

# Sustainable Health

By Judy Stone, CN, MSW



## The Road Less Traveled: Making Unconventional Medical Choices

*(The points of view expressed in this article are those of the author. In addition to being our Sustainable Health columnist, Judy Stone is also a board member of the Michigan Nutrition Association.)*

By Judy Stone

I wonder if it's universal among baby boomer 50- and 60-somethings in a place like Ann Arbor? We hold fast to the idea that all our efforts toward staying healthy will buy us more time, will insure that we stay ahead of the wave. We pay attention to what we eat, we exercise, we meditate or practice yoga, we detox, and we take whatever supplements we think will keep the noodle functioning and our heart pumping.

Yet sooner or later, the wave hits. There is an "event," a symptom, a test result. If we're lucky, we only get drenched — rather than being tossed around by the wave or, worse, dragged under, where we have to fight to get to the surface to find air and catch our breath. But the illusion that our body can keep going and going and going is shattered; our attention is called inward.

In my parents' generation, there was an expectation that something would go wrong with health; it was just considered part of aging. There were fewer treatment options, less understanding of disease, and certainly less of an expectation of the longevity we see possible now. With few exceptions, there was no question that one would follow a doctor's recommendation for drugs, surgery, chemotherapy, radiation, or whatever was considered the standard of care for the condition.

But among many boomers and beyond, there is a vastly different ethos that guides how we meet health challenges. Broadly stated, it's the idea that when something goes wrong, we are not simply passive victims of our genes or of cells gone rogue. Illness provides an opportunity to examine life choices, as well as choices in how we respond to a diagnosis.

It's not the route for everyone. In *Love, Medicine, and Miracles*, Bernie Siegel, MD, says that, given a choice between lifestyle change and surgery, eight of ten will opt for surgery. But for the other two, what makes traveling that least-taken-path more possible?

Recently I was advised that, due to high eye pressure, I needed laser eye surgery as soon as possible, to avoid the possibility of glaucoma and vision loss. You can be sure that my first question was not, "Can't I just eat more carrots?" I'd like to say that I had the presence to think about why eyes that had been stable for decades now suddenly needed holes poked in them with lasers, but I didn't; I made the appointment for 48 hours later.

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The day between the eye exam and my appointment with "Dr. Power Ranger," I saw an energy healer. And it was she who helped me to reconnect with my inner knowing. We did energy work on my eyes and the energy meridians connected to them. But, probably more importantly, we talked about life choices I had made recently that conflicted with my life vision, and in an instant I saw one aspect of the problem — I was physically manifesting the pressure to limit my vision.

When I went for my surgery the next day with "Dr. Power Ranger," my eye pressure was normal. I felt that, given this news, I'd bought some time to reflect and investigate choices, and I declined the surgery. I started to explain this to the surgeon; I guess I wanted him to know I wasn't being careless. But he couldn't have been less interested. "It's your decision," he interrupted, "but I strongly urge you to have the surgery" — a phrase he repeated two more times before I left.

Fear of losing my eyesight had caused me to lose sight in a different way. I "forgot" what I know and believe about the nature of illness and the nature of healing. It was only 24 hours between making the decision to have the surgery and stepping back from it, but, in that time, I came close to having a procedure with significant risks -- without a process of inquiry that was true to my self.

I started thinking concretely about what people need in the face of alarming medical news, in order to make thoughtful, well-examined decisions that may or may not lead us away from the medical standard of care. We're often alone in a doctor's office, being presented one point of view very persuasively, as if it's the only point of view. They are so certain, and we — while being flooded with information that is new to us, usually out of our realm of knowing, and delivered when we are most vulnerable — are expected to make life-altering decisions.

How do we create space for ourselves to make good decisions? What is the role of fear? What can we, or should we, expect or ask for in our doctors?

I began speaking about this with other people — two of whom had faced, in my mind, probably one of the hardest diagnoses with which to go against the tide: the big C. To honor their privacy, I will call them Carol and Doug (instead of their real names).

Carol, a senior citizen, was diagnosed with invasive, stage two breast cancer that had not metastasized beyond the lymph nodes. Doug, age 56, was diagnosed with prostate cancer.

Carol's doctor wanted her to have a mastectomy, but she knew right away that she only wanted to pursue alternative care. Her doctor, while saying he didn't recommend her choice, said that he would support her and would order any supportive diagnostic tests. As physicians are the gatekeepers of most lab work, this was a huge gesture of collaboration from Carol's doctor, which helped empower her in putting together her own plan of care.

In contrast, Doug had a very different experience. Initially he was "offered" either surgical removal of the prostate or radiation, and the likely side effects of impotence and incontinence. He immediately began researching, took some time to evaluate, and pursued any alternative modalities with which he "felt a resonance." He also decided to schedule the radiation for a few months away.

Just before the radiation, while meditating, Doug felt strongly that something had shifted, and requested repeat blood work for Prostate Specific Antigen, a marker for prostate cancer. The number had dropped dramatically. His urologist told Doug he no longer needed radiation. When Doug cancelled it, the radiation oncologist delivered the threat, "You'll be sorry; you'll be back within a year." (That hasn't happened; it's been over three years.)

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As Carol expressed, when we choose to see MDs as experts in their field, rather than Medical Deities, we retain our power. Recognizing the difference between the doctor who sees him- or herself in service to you as a consultant, rather than as a parent to an uncooperative child, can help to ensure you have a good match.

When we're scared, it's easy to let the doctors do the driving, but it's always our choice. And if it's a collaboration you're after, find the doctor who will honor that. "Are you willing to take the time to look at alternatives?" "Are you worth it?" and "Do you have the strength to do it?" are three questions that Carol suggests we ask ourselves. "Don't make a snap decision; take time to look at who you are and what you think is going on."

When we are confronted with a diagnosis that has potentially serious, life-altering or life-threatening outcomes, fear can play a big part in how we make decisions. Our faith is tested, not the least of which is our faith in whatever non-traditional healing modalities we so nonchalantly rely on when turning down flu vaccines or eschewing the latest blockbuster medication. It's easy to be unconventional, self-reliant, and even somewhat cocky about standing outside traditional medicine when the stakes are low. But when life raises the ante, where do courage and clarity come from?

Though expressed differently, both Carol and Doug noted similar elements that made their journeys outside the mainstream possible. For both, their deep spiritual connections guided them (they are both spiritual teachers). Doug spoke about fear as a visitor. "I meet fear when it comes, but I don't submit to it."

Sometimes the fear we meet comes through the people close to us. Carol's husband and daughter support her, but are not always happy with her path. Doug's family wants him to "just get it taken care of." And both spoke strongly about calling on themselves to step up, which, for each of them, meant not just searching outside themselves for alternative treatments, but opening fearlessly to what was inside, even reconciling with the possibility of dying.

Carol told me of an incident that happened to her the day she left her oncologist's office, having decided to chart her own course. "It was a drizzly day. When I came out from my appointment, my left car window was smashed and my GPS had been stolen. After my initial reaction, I realized the lesson: 'You do not have to rely on an automated [guidance] system; you can rely on your own intuition.'"

At her 6-month check-up, Carol's oncologist told her, "Keep doing what you're doing; you could probably live another 30 years this way."

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