1979 update

caveat emptor

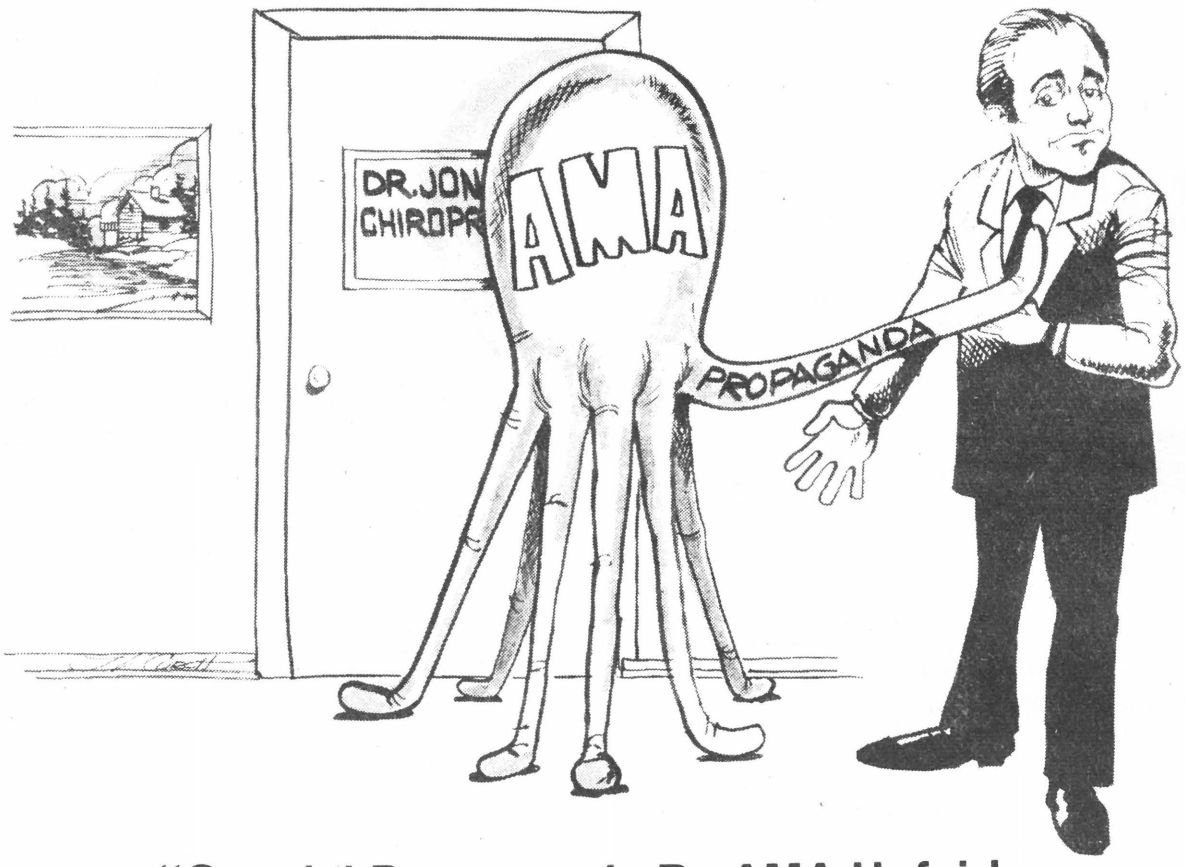
CONSUMER PROTECTION - ENVIRONMENTAL MONTHLY

AMA'S TREATMENT OF CHIROPRACTIC: A CASE OF MALPRACTICE

The patients rights were ignored, the analysis biased, proper tests not made, the operation unnecessary- The patient damned to a life on the fringe of our society.

The incompetent doctor of our story is none other than the American Medical Association. The mistreated patient, the American chiropractic profession. Through slander, misinterpretations of facts and deceptions, the AMA has irresponsibly attempted to banish the chiropractic profession -a healing art that could conceivably help millions of sick people.

Caveat Emptor believes health care consumers deserve the facts. We devote this issue to revealing to you the important findings of our special investigative team.



"Quack" Propaganda By AMA Unfairly Discourages Potential Chiropractic Patients

from the publisher

CAN WE AFFORD THE AMA MONOPOLY?

Robert L. Berko

The average family will spend more than 13% of its income on health care. This cost is rising much faster than the inflation rate.

This sector of our economy seems to be running out of control and no one seems to know how to stop it. Economists and government officials are worried about the situation.

In fact at a recent conference HEW Secretary Joseph Califano and Sen. Edward Kennedy both expressed concern that unless we can keep the present health-delivery establishment from continuing this escalation of costs, it will undermine our whole financial structure.

In spite of the huge portion of our national income that is spent on health care, the United States does not rate in quality of service anywhere near the top, compared to other countries.

Why is this. It is in a great measure because our medical-oriented system is a monopoly controlled and manipulated by the AMA.

Through a long term calculated program of propaganda and the judicious use of political contributions, the AMA has gained control of colleges, government agencies, state medical boards, hospitals, health insurers and other health professionals.

They have now reached a point where all these factors have been harnessed to produce more income for medical doctors. They can charge (and get) almost any fee. The aim of the AMA is not to provide better health care but to gain better income for MDs. Medical doctors earn much more than others with the same years of education. MDs earning $500,000 per year and up are not unusual.

The supply of competitors within the medical system is controlled by limiting the number of medical school graduates and by limiting the services that can be performed by nurses, technicians, and other ancillary medical personnel.

The competition from practitioners of other health disciplines is kept under control by vilification and manipulation of legislators, medical boards and insurance companies.

At the top of the list of such "enemy" therapies is chiropractic. The AMA has used unethical, illegal and despicable tactics in a vain attempt to destroy this therapy in spite of the testimony of millions of patients who have had positive results from chiropractic.

The AMA's efforts to destroy chiropractic is a threat to our right to freedom of choose our own health therapy.

As consumers, we must not be limited to those health practitioners and therapies approved by the AMA. Time and time again they have proved that they are not to be trusted. They historically have put thier own interest, and that of thier colleagues, before the patients'.

Study after study has shown that 30% or more of surgical procedures are unnecessary. This has cost us billions of dollars and at least 16,000 deaths each year. The medical profession is so contaminated by these surgical butchers that Unions and insurance companies are paying for "second opinions" to stop this carnage and murder. And yet the medical establishment does very little to cleanse itself. In fact it defends these butchers. By their actions, the medical establishment has proven that we cannot rely on their impartiality in "endorsing" other treatments such as chiropractic.

This is the reason that Consumer Education Research Group and Caveat Emptor have published the information in this issue. Consumers cannot continue to allow medical domination of the health delivery system. We must break the AMA stranglehold on our health and pocketbooks.

Read this issue and I think you will agree. ***R.L.B.***

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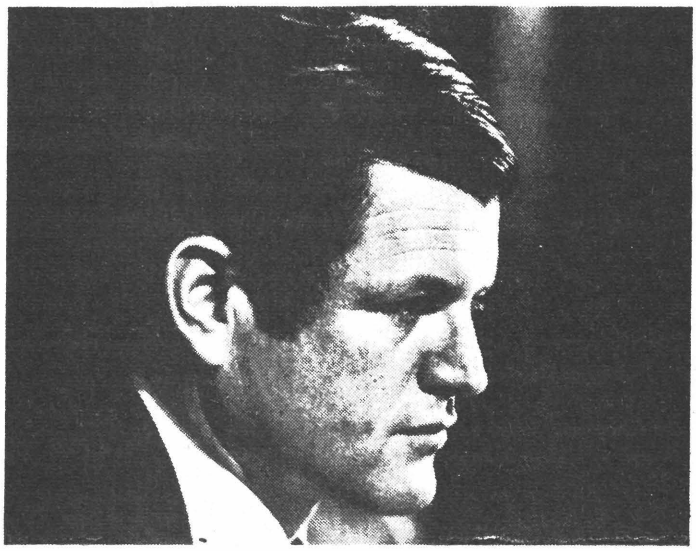
This is a reprint of a previous issue of **caveat emptor**. It was revised and updated in 1979. Although the contents of this edition discuss the state of our health care delivery system, Consumer Education Research Center is interested in all phases of consumerism. In **caveat emptor** we discuss fraudulent advertising, mail order and retail cheats, con games, corporate dishonesty, how our congress is being bought and consumer advice. If you would like to see other editions of this feisty monthly, write us at the above address.



KENNEDY ON THE AMA

"The organization of our health services is still in shambles. Why? Because AMA and its friends in the Health Insurance industry have stood in the way of every major step towards an efficient, effective, affordable health care system for the American people.
Instead of the scientific and public professional organization it was founded as, the AMA has turned into a propaganda organ purveying 'Medical politics' for deceiving the Congress, the people and doctors of America themselves." (Senator Edward Kennedy, July 1971)

THE AMA'S TREATMENT OF CHIROPRACTIC

A CASE OF MALPRACTICE

POLITICAL MEDICINE IN ACTION

The largest and richest lobby in Washington is maintained by the American Medical Association. Figures available for 1965 show, according to Health Rights News of August 1969, that in that year alone the AMA lobby spend $1.1 million - ten times more than was spent by the second largest lobby, that of the AFL-CIO. It is noteworthy that at that time the total AMA budget was over $20 million, 45% of this sum derived from advertising by drug companies and medical suppliers in AMA publications.

Fortunately for the American public, however, the AMA has not always seen its lavish spending bear fruit.

True, while the AMA has brought the level of government financed revenues of medical schools to almost 50%, there is a long list of proposals that at one time or another were vigorously - but, as it turned out, vainly - opposed by the AMA. A listing of the important social legislation that the AMA unsuccessfully tried to kill includes:

Child Labor Laws; Social Security for the Aged; Minimum Wage Legislation; The Forty Hour Week; Medicare; Medicaid; Mass X-Ray Screening for Chest Diseases like TB and Lung Cancer; Government-sponsored VD Clinics; Compulsory Reporting of Communicable Diseases, etc., etc.

Looking at the social, ethical, not to mention medical, values of the legislation opposed by the AMA, a profession which should feel particularly flattered (and reassured) that is so high on the AMA's current list, is the chiropractic profession. The evidence suggests that the AMA seeks, in fact, nothing less than the utter discreditation and eventual elimination of the entire profession.

Not that AMA policy necessarily represents its membership in that policy. While AMA publications and press releases continue to refer to chiropractors as quacks and to their patients as cultists, mutual referral of patients between medical doctors and chiropractors is on the rise in many communities.

The AMA has called chiropractic as a whole "a threat to the people." Symbolic of a truly open mind and a scientific approach is the name of the AMA committee which deals with chiropractic: The Committee on Quackery! More on that committee in the following pages.

"To restrict the art of healing to one class of men and deny equal privelege to others constitute the bastille of medical science. Such restrictions are fragments of monarchy and have no place in a republic." **Dr. Benj. Rush**

U.S. expenditures for health needs are greater than in any other nation ($140 billion in 1976) and thus medical consumers might be entitled to assume that they get both the most and the best. If the delivery of medical care were what management consultants call "cost efficient" we would be first among nations.

But we're not. Thirteen nations rank ahead of us in life expectancy of males, 18 nations rank ahead of us in preventing infant mortality and seven nations rank ahead of us in life expectancy of females. Thus, if life itself is used as the standard for measuring the efficiency of U.S. health care expenditures, we as a nation must be doing something wrong and should perhaps reorder our priorities.

Blaming the AMA for our national failures would be both unreasonable and unfair. Exempting them from all responsibility, however would be equally wrong. As relative monopolists, they also have the most powerful influence on how health care innovations are treated. However, a functioning treatment regimen like chiropractic, introduced some nine decades ago can no longer be regarded as an "innovation" nor dismissed as "quackery".

Furthermore, for medical consumers the AMA's failure to recognize chiropractic is a two-edged sword: patients whom only chiropractic could cure may waste time and money in ineffective treatment by conventional medical procedures and patients whom only conventional medical procedures could cure may waste time and money in chiropractic treatment.

If recognized, and its practice limited to the true area of its potential efficacy, chiropractic would no doubt retreat into being merely one of a whole battery of specializations any medical practitioner could call upon when faced with appropriate symptoms.

THE COMMITTEE ON QUACKERY

The American Medical Association in 1963 established what it chose to call a "Committee on Quackery" with the stated intent to "direct its attention to a study of the chiropractic problem."

Notice that chiropractic is never even thought of as a healing process; or a possible healing process-just as a problem.

Americans spend over $140 billion annually on health needs, an average of over $640 apiece or more than $2500 for a family of four. The more than 250,000 medical doctors received more than their fair share of this money, with the net median income of office based, nonsalaried physicians being $62,799 in that year. Keep in mind that this figure represents the average doctor's income after all business expenses were deducted, employees and all taxes paid. And in many cases doctors net two to three times that figure, but with use of devices like incorporation, much of their earnings are not considered personal income.

The AMA and its members could do even better if some portion of the healing arts were done away with. This would then direct money from these outlawed practitioners into the hands of the AMA and its members. So practitioners in the healing arts who are outside the scientific community (sic) present a "problem" to those in it.

. . . In a memo dated January 4, 1971, directed to the Board of Trustees, Doyl Taylor, acting as Secretary of the Committee on Quackery stated, "Since the AMA Board of Trustees' decision, at its meeting on November 2-3, 1963, to establish a Committee on Quackery, your Committee has considered its prime mission to be, first, the containment of chiropractic and, ultimately, the elimination of chiropractic!"

Some of the tactics of the Committee are so petty (or desperate) they are hard to believe. For example, in its efforts to obtain what is called "evidence" against Spears Chiropractic Hospital, the Committee proposed to send fictitious letters to the hospital to obtain evidence of the scope of its operations and claims.

"What the Committee had in mind was to get the Spears Hospital to answer these undercover letters, with the hope that the chiropractors would outline some of the claims of the profession. Then with their misinformation and manufactured "scientific evidence", the Committee would show the U.S. Postal Service that the chiropractors were using the mails for false advertising."

DIRTY TRICKS DEPARTMENT

Trever, in his book ***IN THE PUBLIC INTEREST*** describes the AMA's policy on dealing with chiropractic:

"Time and time again the AMA's merchants of misinformation have subverted the truth for their own fascist ends. Using these tactic to 'build up a case' against chiropractic, they have taken objective reports, studies and individual opinions in favor of chiropractic and reversed them into what appears to be anti-chiropractic views coming from many 'non-medical' sources. Done enough, this tactic would give the appearance that everybody knows that chiropractic is an unscientific cult!

Trever's documentation includes the following example: " In Canada, the Province of Quebec conducted a study into the merits of chiropractic to determine if licensure should be issues to them. A Royal Commission was set up and upon completion of the study a report was released. The report was written by a reputable member of the Superior Court, the Honorable Gerard Lacroix.

The AMA quickly took the report and twisted it, distorted the facts and contrary to the intention of the author of the report, which was in favor of licensing, the ***AMA News*** painted a dismal picture of the chiropractic profession in Quebec and how it stood in the light of the government report.

Justice Lacroix upon reading the January 30, 1967 article quickly dispatched a letter to the editor of the ***AMA News*** Mr. Marvin L. Rowlands. The letter did not hide the fact that the Justice was enraged at what the publication did with his report. The ***AMA News*** said that the report indicated that Chiropractic was 'only gibberish'. The Justice wrote, 'The report as such, nowhere expressed the view that Chiropractic is 'only gibberish''. With no holds barred he continued, 'I cannot understand how you come to use this expression the way you did in the title of your article as having been used by me.' Justice Lacroix recognized the tactics being employed by the ***AMA*** and stated, 'Futhermore,, the excerpts you have quoted from my report are deliberately setup to build a case against someone.' There is little doubt who the 'someone' is. He continues, but in no way do they even try to show the real meaning of the report; you do not even mention my conclusions and recommendations.

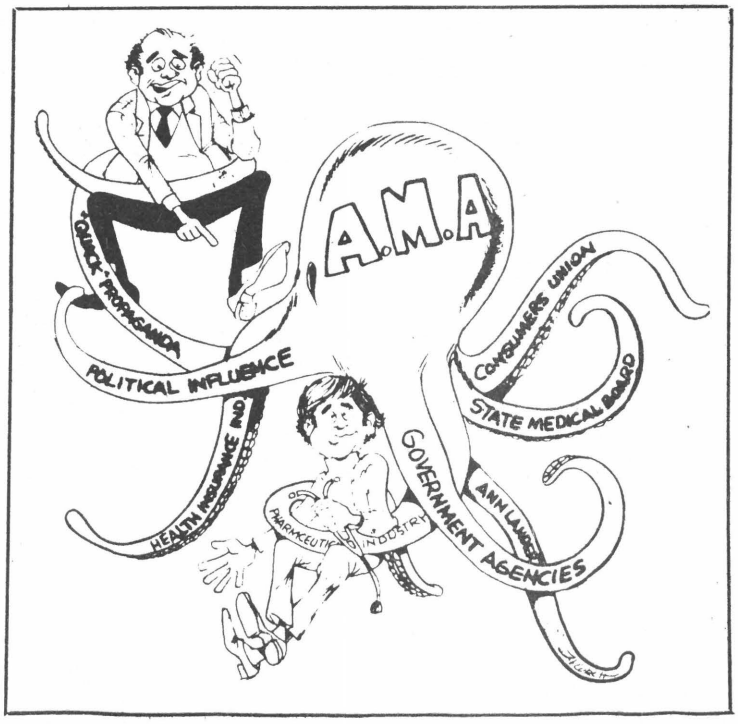
"Time and time again the AMA's merchants of mis-information have subverted the truth for their own fascist ends...they have taken objective reports, studies, and individual opinions in favor of chiropractic and reversed them into what appears to be anti-chiropractic views coming from many non-medical sources." *William Trever*

THE AMA AND ITS ARMS

Years ago a New Yorker cartoon showed a doctor wondering how he could square his loyalty to the AMA with his Hippocratic Oath.

Though long notorious for being one of the most conservative (read reactionary) bodies in the United States, the AMA is nevertheless a prestigious organization staffed with brilliant people-able to influence a lot of folks against the profession of chiroractic.

The People thus influenced (with streams of press releases, personal calls, memos, etc) include quite a few newspaper writers. Nobody really knows how many journalists and columnists who spread the good word against chiropractic are on the AMA's payroll in one way or another. It is known however, that Ann Landers, a constant and sometimes vicious critic of chiropractic, went to China at the AMA's expense.



The Consumers Union, who usually knows better, claims to be making independent research, but uses AMA material regularly and uncritically. As a result, it has helped the AMA quite vigorously in its attempts to discredit chiropractic.

Even the U.S. Department of Health, Education and Welfare turns out to be an ally of the AMA. In 1969 HEW appointed two committees to investigate chiropractic. One the Ad Hoc Consultant Group was composed of 22 persons, of which twelve were from organizations and professions basically prejudiced against chiropractic - medical doctors, dentists, a health college dean, a nursing service official. Requests for chiropractic observers to be present at meetings of the group were rejected. Moreover, the Group reported to the Assistant Surgeon General, Dr. John W. Cashman who was known to be opposed to chiropractic.

The second investigating committee was an "expert Review Panel," appointed specifically to investigate chiropractic, whose eight members consisted of five medical doctors, a medical school professor of sociology and a foundation executive. Again, the absence of a chiropractor on the panel is blatant.

When the resulting reports were submitted, Congress realized that it wasn't getting the unbiased report it had asked for -and ignored it. Chiropractic was subsequently included in the Medicare program -despite the objections of HEW and the AMA.

By now, as it happens, chiropractic students qualify for Vocational Rehabilitation tuition and mantenance programs; certified chiropractic colleges are eligible for guaranteed student loans and have erected housing under loans from the U.S. Department of Housing and Urban Development. The Veteran's Administration has recognized these colleges as institutions of higher education. Student visas for chiropractic students are granted by the U.S. Department of Immigration and Naturalizations.

"The AMA was more inter - ested in reducing competition than providing the public with adequate health care."
THE NEW YORK TIMES

All these developments came about, so to speak, over the AMA's dead body."

Both the AMA and Consumers Union continue to ignore data compiled by the Workmen's Compensation Boards which show that chiropractic care, compared to medical care, has reduced compensation costs and work time losses. ***The New York Times*** noted on October 29, 1975, "The AMA was more interested in reducing competition that providing the public with adequate health care."

AMA HYPOCRISY

A rather revealing incident (also from Trever's book) occurred when in May 1971 Dr. Sabatier, chairman of the Committee on Quackery, wrote to H. Frogley, former vice–president of Palmer College of Chiropractic:

"There never has been in my mind," he wrote, "any question regarding the good intentions of chiropractic and chiropractors.". He then outlines an invitation to include chiropractors as members of the elite scientific community. However, he restricts the hospitality to "the retraining of the chiropractor in the field of physical therapy under the guidance of individuals who have demonstated competence in these fields."

This outrageously patronizing invitation by the chairman reveals at least one thing; chiropractors would not be that unwelcome in the medical community if only they'd agree to be subservient to the Bwana Doctor–who'd presumably get a substantial cut from a correspondingly fatter fee.

THE AMA ON THE CARPET

Despite the AMA's considerable clout, their practices are under fire on several fronts.

As demonstrated elsewhere in this issue, Congress is well aware of the AMA's political activities, and particularly of its fanatical attitude with regard to chiropractic.

John E. Moss, chairman of the House Oversight and Investigations Subcommittee has requested that the Federal Trade Commission look into documents, "wherein there was either a stated intent by the AMA to eliminate the Chiropractic profession or plans were outlined to carry out that intent via harassment, delicensing and inducement of the boycotting of chiropractic services."

The subcommittee is considering the possibility that the AMA campaign to eliminate chiropractic services in the United States may violate the Anti-Trust laws.

Another area of potential trouble for the AMA is its tax-exempt status and its mailing privileges. Two consumer groups, the Tax Reform Group and Dr. Sidney Wolfe's Health Research Group, have asked Congress to investigate the AMA tax status.

The AMA's connection with drug manufacturers (who have their own lobby concerned with keeping drug prices up) is also under investigation. Drug manufacturers, of course, advertise heavily in AMA publications.

In addition the FTC has issued a complaint charging the AMA with monopoly citing its ban on advertising by members and non-members. This was followed on April 16,1976 by an FTC announcement that they are investigating "whether the American Medical Association may have illegally restrained the supply of physicians and health care services" through its domination of medical school accredidations and its ability to limit other health professionals in the scope of their activities.

Though the complaint by the FTC was issued almost three years ago, legal maneuvering by the AMA has prevented resolution of the matter and litigation continues. The FTC investigation into possible AMA restraint of the supply of health care services and physicians is still open, with the proceedings nonpublic. Hopefully, these matters will be resolved in the near future.

Last, but not least, Congress is looking into the possibility that the AMA might be violation laws that bar corporations from political activities.

THE PATIENT'S LOSS

Although the AMA strenuously opposes chiropractic, the record suggests that individual M.D.s do not. The publication ***MEDICAL ECONOMICS*** reported April 28, 1975 that a survey of 1000 medical doctors showed that nearly five percent refer patients to chiropractors at a median rate of two per year during the year the study was made. (Not surprisingly, more than 20 percent received referrals from cooperating chiropractors.

Clearly, a great many medical doctors do not believe AMA rhetoric. More to the point, those who do, or those who reserve judgement, effectively deprive patients of a treatment option which for some individuals may be the only means of relief for their symptoms.

The record is replete with examples of chiropractic successes following unsuccessful treatment by conventional medical methods. Indeed, it is quite common for chiropractic patients to resort to chriopractic following unsuccessful treatment by conventional medical methods. The consequences in such cases are both medical and economic: 1. If Chiropractic had been viewed as objectively as other treatment regimes (rather than stigmatized as quackery), the patient would have had earlier remission of symptoms, and 2. he would have been spared the cost of prior ineffective treatment.

The economic factor enters the picture in another way: treatment costs under chiropractic have been shown to be consistently lower than costs for standard medical treatment. A study by the Oregon Workmen's Compensation Board in 1971 showed that over a 24 month period costs in back-injury cases involving sprains and strains averaged $298.52 for patients under the care of a medical doctor, but only $72.92 under the care of a chiropractor.

The fact that treatment by a medical doctor averaged four times as much is probably due, in part, to chiropractors receiving less per patient per visit, but also it seems reasonable that the lower costs are attributable to the patient's symptoms being eliminated in fewer visits when treated by the chiropractor. The evidence seems to suggest it. For example:

- A Florida study in 1961 of the treatment of back sprain and strain injuries showed that work–time losses under treatment by medical doctors averaged 300 percent more than under treatment by chiropractic doctors.
- The Oregon study showed that of claimants' back injuries of all types treated by chiropractors, 82 percent resumed work after one week of time loss, compared with only 41 prcent of claimants treated by medical doctors.
- A 1978 analysis of non–operative back and neck injury claims processed by the Office of Industrial Commissioner in Iowa reported that the average period of disability was 21.9 days for chiropractic patients compared with 25.1 days for medical patients. The average amount of compensation awarded was $262.21 to chiropractic patients and $380.06 to medical patients.
- Reduced work–time losses and reduced workman disability and suffering have been reported by Workmen's Compensation Boards around the country.

In ignoring such evidence and concentrating upon extraneous matters, the AMA does the medical consumer a disservice in two ways: 1. Doctors too busy to research on their won refrain from referrals to chiropractors in cases in which such referrals clearly are indicated. 2. Patients themselves are not only ignorant of their options but actually shy away from a treatment regimen so widely labeled as "Quackery. For example, the American Chiropractic Association reports, in an internal paper, that the vast majority of chiropractic patients have first tried medical care without relief and turned to a chiropractor in desperation."

The record is replete with examples of chiropractic successes following unsuccessful treatment by conventional medical methods. Indeed, it is quite common for patients to resort to chiropractic following unsuccessful treatment by conventional medical methods.

UNSCIENTIFIC

Medical consumers may well find it difficult to avoid the conclusion that if the AMA's principal concern were patient care, it would undertake objective investigations of its own broadest and most material charges against chiropractic: that it is unscientific and that favorable treatment results only in the case of psychosomatic illness. By failing to do so, the AMA leaves chiropractic altogether outside the mainstream of "accepted" medical treatment and thus unregulated by the exacting standards the association purports to apply to it own members' conduct and ethics.

Consider the two principal charges;

The charge that chiropractic is unscientific.

Although Hippocrates himself recognized principles today applicable in chiropractic, the chiropractic profession does not, even now, in 1979, have a coherent scientifically verifiable rationale to explain how and why it works. Moreover, in its early developmental years, enthusiasts made "cure-all" claims which subsequent experience failed to justify (as did establishment medicine during those same years).

Rather than throwing out the baby with the bath, however, it would seem appropriate to recognize the fact that chiropractic does indeed work in *some* cases --of *some* pathologies - for reasons presently ranging from uncertain to the impenetrable - and then go from there *to determine what those reasons are.* If the objective is to constrain what the AMA calls "quackery", then what better way could there be than to determine precisely where chiropractic works and where it does not, and limit its

Medical consumers are likely to prefer effective treatment that moves in mysterious ways to "approved" treatment which produces symptoms more severe than those they're intended to eliminate.

practice to the area of its demonstrated efficacy.

We don't know what causes cancer, yet we, as a nation justifiably spend millions of dollars annually to find out. And in the interim we assuredly don't stop the best "state of the art" treatment. We hold treatment to within boundaries which we deem reasonable, and then hope for the best.

"Take two aspirins and call me in the morning" is by now a tired old joke, but the use of aspirin is not. Various discomforts of millions and millions of people are daily alleviated by its use, yet to this day we have no scientific explanation of either how or why. The precise physiological processes by which aspirin accomplishes its results remain essentially mysterious. For obvious and appropriate reasons, the AMA does not demur. Inconsistently, we had no demurrer from the AMA when ultimately disappointing alternatives to aspirin in the treatment of arthritis (ACTH, corisone and a sythetic substitute Meticortin) were widely heraled as miracle cures. Effective in some cases, the drugs produced severe -and sometimes disasterous- side effects in other cases. Each of these drugs was scientifically validated. It was relatively clear how and why they worked. The "science" of that validation, however, apparently neglected to consider the relative incience and magnitude of side effects.

Medical consumers are likely to prefer effective treatment that moves in mysterious ways to "approved" treatment which produces symptoms more severe than those they're intended to eliminate. The AMA would serve its public better if it recognized that fact.

IT'S ALL IN THE MIND

The second charge is that chiropractic results are psychosomatically induces.

The AMA charges that chiropractic "cures" are all in the patient's head-on the scientifically verifiable basis that some patients respond to the idea or mystique of the treatment rather than to the treatment itself.

This is the placebo effect under which the patient's expectations of treatment, rather than the treatment itself, effects the remission of symptoms.

An imagined medicine (placebo) for an imagine illness seems a poetic thing. Yet the placebo principle is a practical reality for every doctor. The bedside manner itself is a placebo ("I shall be pleasing"). And if it is a fact that a backache whether psychosomatic or physiological, goes away by itself anyway at one point(some observers point out), so much the better if the chiropractor can speed up the process. His cure, whether permanent or not, is at least not as drastic and irrevocable as spinal fusion which is on the list of non-emergency operations that are at times performed unnecessarily.

The placebo effect itself a remarkable discovery, has long since been scientifically proven by double-blind testing in which the tester themselves did not know which of a group of patients were given something medically inert (such as a sugar pill), instead of a medication which looked identical. Expecting favorable results from the pill because of what they had been told before, a significant percentage (as high as thirty percent) of those given sugar pills responded favorably.

Such testing is necessary in the consideration of new drugs, to avoid their premature approval for general use, and would be germane to determing the effectiveness of chiropratic. The findings in the various studies by Workmen's Compensation Boards are themselves suggestive in this context, because for the placebo effect to distort results in favor of chiropractic, patient confidence in chiropractors would have to be greater than in medical doctors. However, the AMA itself has seen to it that precisely the opposite is true in the population at large: medical doctors are esteemed, chiropractors held in suspicion.

Theoretically, then, if the placebo effect applied in the case of back injuries, the cure rate for AMA members would be higher, not lower, than for chiropractors.

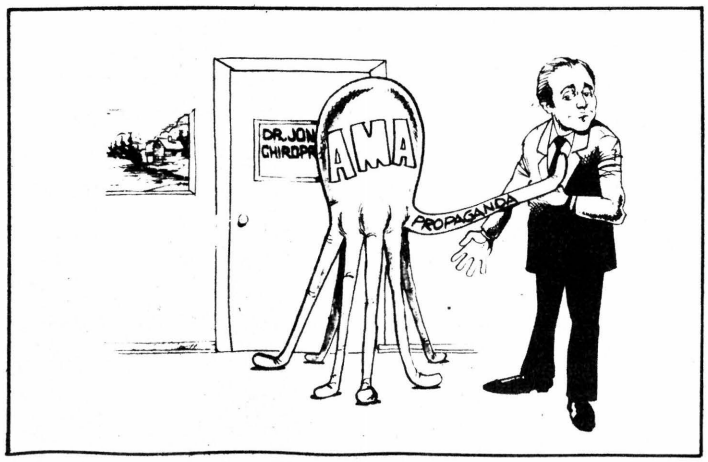
Finding out.

Health care consumers are entitled to expect the AMA to be concerned about patient care; thus it is the AMA's responsibility to look at alternative and new form of treatment objectively, rather than solely in respect to their economic impact on the medical fraternity.

If they abdicate that responsibility, they lay a fertile ground for the very thing they purport to disparage: quackery. An outlawed treatment regimen could be ten per cent effective, 50 percent placebo-based and 40 percent ineffective (or actually harmful), or any other percentage combinatin, and the public would never know the difference.

Thus, AMA money currently spent discrediting chiropractic would surely be better spent testing it. As a virtual medical monopoly, the AMA could then control from within that portion of chiropractic which really works.

Research may find that chiropractic is only effective for certain



specific problems ... or none. This should be investigated, if the AMA really cares about the health of Americans.

WHO GOES TO CHIROPRACTORS ?

James C. Shenk, ACA statistician, in the May 1974 issue of the ACA **JOURNAL OF CHIROPRACTIC** got this information from a study by the Food and Drug Administration: "Chiropractic patients tend to be older people. The total group of patients has *above average education and income*...but those consulting chiropractors for conditions outside the usual area of chiropractic practice are perhaps a *little lower in education and income*. Similarly, the total group of patients has a high incidence of men, but those seeing chiropractors for other than back, neck, muscle and joint problems has a low incidence of men."

The late Senator Hubert Humphrey had his own personal chiropractor for several years. "I'm well aware," he said, "that the vast majority of those in the medical profession go into extended apoplexy when it is suggested that the chiropractor might offer a health care service which is needed in this decade of crisis in the health industry."

Humphrey also read into the Congressional Record what he called an amazing article which he thought would "amount to the AMA's Pentagon Papers."

The article had appeared in **MEDICAL ECONOMICS** which is read by almost as many doctors as the **JOURNAL OF THE AMA.** The article begins by taking of the position that "chiropractic as a science cannot be taken seriously," but goes on to report the interview a medical reporter had with **eleven** patients (out of 65) who had appointments that day at that particular chiropractic group practice. They turned out to be not all poor, stupid and ignorant- the stereotype the AMA tries to disseminate - but included as Episcopal minister, a pharmacist, business executive, a dentist, college students and an attorney.

The fact that treatment by a medical doctor averaged four times as much (money) is probably due, in part, to chiropractors receiving less per patient visit, but it also seems reasonable that the lower costs are attributable to the patients's symptoms being eliminated in fewer visits when treated by a chiropractor.

The reporter was particularly surprised by the fact that several of the patients were there with their family doctor's blessing.

A Scientific Approach to Chiropractic

The following is part of the tentative findings from a long report or a workshop help in February 1975 under the auspices of the National Institute of Neurological Disease and Stroke (NINDS) "The Research Status of Spinal Manipulative Therapy" had been requested by Congress.

The NINDS Workshop on the Research Aspects of Spinal Manipulative Therapy and staff review and analysis of available data clearly indicate that specific conclusions can not be derived from the scientific literature for or against either the efficacy of spinal manipulative therapy or the patholphysiologic foundations from which it derived. The efficacy of spinal manipulative therapy is based on a body of clinical experience in the "hands" of specialized clinicians. Chiropractors, osteopathic physicians, medical manipulative specialists and their patients ***all claim spinal manipulation provided relief from pain, particularly back pain, and sometimes cure;*** some medical physicians, particularly those not trained in manipulative techniques, claim it does not provide relief, does not cure, and may be dangerous, particularly if used by non-physicians.

The available data do not clarify either view. However, most participants in the Workshop felt that manipulative therapy was of clinical value in the treatment of back pain, a difference of opinion focusing on the issues of indications, and contraindications and the precise scientific basis for the results obtained. No evidence was presented to substantiate the usefulness of manipulative therapy at this time in the treatment of organ disorders.

While this statement is scarcely conclusive, it is a far cry from bearing out the AMA's consistent assertion that chiropractic is unscientific - much less justifying a sustained campaign to eliminate chiropractic as a competitive form of treatment.

AMA CHARGES ANSWERED

The AMA is responsible for a number of damning myths concerning the quality, effectiveness, and safety of chiropractic therapy. The following attempts to set the record straight.

•The AMA asserts that no chiropractic college is accredited by the U.S. Office of Education.

Correct. *The U.S. Office of Education does not accredit chiropractic or medical (allopathic) colleges. The Offices of Education recognizes reliable professional accreditation agencies who then do the accrediting. The Office of Education does recognize the Council of Chiropractic Education, the agency which accredits chiropractic colleges.*

•The September 19 issue of The Journal Of the American Medical Association states that the Doctor of Chiropractic degree is spurious.

Wrong. *The Doctor of Chiropractic degree is an officially recognized degree. (See " Chiropraactic Education in this issue.)*

•The AMA criticizes chiropractic for lack of research.

Medical reseach is financed by federal, state and local governments, by the pharmaceutical industry, and by private foundations. For many years chiropractic reseach was supported by the chiropractic profession only. It was, in fact, a first when in 1975 Congress authorized the National Institute of Neurological Diseases and Stroke to grant up to $2 million for chiropractic research. The AMA objected to this authorization, but failed to stop it and government support of chiropractic research has continued. In fiscal year 1976, the Institute awarded grants totalling $372,035 for chiropractic research. In fiscal 1977, the figure was $293,186. These are small amounts when one considers that millions of Americans regularly visit chiropractors, but these expenditures for research represent significant steps and a federal recognition of chiropractic.

•Chiropractors, says the AMA, cannot provide scientific data as to why their methods work.

The chiropractors' response:*Do you know why aspirin works ? (See also "A scientific Approach to Chiropractic" in this issue.*

•The AMA attributes the growth of the chiropractic profession to the ignorance and stupidity of the public. The Thesis is that only the poor, uneducated and the ignorant seek chiropractic help and that the only people who are actually helped are those with psychosomatic symptoms. Chiropractic is also referred to as a cult.

More than one survey has shown that chiropractic patients are, in the main, better educated and have higher incomes than the average American. The cult charge probably emanates from the inability of

Is there one correct approach to patient care? J. Colwill, M.D., an orthopedic surgeon, writes in the Canadian Chiropractic Association Journal of the benefits of multipractitioner approach.

Some years ago a team-like arrangement developed between some chiropractors, myself, and some of my medical conferrers in a community where we all work. We were able to inter-refer patients, exchange information and develop a reasonable program of therapeutic trials of modalities. For instance, I have requested at least a few weeks trial of manipulative treatment for all patients prior to finally deciding on a spinal fusion if indicated in degenerative disc disease with instability in the lower lumbar spine. It was a group decision on how long the therapeutic trial was to be carried on, and if any of the chiropractors treating the patient wanted to try for a further few weeks, as he felt there was some initial improvement appearing, all team members have in the past agreed to do so. This has saved some of my patients from a surgical fusion due to the fact that they responded quite satisfactorily to manipulative treatment although they have failed on other treatments. We have had in addition the reverse where a chiropractor has referred a patient for short trials of other nonoperative treatment and we successfully treated the patient to the satisfaction of the patient and chiropractor. Patients referred after a more than adequate, but unsuccessful, trial of all conservative modalities have often been treated surgically.

We have as team members benefitted from the specialized skill of each member of the team. Equally important, however, by becoming more familiar and confident with each other we have been willing to accept honestly other team member's efforts with the realization that the best and most knowledgeable effort was given to our common patients. This is important, because at the present time in the history of man we cannot successfully treat all patients, and no comfort is offered to a patient with a serious continuing complaint by the unknowing and malicious criticism of the practitioner of one health discipline by another, when in reality the patient may have been given the very best treatment available to him.

In an age of medical specialization, such a cooperative treatment approach is by now commonplace, and an effective treatment option should not be withheld from American consumers.

It's time for the AMA to move.

medical men to understand why patients insist on going to chiropractors after years of hearing vilification of that discipline by M.D.s.

•The AMA warns that there is an abnormal risk to patients in chiropractic care.

The Insurance industry does not agree. For every dollar the average M.D. is charged for malpractice insurance, a chiropractor pays less than two pennies. This situation prevails in spite of the fact that a dissatisfied chiropractic patients would have no trouble finding a lawyer and "expert" medical doctor witnesses to help him in his suit.

•Is Ralph Lee Smith's book "At Your Own Risk: The Case Against Chiropractic" objective and unbiased?

The book was made up mainly from paid articles written expressly for AMA publications. It was initiated, sponsored, endorsed and paid for by the AMA's "Committee on Quackery".

•Chiropractors are not qualified to be primary care physicians.

Wrong. *As outlined in "Chiropractic Education" in this issue, chiropractic colleges teach courses in every aspect of the training need for primary care. In addition, most state boards require evidence that prospective chiropractors have this knowledge before they are allowed a license to practice. This false statement by medical men is especially pernicious since they dominate state licensing boards and know, quite well, that chiropractors have this training.*

•Critics say that nerve interference doesn't exist at the level of the spinal cord.

Gray's Anatomy, the authoritative manual used by all medical and chiropractic students as well as scientists, states clearly that it can. This has been further substantiated by preliminary reports from a study at the University of Colorado, which showed that spinal nerve roots are extremely sensitive to pressure.

GET THEM YOUNG

In the aforementioned, well documented book on the AMA. Trever shows how great the Committee on Quackery's concern was with regard to both the present and future status of chiropractic.

When the secretary of the committee heard that chiropractic literature was being sent to guidance counselors in an effort to recruit young people into that profession, he immediately contacted the AMA's Department of Community Health and Health Education, which made sure that guidance counsellors also got plenty of AMA anti-chiropractic propaganda to counteract the chiropractic information.

While the AMA succeeded in having pamphlets distributed through the N.Y. State Department of Education, Bureau of Elementary & Secondary Curriculum Development, the chiropractors got wind of it and called the Department of Education in Albany - who deleted all references to chiropractic in the offending AMA material.

CHIROPRACTIC EDUCATION

In view of the low profile of the chiropractic profession and the big budget the AMA assigns to disparaging chiropractic, medical consumers should be interested in the scope of educational requirements as described in a booklet published by the Foundation for Chiropractic Education and Research and the Council on Chiropractic Education.

A Doctor of Chiropractic (D.C.) has a minimum of six years of college study and internship. The areas of study include anatomy, bacteriology, pathology, physiology, biochemistry, pediatrics, geriatrics, spinal manipulation, X-ray, nutrition, and physical therapy. A minimum of two years of prechiropractic college work are required for admission to all the 10 United States chiropractic colleges holding status with the Commission on Accreditation of the Council on Chiropractic Education. The minimum grade requirement is a "C" average, 2.0 on a 4.0 scale for the 60 semester hours of preprofessional college work. This will become a 2.25 minimum in 1979.

Four academic years of resident study at a chiropractic college including practice in a teaching clinic, is required for the Doctor of Chiropractic degree.

Chiropractic colleges offer courses in a wide range of scientific areas including: human anatomy, biochemistry, physiology, microbiology, pathology, public health, physical, clinical and laboratory diagnosis, gynecology, obstetrics, pediatrics, geriatrics, dermatology, otolaryngology, roentgenology, psychology, dietetics, orthopedics, physical therapy, first aid, spinal analysis; principles and practice of chiropractic, adjustive technique and other appropriate subjects.

The Federation of Chiropractic Licensing boards has recommended to state licensing boards that a rule of law be adopted, either by statute or by administrative regulation, wherein it will be provided as follows:

"All applicants for licensure who matriculate in a chiropractic college after October 1, 1975, must present evidence of having graduated from a chiropractic college having status with the Commission on Accreditation of the Council on Chiropractic Education, or its successor, or from a chiropractic college which meets equivalent standards thereof."

As of May, 1978, licensing jurisdictions of 35 states or territories have sent formal letters indicating statutory or administrative code changes reflecting Federation policy.
These jurisdictions are:
Alabama, Arizona, Arkansas, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia and Wyoming.

Several other states are known to be in various stages of procedure leading to adoption of changes reflecting Federation policy.

The following states require attendance at approved postgraduate educational programs as a prerequisite to annual license renewal:

Alabama, Arizona, Arkansas, California, Colorado, Delaware, Florida; Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Puerto Rico, South Dakota, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin and Wyoming.

A Doctor of Chiropractic D.C. has a minimum of seven years of college study and internship. The areas of study include anatomy,bacteriology pathology, physiology, biochemistry, pediatrics, geriatrics, spinal manipulation, X-ray,nutrition, and physical therapy.

The chiropractic profession was a pioneer in requiring the practitioner to attend approved post-graduate educational programs as a prerequisite to annual license renewal. The State of Colorado adopted the first such chiropractic statute in 1933.

The professional accrediting agency for chiropractic colleges is the Commission on Accreditation of the Council on Chiropractic Education (CCE).

On August 26, 1974, the Accrediting Commission of the Council on Chiropractic Education was added to the United States Commissioner of Education's list of Nationally Recognized Accrediting Agencies and Associations. The Council on Chiropractic Education is a member of the Council on Postsecondary Accreditation, which is the national, voluntary association of professional accrediting agencies and within this is a member of the Council of Specialized Accrediting Agencies.

CHIROPRACTIC:

A SCIENCE AND AN ART

Chiropractic is a science and art which utilizes the body's power to heal itself and deals with the relationship between the nervous system and spinal column, as well as the role of this relationship in the restoration and maintenance of health. It is not the practice of medicine!

Although differences exist among chiropractors as to kinds and philosophies of therapy, a common bond is traceable to D.D. Palmer, the founder of chiropractic. Palmer believed that disease was caused by various disorders of the nervous system. A major cause of such disorders, according to Palmer, was subluxation (displacement of vertebrae), with the resultant pressure on spinal nerves by these vertebrae impairing the capacity of the nervous system to regulate body functions. He felt that once the body was under control of a well-functioning, healthy nervous system, it would be able to heal itself. He therefore advocated that subluxated vertebrae be put back into correct position, thus relieving pressure on spinal nerves and ending nervous system disorders. The self–curative powers of the body would then be freed to fight and conquer disease.

Modern Chiropractic

Palmer's ideas about subluxation are the foundation upon which chiropractic is built, and the practice of repositioning vertebrae by hand is the essence of chiropractic therapy. Indeed, the term "chiropractic" is derived from two Greek words meaning "hand" and "practice."

However, modern chiropractors do not agree fully with all of D.D. Palmer's ideas. While they believe that a healthy, well-functioning nervous system brought about by correction of vertebral subluxations will greatly increase a person's resistance to disease and will often enable a person's body to rid itself of existing disease, they recognize that some maladies are not attributable to nervous system disorders caused by subluxation. Therefore, depending on the patient's health problem, most chiropractors offer therapies other than correction of subluxations, such as nutritional guidance and heat treatments. And all chiropractors realize that some health problems must be dealt with by professionals in other health care fields. Referrals are made in such cases.

Today, chiropractors subscribe to the theory that displacement of vertebrae may put strains on soft tissues associated with the spine, such as discs, ligaments and tendons. Such tissues form an essential part of the spine, enabling it to support large loads through a wide range of movement. If the subluxation(s) is not corrected, the soft tissues may undergo changes, and these could very well make the condition worse. Thus discs may become thinner or start to protrude. Ligaments may thicken. Eventually, the alignment of the vertebrae would be further disturbed. Muscles would tend to contract and possibly go into spasms or a sustained state of contraction. Irritation of deep spinal tissue would then occur.

These effects, sustained muscle contraction and irritation of deep spinal tissue, are potential sources of pain. Deep pain, originating in the soft tissues of the back may be transmitted to other parts of the body by the nervous system. Reactions to the pain may put additional tension on the spine. In this way a vicious cycle is started and the chiropractor believes that such cycles can be broken by vertebrae manipulation that will correct subluxation(s).

Today, chiropractors subscribe to the theory that displacement of vertebrae may put strains on soft tissues associated with the spine, such as discs, ligaments and tendons. Such tissues form an essential part of the spine, enabling it to support large loads through a wide range of movement. If the subluxation(s) is not corrected, the soft tissues may undergo changes, and these could very well make the condition worse.

Many chiropractors also believe that changes of the types just mentioned may result in direct pressure on spinal nerves. Thus, thickened ligaments may press on spinal nerves where they exit from the spaces between the vertebrae. Protruding discs may encroach on spinal nerves as well as the spinal cord. Thinning discs or other disorders may result in a narrowing of spaces between vertebrae and pressure on the spinal nerves. Pressure on spinal nerves will cause proper functioning of such nerves to be impaired.

When a person visits a chiropractor, the chiropractor, by means of physical examination, determines:

1. Whether a person is a chiropractic case;
2. The effectiveness of chiropractic care.

An extensive case history is taken and x-rays of the spinal column are made. The chiropractor will, after reviewing his findings, decide if the patient's health problem falls within his area of expertise. If it does, the chiropractor will begin therapy.

If not, he will recommend that another type of health care professional be consulted.

Chiropractic's position on drug therapy has often been misunderstood and unfairly attacked. Chiropractors do not oppose the rational use of drugs by physicians. It is unnecessary and excessive use of prescription drugs that they oppose, and chiropractors do not use drug thereapy because chiropractic is a science and art which utilizes the inherent recuperative powers of the body. Drug therapy is something else.

Misinterpretation of its position on drug therapy has not been the only thing for which chiropractic has been attacked. Critics have sometimes claimed that not only was it "unscientific," but that it was in a war or conflict with science. Nothing could be further from the truth. DORLAND'S ILLUSTRATED MEDICAL DICTIONARY defines science as being "the systematic observation of natural phenomena." Chiropractic is based on established facts about the human body which were obtained by "systematic observation." Chiropractic, far from being at war with science, is actually functioning within the realm of science.

Some critics have charged that chiropractic puts too much emphasis on the nervous system when it claims that the nervous system is in overall control of the body. However, the universally respected medical textbook GRAY'S ANATOMY confirms this fact. In other words, the nervous system is indeed the overall master of body function and so this mdical and chiropractic concept is in full accord with science.

Another point sometimes raised by critics is whether nerve interference really can exist at the level of the spinal cord. GRAY'S ANATOMY states that it can. And the findings of the University of Colorado research project to determine the effect of chiropractic treatment show that spinal nerve roots are extremely sensitive to pressure. Further research is being conducted to see how much pressure is necessary to impair nerve function.

The statement has often been made that "chiropractors should not be utilized as primary care physicians since they are not trained to recognize disease or to make a diagnosis." This is untrue. Courses in laboratory and physical diagnosis are taught at chiropractic colleges and questions regarding diagnosis are part of chiropractic licensing examinations.

Medical and chiropractic authorities have demonstrated, through scientific research and clinical studies, the existence of subluxations. X-ray movies of the spine have also demonstrated their existence. Chiropractic's critics should look at this healing art objectively to see why millions of chiropractic patients feel they are being helped by elimination of such subluxations.

"They offer something where we M.D.s fail"

Medical Doctors Admit Chiropractic Works

In contrast to the AMA's official attitude and position on chiropractic, many medical doctors have written statements for medical journals praising aspects of chiropratic. Here are some excerpts from these medical papers. Reading through them you will find that most are reluctant to praise chiropractors although they admit that chiropractic works. This may be an effort to escape the censure fo anyone so bold as to admire chiropractors and their profession. It may also be the lingering effects of the anti-chiropractic propaganda they were fed in medical school and through AMA sources.

One common thread connects all these comments. That is the sometimes enthusiastic, more often grudging, admission that chiropractic gives patients relief and that organized, orthodox medicine should investigate and adopt some of this science.

One Doctor even admits that he administers a self-taught manipulative therapy that he "guesses is chiropractic" because, he explains, "If we can't make his (the patient's) aching back stop hurting, and the chiropractor can, the unsophisticated patient may conclude that the chiropractor is better for everything that ails him."

This medical man tells us that we are dumb if we think that the doctor who helps us is better than the one who can't, if the one who is unable to help us holds a medical degree. Also, to keep from losing customers, he admits to practicing a science in which he is untrained.

> **"The intervention of a chiropractor was at least as effective as that of a medical physician in terms of patient function and satisfying the patient."**

"A third important social function for the chiropractor is that he often succeeds in treatment where other practitioners have failed."

"the Physicians Attitude survey of 827 doctors found that over half (53%) believed that chiropractic has occasional clinical value to patients...", Gregory J. Firman, M.D.,J.D., The Future Of Chiropractic: A Psychosocial View, The New England Journal of Medicine, Spt 25,1975, p641.

"This study suggests that, although the theoretical basis of chiropractic is still unsubstantiated by traditional scientific evidence, none-the-less the intervention of a chiropractor in problems around neck and spine injuries was at least as effective as that of a physician in terms of restoring the patient's function and satisfying the patient...We suggest that the results of this study indicate the need for further research preferably in the form of a randomised clinical trial, to establish the validity of chiropractic care. As the storm clouds darken in the clash between organized medicine and chiropractic, it is imperative that definitive data replace impassioned statement...", R.L. Kane, et als, Dept. Of Family and Community Medicine, Univ. Of Utah College of Medicine, Manipulating a Patient; A Comparison of the Effectiveness of Physicians and Chiropractic Care, The Lancet, June 29, 1974 p1336.

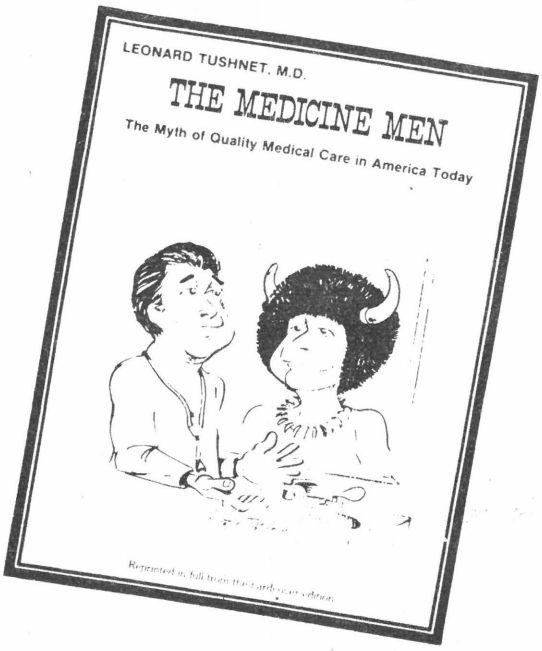
"The public soon came to realize that they could find greater relief more quickly and more economically from osteopathic and chiropractic treatment of their backs than

> **"This work was not supported by grants from this or that foundation. It has been made possible by the continued support of Mr. & Mrs. John Doe."**

THE MEDICINE MEN

The Myth of Quality Medical Care in America Today

an excerpt from this revealing truthful book



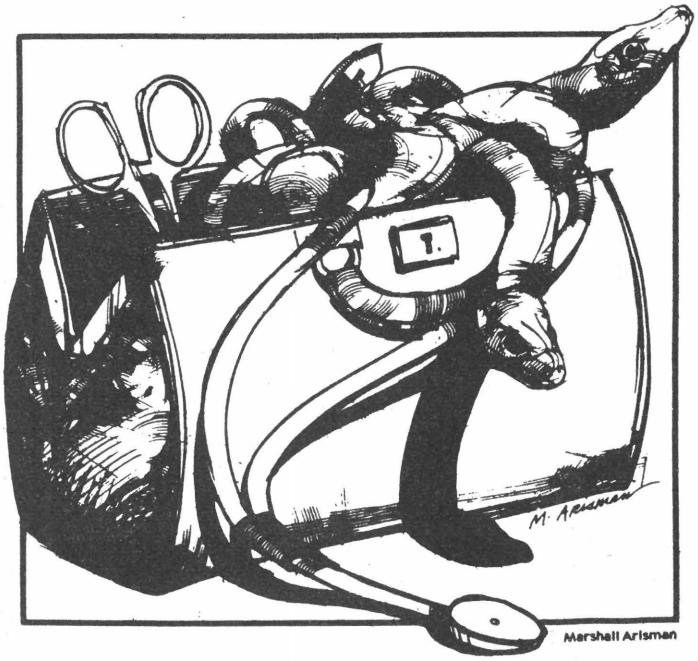
"We Did Our Best"

A young man had an acutely inflamed throat. He went to his doctor, who gave him a injection of penicillin. The sore throat quickly got better.

Three days later, the young man began to itch. The itching got worse and he developed hives all over his body. The doctor made the correct diagnosis of an allergic reaction to penicillin. He prescribed antihistamines. The hives disappeared.

The young man, a machine operator, got drowsy from the antihistamines and cut his hand at work. The nurse in the dispensary gave him first aid and put on an anti-bacterial ointment containing penicillin. The hives returned and now the young man had swelling of the eyes and lips. The doctor recognized that a potentially dangerous allergic reaction was present; he ordered a course of corticosteroid treatment. Result-the itchiness, the hives and the swellings disappeared and the patient was well again.

Except that now he had pain in his belly plus heartburn, and he began to show signs of blood in his stools. The correct diagnosis of a peptic ulcer (induced by the corticosteroid) was made. The young man did not do well on medical treatment; he continued to bleed from his ulcer. His doctor, therefore, had a surgeon in consultation. The two doctors agreed that partial gastrectomy was necessary, an operation to remove the ulcer-bearing portion of the stomach. The operation was successful.



But because of the previous bleeding and the unavoidable blood loss at the operation, a transfusion of 1000 milliliters (two pints) of blood was given. Hepatitis (inflammation of the liver) followed. The young man became intensely jaundiced; he vomited his food and had to be fed intravenously for a few days. His youth did him in good stead. He recovered from his hepatitis.

At the right ankle, where the intravenous needle and the plastic tube had been inserted into a vein exposed by cutting through the skin, a tender nodule appeared. It became red and inflamed, evidence of infection. Because of the bad experience the patient had had with penicillin, the doctor prescribed tetracycline. The inflammation promptly subsided.

Because of the antibiotic, diarrhea came on and the patient had severe colicky cramps. The doctor ordered a special diet and gave a new synthetic antispasmodic drug to control the cramps. Diarrhea stopped.

The new drug was in the belladonna class. It relaxed the smooth muscle all over the body, and by its action on the iris, it caused dilation of the pupil.

The young man's vision was impaired. He drove his car into a tree. Exitus young man.

This is a true story.

WARNING: MEDICAL DOCTORS MAY BE DANGEROUS TO YOUR HEALTH

MEDICAL CHICANERY AND TRICKS USED TO CONFUSE AND DECEIVE

There are many things doctors don't like to discuss. One of these is the lack of ethics, lack of knowledge and the avarice of some of their colleagues. Now and then a book will appear describing the failings of the Medical Profession. Usually the author is a layman or a "Dr. X" who being anonymous, cannot be challenged. **We** have the inside story by an M.D. who has practiced for 40 years, made his bundle and retired. He exposes to public view the facts the medical fraternity hides . . . and he uses his own name, Dr. Leonard Tushnet, M.D.

This book, entitled **THE MEDICINE MEN,** is written in down-to-earth language. In it Dr. Tushnet reveals the tricks and chicanery used by doctors to foster the myth that they always know what they are doing. Dr. Tushnet likens the blind acceptance of the wisdom of their physicians to peoples' unquestioning faith in their witch doctors' dances and incantations.

Dr. Tushnet shows that our physicians are, in many cases, merely medical conmen and in other cases well meaning incompetents.

You will learn from THE MEDICINE MEN:

- That many so-called "breakthroughs" in medical technology, diagnoses and treatments are dangerously inflated. The public is given unwarranted hope while doctors are too busy making money to keep up with new advances even when they are real.
- "The Public is deluded when it thinks that its massive contributions to National Tuberculosis Association, muscular dystrophy, cystic fibrosis have any substantial effect on the control or alleviation of these diseases."
- How the possibility of a viral cause of cancer was disparaged and research stifled by the medical profession causing a cruel delay in the study of immunization as a cure for cancer. The viral theory of cancer is now considered by researchers to be the most promising area of research and treatment.
- That when your doctor administers penicillin and tetracyalines for "the virus" he knows that they will be no more effective than aspirin (but more profitable).
- How doctors "make up" latin names for illnesses they can't identify just so that you will think they know what they are treating.
- How doctors perform elaborate rituals in treating you that are merely up-to-date versions of the primitive witch doctors' methods.
- That a study showed that 24% of Radiologists disagreed on the interpretation of sets of x-rays and later when showed the same pictures *31% disagreed with their own previous findings.*
- That it is estimated that as many as 5000 patients die each year from accidental, unreported electrocution during application of electric heart monitors, pacemakers and other "miracle madnesses."
- That in 18 states and Washington, D.C. anyone, with or without training or experience, can open a clinical laboratory and perform tests without any licensing, control or supervision.
- That medical doctors order unnecessary laboratory tests and charge patients as much as twenty times the actual laboratory fees.
- That a study by the American Psychoanalytic Association testing the effectiveness of psychoanalysis by its members produced results so negative that they were never published.
- That diet does not affect your cholesterol level.
- How chiropractors earn the loyalty of their patients and why they deserve this loyalty.

How To Get A Free Bonus Copy of "THE MEDICINE MEN"

We want you as a reader of CAVEAT EMPTOR. Our non-profit organization believes that consumers must be educated. Education, not legislation, will hasten the day when we are no longer in jeapordy of having our health endangered by medical men who perform unnecessary operations, misdiagnose, misprescribe and administer unneeded innoculations.

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they would from orthodox medical treatment. Because the original underlying pathological concepts of the osteopathic and chiropractic schools were unacceptable to orthodox medicine- and they certainly found no basis in medical pathology - the work of these groups was condemned or ignored...Our profession has been rapidly losing ground to other groups who practice the healing arts in all problems concerning joint pain but particularly in the field of back pain. This work was not supported by grants from this or that foundation. It has been made possible by the continued support of Mr. and Mrs. John Doe...",John McN Mennell, M.D. BACK PAIN (1960)p4.

> **"Patients turn to Chiropractors after failing to secure relief from M.D.s."**

Undoubtedly, many patients with functional complaints feel better after the personal and manipulative attention of a chiropractor. Furthermore, it appears that some patients suffering from chronic or obscure complaints turn to chiropractors after failing to secure the type of relief expected from doctors of medicine...There is also evidence that many individuals and families consider chiropractors genuine and competent health practitioners." Richard Park, B.S., Jesse W. Tapp M.D.,and Donald L. Hochstrasser, Ph.D.. Chiropractors and Patients in Kentucky, Journal of the Kentucky Medical Association, Vol 65, No.1, 1967 p 104.

"I have been asked to discuss the matter of exercise in the treatment of discs pre and postoperatively. As everyone knows, chiropractors and osteopaths do treat some discs successfully, and it is undoubtedly true that back exercises result in relief in some cases...", F. Murphey, M.D., Experience With Lumbar Disc Surgery, Clinical Neurosurgery, Proceedings of the Congress of Neurological Surgeons, Denver, Colorado, 1972, p7.

> **"It is known that many sufferers experience immediate relief from a single manipulation and that the relief may be total and long-lasting."**

"Manipulative therapy is an ancient form of treatment for low back pain with, and without, sciatica. Among orthopedic surgeons the art has generally been lost, primarily because of the empiricism of the method. This important adjunct in the therapy of backache is now largely practiced only by the chiropractor. It is known that many sufferers experience immediate relief from a single manipulation and that the relief may be total and long-lasting.,, H.F. Farfar B.Sc., M.D., Cm FRCS (c) Mechanical Disorders of the Low Back (1973).

"...the technique of manipulation used by chiropractors is to be retained, because it is effective and can produce beneficial results in cases where correctly indicated.", Report of the (Canadian) Royal Commission on Chiropraxy and Osteopathy, Hon. Justice Gerald Lacroix, Commissioner, Volume 1, 1965, at p75.

"Many orthopedists as well as osteopaths have demonstrated that it is possible to manipulate the spinal vertebrae by hand and relieve pressure on nerve roots. The exact nature of the lesion which responds to this type of manipulation has never been fully established...Exactly what is accomplished by these manipulations no one has fully explained. They fact that they do relieve some of these patients, especially those who have had their back pain or sciatica for only a short time cannot be denied...", Vertebral Manipulation, Edward L. Compere, M.D., "Answer to letter to the editor". Journal of the American Medical Association December 24, 1960,p2166.

> **"Medical specialists have asserted that manipulation is beneficial to some patients suffering from specific ailments."**

"Like osteopathy, the art of chiropractic has spread far and wide particularly in North America. This has happened in spite of the fact that even the more modern books on chiropractic contain passages which are nonsense to those grounded in the basic sciences of orthodox medicine...It is well known that it is impossible to 'fool all the people, all the time' and there is not doubt that a significant proportion of those who go to chiropractors for treatment, receive benefit. The fact that their theories are unacceptable must not be allowed to blind the profession to this. It should, rather, be regarded as a challenge to the profession to develop adequate theories that will explain this success...The very success of the osteopaths and the chiropractors should be a stimulus to the orthodox medical profession to undertake an unbiased assessment of their ideas, methods and claims by those competent to do so. In this way alone can their merits be assessed and their good points incorporated in the teaching of medicine as a whole. So far most of such investigations have been conducted in a thoroughly unscientific manner and started with a strong bias against the subject under investigation...But the present position is that many of the public can obtain relief from unorthodox practitioners of

> **...there is no doubt that a significant proportion of those who go to chiropractors for treatment, receive benefit.**

manipulative therapy when they do not get the same relief from the orthodox profession."J.F. Bourdillon (FRCS,(C), Spinal Manipulation , 1970,pp. 5-6-8-9.

"Initial treating physician was the first reported physician to have seen the claimant following the injury. The categories used were non-M.D. (all non-M.D.s were chiropractors): M.D., surgical specialists; and M.D. non-surgical specialists; There was no significant differences in outcome between the cases initially treated by M.D.s who were surgical specialists and by those who were not. However, the cases where the injured elected chiropractic care were found to cluster below median costs.", Stephen S. Leavitt, M.D., The Process of Recovery: Patterns in Industrial Back Injury, Industrial Medicine, Vol. 40 No. 1, Dec. 1971, p8.

"There are thus significant numbers of patients who go to chiropractors and who believe they derive benefit from them...During the course of our hearings we were assured by several physicians that certain conditions respond favorably

> **...cases where patients elected chiropractic treatment, costs were less than on average than those treated by M.D.s.**

to manipulative therapy. Knowledgeable medical specialists have asserted that manipulation is beneficial to some patients suffering from specific ailments. The committee has heard no conclusive evidence of significant harm...resulting from chiropractic treatment...The position taken on this subject by medical spokesmen is therefore unacceptable to the committee, especially when we take into consideration the fact that organized medicine has neither done much to examine the utility of manipulation in a scientific way nor brought forward real evidence of harm done by chiropractors.", Report of the Committee on the Healing Arts, Ontario, Canada (1970), Chapter 21, 'chiropractor', especially pp 463, 469.

"If there was one thing that the AMA and I used to agree on was that chiropractors were quacks. Then some things happened that made me pause...Certainly some chiropractors are quacks. They are not unique. Who gives intravenous salicylate and stool vaccines and weekly B12 shots? And I haven't heard of any of them who specialize in obesity. To attack chiropractic on this ground is to set up a straw man and ignore what is happening...And yet the people continue to go and chiropractors flourish. Why. A thoughtful labor leader pointed out to me that most people don't go to them when they think they are sick, but they know that chiropractors help their backaches and muscle pains...They offer some things where we fail...We are presently engaged in a nation-wide scurry for Physicians Assistants who we are told, can handle routine complaints as well as the doctor. Suppose we found someone who could do certain things better ? ". L.A. Healy, .D., Editor's Page, Medical Society, (Washington State), January 1972,p5.

> **Patients want results- not theory.**

"Yet some of our patients insist that chiropractors are bringing dramatic relief where we M.D.s with our orthodox medical treatment have failed. I suggest that we should take a closer look at what these cultists are doing, and incorporate into our own therapeutic arsenal those techniques that are working for them...The average patient isn't concerned with theory, he wants results. If we can't make his aching back stop hurting, and the chiropractor can, the unsophisticated patient may conclude that the chiropractor is better for everything that ails him...I've learned to perform manipulative procedures myself..Maybe this is 'chiropractic', I don't know. At any rate, it works - and does my patients no harm..." E.W. Forman, M.D., Face It: We Can Learn From Chiropractors, Medical Economics, March 5,1973 p186 et seg.

"We recently surveyed office-based M.D.s across the country. More than 1,000 of them replied to questions about their referral relationships with D.C.s. More than one-fifth stated they do receive referrals from chiropractors..More suprising is the number of M.D.s who refer to chiropractors. Almost 5% of the responding M.D.s indicated they do so, having made a median number of two such referrals last year...Says a general surgeon,"Chiropractors have a limited but never-the-less worthwhile role to play in health care. Referral works both ways: I help their patients, and they can help mine...", Look Who's Referring to Chiropractors!, Medical Economics, April 28,1975 p75.

> **I help their patients, they help mine**

Consumers Guide To Social Security Shows How To

WORK THE SOCIAL SECURITY GOLD MINE ....NO MATTER WHAT YOUR AGE IS NOW

Would you like to know exactly how much money you have poured into Social Security payments? And would you like to know how soon you can start to collect cash benefits, including the 1976 Social Security laws?

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- What to do if you have lost your Social Security card.
- How to increase your benefits if you are already collecting Social Security.
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- How to get Social Security benefits for students between the ages of 18 and 22.
- How to collect Social Security payments in one lump sum.
- What papers you must produce to file a Social Security claim.
- How to get Social Security benefits even if you've never contributed a penny into it.
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- How to get a refund if too much Social Security tax has been withheld from your salary (two out of three people are eligible for refunds).
- How to get health insurance for the elderly members of your family.
- What the new Social Security laws just passed mean to you in cash benefits.
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REQUEST FOR STATEMENT OF EARNINGS

Social Security #

Birth Date

Month	Day	Year

Please send a statement of my Social Security earnings to:

Print Name and Address in Ink or Use Typewriter

Miss
Mrs. _____
Mr.
Street & Number _____

City, State, Zip _____
Sign your name here
Do not print _____

Sign your name only. Under the law, information in your Social Security record is confidential and anyone who signs another person's name can be prosecuted

If you have changed your name from that shown on your Social Security card, please copy your name exactly as it appears on your card.

Consumers Bulletin
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Please send to my address below
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Name _____

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AMERICAN MEDICAL ASSOCATION
DOCTORS OF DECEIT

When the United States Supreme Court recently ruled that the University of California, Davis, Medical School would have to admit Allan Bakke, a white male who had been denied admission because the school had slated 16 of the first 100 seats for minority students, the racial issues were so prominent that another central issue was overlooked.

The medical schools, under pressure from the American Medical Association (AMA) have been practicing "professional birth control" on the would-be doctor population for years.

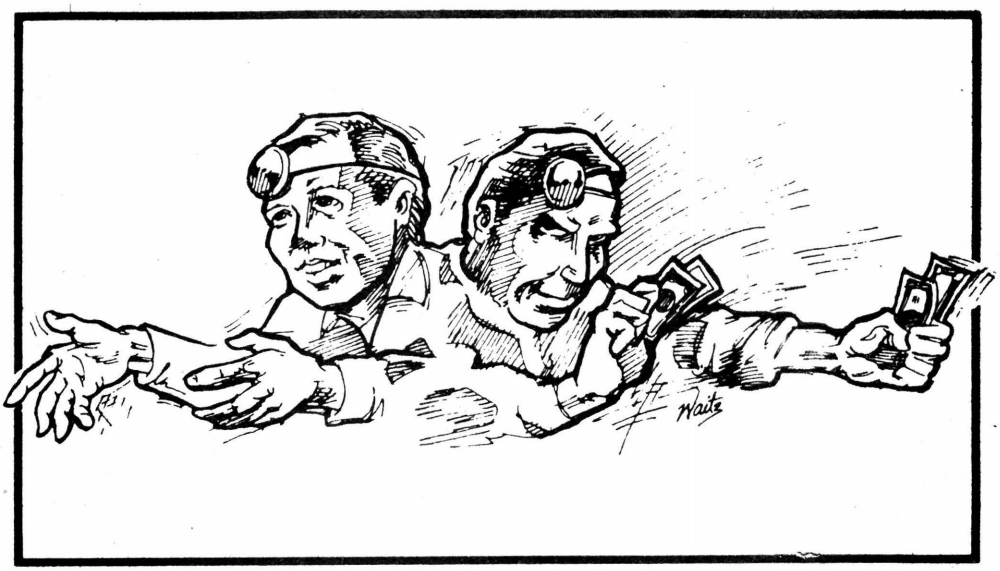
Each year, hundreds of qualified applicants are turned away from the doors of our medical schools. There are just not enough facilities to train all those who wish to go into the field of medicine. And worse, there are not enough facilities to train the number of doctors that the country needs.

While it would be easy to become embroiled in the various complexities of medical economics, the simplicity of it is that when the demand is there and the desire to fill the demand is there, a doctor shortage is not something that "just happened"

Just *how* it happened goes a long way toward explaining the current health care crisis of skyrocketing costs and declining service that is facing the nation.

According to a report released earlier this year by President Carter's *Council on Wage and Price Stability,*
"There is considerable evidence that for much of this century organized medicine has successfully restricted entry into the medical profession, primarily through its control of state licensing processes and the system of medical education."

The restriction has, in fact, been so great that the number of students in medical schools per capita in the United States was less in 1976 than it was in 1904. Despite a steadily increasng number of people wanting to become doctors, there are still parts of the United States that have less than 50 doctors per 100,000 population.



To understand how this situation came about we must take a look at some of the early history of medicine in America.

In the last century, the practice of medicine left much to be desired. Medical degrees could sometimes be purchased through the mails, and others could be obtained with only rudimentary training at inadequate and understaffed medical schools. The profession was suffering from a bad public image and reform was needed.

Near the turn of the century, the AMA, which had been struggling for a place in the world since its founding in 1847, decided that it would be advantageous to move in and clean house. In 1904 it created a Council on Medical Education for the purpose of surveying the status of medical training and making recommendations for its improvement.

Nearing the end of their investigation they decided, however, that the recommendations that were going to be proposed would carry more weight, and be viewed with less suspicion if their own degree of input into the study were not known.

In 1908 a bargain was struck with the Carnegie Foundation, to complete the study and publish it under the authorship of Abraham Flexner. The attempt to obscure the part played by the AMA in the report is recorded in the Council on Medical Education's minutes for December 1908.

"He (Carnegie Foundation President Henry Pritchett) agreed with the opinion previously expressed by the members of the Council that, while the Foundation would be guided very largely by the Council's investigation, to avoid the usual claims of partiality no more mention should be made in the report of the Council than any other source of information. The report would therefore be, and have the weight of, a disinterested body which would then be published far and wide. It would do much to develop public opinion."

As predicted, when it was finally released in 1910, the Flexner report did a great deal.

The implementation of its recommendation by various government bodies had a profound effect on medical education. As a result of The Flexner Report the AMA captured the prerogative to authorize and accredit U.S. medical schools. Since 1942, the AMA has exercised this prerogative through its heavy domination of the Liaison Committee on Medical Education.

By giving the AMA the power to accredit medical schools, the reins of medical power were firmly placed in the hands of the AMA, and the joy ride that followed gave us the physician shortage, skyrocketing prices, declining health care quality and the malpractice crisis.

In "The AMA and the Supply of Physicians," Reuben Kessel notes, "Organized medicine- again the AMA- using powers delegated by state governments, reduced the output of doctors by making the graduates of some medical schools ineligible to be examined for licensure and by reducing the output of schools that continued to produce eligible graduates."

Under the impact of these restrictions, between 1904 and 1915 the medical student population was cut almost in half.

While in the beginning the motivating factor for the AMA may have been a concern for the quality of medical care, other considerations soon took over. The President's Commission report notes, in a masterpiece of bureaucratic understatement, that by 1930 there is evidence that the AMA, "sought to limit the supply of new physicians to prevent the erosion of income levels." More harshly put, the desire for an adequate physician supply had been superceded by a desire for financial gain for those already in the profession.

By 1934, the AMA was making veiled threats to cancel the accreditation of medical schools that increased the size of their classes. The medical schools took heed, and again the number of students declined.

For the next three decades, the AMA continued to fight any expansion of the medical school population. During these years the AMA argued in statements by its presidents and in numerous editorials, that there was no doctor shortage, and lobbied against federal supports for medical education.

By the 1960's, in the face of studies contradicting that position, the AMA began to modify its position, but by then 50 years of suppression of the doctor supply had already taken its toll.

While the doctor supply has increased somewhat since 1960, it is due more to the immigration of foreign doctors into the United States than it is to any reversal in the policies of the AMA.

According to a U.S. Department of Health, Education and Welfare Study, by 1971 one-half of the new doctors entering practice in the United States were foreign trained, and one-fifth of the total number of practicing physicians received their primary medical education in a foreign medical school. In hospitals, where Americans are likely to go for their most serious medical problems, foreign trained doctors now make up one-third of the medical staffs.

While AMA suppression has given us the doctor shortage, it has seriously limited the variety of health care services that might be available to Americans, as well.

In some cases the suppression has been so great that entire health care professions were virtually wiped out, and are now scarely remembered. Two examples are homeopathy and natureopathy.

Homeopathy was a system of medical treatment based on the use of minute quantities of natural substances that in massive doses produced effects similar to those of the symptoms being treated. It was contrasted to allopathy, the more dominant medical view, which provided therapy with remedies that produced effects differing from those of the symptoms, being treated.

Homeopathy is in little use today, but was once America's leading alternative medical system. The American Institute of Homeopathy was founded in 1844, and was America's first national medical organization. During the late 1800's many allopathic physicians began converting to homeopathic practice.

It was as much to fight this phenomenon as it was to clean up the medical schools, that the AMA was founded in 1846.

The AMA at once adopted a Code of Ethics denouncing Homeopathy and calling for the expulsion of all homeopaths from medical societies. In Connecticut, a physician was expelled from the allopathic medical society for consulting with a homeopath-his wife.

By the 1890's, many homeopathic remedies were being adopted by other members of the medical professions. During these years, the AMA joined forces with the budding allopathic-oriented pharmaceutical industry to fight the homeopaths, but the real coup-de-grace was delivered when the AMA-instigated Flexner report came out, opposing a separate system of homeopathic medical education. Homeopathic schools closed en masse and the profession ceased to be a force in American medicine.

Natureopathy, the branch of the healing arts which deals with natural methods and treatment of the "whole person," fared little better, and even now orthodox medicine maintains a strong resistence to vitamin and mega-vitamin therapy, and the healing through proper diet theories of the health food movement.

But perhaps the most flagrant attempts to limit the size and varity of the health care delivery system have occurred in the last several decades, with the AMA's intelligence war on Chiropratic.

The campaign was carried out by the AMA's Department of Investigation, and it's venal propaganda arm, the Committee on Quackery.

A January 4, 1971 internal AMA memorandum described the campaign:

"Since the AMA Board of Trustees' decision, at its meeting of November 2-3, 1963, to establish a Committee on Quackery, your Committee has considered its prime mission to be, first the containment of Chiropratic and, ultimately, the elimination of Chiropractic."

While the campaign was multifaceted, including attempts to lobby Congress to exclude Chiropractic from health care programs, and support for "independent" authors writing anti-Chiropractic studies and articles, one of the major thrust of the campaign was aimed directly at Chiropractic licensure itself.

An AMA memorandum of September 25, 1967 states it quite clearly.

"The Committee still adheres to the basic policy that Chiropractic licensure should be made so difficult that eventually more Chiropractors are dying than new Chiropractor licenses are granted. This would create the situation of a profession withering on the vine and dying an eventual death."

This massive attack on Chiropractic is even more incredible when one notes that it was not in response to any public outcry against Chiropractic and in fact went in opposition to patient praise for Chiropractic.

Still not content with the immense power it was able to wield in the field of medical politics, the AMA attempted to "stack" federal Health Advisory Boards as well.

According to documents "leaked" to the media in 1975, the AMA maintained a doctor roster, and paid $40,000 dollars to a consultant firm to help them implement an elaborate referral system to guarantee that recommendations for more than 315 federal government health posts would go only to physicians that were in the "mainstream" of medical thought and politically acceptable to the AMA's hierarchy. The existence of the project was kept a secret from the AMA's own membership

Since its beginnings 130 years ago the AMA has justified its activities by the necessity to ensure quality health care.

How well has it done that job?

If quality health care can be defined as looking after the life processes of an organism (human body) to see that it remains free of disease, then the AMA's record has been far from spectacular.

When compared with the other western industrial nations, America's health care picture is not good; 15 nations have a longer life expectancy for men; 11 have a long life expectancy for women; and 14 have a lower rate of infant mortality.

In the area of medical diagnosis the picture is perhaps even worse. A 1967 paper by U.S. Public Health Service Consultant Barkev S. Sanders, PhD, which examined the results of many other studies, showed that a patient going to a doctor with some physical ailment has only one chance in five of being diagnosed properly. The studies cited by Sanders revealed that unknown disease is rampant, despite the fact that Americans make an average of five visits a year to the doctor, and within a recent two year period, only 19 percent of the population did not see a doctor. Dr. Sanders found that, "only 40% of all human ailments are found and labelled by doctors, and 60% are missed. Of those that are ostensibly found, half are diagnosed in error."

This massive attack on Chiropractic is even more incredible when one notes that it was not in response to any public outcry against Chiropractic and in fact went in opposition to patient praise for Chiropractic.

The National Federation of State Medical Boards has estimated in 1976 that 16,000 doctors, or five percent of the nation's total, are unfit to practice medicine, even though they will treat an estimated 7.5 million patients a year and may account for tens of thousands of needless injuries and deaths.

In 1976, the House Oversight and Investigations Subcommittee released a report saying approximately 2.4 million unnecessary surgeries were performed in the U.S. in 1974 alone. The subcommittee estimated that this cost 11,900 deaths that year. This year new investigations by the subcommittee found the deplorable situation virtually unchanged.

If the AMA's control has not really produced quality health care, what has it produced?

There are few who would disagree that the answer is one of the most costly health care delivery systems in the Western world.

Although all costs have been going up, hospital costs have risen at least 100 percent, and doctor's fees 50 percent faster than the cost of living. Some experts even predict that the cost of a hospital room-now approaching $200 a day in major cities--will soar to $400-600 by the end of the decade.

There are signs that the AMA's stranglehold on America's health care may be coming to an end. In 1976, the Federal Trade Commission launched a confidential probe "to determine whether the AMA may have illegally restrained the supply of physicians and health care services" by their domination of the health care business. And in 1978, the President's Council on Wage and Price Stability noted that within the past year both the Federal Trade Commission and the Office of Education of the Department of Health Education and Welfare have begun, "a critical examination of the propriety and desirability of allowing the AMA substantially to control the medical education process and the supply of new physicians."

A group of chiropractors have filed a multi-million dollar suit against the AMA, charging them with anti-trust violations in attempting to wipe out the Chiropractic profession.

Membership in the AMA has been dropping and at the beginning of the 1970's the AMA, for the first time in decades, represented less than half of the nation's doctors. The AMA has been in financial difficulty too, in recent years, and in 1974 had to borrow $3 million dollars to meet its payroll.

What the immediate effect of all this will be on the AMA is not certain.

But there are few who would disagree that at the house of medicine, it is long past time for a changing of the guard.

The Medical Society

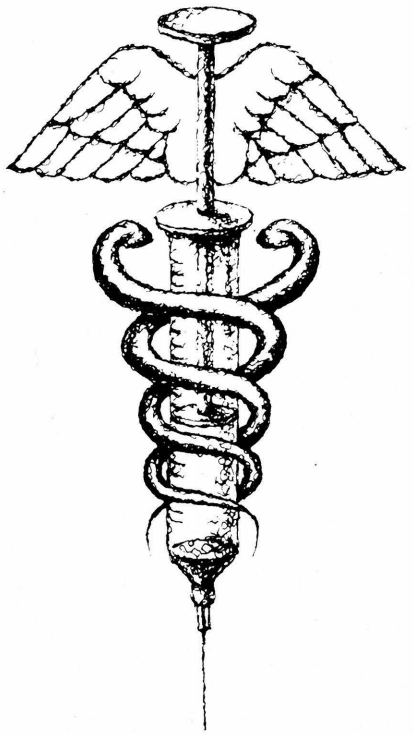
By Ivan Illich

Illich, a Catholic priest turned social critic, is the author of "Deschooling Society" and other books. This is an excerpt from his latest book, "Medical Nemesis," published by Pantheon Books, a division of Random House.

In the United States, 20,000 tons of aspirin are consumed per year, almost 225 tablets per person. In England, every tenth night of sleep is induced by a hypnotic drug and 19 per cent of women and 9 per cent of men take a prescribed tranquilizer during any one year. In the United States, central nervous system agents are the fastest-growing sector of the pharmaceutical market, now making up 31 per cent of total sales. Dependence on prescribed tranquilizers has risen by 290 per cent since 1962, a period during which the per capita consumption of liquor rose by only 23 per cent and the estimated consumption of illegal opiates by about 50 per cent. A significant quantity of "uppers" and "downers" is obtained in all countries by circumventing the doctor. Medicalized addiction has outgrown all self-chosen or more festive forms of creating well-being.

It has become fashionable to blame multinational pharmaceutical firms for the increase in medically prescribed drug abuse. Surprisingly, however, the per capita use of medically prescribed drugs around the world seems to have little to do with commercial promotions; it correlates mostly with the number of doctors, even in socialist countries where the education of physicians is not influenced by drug industry publicity and where corporate drug-pushing is limited. Over-all drug consumption in industrial societies is not fundamentally affected by the proportion of items sold by prescription, over the counter, or illegally, and it is not affected by whether the purchase is paid for out of pocket, through prepaid insurance, or through welfare funds. In all countries, doctors work increasingly with two groups of addicts: those for whom they prescribe drugs, and those who suffer from their consequences. The richer the community, the larger the percentage of patients who belong to both.

In all countries doctors work increasingly with two groups of addicts; those for whom they prescribe drugs, and those who suffer from their consequences.



Medicalized addiction has outgrown all self-chosen or more festive forms of creating well being.

To blame the drug industry for prescribed-drug addiction is therefore as irrelevant as blaming the Mafia for the use of illicit drugs. The current pattern of overconsumption of drugs — be they effective remedy or anodyne; prescription item or part of everyday diet; free, for sale or stolen — can be explained only as the result of a belief that so far has developed in every culture where the market for consumer goods has reached a critical volume. In any society oriented towards open-ended enrichment, people come to believe that in health care, as in all other fields of endeavor, technology can be used to change the human condition according to almost any design. Penicillin and DDT, consequently, are viewed as the hors d'oeuvres preceding an era of free lunches. The sickness resulting from each successive course of miracle foods is dealt with by serving still another course of drugs. Thus overconsumption reflects a socially sanctioned, sentimental hankering for yesterday's progress.

The age of new drugs began with aspirin in 1899. Before that time, the doctor himself was without dispute the most important therapeutic agent. Besides opium, the only substances of wide application which would have passed tests for safety and effectiveness were smallpox vaccine, quinine for malaria, and ipecac for dysentery. After 1899 the flood of new drugs continued to rise for half a century. Few of these turned out to be safer, more effective and cheaper than well-known and long-tested therapeutic standbys, whose numbers grew at a much slower rate. In 1962, when the U.S. Food and Drug Administration began to examine the 4,300 prescription drugs that had appeared since World War II, only 2 out of 5 were found effective. Many of the new drugs were dangerous, and among those that met FDA standards, few were demonstrably better than those they were meant to replace.

Opinions vary about the actual number of useful drugs: Some experi-

Some experienced clinicians believe that less than two dozen basic drugs are all that will ever be desirable for 99% of the population.

enced clinicians believe that less than two dozen basic drugs are all that will ever be desirable for 99 per cent of the total population; others, that up to four dozen items are optimal for 98 per cent.

The age of great discoveries in pharmacology lies behind us. According to the present director of FDA, the drug age began to decline in 1956. Genuinely new drugs have appeared in decreasing numbers. There is not much territory left to explore.

The fallacy that society is caught forever in the drug age is one of the dogmas with which medical policymaking has been encumbered: it fits industrialized man. He has learned to try to *purchase* whatever he fancies. He gets nowhere without transportation or education; his environment has made it impossible for him to walk, to learn and to feel in control of his body. To take a drug, no matter which and for what reason, is a last chance to assert control over himself, to interfere on his own with

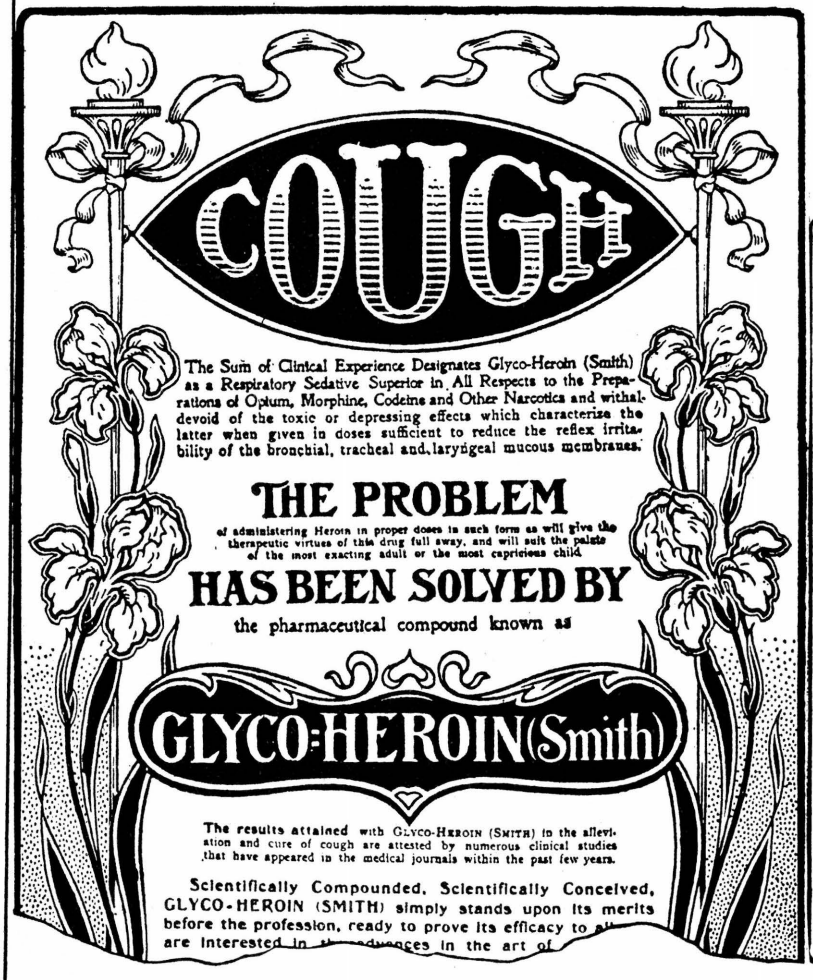
The fallacy that society is caught forever in the drug age is one of the dogmas with which medical policymakering has been encumbered.

his body rather than let others interfere. The pharmaceutical invasion leads him to medication, by himself or by others, that reduces his ability to cope with a body for which he can still care.

WHEN HEROIN WAS PEDDLED RETAIL. . . LEGALLY

HAVE A COUGH ?

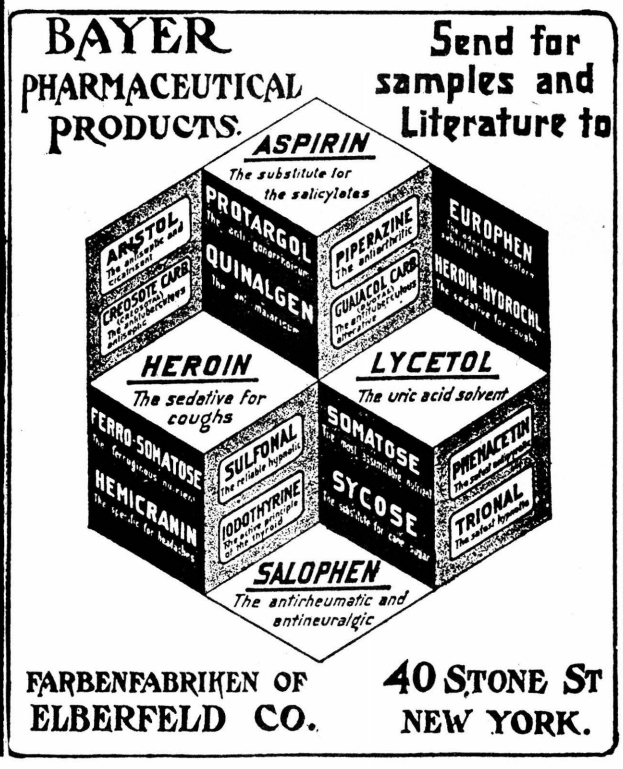
TRY HEROIN



This was the advice given by medical doctors at the turn of the century.

Heroin was developed by the BAYER PHARMACEUTICAL organization and marketed as a cough suppressant shortly before they developed ASPIRIN (about 1898). Both ASPIRIN and HEROIN were trade names belonging to BAYER. The HEROIN ad on this page was reproduced from the 1900 issue of MEDICAL MIRROR, the GLYCO-HEROIN ad from THE MEDICAL EXAMINER AND PRACTITIONER, October 1903.

In the interim, distribution of this drug was taken over by the underworld. Now we are coming full circle with the effort to switch addicts to METHADONE, a product of American industry.



Thousands A Year Killed By Faulty Prescriptions

Boyce Rensberger

Every year perhaps 30,000 Americans accept the drugs their doctors prescribe for them and die as a result. Perhaps 10 times as many patients suffer life-threatening and sometimes permanent side effects, such as kidney failure, mental depression, internal bleeding and loss of hearing or vision.

These figures are among the more conservative to be found in studies of the prescription drug problem by the medical profession itself. Although most medical authorities agree that some of these deaths and near-deaths could have been prevented if the doctors involved had exercised better judgment in prescribing drugs for their patients, no one knows how many.

"That a problem of preventable adverse drug reactions exists cannot be denied," says Dr. John C. Ballin, director of the American Medical Association's Department of Drugs. "The literature abounds with references to the prescription of the wrong drug or dose, to unforseen drug reactions, or simply to the administration of a drug when none was indicated."

"You have to realize," adds a New York doctor who requested anonymity, "that the whole idea of studying adverse reactions as a general problem of medicine rather than as a feature of an isolated case is pretty new."

Traditionally the nature and success of a given medical therapy has been a matter confined to the individual doctor-patient relationship. Now, with growing consumerism and Federal involvement in health care, deficiencies in medical practice are coming to be studied by the medical profession as a national problem.

Dr. Sidney Wolfe of the Health Research Group, a consumer advocacy organization affiliated with Ralph Nader, estimates, on the basis of published data, that in 22 percent of cases, antibiotics prescribed in hospitals are unnecessary. Given the annual rate at which potentially fatal reactions occur with such drugs, he has calculated that more than 10,000 patients would have been spared an ordeal if the drugs were not given when not needed.

An international study, which found that American doctors write twice as many prescriptions per patient as Scottish doctors do, also found that the rate of side effects was twice as high in the United States. Because the standard health figures show the Scots to be at least as healthy as Americans, the director of the study has asked whether half the drugs prescribed by American doctors might be unnecessary.

300,000 Are Hospitalized

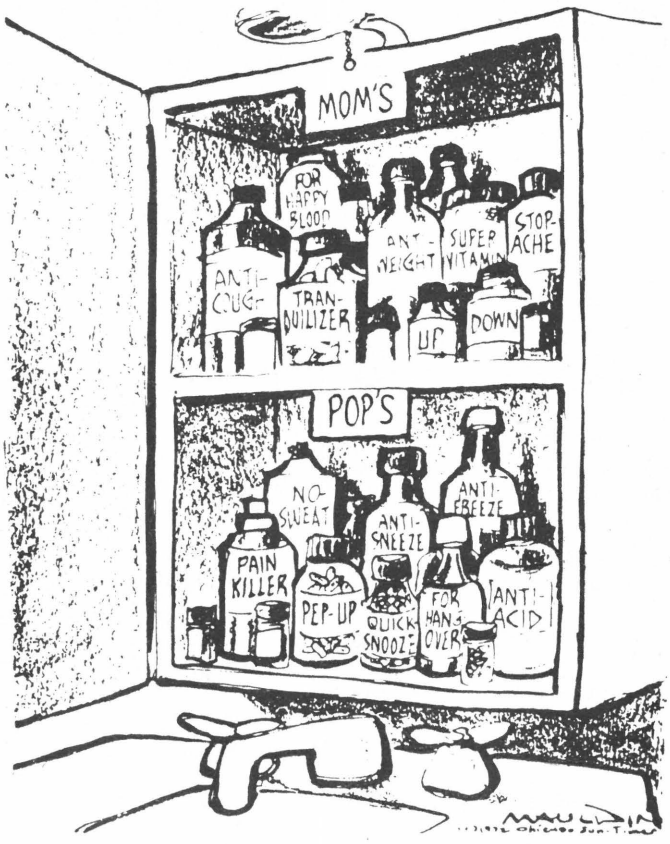
The international study, called the Boston Collaborative Drug Surveillance Program is directed by Dr. Herschel Jick of the Boston University Medical Center. Dr. Jick has estimated that about 300,000 people are hospitalized in the United States annually because of a drug reaction, making this one of the 10 leading causes of hospitalization.

Dr. Jick's study found that for every 18 prescriptions written in a hospital, one adverse reaction occurs. Ten percent of the reactions are major and 1.2 percent are fatal.

Part of the adverse drug reaction problem can be traced to the bewildering variety of drugs available to doctors. About 1,200 different drugs are on the market, many more than any doctor can possible know well. No drug is completely safe; all have potential side effects, some minor and some major. Each drug is intended for a specific use and many are not supposed to be given except under very carefully controlled conditions.

Yet any licensed doctor is free to use any drug in any way he cares to, regardless of how well or how long ago he has been trained or how diligently or poorly he keeps his knowledge up to date.

In the vast majority of cases, patients are helped by the drugs prescribed for them. Prescription drugs are undeniably responsible for many millions of lives saved, pains relieved and miseries banished. But experts contend that in a small and possibly growing share of cases, something goes wrong.



Boyce Rensberger and Jane E. Brody are journalists with The New York Times in which this was originally published.

161,000 times a year physicians choose one of the most dangerous antibiotics known when a safer drug is available or no drug at all should be used.

Not long ago, for example, a 50-year-old New York woman went to her doctor, complaining of a sore throat. He gave her an injection of penicillin and within minutes she lay dead in his office, the victim of penicillin sensitivity that triggers a shutdown of breathing and circulation.

The city's Medical Examiner's Office found that the doctor had failed to make a standard test for such sensitivity, which afflicts one in every hundred persons. The doctor had not even asked whether she had a history of sensitivity.

Warning Not Heeded

In another case, a 48-year-old New Jersey man was hospitalized by his doctor because of a kidney infection. The doctor chose to combat the infection with neomycin despite the manufacturer's warning that the antibiotic was to be avoided in kidney disease cases.

If neomycin builds up to high levels in the blood, it can permanently damage hearing nerves. Because the kidneys are needed to remove foreign chemicals from the blood, any disease reducing their efficiency could allow a dangerous buildup of neomycin.

The New Jersey doctor did not know this, and his patient gradually lost his hearing and became totally deaf. His condition is permanent.

"Although the occasional horror story becomes known through a sensational malpractice trial, there are literally thousands of others that the public doesn't hear about," said a New York doctor who sought anonymity. "Some adverse reactions send people into the hospital and they're treated as medical problems like any other. But a lot of them never go beyond the private physician's office.

"Look," the doctor continued, "some of these guys who practice all by themselves don't keep up with the scientific literature and don't even recognize an adverse reaction. They treat it just like another symptom and prescribe another drug for it."

Efforts to determine the total number of deaths caused by adverse reactions have been few. One of the most widely cited studies was made in 1971 by Dr. Samuel Shapiro and his associates at the Lemuel Shattuck Hospital and the Tufts University Medical School, both in Boston.

Dr. Shapiro studied 6,199 consecutive drug cases in several hospitals and found 27 fatal reactions, 22 of which killed patients not already terminally ill.

Dr. Wolfe has projected this rate to the 10 million patients admitted to hospital medical wards and calculated that about 30,000 hospital patients are killed annually by prescribed drugs. No one knows how many patients die from prescription drugs taken outside hospitals.

Antibiotics Misused

Other studies have suggested there may be as many as 160,000 deaths due to drug reactions. Such studies are hotly disputed by the drug industry, which generally contends that many of the deaths were among patients already seriously ill or that national projections are invalid, or both.

The single most widely prescribed class of drugs and the one that causes the major share of adverse reactions is antibiotics. The American Medical Association's Department of Drugs concluded that "this group of agents may be the most improperly used class of drugs in all medicine."

From 1967 to 1971 the population in the United States grew by about 5 percent. Over the same interval the number of antibiotic prescriptions filled in drugstores grew six times faster, according to drug-industry marketing surveys. In 1967 Americans were put on antibiotics once every two years, on the average. By 1971 the rate had climbed to nearly once a year. By 1972 antibiotic factories were turning out eight billion doses a year, of which two billion were exported.

Experts on infectious diseases say there has been no appreciable change during the same period in the incidences of diseases warranting antibiotic therapy or in the types of antibiotics available. This rate, they say, suggests the average adult has a bacterial infection requiring antibiotics only once every five years.

Increase in Prescriptions

The rise in antibiotic prescribing is often attributed by practioners to growing patient demand. Whenever a patient goes to a doctor with an infection, they say, the patient expects and sometimes demands an antibiotic. Many private practitioners have remarked that it is easier to accede to such demands and keep patients satisfied that to withhold the drug and risk alienating them.

"The gap between the actual antibiotic prescribing practices and the ideal practices recommended by infectious-disease specialists appears to be widening," said Dr. Henry E. Simmons, then United States deputy assistant secretary for health and Dr. Paul D. Stolley of the Johns Hopkins School of Hygiene and Health in a 1974 article in the Journal of the American Medical Association.

One suggestion that doctors may not know as much as they should about antibiotics is the generally poor showing of physicians participating in the National Antibiotic Therapy Test, a volunteer exercise devised by the private Network for Continuing Medical Education. Of the first 4,513 doctors to take the 50-question, multiple choice test, half scored 68 percent or worse.

Dr. Harold C. Neu, head of the division of infectious diseases at Columbia University's medical school, who devised the test, said the results "brought home to me that many physicians are not as conversant with antibiotics as they ought to be."

Superinfection a Hazard

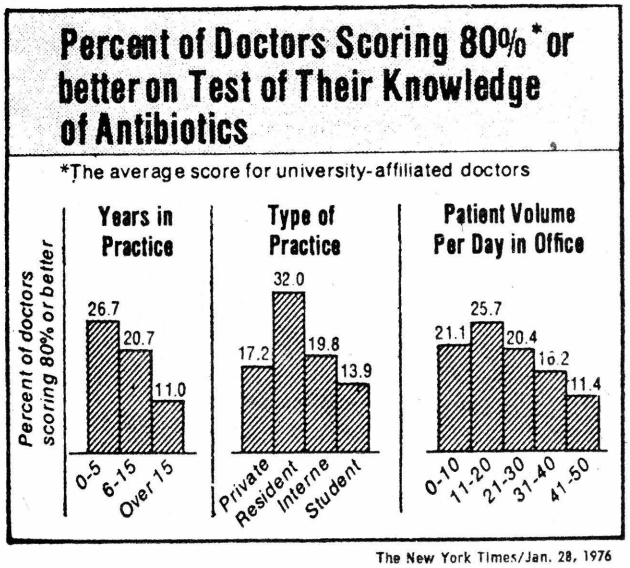
The test was designed to be difficult enough to challenge the best doctors. Thus, even university-affiliated physicians, who are presumed to be the most up-to-date practitioners, averaged only 80 percent correct. Of the private practitioners, the family doctors for most Americans, only 17.2 percent scored 80 percent or better.

Superinfection occurs when patients are given broad spectrum antibiotics that kill a wide range of organisms. Dr. McCabe estimates 100,000 deaths per year due to superinfection.

In addition to adverse reactions, one of the most feared hazards of antobiotic therapy is superinfection. The effect of combating an infection can be to encourage a worse infection by a microorganism resistant to the antibiotic. Superinfections, once started, are fatal in 30 to 50 percent of cases.

Ordinarily, many species of bacteria live in the human gut and various part of the body. Some can be harmful, but because they compete and keep one another in low numbers, none becomes a threat to health. When a broad-spectrum antibiotic is given for some infection, it may kill not only the target bacteria, but also many others in the body's normal flora, leaving one or two resistant species to proliferate without competition.

Thus, a bacterial species may suddenly explode in numbers and toxicity, overwhelming the body. Experts agree that some risk of superinfection occurs every time any patient is put on broad-spectrum antibiotics, those capable of killing a wide range of organisms.



The New York Times/Jan. 28, 1976

The doctors who are most up-to-date on how to prescribe antibiotics are those most recently graduated from medical school and those who see only a modest number of patients a day, according to a study of 4,513 doctors. The study, a 50-question test, was given by the Network for Continuing Medical Education. Results were in the New England Journal of Medicine.

Upsurge in Patients

In recent years doctors have noticed an upsurge in the number of patients developing infections from the body's normal bacteria, known as Gram negative, and some have linked this rise to the growing use of antibiotics. Other doctors contend, however, that the rise in Gram negative infections is due to the larger proportions of elderly and severely debilitated patients in hospitals today.

Dr. William R. McCabe, an infectious-disease expert at the Boston University medical school, reported in the New England Journal of Medicine, that the incidence of such infections may now be as high as 1 percent of all patients admitted to hospitals. Thus, given the 30-million annual hospital admissions, there may be as many as 300,000 cases of superinfection. If a third are fatal, Dr. McCabe said, superinfection alone may account each year for 100,000 deaths.

"We are dealing not only with a scattering of local institutional problems, but with a full-blown national epidemic," said an editorial in the Journal of Infectious Diseases, which independently calculated "a minimum of some 50,000 deaths" related to superinfection.

Various medical experts have estimated that between one-fifth and one-half the antibiotics given are not really necessary and that, therefore, the same proportion of deaths due to Gram-negative superinfection could have been prevented by more intelligent prescribing of antibiotics.

Antibiotics also account for another potential hazard—an adverse reaction to the drug itself. One study conducted at the University of Florida of 7,765 hospitalized patients found that 341 suffered adverse side effects of the drugs they had received. Most victims recovered soon, but 48 patients died or almost died. If the same proportion holds nationally, then 55,000 people a year die or almost die from antibiotic reaction.

Because most of those people needed an antibiotic in the first place, the risk of an adverse reaction had to be taken. But if 20 percent of the antibiotics given in hospitals are unnecessary, as experts such as Dr. Wolfe of the Health Research Group estimate, then perhaps 20 percent of those potentially fatal reactions need never have happened.

"Prudent, non-use of antibiotics could have prevented over 10,000 life-threatening adverse drug reactions," Dr. Wolfe told a 1974 Congressional hearing on overprescribed drugs.

One of the most controversial uses of antibiotics is in treating viral infections because with rare exceptions, known antibiotics do not affect viruses.

In 1973 for example, about 7.5 million Americans suffering from runny noses and coughs went to their doctors and were diagnosed as suffering nothing more than the common cold. About 95 percent came away with a prescription, more than half for antibiotics that cannot kill cold viruses. Some of the antibiotics were among the more hazardous available.

These figures are from confidential market-research studies conducted for the drug industry by International Marketing Services in Ambler, Pa. The numbers are projected from a sample of about 10,000 doctors who are paid to report all their diagnoses and drug prescriptions. Annual compilations of the statistics are printed and sold chiefly to drug manufacturers. The New York Times has obtained copies of the statistics pertaining to certain diseases and drugs.

Drug-industry figures show about 277,000 patients were given the closely related and potent antibiotics Linocin and Cleocin, both of which are known to have a high rate (up to 33 percent) of harmful side effects such as colitis, an intestinal

Dr. Wolfe has projected that 30,000 hospital patients are killed annually by prescribed drugs. No one knows how many are killed by prescriptions outside hospitals.

ailment that can be fatal. The drugs are intended for serious "strep" and "staph" bacteria that are resistant to safer antibiotics.

Perhaps the antibiotic best known for causing serious side effects is chloramphenicol, commonly prescribed for typhoid, Rocky Mountain spotted fever and other uncommon infections. A potential side effect of the antibiotic, however, is a fatal anemia.

Chloramphenicol's lethal properties have been well known and publicized for over a decade. Yet Dr. Wolfe estimates from the drug-industry surveys that one in every four prescriptions for the drug are for diseases in which it is known to be useless or for which there are safer alternatives.

For example, if the drug industry's own figures are correct, doctors prescribed chloramphenicol for the common cold 12,000 times in 1972. Another 24,000 prescriptions of the drug were written for "acute upper respiratory infections," which, like colds, are almost invariably viral. In all, 161,000 prescriptions for chloramphenicol were written for, in Dr. Wolf's words, "diseases for which no competent physician could reasonably argue chloramphenicol is indicated."

Although some physicians argue that no antibiotics should ever be given for a common cold, others maintain that if a "cold" is bad enough to send a person to a doctor, more serious bacterial complications may well have set in. In such cases, antibiotics could be useful.

In any event, the appropriate antibiotic, most experts would agree, would be something other than chloramphenicol. Similar reasoning applies to several other diseases for which the drug was used. Yet 161,000 times a year physicians apparently choose of the most dangerous antibiotics known when a safer drug was available or no drug at all should have been used.

Parke, Davis and Company, the drug's developer and largest supplier, has long recognized chloramphenicol's hazards and now routinely includes in its labeling, the warning, "Chloramphenicol must not be used when less potentially dangerous agents will be effective. It must not be used in the treatment of trival infections or where it is not indicated, as in colds, influenza, infections of the throat, or as a prophylactic agent to prevent bacterial infections."

Because doctors are legally free to prescribe drugs as they see fit, such warnings are only advisory.

While the vast majority of ailments treated by doctors receive appropriate medication, if any is necessary, at least one ailment may be receiving the wrong medication in the vast majority of cases.

Of the 2.4 million women who went to their doctors for nausea and vomiting due to pregnancy, 98 percent, according to the drug-industry survey, were put on a drug. Of these, three-quarters were given Bendectin, a brand name for a combination of three drugs in one pill.

This drug, which accounts for $27-million a year in sales, was evaluated by the National Academy of Sciences and found to lack substantial evidence of effectiveness. The American Medical Association's Council on Drugs studied the product because of its overwhelming popularity and called it an "irrational mixture" with "no evidence that [the ingredients] are effective either alone or in combination." The council's verdict on Bendectin was, "Not recommended," If a drug is needed to reduce vomiting, it said, another class of drugs, which cost about one-fourth as much, would be a better choice.

In addition to high price and low efficiency, doctors who incorrectly prescribe Bendectin can expose their patients to the risk of a variety of adverse reactions. According to information supplied by the manufacturer, Merrell-National Laboratories, the following may occur: Dry mouth, dizziness, blurring of vision, thirst, drowsiness, vertigo, nervousness, epigastric pain, headache, palpitation, diarrhea, disorientation and irritability.

Merrell-National says that additional reactions may occur on rare occasions, including fatigue, sedation, rash, constipation, loss of appetite, painful urination and, ironically, nausea and vomiting.

Dr. John Chewing, a spokesman for Merrell-National, said in an interview that the drug company still considers Bendectin to be an effective drug and is conducting studies that it expects will demonstrate the drug's efficiency.

Dr. Sidney Wolfe

When these studies are completed they will be submitted to the Food and Drug Administration. If the new evidence is not sufficiently persuasive, the Federal agency says it will ban the drug from the market.

Side Effects Listed

The list of Bendectin's side effects is not an unusually long one for a prescription drug. Similar lists are issued by the manufacturers of most of the drugs on the market today.

They are all given on a piece of paper, called the package insert which Federal law requires manufacturers to include with every package of a prescription drug sold to a pharmacist. The insert must also include chemical descriptions of the drug, its proper uses and types of patients for whom the drug could be especially hazardous.

Because doctors seldom see the package insert, the same information is available to them in a book called the Physicians' Desk Reference. Because much of the information is written in technical language beyond the vocabulary of most layman

Most doctors claim that they get drug information from medical journals but drug companies say most doctors rely on their ads and spend more than a billion dollars a year to maintain their efforts.

pharmacists have traditionally removed the insert before selling the drug to the patient.

Patients who wish to see the information can consult the Physicians' Desk Reference in a library or request the insert from the druggist. Contrary to what some pharmacists have told patients, there is no law prohibiting the patient from having the insert.

Ads Promote Drugs

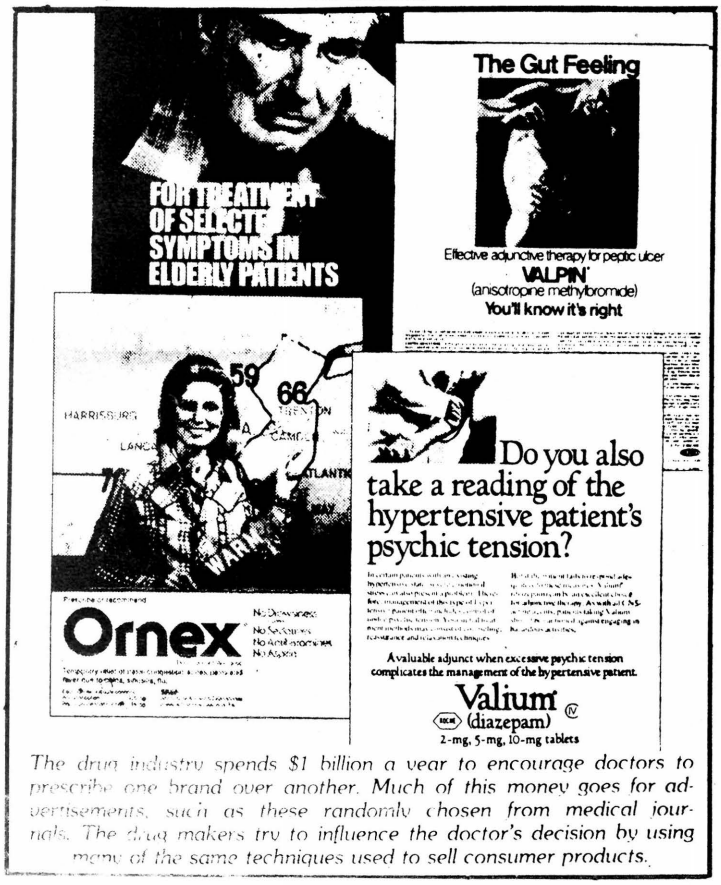
How does that average doctor learn what drugs as good for the treatment of a disease or what hazards the drug poses?

For many doctors, who left medical school before most of the current drugs were developed, their knowledge is gained about the same way that ordinary consumers learn of a new detergent or of the nicotine content of a cigarette brand.

Advertisements in medical journals, free samples, door-to-door salesmen and direct mail promotions are widely used by drug manufacturers to build brand recognition and acceptance by doctors.

Some medical experts say that doctors are not swayed, that most regard drug companies as biased sources of information and, instead, read scientific articles in journals and go to scientific meetings to keep up.

Drug companies, on the other hand, say most doctors do rely on their advertising and they spend more than a billion dollars a year to maintain their efforts.



The drug industry spends $1 billion a year to encourage doctors to prescribe one brand over another. Much of this money goes for advertisements, such as these randomly chosen from medical journals. The drug makers try to influence the doctor's decision by using many of the same techniques used to sell consumer products.

Right Questions to Ask About Your Prescription

Jane E. Brody

Nearly everyone has at some time left a doctor's office, prescription in hand, wondering about the medication he or she is about to take. What is it for? Exactly when should it be taken and for how long? What side effects might it cause?

By asking the right questions when drugs are prescribed, the patient can do a great deal to protect his own health.

Following are some of the questions that drug manufacturers, medical organizations and practitioners suggest every patient should ask his doctor when a drug is prescribed.

What is my diagnosis and how was it arrived at?

In making a diagnosis, the doctor should take into account your medical history, the results of a physical examination and any diagnostic tests or procedures that may be useful.

What is the name of the drug prescribed and what is it supposed to do for the diagnosed condition?

If, for example, the doctor has prescribed an antibiotic, he should have some direct evidence that you have a bacterial (or fungal) infection, such as a positive result on a throat culture.

What are the drugs possible side effects?

What side effects might you be expected to notice and which ones should you report to your doctor? Has your doctor asked about adverse reactions you have had to the same drugs or to a similar one in the past, or about conditions you might have for which the drug is unsafe?

How should the drug be taken?

How often , before or after meals, and for how many days? Can the prescription be refilled and under what circumstances should it be refilled?

What precautions should be observed while taking the medicine?

Should certain foods or activities(such as driving) or other medications be avoided? Milk, for example, interferes with the activity of the antibiotic tetracycline, and cheese can interact adversely with certain antidepressants called MAO inhibitors.

How long should you wait before reporting to the doctor if there are no changes in your symptoms?

How will the doctor know whether the problem has cleared up? Do you need another appointment?

Once a drug has been properly prescribed, the patient also has an obligation to take it. A study of out-patients at the University of Rochester School of Medicine found that 51 percent of patients never took the drugs that were prescribed for them.

Failure to take drugs as prescribed is most common for chronic conditions, such as high blood pressure or high cholesterol level, where the effects produced by the drug may feel worse than those caused by the disease. Yet the drug may be needed to help prevent sudden, severe consequences of the chronic condition, such as a heart attack or a stroke.

Another obligation of the patient is not to take drugs that were prescribed for some previous illness or for someone else without first checking with a physician.

This Medical Doctor Got Away With Murder

by
Steve Dunleavy

I would like the money-grubbing doctors of this country to forget for one moment their Cadillacs, their country homes and their Caribbean vacations.

Just for a few seconds, I would like them to focus on 28 year old Shirley Spillman Mc Clain, who is now living in Ohio on welfare. Actually the word "living" is quite wrong. She is dying.

After reading her story, I hope the thieves in the overpaid medical profession choke on their words whenever they protest the cost of malpractice insurance.

On May 30, 1973 Mrs. McClain went to Dr. Robert L. Thomas Jr. In Orlando, Florida and complained of a stomach swelling and abdominal pains.

Dr. Thomas beamed happily, told her not to worry in the least, because, he said, she was 14 weeks pregnant.

Mrs. McClain was satisfied, told her friends and neighbors, and returned to the doctor about six weeks later.

She was puzzled that normal symptoms of pregnancy appeared to be absent. Her menstruation continued and the pain intensified.

Don't worry, said the good Dr. Thomas.

In July she was given an X-ray. Until that time not a single pregnancy test had been carried out, according to her attorney, Bruce Hill.

"In July, after the X-ray, it was found that no child was forming inside of her, but Dr. Thomas still insisted that she was pregnant," Mr. Hill told me.

"In September, the Board Of Medical Examiners was told that Dr. Thomas had an alcoholic condition. It was also told that three hospitals in the Orlando area had revoked his hospital privileges.

"Despite this, he continued to see and diagnose his patients privately. He still was licensed."

Mrs. McClain, her stomach getting bigger all the time and her pain more intense, continued to see him.

In December, when Mrs. McClain was three weeks "overdue" a second doctor diagnosed that she had a massive ovarian cancer.

"Had he operated even then at that late stage, she would have been in the clear," attorney Hill said, "but by the time she was operated on in January 1974, it was too late, too damn late by just a few weeks. It had spread."

Mrs. McClain filed a malpractice suit. Dr. Thomas moved across the border into Alabama, where, it just so happens, he was also licensed to practice as a doctor.

The case was taken to the Alabama District Court, where Dr. Thomas failed to appear. A default judgement was taken against him.

So what of the malpractice suit? How much did this poor unfortunate Mrs. McClain get for this monstrous stroke of negligence?

Not one cent.

He just didn't carry any insurance. Dr. Thomas was not insured," attorney Hill told me.

Determined that the last days on earth should be made a little easier for Mrs. McClain, Hill took the case to the Florida State Legislature.

"I wanted them to pass a bill that would enable the state to pay the claim of $400,000," he said.

"After all, it was the Board of Medical Examiners who continued to allow this man to practice. Why shouldn't the State pay for a mistake of such proportions.

A three-member State house Sub-committee heard the case, weighed the evidence and found that Mrs. McClain was the victim of willful negligence.

Rep. Robert M. Johnson (R. Sarasota) said: "Dr. Thomas is guilty of wanton and willful malparactice and should not be practicing medicine anywhere.

But then the committee found something else. Rep. Johnson found reluctantly that the sub-committee did not think the professional licensing boards should act as an insurer for the doctors it passes.

Outrageous! This doctor effectively sentences a woman to death by his negligence, the State Board of Examiners is told of his negligence and does nothing. The State Government says in effect: "Gee whiz we're sorry, ut we can't do anything about it."

Had the board investigated Dr. Thomas when the complaint was first lodged about his alcoholism, Mrs. McClain would have been forced to go to a competent physician and the cancer would have been detected and removed in time.

Mrs. McClain has been given three years to live.

Rep. Richard Batchelor (D. Orlando) seems to agree with that reading of the events. "Is this board fulfilling its statutory responsibility to protect the public?" he asked, " I believe you'll find that it didn't."

Attorney Hill and reporter Tom Fiedler of the Miami Herald tried to track down Dr, Thomas in Alabama.

In fairness, they wanted tohear his side of the story although Dr. Thomas admitted in court depositions that he had been removed from hospitals for alcohol related problems.

Said attorney Hill: " We couldn't get to him, he was unavailable for any kind of comment."

But, there is more. "When we last heard of him he was operating a clinic outside of Birmingham, Alabama."

Here is the kicker. "Right now, he is still licensed in the State of Florida. " Hill revealed," He could slip across the border and he could butcher anyone he wanted."

He is still licensed. Tell me doctors, tell me about malpractice. And when you do, think of Mrs. McClain, dying on welfare in Ohio.

Efforts to bring this 1976 story up to date and find out if this medical malpractitioner had been punished by his colleagues on the medical boards produced nothing from the boards in both states. As is usual in the medical field, they rallied around their comrade. The Alabama State Board of Medical Examiners, through their spokesman, said that any information on disciplinary actions against Dr. Thomas could only be given out ***with his permission****. The cover-up by the Florida Board was even more blatant. They refused any answer at all. The bottom line is that he is still licensed to practice in both states and Mrs. McClain is dead.*

The Principles of Medical Ethics Are Questioned

The AMA says: "The giving of a medical paper by a doctor of medicine before a group of chiropractors by invitation would be a voluntary professional association contrary to the principles of Medical Ethics."

Herbert S. Denenberg

How much do medical ethics kill, cripple, and interfere with good patient care ?

The American Medical Association's principles of ethics say it's unethical for a medical doctor to try to educate chiropractors.

The AMA says: "The giving of a medical paper by a doctor of medicine before a group of chiropractors by invitation would be a voluntary professional association contrary to the principles of Medical Ethics."

That means a medical doctor can't even deliver a paper before a group of chiropractors who are all considered cultists by the AMA.

You'd think medical doctors would want to go out of their way to straighten out and educate "cultists." But medical eithics don't seem to believe in the right to free speech and free association.

What is even worse is that these ethical principles mean a doctor is not supposed to cooperate with a chiropractor in the treatment of a patient. A patient ought to decide who is going to treat him and not some anti-competitive principle of medical ethics.

What would be lost if a medical doctor and chiropractor would associate together to help a patient ?

Another principle says: "When a physician does succeed another physician in charge of a case he should not disparage by comment of insinuation, the one who preceeded him."

Why not ? This is right out of the AMA's Principles of Medical eithics: "Such comment or insinuation tends to lower the confidence of the patient in the medical professeion and so reacts against the patient, the profession, and the critic."

In other words, if the first doctor has botched up a case, the second doctor can't tell the patient the truth. In any other context, that would be called cover-up. But the AMA elevates cover-up to an ethical principle.

That's not the only place the AMA stresses protecting the profession from criticism and the patient from the truth. Here's another ethical. principle: "A physician, in his relationship with a patient who is under the care of another physician, should not give hints relative to the nature and treatment of the patient's disorder; nor should a physician do anything to diminish the trust reposed by the patient in his own physician."

Here's another ethical principle: "Should the physician in charge and a consultant be unable to agree on their view of a case, another consultant should be called or the differing consultant shoud withdraw. However, since the patient employed the consultant to obtain his opinion, he (the consultant) should be permitted to state it to the patient, his relative, or his responsible friend, in the presence of the physician in charge."

The patient paid for the consultation and you'd think he ought to decide how the consultant would report to him. But, no, medical ethics requires the physician in charge to be present when the consultant presents his findings.

What do medical ethics say of the relationship between the physician in charge and the consultant. You guessed it, the patient is frozen out again. "The opinions of both the physician in charge and the consultant are confidential and must be so regarded by each."

How does the patient get it, if at all ? Medical ethics say the physician in charge and the consultant should meet by themselves to discuss the course to be followed.

Should the patient be entitled to hear that discussion ? The AMA says: "Statements should not be made nor should discussion take place in the presence of the patient, his family, or his friends, unless all physicians concerned are present or unless all of them have consented to the arrangement."

The patient ought to decide if he wants to hear the discussion between the doctor in charge and the consultants. And that should not require the consent of any of the doctors.

Medical ethics should protect the patient as well as the physician. What is even more alarming about all this is that any stated ethical principles are usually far ahead of what goes on in practice. So if medical ethics require cover-up and the stifling of criticism what do you suppose the actual practice is like ?

Let us hope but not expect that the new issue of the AMA's ethical principles, now in preparation, will show some modest improvements.

Herbert S. Denenberg, former Insurance Commissioner of the Commonwealth of Pennsylvania, a member of the Institute of Medicine of the National Academy of Science, a columnist for the Philadelphia Bulletin, appears daily on WCAU and WCAU¶TV (Philadelphia) and has a column each month in Caveat Emptor.