. For me, it was initially just life. You know, being alive was quality of life. And it is true that if you're not alive, there is not much quality. But staying alive by itself is not the only goal. And we, as a society, have to mature our views of death and dying in order to cope with the reality that we have science now that can do more than we want it to do. And quality of life has become a dominant element of my discussions with patients.

I've had older Americans come to my office and tell me that although they are perfectly physically able to have surgery, they didn't have anything to live for. All their loved ones had passed along. Their families had gone their different ways. They were just pretty much just biding their time, waiting. And so why would they bother having life-threatening surgery that would just prolong their existence when they had had a great, and by the way, they're not depressed. They've had a great life and they've done it. They're ready. And that is a conversation that would have troubled me much more when I was younger. When someone tells me that now, and they have good reason to what they're saying, I'm accepting of that.

Ms. Tippet Mm-hmm. And then you, you would not perform the surgery?

Dr. Oz: It's not even a matter of performing the surgery. As a physician, you have a precious covenant with your patient. And because they generally trust you, you can talk them into things. So it's not a matter of whether I would do it or not, it's whether I would try to talk them into something that maybe I wouldn't talk myself into when I was in their shoes. And although I, you know, I just turned 44, so, you know, I can't truly identify with an 88-year-old patient, twice my age, who might feel this way, I begin to see the wisdom in, at least,

that discussion. After all, if, if you don't have a good reason for your heart to keep beating, it usually won't. And some of these folks have thought that process through better than I have.

Ms. Tippet I want to come back a little bit to this idea of prayer. I would like to know, through the study you took part in and through using this technique in your work as a heart surgeon, how have you come to think about what the value is of prayer, what's happening in that, how that can be legitimately integrated into medical care?

Dr. Oz: Well, we never prayed in the MANTRA trial. We never asked the prayers to pray for the patient to survive. We asked them to pray that "Thy will be done." We asked them to pray for what was best for the patient to happen. So maybe if you're 85 years old and you have metastatic cancer and you've got no one left in the world, maybe the answer to the prayer is to let you go gracefully from a heart attack, which is, after all, not the worst way to go. It's painless and it's quick. So we do have to be cautious, as the saying goes, for what we wish for because it might come true.

But I do think the opposite approach would be to ignore the potential power of prayer. And, again, I do want to be cautious. When I speak of prayer, I'm not even talking particularly of the organized religion behind the prayer. It's really the role of spirit and whether or not there's an energy behind this spirit that we can tap into and take advantage of, an energy that is spoken of in most religions, and that we generally completely ignore in Western medicine because we can't measure it. It would be, I think, an abdication of my responsibility as a healer to not, at least, look into those opportunities.

Ms. Tippet Cardiologist Mehmet Oz. I'm Krista Tippet, and this is *Speaking of Faith* from American Public Media. Today, "Heart and Soul: The Integrative Medicine of Mehmet Oz."

Dr. Oz: I've always have been intrigued by this. You called me Dr. Oz earlier. Now, "doctor" comes from the Latin root for "teacher." But you would also say that I went to medical school. Well, "medicine" means "healer." And physician comes from the Greek for "physics" or "science." So even in the way that you call me what I am, you're describing me as a teacher, a healer, and a scientist. So I need to be either able to wear three hats on top of one another or at least shift gears between the three opportunities. And science, unfortunately, meets a roadblock once in a while. And as we wait for that paradigm-shifting understanding or insight that will allow us to go to the next level with science, which I'm confident we will do, we sometimes have to allow elements of faith or belief or insight or intuition.

For example, and I, this is, perhaps, a little bit off the topic, but what gave Einstein the idea that there were particles or waves in physics? Is it possible that he was colored at all by looking at Impressionist paintings that had been done for the past 30 years, which created light from dots? And just as in that example, art colored perhaps the thinking of, if not Einstein, other physicists of the time. Medicine and physicians, we have an understanding of energy. We have a digital world. We have insights into technologies that we haven't yet applied in the context of the human body that we probably, one day, in this next generation, will gain insights to.

Ms. Tippet So when I read your story and read about you, one thing that jumps out at me that's rather simple, but very profound in its effect is that, while you are a highly trained, highly skilled doctor, you're also very open to seeing what's happening with your patients, and even experiencing the birth of your own children, and always questioning the limits of medicine, and then reaching out for other, you know, for other resources and, which, in your case, alternative treatments. And I wonder if maybe, you said you're 44 now, do you think there's a generational shift? I mean, do you think that more doctors your age are simply more open to the complexity of the whole experience of healing and health?

Dr. Oz: I think there are many more opportunities for younger physicians to get that exposure. In part because the generation before us was still striving to figure out the basics of how to keep folks alive using science.

In 1955, you would not have had heart surgery because we couldn't do it. In 2005, I can do two operations in the morning and be on a radio show in the afternoon. It's a completely different world. In 1955, my main goal would be to save that kid's life using new insights in science that even two years earlier didn't exist. In 2005, I know I can save that child's life, but I know that there are elements of depression and disconnect that might occur in the postoperative period. And I know that even more importantly than the hole that I fixed, there are other issues that will challenge that child that I need to get addressed if I'm doing my job as the healer.

So the game has gotten more complicated. And because we have the honor of standing on the shoulders of our forebears, at least in medicine, we can see further. I can see the mountain in the distance. I can dream about things that they didn't have the luxury of dreaming of because patients were dying in front of them for reasons that they thought they could easily fix. People don't die in front of us today for easily fixable reasons, and for that pushes us to look a little further for true healing.

Ms. Tippet But I think what's ironic and so interesting about it is that some of the places you're looking are ancient traditions that previous generations of doctors would have considered to be very simple, would think that the West had outgrown. Right? I mean, acupuncture or f

Dr. Oz: Absolutely. But that is the globalization of medicine.

Ms. Tippet OK.

Dr. Oz: And, as we explore beyond the borders that have traditionally limited us, it takes us to places that we're not too comfortable. But that's what it's all about. In a way, for me, life is about being comfortable with being uncomfortable. It's about taking yourself and the people that trust you on a life journey, because that's what health is all about. And we all have our own individual health parade through life. It's a serpentine path that takes us to places we didn't expect, but that's part of our life experience. Our job may be to incorporate approaches that we never could have envisioned playing a role in recovery. But now, because we have the luxury of looking a little further, we can identify.

Ms. Tippet What I hear in a lot of what you're saying is maybe that, you know, when we first started speaking, you described going into medicine and wanting to make the world a better place. And it sounds to me like being a doctor and working at the cutting edge of science, in fact, has made you, perhaps, a more spiritual person. Is that right? Is that true?

Dr. Oz: There's no question that I've become more spiritual because of the practice of medicine, particularly because I wandered into a field that was high tech, and so the illusion that I could find salvation through science alone was no longer present.

Ms. Tippet Can you say something about how your particular spiritual sensibility or practice has been concretely shaped by your experiences as a doctor?

Dr. Oz: Well, for one, as I look at how my spirituality has changed, I've become more comfortable re-exploring spirit. There was a time in my life where I spent a lot of time thinking only on this topic, and it was actually during my college years when I was not atypically trying to just figure what the heck was going on so I could get on with my life. And, as many folks do, I got on with my life and for 15 years or so didn't think much about religion beyond the necessary elements of making sure the kids, you know, went to Sunday school or that we dealt with the religious holidays. But as I've grown more and more attuned to what my patients are asking for, I've become more insightful to my own needs.

And I do want to correct one thing you said that was kind about me. You said that I went into medicine to make the world a better place. And although, without being falsely modest, that was truly a driving force for me, there was clearly a narcissistic element to this. I really wanted to study me. I wanted to know what was going on. I wanted to be an explorer, and I wanted to know about why we are here and what we are doing here. And I thought medicine would take me there, and it has, but not all the way. And to continue the journey, I have to go beyond where science, in its traditional context, would take me and look for clues to what the next steps may be. And spirituality helps me along that path quite a bit.

In fact, a lot of my personal interest in yoga comes from a recognition that I can reach a Zen experience, a blissful existence, if I can get my body, my mind calm together. And yoga does that for me as well as any other element. I appreciate hymns, chanting, much more today than I did when I was a schoolchild because I see in that a sense of peace and emptiness that frees me. These are insights that I think you have to be a bit more seasoned — at least I felt I had to be a bit more seasoned to appreciate. And without the insights that medicine has provided and my teachers or the patients have provided me, I wouldn't have wandered upon it.

Ms. Tippet Cardiovascular surgeon Mehmet Oz.

[Excerpt of Turkish healing music]

Ms. Tippet This traditional healing music comes from the Islamic mystical Sufi tradition of Mehmet Oz's native Turkey. It is sometimes played for his patients before, during, and after heart surgery. He and his colleagues at Columbia have demonstrated that such music can focus and calm patients, improving their outcomes even in the semiconscious state of surgery.

[Excerpt of Turkish healing music]

Ms. Tippet People who are close to death often experience a sense of a reality — of another level of reality. And I wonder, as a surgeon who is sometimes with people in those moments when they're hovering between life and death, do you experience something palpably?

Dr. Oz: I don't normally experience the near-death elements, in part because I'm pretty busy trying to prevent

Ms. Tippet Yeah.

Dr. Oz: *f*the death. But there is no question that you sense a deep-seated loss when a patient dies. And it doesn't go away. You can hide it and bandage it better as you get more experience dealing with death. But when someone leaves and you didn't want them to leave or you don't think they wanted to leave, the sense of loss is deep. It's a coldness that's inside of you, and it takes another person to get rid of

it, either the family member of the patient or your own family, in my case, frequently where I go for recharging. But that is a very draining experience, and it's something that I suspect one day we'll be able to put numbers on and measure and quantify. But for today, I would just call it sadness, a cold sadness.

Ms. Tippett So you mean the body is still there, physically everything is in the room that was there before, but something nontangible is f

Dr. Oz: It's something nontangible, unmeasurable. If I was using a Harry Potter analogy, I'd say there was one of those goblins that had come in and stolen my very *chi*, my very essence.

Ms. Tippett You know, you have a lot of lovely quotations in your book, Sufi quotations, and also Maimonides and all kinds of people talking. But there's one that's in the body of what you've written, and it's William Blake. And there's just something in the way you put it into the text that made me think it's really meaningful for you. And I want to read it and just ask you what this means for you as a person and as a doctor. You said that Blake wrote, "To see a world in a grain of sand and a heaven in a wild flower, hold infinity in the palm of your hand and eternity in an hour."

Dr. Oz: Well, William Blake was actually Swedenborgian. And Swedenborg is the Swedish philosopher whose writings resulted in a Protestant sect after his name which is based in Bryn Athyn, Pennsylvania, and it's my wife's religion.

Ms. Tippett Yeah.

Dr. Oz: And I was particularly attracted to the writings of Swedenborg because they provided a clarity that I found lacking in many other traditions. And William Blake's quote so beautifully identifies that because what he's really talking about is this concept of complementarity, a term that was coined actually by Niels Bohr, the famous physicist in the 1920s. And complementarity was a term that meant that you could have two mutually exclusive answers to a problem and they could both be right. Now how could that be? Well, in physics, it was wave theory and particle theory. It was a thought that energy could be both in a bolus and in a wave. Why? Because it didn't actually ever exist in either form. It was a tendency to exist in a particular location that defined it. And once you got past your concrete thought processes about what energy was, you could actually come to peace with this complementarity of reality. William Blake is talking about the same thing. How can the world be in a grain of sand? How can infinity be in a second? How these are mutually exclusive possibilities? It challenges your basic underlying understanding of what reality really is. And when you move past a physical understanding of reality and start to acknowledge a more spiritual foundation for what reality truly is, you begin to realize that we live in a world where 99 percent is pretend and 1 percent is real. And what we're striving for as human beings is that unmodulated experience, that unmitigated exposure to the 1 percent of reality. And that's where medicine has taken me, and that's where patients who are struggling to survive are going.

Ms. Tippett Well, I certainly hear the analogies in this idea of complementarity and what you are exploring and experimenting with in medicine, which might seem to some to be two very different worldviews of Western medicine and traditional approaches to medicine. I mean, you've also observed that traditional medicine does make room for a nonphysical aspect to the human being, to energies that can be involved in healing in the way that Western medicine doesn't. There is this acknowledgment of a reality of transcendence in these lines of Blake as well.

Dr. Oz: Yeah, I think Blake highlighted that beautifully in his poetry. I think it's evident in many of the stories that we face in our lives, but we have to open our eyes and our ears to hear and see them. And that's often where our shortcoming is. That's where, crazy as it sounds, being ill offers you a growth opportunity because you're much more willing to pay attention to subtle things if you have the threat of that experience being taken away from you.

Ms. Tippett Mehmet Oz is professor of surgery at Columbia University and director of the cardiovascular institute at Columbia University Medical Center. He founded and directs the Columbia Integrative Medicine program. His best-selling books include *Healing from the Heart*.

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