



Handle with Care: What to Do When You Disagree with Your Students' Medical Care

It's important, when advising your students, to not overstep the bounds of your training and expertise.

by Timothy McCall, MD

As yoga teachers and therapists, we bring a holistic approach to our work. We look at the physical, emotional, energetic, and even spiritual dimensions of the problems our students are dealing with, and we generally favor gentle interventions designed to coax the body toward better health. Many of us are also advocates and consumers of various forms of alternative healing, and some of us are deeply skeptical about many conventional treatments, from drugs to surgery.

While there may be good reasons to favor safe alternatives and to have qualms about some aspects of modern medicine, we need to keep in mind that unless we have other training, we are not experts in these areas, and we need to be very careful what we say to our students. Consider, too, that you may have built up a tremendous level of trust by teaching them about breath and posture and deep relaxation. It then becomes natural for students to assume that if you talk about, say, how great a particular dietary supplement is or the inadvisability of proposed surgery, you are also a credible source of that information.

Besides the potential legal implications of practicing medicine without a license, we need to acknowledge both to our students and to ourselves that medical treatment is simply not our area of expertise.

Better Wording

Although you shouldn't be giving medical advice or disparaging the recommendations of your students' physicians, there may be times when you recognize the potential for yoga to help, and possibly even make some medical care unnecessary. In this instance, you might say something like, "While surgery may be advisable in your case, many of our students are able to control their back pain without resorting to an operation." Notice what you are doing here is providing general information, which is true and verifiable, not making any promises or giving advice about the student's specific situation.



It also wouldn't be out of bounds to say, "If you have any doubt about the advisability of doing the operation or taking these drugs, you might consider getting a second opinion." The key aspect of this kind of advice is that you are simply recommending that the student consider consulting someone who is qualified to render a judgment, not trying to pretend you're that person.

There's no reason not to speak about what science has shown about yoga. For example, we know from Dr. Dean Ornish's research that heart patients who followed a comprehensive yoga-based program often had quick relief of even disabling angina, avoided recommended bypass operations, and fared better than those taking cholesterol-lowering drugs. Similarly, studies of Kundalini Yoga (in the style of Yogi BhaJan) have found that it allows some patients to manage their Obsessive Compulsive Disorder (OCD) with less medication and, in other cases, with no medication at all.

It's also fine to mention that while yoga doesn't work as quickly as a drug or operation, over the long haul, it gets more and more effective. Yoga costs much less and, in contrast with medical interventions, its side effects are almost all positive. It's reasonable to suggest that yoga can be a bridge that may allow some people to eventually get off of their medications, even if they need them now. But all the while, we need to remember that it's our students, in conjunction with their physicians, who make these decisions, not us. It's also fine to simply be an empathetic listener, and not offer any advice at all, for areas that lay outside your expertise.

Be Humble

When tempted to comment on a student's medical care, a little humility serves us well. No matter how strongly we may feel about the inadvisability of the medical regimen, we need to consider that our students' physicians may have good reasons for recommending the treatments—reasons that we are unaware of. It's also not a bad idea to preface any comments by humbly stating, "Look, I'm not a doctor and don't pretend to have any particular expertise in this, but ..."

I don't think yoga teachers should be touting dietary supplements, but whether to suggest treatment options such as an Ayurvedic consultation or bodywork—say, craniosacral therapy or myofascial release—falls in the gray region. Modern medicine knows almost nothing about these generally safe and effective approaches to better health, and there are very few studies examining them. As serious yoga practitioners, yoga therapists are likely tuned in enough to their bodies to be able to recognize really good bodyworkers when they experience the



work, in a way most physicians simply cannot. Your familiarity with Ayurvedic principles may allow you to recognize a practitioner who really knows what he or she is doing. Rather than formally make a referral for such treatments, though, I'd suggest simply offering them to the students as possible options. As always, it's a good idea to suggest that your students bounce any planned treatments off their physicians (whether they actually do so is up to them).

Above all, yoga therapists shouldn't try to impose their values on students. You might not want to go the medical route they've chosen, but you are not them. What you can do is teach your students safe and effective tools to deal with many situations, and a practice that takes them ever deeper into their awareness. At some point in the journey into yoga, they may find themselves making different choices than they once might have.

In other words, don't tell your students what to think. Give them the practices that just might change the way they think—and perhaps add a few ideas about other possibilities—and then see what happens.



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