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May we take this
opportunity to wish all
VCHL subscribers a
Very Happy Christmas!

Why Doctors Do More Harm Than Good

The incidence of doctor induced illness is now epidemic throughout the western world. At any one time one in six patients are in hospital because of some side effect of their medication.

There's now even a name for an illness caused by doctors – such illnesses are known as iatrogenic and in most western countries this problem is as big a cause of serious illness and death as are cancer or heart disease.

There is nothing new in the fact that doctors kill people. Doctors have always made mistakes and there have always been patients who have died as a result of medical ignorance or incompetence.

But, since we now spend more on health care than ever before, and since the medical profession is apparently more scientific and better equipped than ever before, there is a savage irony in the fact that we have now reached the point where, on balance, well-meaning doctors in general practice and highly trained, well-equipped specialists working in hospitals do more harm than good.

The epidemic of iatrogenic disease which has always scarred medical practice has been steadily getting worse and today most of us would, most of the time, be better off without a medical profession.

Most developed countries now spend around 8% of their gross national products on health care (the Americans spend considerably more – around 12–14%) but through a mixture of ignorance, incompetence, prejudice, dishonesty, laziness, paternalism and misplaced trust doctors are killing more people than they are saving and they are causing more illness and more discomfort than they are alleviating.

Most developed countries now spend around 1% of their annual income on prescription drugs and doctors have more knowledge and greater access to powerful treatments than ever before, but there has probably never been another time in history when doctors have done more harm than they do today.

When the medical profession, together with the pharmaceutical industry, claims that it is the advances in medicine which are responsible for the fact that life expectancy figures have risen in the last one hundred years or so they are wrong.

It is, for example, commonly claimed that modern scientific medicine has led to improvements in life expectation

in most developed countries from around 55 at the start of the century to over 70 today.

The evidence, however, does not support this claim.

The improvement in life expectancy which has occurred in the last hundred years is not related to developments in the medical profession or to the growth of the international drug industry; but the increase in iatrogenesis is related to both these factors.

Whichever facts you look at they seem to support my contention that although doctors may do a limited amount of good they do a great deal more harm.

When Doctors Betray Their Principles

If doctors really did help people stay alive then you might expect to find that the countries which had most doctors would have the best life expectation figures. But that isn't the case at all.

In America there is one doctor for every 500 people and life expectancy for black males is around 65. In Jamaica there is one doctor for every 7,000 people and life expectancy for men is around 69. In North Korea there is one doctor for every 400 patients and life expectancy for males is 63 years. In South Korea there is one doctor for every 1,500 people and life expectancy is 64 years. America spends more per head on health care than any other nation in the world and yet its citizens have one of the lowest life expectancy rates in the western world.

Infant mortality rates in Asia are lower than those in Western Europe while estimated life expectancy at birth is higher in the Far East than it is in the over-doctored West.

Even more startling, perhaps, is the evidence of what happens when doctors betray their principles, embrace mammon, go on strike and leave patients to cope without professional medical help.

You might imagine that without doctors people would be dying like flies in autumn. Not a bit of it. When doctors in Israel went on strike for a month admissions to hospital dropped by 85% with only the most urgent cases being admitted, but despite this the death rate in Israel dropped by 50% – the largest drop since the previous doctors' strike twenty years earlier – to its lowest ever recorded level. Much the same thing has happened whenever doctors have gone on strike. In Bogota, Co-

lombia doctors went on strike for 52 days and there was a 35% fall in the mortality rate. In Los Angeles a doctors' strike resulted in an 18% reduction in the death rate. During the strike there were 60% fewer operations in 17 major hospitals. At the end of the strike the death rate went back up to normal.

I am told that when hospitals and clinics were closed down by terrorists in Sri Lanka the Registrar General reported that the number of reported deaths had fallen.

Doctors Are A Health Hazard

Whatever statistics are consulted, whatever evidence is examined, the conclusion has to be the same. Doctors are a hazard rather than an asset to any community. In Britain the death rate of working men over 50 was higher in the 1970s than it was in the 1930s. The British were never healthier than they were during the Second World War.

Figures published by the United States Bureau of Census show that 33% of people born in 1907 could expect to live to the age of 75 whereas 33% of the people born in 1977 could expect to live to the age of 80. Remove the improvements produced by better living conditions, cleaner water supplies, and the reduction in deaths during or just after childbirth and it becomes clear that doctors, drug companies and hospitals cannot possibly have had any useful effect on life expectancy. Indeed, the figures show that there has been an increase in mortality rates among the middle aged and an increase in the incidence of disabling disorders such as diabetes and arthritis. The incidence of diabetes, for example, is now reported to be doubling every ten years and the incidence of serious heart disease among young men is increasing rapidly. Today death rates from heart disease among adults are 50 times higher than they were at the start of the century. Bacteria are becoming increasingly resistant to antibiotics and the number of disabled and incapable citizens in developed countries is increasing so rapidly that it is now clear that by the year 2020 the disabled and incapable will outnumber the healthy and able bodied.

The Problem Of Prescription Drugs

Drugs are the biggest problem. Not heroin, cannabis or cocaine. Prescription drugs. If drugs were only ever prescribed sensibly and when they

were likely to interfere with a potentially life threatening disease then the risks associated with their use would be acceptable. But all the evidence shows that doctors do not understand the hazards associated with the drugs they use and frequently prescribe inappropriately and excessively. Many of the deaths associated with drug use are caused by drugs which did not need to be taken.

Patients are given the wrong drug. Or they are given the wrong dose of the right drug.

Or they are given the right drug by the wrong route (for example, a drug that should be injected into a muscle may be injected directly into the bloodstream).

There is an error roughly 1 in every 8 times when a hospital patient is given a drug.

Since an ordinary hospital patient may receive a dozen different drugs – at different times of the day – the opportunities for error are colossal.

In a 300 bed hospital there may be between 300 and 400 medication errors every day!

Some of those errors will result in mild discomfort.

Some will result in death.

The best example of the modern tendency to over-prescribe probably lies in the way that antibiotics are used. One in six prescriptions is for an antibiotic and there are at least 100 preparations available for doctors to choose from. When antibiotics – drugs such as penicillin – were first introduced in the 1930s they gave doctors a chance to kill the bacteria causing infections.

Various independent experts who have studied the use of antibiotics claim that between 50 – 90% of the prescriptions written for antibiotics are unnecessary. To a certain extent doctors over-prescribe because they like to do something when faced with a patient (and prescribing a drug is virtually the only thing most of them can do) and to some extent prescribing a drug is a defence against any possible future charge of negligence (on the basis that if the patient dies it is better to have done something than to have done nothing). But the main reason for the over-prescribing of antibiotics is, without doubt, the fact that doctors are under the influence of the drug companies. The makers of the antibiotics want their drugs prescribed in vast quantities. It makes no difference to them whether or not the prescriptions are necessary.

The over-prescribing of antibiotics would not matter too much if these drugs were harmless and

if there were no other hazards associated with their use. But antibiotics are certainly not harmless. The unnecessary and excessive use of antibiotics causes allergy reactions, side effects and a huge variety of serious complications – including the ultimate complication: death. There is also the very real hazard that by over-using antibiotics doctors are enabling bacteria to develop immunity to these potentially life-saving drugs. There is now no doubt that many of our most useful drugs have been devalued by overuse and are no longer effective.

Dangerous Side Effects

It is now widely accepted that at least 40% of all the people who are given prescription medicines to take will suffer uncomfortable, hazardous or potentially lethal side effects.

I say ‘at least’ because, for a variety of reasons, the vast majority of doctors never admit that their patients ever suffer any side effects. In Britain, for example, five out of six doctors have never reported any drug side effects to the authorities – authorities who admit that they receive information on no more than 10 – 15% of even the most serious adverse drug reactions occurring in patients. In other words they admit that they never hear about at least 85 – 90% of all dangerous drug reactions! Astonishingly, it is even accepted that some doctors will withhold reports of serious adverse reactions, and keep their suspicions to themselves, in the hope that they may later be able to win fame by publishing their findings in a journal or revealing their discovery to a newspaper or magazine.

Patients who take drugs are taking a risk; they are often taking part in a massive experiment and by taking a medicine may become worse off than if they had done nothing. To make things worse no one knows exactly how big the risks are when a particular drug is taken. All drugs are potential poisons that may heal or may kill.

The medical profession, the drug industry and the regulatory bodies all accept that the hazards of using any drug will only be known when the drug has been given to large numbers of patients for a considerable period of time.

Inadequate Clinical Trials

One of the major reasons for the disastrously high incidence of problems associated with drug

use is the fact that the initial clinical trials, performed before a drug is made available for all general practitioners to prescribe for their patients, rarely involve more than a few thousand patients at most. Some initial trials may involve no more than half a dozen patients.

However, it is now well known that severe problems often do not appear either until at least 50,000 patients have taken a drug or until patients have used a drug for many months or even years. Because of this a huge death toll can build up over the years. Drug control authorities admit that when a new drug is launched no one really knows what will happen or what side effects will be identified.

Doctors and drug companies are, it seems, using the public in a constant, ongoing, mass testing programme. And the frightening truth is that far more people are killed as a result of prescription drugs than are killed as a result of using illegal drugs such as heroin or cocaine.

Hospital Infections

It is not only by prescribing drugs or vaccines that doctors do harm. There is plenty of evidence to show that patients are at risk in many other ways.

At least 1 in 20 of all hospital patients will pick up an infection in hospital – mostly urinary tract, chest or wound infections and mostly caused by doctors and nurses failing to wash their hands often enough.

Since Ignaz Philipp Semmelweiss first demonstrated (in the mid-19th century) that deaths in the delivery room were caused by dirty hands every child has been taught the importance of basic personal hygiene. Sadly, the message does not seem to have got through to the medical and nursing professions.

One recent study showed that nurses washed their hands only once every three times after cleaning around a patient's catheter.

Another study at a major hospital showed that hand washing by staff was well below recommended levels.

A study of doctors habits showed that two out of three anaesthetists failed to wash their hands before treating a new patient (even though anaesthetists frequently perform venepuncture surgery) while one in three surgeons did not wash properly before an operation.

At least one-third of all hospital infections

are caused by dirty hands. And up to 1 in 10 patients in hospital acquire an infection.

The cost in simple financial terms is colossal. Treating hospital contracted infections uses up around 15% of the NHS hospital budget and adds around a week to each patient's hospital stay. Waiting lists get longer and longer.

The cost in human terms is incalculable: tens of thousands of patients die because of bugs they've caught from doctors, nurses, other staff or contaminated equipment.

These aren't statistics: they are people. Real people. Every one of those unnecessary deaths is someone's wife, husband, mother, father, son, daughter, uncle, aunt, friend or neighbour.

Most of those patients die because doctors and nurses can't be bothered to wash their hands properly or because operating theatres aren't properly cleaned between operations.

The medical answer is – surprise, surprise – often to prescribe antibiotics. A third of hospital patients end up taking them.

The result is that bugs are becoming immune. And antibiotics often don't work. It takes 50 times as much penicillin to treat an infection today as it required thirty years ago.

It is hardly surprising that people who stay at home to be treated – or who go home quickly after day-case or short-stay surgery – usually get better much quicker than people who need long-stay treatment and who have to go into hospital.

Danger In The Operating Theatre

Surgery can be pretty dangerous too.

And the danger is even more alarming when you realise that at least a quarter of operations performed are unnecessary.

For some types of surgery – for example: heart surgery, tonsillectomies, circumcisions, caesarian sections for pregnant women and hysterectomies – the percentage of unnecessary operations is almost certainly much higher.

Some experts argue that three quarters of some types of operation are probably unnecessary!

Operations are done unnecessarily for a huge variety of reasons.

Some – particularly those performed on private patients – may be done because the surgeon needs the cash. Some patients are put down for surgery in order to keep waiting lists long – so that

more patients are prepared to pay for private treatment. And some unnecessary operations are done because it's easier to cut open a patient than it is to think about alternatives.

As the surplus of doctors continues to grow so the number of unnecessary operations continues to increase.

And it isn't just a problem because of the unnecessary pain and discomfort that patients have to put up with.

At least 1% of patients who undergo surgery dies. One in every hundred patients who goes into hospital for an operation does not walk out again afterwards.

Of course, some patients are very ill when they are wheeled into the operating theatre.

And some patients would have died anyway without surgery.

But many patients are perfectly healthy when they are taken into the operating theatre. They are having surgery because they have been persuaded by doctors that it is necessary, or that it will in some way improve the quality of their lives.

Negligent Medical Care

In America the Public Citizen Health Research Group has shown that 'more than 100,000 people are killed or injured a year by negligent medical care'. The real figure is probably considerably higher than this and there can be little doubt that many of the injuries and deaths are caused by simple, straightforward incompetence rather than bad luck or unforeseen complications.

When doctors from the Harvard School of Public Health studied what happened to more than 30,000 patients admitted to acute care hospitals in New York they found that nearly 4% of them suffered unintended injuries in the course of their treatment and that 14% of the patients died of their injuries. This survey concluded that nearly 200,000 people die each year in America as a result of medical accidents. This means that more than four times as many people die from injuries caused by doctors as die in road accidents.

Coronary bypass operations are immensely popular among heart surgeons (and extremely profitable) but a major study conducted in Europe showed that many patients who don't have surgery live longer than those who do. In 1990 American surgeons performed 350,000 coronary bypass op-

erations and charged \$14 billion for them. When one researcher studied 300 patients who had had bypass operations at several hospitals in California he discovered that 14% of the patients would have thrived as well without surgery as with it, while another 30% were borderline. Around 50% of lower back disc operations and up to 70% of hysterectomies are probably unnecessary. In America, the death toll from unnecessary surgery alone has been estimated to be as high as 80,000 patients per year.

Even Tests Can Be Dangerous

Most people now recognise that powerful, modern medical treatments – such as drugs and surgery – can be dangerous.

Fewer people realise that even the tests doctors do before they treat a patient can often be just as dangerous.

This would not matter so much if all the tests doctors do were essential.

But astonishing and startling evidence now shows that the X-rays, blood tests and other investigations which doctors order are not just sometimes lethal but are frequently unnecessary. Many tests are wildly inaccurate and dangerously misleading as well.

Here are just some of the frightening facts that I can reveal about medical investigations:

- ❖ X-rays are the second biggest cause of cancer (after cigarette smoking).
- ❖ Tests often wrongly show up disease in healthy individuals. Those patients are then subjected to surgery and drug therapy which they do not need.
- ❖ Tests – which patients and doctors seem to trust too much – often wrongly say that a patient is healthy.
- ❖ About two thirds of all medical tests are worthless and of no help to the patient.
- ❖ Patients routinely admitted to hospital are often subjected to 20 or so blood, urine and other tests. When so many tests are done one or more abnormalities will be found in two thirds of all healthy individuals. Once an abnormal result has been obtained doctors feel obliged to continue doing tests. The tests they do often produce serious complications. Many patients who think they are ill – and have been told that they need to take drugs for life – are not really ill at all!

- ❖ Unnecessary tests are often done out of habit, for personal research, to provide protection in case of lawsuits or simply to impress other doctors. Doctors frequently order tests because it is quicker and easier to fill in a form than it is to talk to examine a patient properly.
- ❖ When blood tests are done the results are compared against 'normal' values. But the 'normal' figures may have been produced decades earlier – by testing a few seemingly healthy doctors and nurses! No one really knows what is 'normal'. Your 'abnormal' result may be more 'normal' than the official 'normal' result!
- ❖ In Britain around 20,000 people a year get cancer from medical and dental X-rays.
- ❖ X-rays given to pregnant women during the 1950s and 1960s caused between 5% and 10% of all childhood cancers.
- ❖ Children who develop leukaemia – and other cancers – may have been made ill because their mothers had X-rays while they were pregnant.
- ❖ Doctors who know that tests can be misleading frequently order expensive, uncomfortable and even hazardous investigations – and then ignore the results!

An Obsession With Technology

The interview is the most important part of the doctors diagnostic equipment. That's when he talks to the patient and – even more important than talking, though you wouldn't think so if you sat in on the average out-patients' clinic – listens to what the patient has to say. It is by talking and listening to patients that doctors learn most.

Over the years doctors have accumulated more and more equipment to help them make diagnoses. But, instead of helping, the equipment has come between the doctor and the patient. Too often the doctor relies exclusively on his damned equipment; trusting it implicitly to provide him with the right answers.

The first piece of equipment that doctors acquired was the stethoscope. This now symbolic device was invented so that doctors could listen to their patients' chests without having to put their heads down on their bosoms. The stethoscope added to the doctor's dignity. But it also provided the first mechanical barrier between doctor and patient. And since René Laennec first introduced the stethoscope the doctor patient relationship has

been weakened and damaged by this obsession with equipment and this failure to respect the relationship between doctor and patient.

A few years ago a study at Harvard University showed that one person in ten who had died would have still been alive if the doctors looking after them had relied upon their heads instead of their equipment.

One problem is the fact that the equipment doesn't allow for individual eccentricities.

Things are made even worse by the fact that equipment often breaks down and is frequently badly maintained. Shops have to have their scales calibrated but ask your doctor when he last had his blood pressure machine calibrated and watch him blush.

Checks showed that as much as half the new equipment being delivered to hospitals is defective. Can you think of any reason why the equipment that is supplied to hospitals should be any more reliable than the equipment you buy for the kitchen?

If that doesn't worry you then the fact that many of the doctors who are responsible for using the equipment don't know how it works, how it should be calibrated or how to tell if it is working properly should worry you.

It is not uncommon for sales representatives to be present in operating theatres when equipment they have supplied is being used. They are there not just to give advice but to provide practical help. There are many people around who have been operated on not by surgeons but by sales representatives. I doubt if anyone knows how many patients the sales representatives have killed.

And who do you think trains doctors and nurses to operate all this wonderful, shiny new equipment? Often that is down to the sales representatives too.

The Lost Art Of Diagnosis

Treatment is easy. You can look up treatment in five minutes. It's diagnosis that is difficult and since the days of cupping and leeches it has been diagnostic skills which have differentiated between the good doctor and the bad doctor. Sadly, doctors have handed that particular art over to machinery – with disastrous results.

- ❖ When researchers examined the medical records

of 100 dead patients who had been shown by post mortem to have had heart attacks they found that only 53% of the heart attacks had been diagnosed. What makes this even more alarming is the fact that half the patients had been looked after by cardiologists – experts in heart disease.

- ❖ A study across 32 hospitals which compared the diagnoses doctors had made when treating 1,800 patients with the diagnoses made after the patients had died (and could be examined more thoroughly) showed that doctors had an error rate of nearly 20%.
- ❖ A study of 131 randomly selected psychiatric patients showed that approximately 75% may have been wrongly diagnosed.
- ❖ In many cases patients are diagnosed as having – and are then treated for – serious psychiatric problems when their symptoms are caused by drugs they have been given for physical problems. Whole wards of patients have been diagnosed, treated and classified as schizophrenic when in fact they are suffering from the side effects of drugs they have been given by prescription-happy doctors.
- ❖ When 80 doctors were asked to examine silicone models of female breasts they could only find half the hidden lumps. A 50% failure rate – even though the doctors knew that they were being tested and observed. The doctors involved spent an average of less than two minutes examining these false breasts for signs of cancer.
- ❖ Another study showed that doctors had missed diagnoses in dying patients up to a quarter of the time. Experts concluded that one in ten patients who had died would have lived if the correct diagnosis had been made.
- ❖ Another study revealed that in two thirds of patients who had died important, previously undiagnosed conditions were discovered in the post mortem room.
- ❖ A report published after pathologists had performed 400 post mortem examinations showed that in more than half the cases the wrong diagnosis had been made. The authors of this report said that potentially treatable disease was missed in 13% of patients; that 65 out of 134 cases of pneumonia had gone undetected and that out of 51 patients who had suffered heart attacks doctors had failed to diagnose the problem in 18 cases.

All this is terrifying.

For if the doctor doesn't make the right diagnosis then it doesn't matter how many wonderful drugs he has at his disposal.

There are many reasons why today's doctors are so bad at making the correct diagnosis.

Education is often lamentable – with medical students taught about organs and tissues rather than living patients, and then examined on their ability to remember huge lists of details about bones, blood vessels and pathology details without being properly tested on their ability to use the information they have acquired.

Ignorance has become commonplace in medical practice.

A study of GPs reported in a medical newspaper a few years ago showed that a quarter of general practitioners did not know about the connection between smoking and heart disease while, amazingly, 20% of GPs were unaware that cigarettes could cause lung cancer. (One magazine editor refused to publish an article I wrote quoting this survey on the grounds that he couldn't believe that doctors could be so ignorant). From France comes evidence that in the final examinations for medical students in Paris one tenth of the candidates made no mention of tobacco when asked to list factors responsible for causing cancer. By contrast well over a third of the students mentioned the type of cancer produced in horses' mouths by the rubbing of the bit.

An even bigger problem is the fact that modern doctors rely far too much on technology – and far too little on building up any diagnostic skills of their own.

Old-fashioned doctors used to rely on what their patients told them and on what their own eyes, ears, noses and fingertips told them. Most important of all, perhaps, was the sixth sense that doctors used to acquire through years of clinical experience. Modern doctors rely too much upon equipment which is often faulty, frequently badly calibrated and more often than not downright misleading.

For example, nearly every published study on the subject puts the error rate for doctors reading X-rays at between 20% and 40%.

Radiologists working at a teaching hospital disagreed on the interpretation of chest radiographs as much as 56% of the time. And there were potentially significant errors in 41% of their reports.

Even when X-rays are read for a second time

only about a third of the initial errors are spotted.

Two Irish doctors recently reported in the *British Medical Journal* that 20% of British patients who have slightly raised blood pressure are treated unnecessarily with drugs. Two pathologists who carried out several hundred post mortem examinations found that in more than 50% of the patients the wrong diagnosis had been made. A British Royal College of Radiologists Working Party reported that at least a fifth of radiological examinations carried out in National Health Service hospitals were clinically unhelpful. In Britain, the Institute of Economic Affairs claimed that inexperienced doctors in casualty departments kill at least 1,000 patients a year.

A Product Of Our Times

Today, we have sophisticated diagnostic aids, monitoring systems, drugs, microscopic surgery, lasers and a thousand and one other miracles and yet we are, by and large, over-cautious, hypochondriacal, drug-abusing, overweight, neurotic, constipated, nervous, hysterical and unhealthy. We are a tribute to, and a product of, our times.

When, to this appalling roll call of doctor induced disease you add the steadily increasing dissatisfaction with extended waiting lists, arrogant doctors, indifference and a lack of civility or caring it is hardly surprising that millions of people are today abandoning the traditional suppliers of medical help and seeking help from alternative practitioners.

Not As Clever As They Like To Pretend

Orthodox medical practitioners like to give the impression that they have conquered sickness with science but there are, at a conservative estimate, something in the region of 18,000 known diseases for which there are still no effective treatments – let alone cures. Even when treatments do exist their efficacy is often in question. A recent report concluded that 85% of medical and surgical treatments have never been properly tested.

As drug companies become increasingly aware that curing serious disease is beyond their capability (and, indeed, their desire – for why should drug companies, which make their money out of people being sick, want to make people well?), they spend more and more effort on find-

ing drugs to improve life or performance in some vague way.

There can be little doubt that a former Director General of the World Health Organization got it absolutely right when he startled the medical establishment by stating that ‘the major and most expensive part of medical knowledge as applied today appears to be more for the satisfaction of the health professions than for the benefit of the consumers of health care’. The evidence certainly supports that astonishing and apparently heretical view. Profits, not patients, are now the driving force which rule the medical profession’s motives, ambitions and actions. Doctors don’t seem to care any more. The passion has gone out of medicine.

Doctors And Drug Companies – An Unholy Alliance

In my view the biggest single reason why the medical profession is killing so many people is its alliance with the pharmaceutical industry.

The myth that we live long and healthy lives thanks to the drug industry and the medical profession has increased our expectations. We no longer expect to fall ill. We expect a magic solution when we fall ill. We don’t want to be bothered making any effort to stay healthy because we have been taught to have faith that if we fall ill then the medical men will be able to cure us.

The drug industry likes to pretend that it has made us healthier but it is the drug industry which is in particularly good health!

Twenty years ago the annual world drugs market was worth a miserly \$12 billion. By the end of the 1980s it was worth \$140 billion. By 1990 it was worth well over \$170 billion and the industry estimates that it will soon be worth well over \$300 billion a year. And today the drug industry has almost total control over the medical profession.

Over 40% of the information doctors receive about the drugs they prescribe comes directly from drug company representatives and drug company leaflets. Well over 50% of the rest of the information they receive comes from medical journals and meetings which are sponsored by drug companies. In the mid 1970s, in my book *The Medicine Men*, I warned that the medical profession was being controlled by the drug industry and had no real right to call itself a profession. Today, there is no longer

any doubt. Today, the drug industry owns the medical establishment and much of the medical profession.

It is widely accepted that the majority of illnesses do not need drug treatment. Most patients who visit a doctor neither want nor expect drug treatment. But at least eight out of ten patients who visit a general practitioner will be given a prescription (though growing numbers of patients do not take the drugs that are prescribed for them).

Sadly, the myth about our improving health is just that – a myth. We do not live longer or healthier lives than our predecessors. On the contrary although we consume greater and greater quantities of medicine than ever before more of us are ill today than at any time in history. On any day you care to choose in just about any developed country you care to mention over half the population will be taking a drug of some kind. A recent survey of 9,000 Britons concluded that one in three people are suffering from a long standing illness or disability. Other surveys have shown that in any one fourteen day period 95% of the population consider themselves to be unwell for at least a few of those days. At no time in history has illness been so commonplace. We spend more than ever on health care but no one could argue that there is any less suffering in our society.

Quacks And Charlatans

Modern clinicians may use scientific techniques but in the way that they treat their patients they are still quacks and charlatans, loyal to existing and unproven ideas which are profitable and resistant to new techniques and technologies which may be proven and effective.

The fact that a doctor may use a scientific instrument in his work does not make him a scientist – any more than a typist who uses a word processor is a computer scientist. The scientific technology available to doctors may be magnificent but the problem is that the application of the scientific technology is crude, untested and unscientific.

Modern physicians and surgeons do not see the human mind and the human body as a single entity (which is why the medical profession has been slow to embrace the principles of holistic medicine and doubly incompetent in its attempts to deal with stress-related disorders) and they rely more on hopes and assumptions than on evidence and objective clinical experience. The modern cli-

nician is as narrow minded and as influenced by his personal experiences and interpretations as was his predecessor two thousand years ago.

Most patients probably assume that when a doctor proposes to use an established treatment to conquer a disease he will be using a treatment which has been tested, examined and proven. But this is not the case.

The British Medical Journal in October 1991 carried an editorial reporting that there are ‘perhaps 30,000 biomedical journals in the world, and they have grown steadily by 7% a year since the 17th century.’ The editorial also reported that: ‘only about 15% of medical interventions are supported by solid scientific evidence’ and ‘only 1% of the articles in medical journals are scientifically sound’.

What sort of science is that? How can doctors possibly regard themselves as practising a science when six out of seven treatment regimes are unsupported by scientific evidence and when 99% of the articles upon which clinical decisions are based are scientifically unsound?

The savage truth is that most medical research is organised, paid for, commissioned or subsidised by the drug industry. This type of research is designed, quite simply, to find evidence showing a new product is of commercial value. The companies which commission such research are not terribly bothered about evidence; what they are looking for are conclusions which will enable them to sell their product. Drug company sponsored research is done more to get good reviews than to find out the truth.

Chance And Prejudice

The absence of scientific evidence supporting medical practices is apparent in all areas of medicine.

With a very few exceptions there are no certainties in medicine. The treatment a patient gets will depend more on chance and the doctor’s personal prejudices than on science.

Even in these days of apparently high technology medicine there are almost endless variations in the treatments preferred by differing doctors.

Doctors offer different prescriptions for exactly the same symptoms; they keep patients in hospital for vastly different lengths of time, and they perform different operations on patients with apparently identical problems.

The unexpected seems to happen so often that it really ought to be expected and the likelihood of a doctor accurately predicting the outcome of a disease is often no more than 50:50.

There is, indeed, ample evidence to show that the type of treatment a patient gets when he visits a doctor will depend not so much on the symptoms he describes but on the doctor he consults – and where that doctor practises.

In America, each year, 61 in every 100,000 people have a coronary by-pass operation. In Britain only about 6 in every 100,000 have the same operation. In Japan 1 in 100,000 patients will have a coronary by-pass operation. In America and Denmark seven out of every ten women will have a hysterectomy at some stage in their lives but in Britain only one woman in five will have the same operation. Why? Are women in America having too many hysterectomies or are women in Britain having too few? In America 20% of babies are born by Caesarian delivery. In England and Wales the figure is 9%. In Japan 8% of confinements end in a Caesarian delivery.

Despite all these variations in the type of treatment offered most doctors in practice seem to be convinced that their treatment methods are beyond question. Many GPs and hospital doctors announce their decisions as though they are carved in stone.

Medicine No Longer Independent

In the last century the practice of medicine has become no more than an adjunct to the pharmaceutical industry and the other aspects of the huge, powerful and immensely profitable health care industry.

Medicine is no longer an independent profession. Doctors are little more than a link connecting the pharmaceutical industry to the consumer.

It is not difficult to see why the drug industry behaves in such a ruthless manner. The profits to be made out of selling drugs are phenomenal. It is not at all uncommon for a drug company to sell several hundred million dollars worth of one product in a year. Companies can make well over 90 cents pure profit for every one dollar's worth of a drug that they sell. The raw materials for a drug may cost less than \$100 a kilo. Turning the raw materials into 100,000 pills and packing them may

take the total cost to \$1,000. The retail price for 100,000 pills may be over \$100,000. The only other internationally sold product that can compare for profitability is cocaine.

Drug companies frequently make minimum annual profits of between 30% and 50% on their capital employed. These profits, incidentally, come after the massive payments to doctors.

Nor are profits likely to drop in the future. The number of drugs doctors prescribe does not seem to be slowing down. A recent survey of over 2,000 patients admitted to hospital showed that within a ten year period the number of drugs prescribed per patient had shown an increase of almost 50%.

Politicians And Drug Companies Work Together

Occasionally politicians mutter about the obscene levels of drug company profits but the industry is efficient and ruthless and politicians are usually dealt with easily. The truth is that most politicians are, for a variety of reasons, reluctant to interfere with the drug industry. Drug companies which make money provide jobs and pay taxes; in most developed countries they bring in revenue from abroad. Even the least effective drug company should be able to sell its product to developing countries.

But the key factor in the failure of the politicians to control the drug industry is surely that neither politicians nor industrialists are particularly keen to see illness conquered. The drug industry wants to see as many people as possible suffering from long term, incurable illnesses. The politicians want to see people die before they become old and dependant. If more money was spent on preventing cancer (around 80% of cancers are preventable) then the average life expectancy would go up dramatically and the incidence of disease and disability would fall. But the drug industry doesn't want a healthy nation (it would sell fewer drugs) and the politicians don't want any more people living to an old age because they know that they would not be able to cope with the pension bills they would have to pay. The astonishing truth is that the drug industry needs to keep the voters ill in order to maintain its profits and the politicians want to help them achieve that aim.

Antibiotics

Antibiotics have been around for forty years and the drug companies making them must have made billions of dollars in profits but no one yet knows how long antibiotic tablets should really be taken for when treating any specific condition. Should you take an antibiotic course for 5, 7, 10 or 14 days? The bizarre truth is that your guess is probably as good as your doctor's and his is probably as good as the drug company's.

Apart from failing to test its products properly there are several ways in which the drug industry shows that it is more concerned with profit than with healing the sick and conquering disease.

First, the vast majority of the 'new' drugs which the industry produces are not really offering anything new at all but are merely variations on existing themes.

According to the World Health Organization only about 200 drugs are essential. At any one time there will, however, be anything up to 30,000 drugs on the market (the exact figure varies from day to day and from country to country). Only 16% of the drugs sold by European pharmaceutical companies meet the World Health Organization definition of essential drugs. (The 16% comes to far more than 200 because, of course, there are numerous versions of each of the 'essential' drugs on the market). Most of the non-essential drugs will be duplicates produced by drug companies which want to share the world's most profitable markets. None of this will stop a drug company claiming that its new product is a life saving miracle drug that must be allowed onto the market without delay if lives are to be saved. In the United Kingdom there were 28% more drugs on the market in 1990 than there were in 1980.

Although it is firmly based in the developed world, the international drug industry will happily make whatever profits it can in the developing countries, marketing its products as unscrupulously as the tobacco giants.

Although drug companies spend virtually no money on studying the sort of diseases which afflict human beings in the developing countries they do, nevertheless, sell around 20% of the value of their combined drugs to the governments of those countries. The drug companies will admit that diseases which afflict the people of Africa and Asia aren't profitable enough to merit any research in-

vestment but they will happily sell their expensive brand name versions of tranquillisers, sleeping tablets, pain killers, and the other pharmacological garbage of the developed world into those countries.

Moreover, when they sell into developing countries the drug companies, like the tobacco companies, can use advertising and marketing techniques which not even the lax governments of the West would allow.

Indeed, they don't just sell off products which are too dangerous for sale in the developed countries but they also use drugs in ways that would never be allowed in developed countries. For example, doctors in developing countries may be encouraged to prescribe drugs to help improve the growth of malnourished children who really just need better food.

There is a ruthlessness about the drug companies which makes the arms business look positively philanthropic. Drug companies have even been known to push up prices of drugs in small developing countries which have been hit by epidemics. To the drug industry profit is everything.

Medicine: A Business Rather Than A Profession

Medicine has become a 'business' rather than a profession – if you have any doubts about that just look at the number of doctors who now go on strike, or threaten to go on strike, in order to improve their personal pay – and like all businessmen modern doctors are influenced by profit rather than any other motive when considering what to do. A continuing association with a ruthless industry which constantly favours profit at the expense of everything else has rubbed off on the profession.

Doctors have become so used to doing what they are told by the industry that they have become accustomed to prescribing pills for every problem. They have lost the breadth of vision to enable them to see opportunities for cure outside the traditional range of pharmacological opportunities.

The drug industry has convinced doctors that everyone they see must need a drug and that there is a pill for every ill. The majority of doctors might as well be employed directly by the drug companies as pretend to be independent, authoritative scientists. They prescribe what they are told to

prescribe in exactly the same way that the drug company representatives promote what they are told to promote.

The modern doctor would like to be regarded as a mystical healer; that, indeed, is how he probably sees himself in his dreams.

But in reality the modern doctor is little more than a drug company employee; pushing the latest line in wonder drugs with evangelical enthusiasm, never daring to criticise or to question the promotional material he is shown, grasping his free pen, golf ball or umbrella and wearily handing out the latest wonder drug until it is superseded by another wonder drug and imagining that by prescribing the latest new drug he is remaining on the frontiers of science and helping to push back the barriers of ignorance.

A Profitable And Ruthless Industry

The fact that the medical profession is dominated and controlled by the pharmaceutical industry would not matter so much if the drug industry was honest, responsible and ethical. But it isn't. There is no other industry in the world which is as profitable or as ruthless as the drugs industry.

The pharmaceutical industry is (and has for many years been) the most consistently and astonishingly profitable industry in the world. Although drug company turnover is usually slight when compared to huge international companies the profits in this industry invariably put drug companies high up amongst the top companies in the world. The industry pays retainers and fat fees to a vast number of politicians, journalists and professional lobbyists and uses consequential power to keep its profits rising at a healthy rate.

In America since 1980 drug prices have risen at nearly six times the rate of other goods. The cost for a standard set of childhood vaccines rose from \$7 in 1982 to \$129 in 1992. When one drug is sold to treat sheep the cost is \$15 (possibly because sheep aren't worth much and so the price can't be allowed to rise too high or else no one will buy the drug) but when the same drug is sold for the treatment of humans the price rises to \$1,500.

For a long time now drug companies have enjoyed massive profits and their earnings have grown at the rate of 15–20% a year. It is hardly surprising that the industry has for years been the brokers' favourite and also hardly surprising that

when the word was out that the American government was thinking of introducing controls to limit drug company profits the shares of many leading companies fell considerably.

According to a survey recently published in the *Annals of Internal Medicine* 62% nearly two thirds of the pharmaceutical advertisements in medical journals were either grossly misleading or downright inaccurate. A total of 109 advertisements from 10 leading medical journals were each reviewed by two doctors and an academic clinical pharmacist. The reviewers used guidelines from the Food and Drug Administration to assess the advertisements. In 30% of cases the independent reviewers disagreed with the advertiser's claim that the drug was the drug of choice. In 44% of cases the reviewers thought that the advertisement would lead to improper prescribing if a doctor had no information about the drug other than that provided in the advertisement.

The Rise Of Alternative Medicine

It can hardly be a surprise to anyone to realise that in some parts of the Western world – United States of America for example – more people now visit alternative practitioners for homoeopathy, acupuncture, osteopathy and so on, than visit traditional doctors. If you think about that it means that alternative medicine is no longer the alternative. Alternative medicine is the medical method of choice. Orthodox medicine is now the alternative. Alternative practitioners can now look down their noses at their orthodox colleagues in the same way that orthodox doctors have been looking down their noses for decades.

The Holistic Future

I firmly believe that the future clearly lies with an holistic approach which takes the best of all forms of medicine and remembers that the patient is at the centre of everything. In true holistic medicine I believe that the patient must take an active role in maintaining and restoring his or her own health. The healing power of the mind and the body must come first.

Questions and Answers

Tests and treatment

Question

My doctor does blood tests on my father every week. The blood tests are painful, inconvenient and troublesome. And the results always seem depressing. The doctor admits that he can't offer my father any new treatment. Are these tests really worthwhile?

Answer

A dear friend of mine has been seriously ill for some time. A few months ago weekly blood tests showed that his condition was deteriorating. He became deeply depressed because he knew that there was absolutely nothing else that could be done for him. And then he had a brainwave. He stopped having the weekly blood tests. He quickly began to feel much brighter. When the tests were resumed they showed that his condition had improved.

Acupressure

Question

I would welcome your views on acupressure.

Answer

Some historians believe that when acupuncture meridians were first mapped practitioners did not use sharp needles but used their fingers instead. Furthermore, they believe that the needles were only introduced to give the therapist the feeling that he was doing something – and to give more status to the practitioner.

Acupuncture with fingers rather than needles is called acupressure and has been a recognised modern therapy for half a century or so. As with acupuncture the aim is to restore the flow of energy along a meridian pathway, stimulating the flow when there is a blockage and bringing energy into the system when a meridian is empty. Acupressure is normally only used for the treatment of specific conditions where the diagnosis is clear to both the patient and the practitioner.

In practice acupressure is a mixture of acupuncture and massage. It is also similar to shiatsu. The acupressure therapist presses hard on specific parts of the patient's body, using only his or her fingertips.

Different acupressure therapists use differ-

ent acupressure points and there doesn't seem to be a great deal of agreement between therapists about the best places to stimulate in order to relieve specific symptoms.

There are several important practical points about acupressure.

First, acupressure is a useful self help technique. You can experiment with acupressure on different parts of your body and discover your own most effective acupressure points. It has been shown that a stimulating massage just about anywhere on the human body can help produce the body's own pain relieving hormones – the endorphins – and I strongly suspect that the site you choose is less important than the way you do the massage.

Second, acupressure should be done with the finger tips.

Third, if there is any pain or discomfort at all the acupressure should be stopped immediately. One acupressure point that is well worth trying is the one in the fleshy web that lies between the thumbs and forefingers of both hands. Massaging the acupressure point here is said to be particularly useful for relieving pain.

Since acupressure is a non invasive, gentle therapy it is unlikely that any patient would be damaged by it. Acupressure is said to be useful for the temporary treatment of distress or pain. It is widely used for headaches, toothache, backache, muscle pains, arthritis and menstrual cramps. It is also used to relieve sleeplessness, constipation and depression.

MMR Vaccine and Autism

Question

I recently read that there is now scientific evidence showing that the MMR (measles, mumps and rubella) vaccine may cause autism. Why do doctors in the UK still recommend this vaccine?

Answer

It is true that a leading researcher claims he now has proof that the MMR vaccine can trigger an autoimmune reaction in children which causes antibodies to attack the brain. The researcher is reported to have analysed blood samples from 140 children, 80 of whom suffered from autism. He found antibodies associated with the MMR vaccine in over half of the autistic children. These antibodies were

not found in any of the control group. In the UK the Department of Health refuses to alter its policy on the MMR vaccine. A spokesman said that the government still recommended the vaccine and was not convinced by the research. In my view anyone who believes the official government/medical establishment line on vaccines (or, indeed, on any other health issue) is probably already suffering from brain damage and needs continuous nursing care.

Hypnotherapy

Question

I was interested in that I found in the last copy of your Health Letter little reference to the place hypnotherapy can take in the treatment of a number of the conditions you cite.

I have never (yet) had a failure in treating IBS, resulting in total relief of symptoms and patients being able to cease to take the medication that they used to have to take daily. Emetophobia – and indeed any phobia – is easy to relieve with hypnotherapy. It does not take long. For example, there are heaps of people who are so scared of flying in planes that they deny themselves holidays abroad. Fear of moths, of spiders, of dogs, of motorway driving, can limit people's lives unnecessarily. Drugs are the usual method of treatment, as you are aware, and drugs are not only dangerous but they often produce unwelcome side effects and are expensive. A few sessions of hypnotherapy remove the unwanted symptom for good. You may consider that it might be worth mentioning hypnotherapy as a useful means of treatment. The medical profession has by and large ignored its potential and is in fact dismissive of it – particularly psychiatrists who are hidebound by the establishment. Your discovery of it and publicity of it might help to change more doctors to switch from drugs to self cure.

Answer

Thank you for reminding me of the value of hypnotherapy. I have written about hypnotherapy a good deal over the years but I confess that I have been over-cautious about recommending it recently – largely because of the problems associated with unskilled hypnotherapists who have weekend diplomas and a poor understanding of the possible hazards. I agree that this isn't fair to a medical speciality which does have a great deal to offer. Prac-

tised by a well trained expert hypnotherapy has a valuable part to play in a holistic medical approach.

Campaigning

Question

Is it true that you've given up campaigning? I heard recently that you have given up campaigning on behalf of animals because of death threats you have received.

Answer

So I'm supposed to have ceased campaigning and to be keeping a low profile? Gosh. It's difficult to express the contempt I feel for people who start and spread rumours like this. They are certainly not helping animals.

What have I been doing?

Well, in the last year or so I wrote and published *Animal Rights and Human Wrongs* (now available free on www.vernoncoleman.com as are many of my other books). I tried to inspire the launch of a new political party based on an innovative idea called 'honesty'. Sadly, there was little interest in that. My weekly column frequently contains material about all aspects of animal rights. And I've written and published a special report entitled *How To Campaign* (which is available free on my website: www.vernoncoleman.com). In addition to my existing website we have just launched a new one (antivivisection.co.uk). I constantly spend time helping people researching articles, TV programmes etc. I have mailed all MPs countless times (notably with the now infamous Blair/Morley promise letters.) And I've done interviews outside the UK on animal issues. (Sadly, no vivisector will now debate with me on British TV or radio so I don't receive any invitations to do that any more).

Does any of that count as campaigning?

Back pain

Question

My husband went into hospital complaining of severe back pain. When they examined him they found that he had diabetes. They spent a month trying to deal with this. They did not look into why his back was hurting. At one point he was due to have a scan but this was cancelled because the person who did it was on holiday. One day I had to

hold my husband in my arms because he was in so much pain. He died without anyone ever doing anything to find out why he had so much pain. I could count on one hand the nurses who genuinely cared. Most seemed to be there just for the money.

Answer

Oh, how I wish I could respond by saying that you had an unlucky break, an unfortunate experience, and that the vast majority of nurses in modern hospitals are overflowing with kindness and compassion.

But I would be failing you if I told you that.

Many doctors and nurses are disillusioned, disenchanted, full of despair and desperate to do something else for a living. They have forgotten what they wanted to do when they joined their profession. They have forgotten that the bald, overweight chap in the end bed is frightened and lonely. Their own professional lives are so miserable and unsatisfying that they have forgotten that the liver, the lungs and the hearts they are being paid to look after belong to real people with real relatives, real friends and real responsibilities.

Health services everywhere desperately need leadership and a sense of moral purpose. Until it is given those essential ingredients patients will continue to be treated with what bears more of a resemblance to contempt than to caring.

Charities

Question

I recently discovered that a charity to which I have regularly given money over the years has several employees on huge salaries. The charity spends around half of its income on salaries and costs and much of the rest goes on fund raising. Very little is spent in the way I thought it was being spent.

Answer

I'm afraid I have become disillusioned with charities. Many charity bosses pay themselves far too much and waste money on all sorts of unnecessary fripperies. There do not seem to be any strong rules about this. I now prefer to give my money to people who need it and whom I know will use it in the way I would like them to use it.

Hardened Arteries

Question

My husband has hardened arteries in his legs and had an operation last year. Since then he has gone into complete denial. He smokes heavily, spends every night in the pub, eats fry ups and is constantly moaning. The doctors have not invited him back for more counselling or tests. What lies ahead if he continues this way?

Answer

Disaster, I'm afraid. An operation will provide a temporary solution but it won't provide immunity from a dangerous lifestyle. If your husband cuts down on the fatty foods and the tobacco and makes a few other similar lifestyle changes then he could live a long and healthy life. If he continues along the path of self destruction which you have described his chances of taking loads of money out of his pension company are slim.

Short Stays In Hospital

Question

I have been told that after my operation I will be allowed home in two or three days. Is this really safe? When my mother had a similar operation some years ago she was in hospital for a fortnight.

Answer

When I first started to practise medicine a patient who had had a heart attack would stay in hospital for a month at least. Patients having a hysterectomy or a hernia repair would stay in hospital for weeks rather than days. Patients with peptic ulcers would also stay in hospital for weeks.

Having recognised that prolonged bed rest tends to produce problems (such as life threatening blood clots) and that patients who stay in hospital too long run a risk of dying of a hospital acquired infection (or of terrible hospital food) doctors cut all these hospital stays dramatically.

So, why are waiting lists longer than ever?

Out Patient Parking

Question

I recently visited my local hospital for an out patient appointment. I had to pay to park my car. I arrived five minutes early for my appointment but

didn't see the consultant for nearly four hours. (I had a two minute interview with a junior doctor who didn't seem to know very much and couldn't speak English very well.) When I got back to my car I found that I had been given a penalty ticket. It would have probably been cheaper for me to have had an appointment to see a consultant privately.

Answer

The evidence suggesting that most British hospitals are run by ex-Nazi war criminals who learned their organisational skills while managing concentration camps gets stronger by the day. It is a gross insult for a hospital to charge patients (or visitors) to park their cars. And the sort of thing you describe (which is commonplace) is as close to theft as it's possible to get without putting on a mask and a striped jersey.

Depressing Psychiatrist

Question

I have been under the psychiatrist for several months. I was severely depressed after I had my baby. A friend suggested that if I had my hair done, bought a new dress and put on a bit of make up I might feel better. I tried it and I did feel better. But when the psychiatrist saw me she told me that the dress did not suit me and that I was wearing too much make up. Are doctors entitled to make comments like this? I didn't stop crying for two days after that appointment. I felt like a slut but I was only trying to cheer myself up.

Answer

Some psychiatrists seem unnervingly cold and probably only got into the speciality because it enables them to deal with patients without ever having to touch them. Your psychiatrist sounds to be one of the worst. She is stupid and thoughtless. I suggest you find a replacement.

Hospital Waste

Question

I spent a week in a hospital recently. I was appalled at the amount of waste I saw.

Answer

About twelve years ago I received documentary evidence showing that the NHS pays more for its

supplies than you and I do when shopping at our local supermarket. I obtained computer printouts showing that when the health service purchases vast quantities of toilet rolls, washing powder, envelopes, pens and other essentials it pays a higher price than you and I would pay if we purchased these items at a local store.

To me this suggested either that the NHS was being run incompetently or that something a trifle underhand was going on. After the story I wrote was published Margaret Thatcher, who was Prime Minister at the time, was so horrified that she sent copies of the article to everyone in the Cabinet. NHS bosses immediately instituted an enquiry. But the enquiry wasn't into why hospitals were wasting vast quantities of money (I had estimated that this particular example of wastefulness was costing the NHS over £1,000,000,000 a year) it was into how I had managed to obtain the information I had used in my story. Nothing was done about the wastefulness which, I believe, continues to this day.

Autism

Question

My daughter is autistic. She was born ten weeks prematurely and while still in the neonatal unit she was given her first lot of vaccinations by the nurses without our permission. We were advised that she should be given the MMR at 13 months. She went rapidly downhill thereafter. On the video of her first birthday she was bright, responsive, lots of eye contact and nearly walking. She was even saying a few words. By 18 months her language had gone and all eye contact had gone. All she was interested in was rocking a coke bottle backwards and forwards or flicking through the pages of a telephone directory (watching the flicking movement). Our bright little girl had vanished. What caused it? I think they are gradually coming round to the view that the MMR jab is the culprit.

Answer

I constantly receive heart-wrenching letters like yours and each day I get angrier and angrier at the way doctors, drug companies and civil servants ignore the hazards of vaccination. If thousands of healthy, normal children who had all been given an alternative remedy to protect them in some way subsequently developed serious health problems

there is absolutely no doubt in my mind that doctors would have noticed the connection and would be screaming about the link at the top of their voices. The alternative remedy would have been banned and the promoters of it would have been sued and probably imprisoned. But because vaccines are made by the drug industry, and consequently favoured by the drug industry owned medical establishment, any protest is regarded as little short of revolutionary. When small, healthy children suddenly stop developing and start to deteriorate there has to be a reason. When lots of small, healthy children suddenly stop developing and start to deteriorate there is likely to be a common reason. When lots of small, healthy children suddenly stop developing and start to deteriorate in a way not previously noted then the chances are very high that some outside influence is responsible for the change. When lots of small, healthy children suddenly stop developing and start to deteriorate when given vaccines, and it is known that vaccines can cause brain damage and other serious health problems, it is logical to assume that there could be a link. The fact that doctors, drug companies and politicians deny even the possibility that such a link might exist is a scandal and a disgrace.

Radiotherapy

Question

Is radiotherapy safe?

Answer

No. It can cause serious problems. A friend of mine with bowel cancer had radiotherapy. Sadly, the radiotherapy fried much of the tissue around his bladder and kidneys. His main problem now is not so much the original cancer as the damage done by the radiotherapists.

Infections After Trips Abroad

Question

Why do I always come back from a holiday abroad with a chest infection? My trips abroad are spoilt by these infections.

Answer

In order save money airlines often cut down on the fresh air used on aircraft. Instead of giving passengers fresh air to breathe they simply recirculate the

old air – together with all the bugs it contains. If one person on a plane has an infection the chances are high that by the time the plane lands everyone else will have it too. Why air line staff put up with this I cannot imagine. A total of 179 people are now known to have caught tuberculosis and other potentially fatal diseases while travelling on aeroplanes. This figure is almost certainly the tip of a very big iceberg. I suggest that you avoid aeroplanes as much as possible.

Polypharmacy

Question

My sister, who lives in America, has been slowly deteriorating for some months. She has arthritis, high blood pressure and suffers with her nerves and was taking nine different drugs (a total of 28 tablets every day). A couple of weeks ago her condition became so bad that we all thought that she would have to be admitted to a nursing home. Her physical symptoms had not got any worse but her mental condition had deteriorated dramatically. She couldn't talk and she didn't even seem conscious of her surroundings. Her husband was convinced that she had developed dementia – possibly Alzheimer's disease.

And then her doctor went on holiday and a temporary, locum doctor went to see my sister. He took one look at the drug bottles on her bedside cabinet and immediately cut out the number of pills in half. My brother-in-law was reluctant to cut out tablets he regarded as essential but he did as was suggested and within a week my sister was virtually back to normal. She still has her arthritis and she still needs medication for her high blood pressure. But her mind is now as sharp as it ever was. It seems clear to us that it was the drugs which were making my sister ill. I dread to think what might have happened if my sister's normal doctor hadn't gone on holiday. I think it is pretty safe to bet that she would have gone into an institution of some kind and stayed there for the rest of her life.

Doctors who overprescribe in this reckless manner should be struck off.

Answer

If all the doctors who over-prescribed were struck off and banned from prescribing there wouldn't be many doctors around.

I'm afraid that the majority of doctors are

just as guilty of over-prescribing as your sister's physician.

Your sister was suffering from a condition known as polypharmacy – today one of the commonest causes of doctor induced illness and, therefore, one of the commonest of all causes of serious ill health. I don't know of any drug which doesn't have side effects. Obviously, when a drug is life saving the side effects are acceptable (as long as they are not actually life threatening). But when a patient takes two or more different drugs there is, in addition to a collection of side effects, the danger that the drugs will interact badly.

This is the basic problem with polypharmacy – the prescribing of a number of drugs for a single patient. Too often drugs create more problems than they solve. Too often drugs are the problem not the solution.

I have been writing about this problem since the 1970s (when I qualified) but the problem actually goes back much further than that. For example, at the start of the twentieth century many patients were made confused by the bromide drug they were taking. A brave doctor who took patients off their bromides found that seemingly confused and demented old people suddenly became quite sensible, competent and rational. Much the same thing happened in the 1970s when I and a few other doctors started taking patients off barbiturate sedatives and sleeping tablets which they had, in many cases, been taking for decades. The results were extraordinary. People who needed to be looked after could suddenly look after themselves perfectly well.

In my book *Betrayal of Trust* (available free on www.vernoncoleman.com) I proved that serious (and sometimes potentially lethal) side effects can affect up to four in every ten patients who take prescription drugs and that at least one in six patients in hospital were there because they had been made ill by a doctor.

Since then this situation has got worse.

The latest evidence suggests that up to one in five older people admitted to hospital are there because they are suffering from adverse reactions to prescription drugs. (This figure suggests that – when other causes of doctor induced illness are included – more than one in four patients are there because they have been made ill by a doctor in one way or another. It is now absolutely accurate (and indisputable) to say that doctors now do more harm

than good and are the major cause of illness in our society. It may sound remarkable but the bare truth is that doctors now cause more illness and more deaths than cancer or heart disease.

Most remarkably of all is the fact that most doctors still seem utterly ignorant of this problem. Three quarters of the patients who visit a doctor will leave with a written prescription. As I pointed out in *The Medicine Men* in 1975 this happens partly because of patients expectations and partly because writing a prescription is the easiest and quickest way to end a consultation. The number of patients taking three, four or more different drugs a day is increasingly constantly – much to the joy of the drug companies whose profits are rising as polypharmacy becomes more popular.

If all these drugs were taken in the right way and at the right time and in the right dosage then there would still be problems.

But, of course, many drugs are taken in the wrong way, at the wrong time and in the wrong dosage. Patients get confused and take too much of one drug or not enough of another. They take drugs for too long or not long enough. They stop taking drugs they should continue taking. They stop drugs suddenly when those drugs need to be stopped gradually. They take drugs that have been stored in the bathroom cabinet. And, to add to the overall confusion, they add over the counter medicines to this horrendous mixture.

The final step in this tragedy comes when side effects develop and the prescribing doctor does not recognise the side effects for what they are and simply tries to treat these new symptoms with yet more drugs.

This problem will only disappear when patients and doctors become more sceptical about the power of drugs, more aware of non drug therapies and more aware of the side effects which can result from using powerful drugs.

As I have frequently explained in VCHL most health problems can best be treated by adjustments in diet, by reducing exposure to stress or increasing resistance to stress, by losing weight, by taking up exercise or by making other lifestyle of environmental changes.

When drugs are essential patients should insist on knowing what the drug is called, what it is for, how often it needs to be taken, whether it needs to be taken before, during or after meals and what side effects there might be (and when these war-

rant calling the doctor). Because patients are often nervous during a consultation this information should always be given in writing as well as orally. Taking too much or too little of a drug can cause problems – as can taking a drug at the wrong time of the day.

When a patient starts a new drug the patient and his or her doctor should consider possible interactions with other drugs – and should assess the need to continue with existing drugs in view of the new prescription. Patients have responsibilities to make sure that their drug therapy is continued as safely as possible. Patients should remember that over the counter remedies (including herbal and other alternative remedies) may interact dangerously with prescription drugs.

Finally, I feel that pharmacists could have a far bigger role to play in the prescribing of drugs. Traditionally pharmacists were responsible for mixing and making up medicines. These days pharmacists do little other than attach labels onto packets of pills. (Occasionally, when things get really exciting they pour pills into an automatic pill counter and then pop them into a bottle.)

Pharmacists should keep details of the patients who use their stores. They should keep a record of everything (prescribed or not) which each patient is taking. If they did this they would (with the aid of computerised programs) be able to spot possible problems quickly and easily.

Pharmacists would, in this way, increase their responsibility and their role in patient care. By encouraging patient loyalty they would also increase their own profits (and their sense of professional satisfaction).

Fees for GP Consultations

Question

What do you think of the news that GPs want to be able to charge £10 for consultations?

Answer

First, if GPs value themselves at £10 a consultation they don't regard their own services as very valuable. That's the same as I pay my window cleaner. Second, if NHS GPs charge £10 the administrative cost will probably be £12.50. Third, this will herald the end of the NHS. The pitiful remnant of the NHS which remains only exists because it is supposed to be free.

Update

♦ **Courts:** Do you believe that the courts always find the truth and always hand out justice? Of course you don't. Few people trust judges or magistrates – who are largely regarded as arrogant, pompous and laughably out of touch with the real world.

With this as the background I am appalled that those who operate the law (but who have manifestly failed to provide us with justice) have stamped their crude, arrogant, presumptuous, rule book authority onto delicate moral issues by choosing to decide which of two Siamese twins will die and which will live.

There are several points worth making:

First, killing a human being is unlawful. Doctors are not allowed to do it even if a dying patient is in great pain. Are we going to allow judges to decide who lives and who dies? Do we trust

Dr Vernon Coleman's Health Letter

Dr Coleman does like to hear from VCHL subscribers, and he tailors his research to cover the issues which are of concern to you. For practical and ethical reasons Dr Coleman is unable to answer your letters personally, but he will attempt to deal with as many topics as possible in VCHL.

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judges to make decisions like this? Are judges more capable than doctors of making life or death decisions.

Second, this could be the start of something very sinister. If judges can kill a baby because it is not well-developed where does this stop? The argument is that one baby has more to lose than the other. This is a very dangerous argument. Doctors often complain that when hospital beds are blocked with senile, incontinent patients other, younger, fitter patients have to wait for treatment and may die as a result. So are judges going to slaughter old people who are a nuisance and an inconvenience to others? What about the mentally ill? They soak up valuable NHS resources. Perhaps the judges would like to have them killed too. Once you have gone down the road of allowing judges to make decisions like this, where does it all end? And who decides where it all ends? This all rather reminds me of someone called A. Hitler and it makes me very, very uncomfortable.

Third, if one child survives how will it cope with knowing that its twin died so that it could live? How would you feel if you knew that someone close to you had been killed so that you could survive?

Do the parents have no rights at all? These babies are their children. How will the killing of one child affect their future relationship with the surviving daughter? Surely the sensible, moral thing to do would have been to let both babies survive as long as possible. If one baby died then obviously every effort should have been made to save the other. That, surely, is what medicine is all about.

Finally, I have a suspicion that none of the judges involved in this case actually saw the twins. One of the judges was quoted as describing the baby he was planning to condemn to death as a 'creature'. Surely any judge contemplating a god-like decision on this case should have had the decency to visit the two children. He should then have been invited to touch the child he wanted killed and say 'Kill this one'. If he couldn't bring himself to do this the problem would have been solved. If he could do it he would prove himself far too barbaric and insen-

sitive to make such a delicate decision.

Judges, despite what they may think, are not gods and should not be given the opportunity to make god-like decisions.

♦ **Make Yourself Better:** I have just published a new network of internet sites under the 'parent' name makeyourselfbetter.net The individual sites in the network are:

- anxietyanddepression.com
- boweltrouble.com
- drsex.co.uk
- drugsideeffects.co.uk
- headacheandmigraine.com
- hookedoncigarettes.com
- immunesystem.co.uk
- iwanttobethinner.com
- iwanttogiveupsmoking.com
- jointtrouble.com
- menstrouble.com
- overeating.co.uk
- prostatetrouble.com
- sexforeveryone.com
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'I know you believe you understand what you think I said, but I'm not sure you realise that what you've heard is not what I meant.'

RICHARD NIXON