Why Are Intestinal Transplants Such A Secret?

I have been very saddened by a series of emails I have been receiving recently. Some of these messages have been left in the comments, but I felt that their stories deserve more attention. Many people are suffering and dying because of the lack of information concerning intestinal transplants. If you have never heard of intestinal transplants, don't be embarrassed, as most doctors are unaware of them. This is due to a lack of media attention on the procedure and the fact that most doctors feel no need to learn anything new after they graduate medical school – except what the pharmaceutical companies pay them to learn.

In a way, the comments and emails has had a positive side, because the information I have provided has found its way to some people in need. Unfortunately, it was far too late for one reader, Jan, whose courageous mother, Marlyn, lost her life in a battle with intestinal necrosis. The doctors were refusing to remove the necrotic bowel for some unknown reason – most likely due to the fact that they had no knowledge of the success of intestinal transplants. It is in her mother's memory that I am writing this most important post that I hope you will take to heart.

The doctors here in Orlando had made a similar decision in my case following the first resection of bowels. I was left with three feet of jejunum, but the tissue was necrotic and killing me. The surgeons refused to operate again. Because they had no knowledge of intestinal transplants, they had decided that I could not live on less than three feet of small bowel and would be better off dead. They made that quite clear. Fortunately for me, I was transferred to another hospital for a vascular procedure and the surgeons there did remove the necrotic tissue, even in spite of the fact that they did not

know of intestinal transplants either and also felt I would die without the three feet. My wife was able to plead enough to guilt the doctors into doing the surgery, but they were reluctant and told her I would have a miserable existence and die a slow agonizing death. They were wrong, but surgeons are making these decisions strictly based on the lack of publicity concerning the success of intestinal transplants.

Whenever I tell someone that I was the recipient of a full intestinal transplant, I rarely get what I call the "Shock And Awe Reply.". I had never heard of intestinal transplants and was very shocked to find out it was possible. So by way of the "False Consensus Effect", I thought that this would be the typical reaction to this news. Instead, I am usually extended what I call, "The Gesundheit Reaction". This is when the person reacts as though I had my tonsils taken out and say something like; "well I hope you feel better" or any other casual response as if someone sneezed. It is not the type reaction I might expect if I were to tell them I was a cancer survivor – even though there are many more cancer survivors than intestinal transplant survivors. Losing your intestines is considered a death sentence to more than 90% of the doctors in the U.S..

If I were to tell someone that there is a cure for cancer, the news would spread like wildfire, so why hasn't the information concerning intestinal transplants? It's quite frustrating, but I am beginning to see why. It seems that most people do not want to admit that they are unaware of a medical treatment. Many people I have encountered since my transplant simply smile and nod as if they have known many people who have received intestinal transplants. It is only if I specifically ask them, "have you ever heard of an intestinal transplant?", that they will admit that they haven't. It's either a lack of curiosity or too much pride that causes this complacency.

Most people have heard of transplants. Kidneys, livers, heart

and lung transplants have been possible for many decades, so most people assume that intestinal transplants are as common and this is very far from the truth. Intestinal transplants are the rarest of organ transplants and its outcome was not very promising until recently. The intestines presented a very large problem when it came to transplants. The intestines are considered the largest lymphoid organ in the human body. Because the intestines are a “dirty organ”, filled with thousands of different strains bacterial and fungal colonies, the human immune system reacts more rapidly and aggressively when defending the intestines than any other organ. We had to develop this system or we couldn’t have survived as a species.

We eat a tremendous amount of bacteria and fungus everyday. Much of these microbes colonize in our intestines and many of them are beneficial to our digestion and help us to break down foods that would otherwise be indigestible. But any of these microbes can become lethal if they enter our bloodstream. For this reason, the largest part of our immune system is located in our gut. When bowels from a donor (with different DNA) are placed within the recipient, the immune system cannot tell the difference between the new bowel and the pathogens within, so it unleashes an attack on everything and ultimately destroys the new intestines. A slow, horrible death is soon to follow.

The first intestinal transplants were attempted in the 1960s, with a 0% survival rate. Even though there were great strides being made with kidneys, livers and even hearts and lungs over the next decade, all intestinal transplants attempted resulted in severe organ rejection and the patients died in a short period of time. There really was no success in this type of transplant until the 1990s, when the transplant program at the University of Pittsburgh had some level of success by first transplanting some of the donor’s bone marrow into the recipient. This made the recipient’s immune system accept the foreign organ better. Some of the recipients survived for the

first year or so, but overall survival rates were still dismal. There was less than a 25% chance that a recipient would survive the first year after the transplant, so these transplants were only reserved as a desperate effort. The patient had to literally be at the point that all of their access arteries were gone and they could no longer receive TPN and were waiting to die of dehydration before a transplant would be attempted.

It wasn't until a drug called "Campath" was introduced to the process that the survival rate began to doubled. No one really understands how Campath works to make the body accept the organ – it just does. I did not have to go through the painful process of a bone marrow transplant prior to the intestinal transplant. Because I was given an IV infusion of Campath, my body accepted the organ and I had no signs of rejection.

Dr. Andreas Tzakis (pictured on the left), the surgeon that performed my transplant, was working at the University of Pittsburgh at the time of the first successful intestinal transplants. He was the first doctor to use Campath. There is little doubt that I had the best surgeon that you could hope for working on me. Dr. Tzakis has performed more transplants than any surgeon in the world. He has performed over 2,000 liver transplants and has the highest record of success in intestinal and multivisceral transplants. Dr. Tzakis was actually successful at first transplanting a baboon liver into a human.

There are so few hospitals that can perform intestinal transplants, that I was able to get an organ after only 6 days on the transplant list. Most people in need of a kidney can be on the list for years, because kidney transplants are so common and nearly every hospital can perform them. A kidney transplant is less than a week stay in the hospital at Jackson

Memorial. But most intestinal and multivisceral recipients can spend up to 6 months in the hospital recovering or longer.

There is a huge difference in the severity of these transplants. A liver transplant can still carry great risks, but no other transplant is as rare or complicated as an intestinal or multivisceral transplant (which include intestines). Less than 3,000 intestinal transplants have ever been performed and since few people survived them in the first 20 years they were attempted, there are probably less than 1,500 survivors walking around today. So, the chance that you have met someone else who had an intestinal transplant is highly unlikely. I wish people would stop acting as if they were aware of them, when 90% of doctors don't know that they are possible and that includes specialists in GI medicine. Not one gastroenterologist that worked on me here in Orlando had heard of these transplants.

I believe that this is the explanation for the "The Gesundheit Reaction". Most people feel a transplant is a transplant, so it's not a big deal. If you were to ask most doctors, they would tell you that intestinal transplants are impossible and no one survives them. Many people are going to die this year based on that information from their doctor. When Jan first contacted me, her mother was still alive, but her bowels were necrotic and she was dying. The doctors were refusing to remove the dying bowels. I wrote back and told her that the doctors were not aware of transplants and had made the decision that she would be better off dead – just like they did with me. I provided her with the contact information to the doctors in Miami that performed my transplant.

Jan wrote back the next day and told me she had relayed my story to the doctor and he replied something like, "yeah,it would be nice to believe in magic.". Asshole! This is the arrogance of most doctors. Does he think I'm making this shit up? I am living proof that they are successful and it wouldn't take him 15 minutes of research on the internet to

confirm that this procedure is not only possible, but hundreds of people will be saved by intestinal transplants this year. Even more could be saved, if the news about them could spread.

I have tried to get media attention on this life-saving procedure, but these type of things are never sexy enough for the mainstream media unless a celebrity has been afflicted. Had a celebrity ever needed an intestinal transplant, it would suddenly become a national crisis and everyone would know about them from the countless reports following the celebrity's recovery. So far, no celebrity has needed an intestinal transplant, so the fact they exist has remained a secret. Can we wait until a celebrity needs an intestinal transplant to make this procedure common knowledge? In her last email, Jan not only informed me of her mother's unfortunate passing, but also told me of a 34-year-old man who also lost his life at the same hospital, because the doctors did not know of these transplants.

If you read of my story, please do not keep this information to yourself. If you believe that my story is common and that doctors know what to do when someone loses their intestines – you are mistaken. I implore you to spread the word to as many people as possible. Email others, tweet about it, blog about it, mention it on Facebook or anyway you can think of to let everyone know that this procedure exists – it could save thousands, if not tens of thousands of lives. According to the statistic that Jan left in the comments, over 145,000 people are dependent on TPN. Many of these people will die, because a human can not live on TPN indefinitely . If you read my post on "The Effects Of Sugar On Arteries" and "The Truth About Soy", you will understand how TPN will keep someone alive, but is also killing them at the same time. People requiring full-time TPN will usually die within two years.

These people will die never knowing that there was a realistic option to live out their natural life. Living on TPN is a

very poor quality of life – I know because I lived that way for more than six months. Besides the knowledge that it would ultimately destroy my liver and arteries, I suffered two systemic infections that nearly killed me. TPN is high in sugar and feeds both bacteria and fungus. The human body will not defend a plastic catheter, so the lines colonize with pathogens quickly – pathogens that are then flushed through the heart with the TPN infusions. An intestinal transplant is the only realistic long-term option for someone suffering with Short Bowel Syndrome.

These deaths are not just limited to adults and elderly. When I was at Jackson Memorial Hospital, there was an entire floor dedicated to the pediatric intestinal and multivisceral transplants. There were more children receiving these transplants than adults. There are children who are born with a birth defect known as "Short Bowel Syndrome". Some are born without much of their GI tract and some are born with their intestines outside of their body, which die and have to be removed. I seen toddlers who were getting full multivisceral (multi-organ) transplants. I met one young woman who was 18 years old when I met her, but was born without intestines and received a multivisceral transplant at the age of 8. Without the transplant, she would have never lived to the age of eighteen and she is still going.

I really don't get a tremendous amount of traffic at this site, so it is up to everyone to spread this vital information – information that could have saved Jan's mother's life or the 34-year-old man, had they found my site sooner. I have tried to contact a variety of talk shows, such as Ellen and Oprah, with absolutely no response. One letter rarely gets a response from these shows. If you have read my story and were amazed that someone could survive a full intestinal transplant (both small and large), please take the time to write a letter or email to some of these talk shows about it. Maybe if they were to receive a volume of letters they would feel this

warrants some media attention. Feel free to send a link to my story (found here). I know of several other intestinal and multivisceral transplant survivors that would be willing to share their stories.

Even smaller internet venues seem to scoff at this story. I had contacted Jimmy Moore, who first agreed to interview me on his podcast over 6 months ago, but never followed up on his promise. I guess the 150th interview with someone who lost 20 pounds on a low carb diet is a more compelling account to Jimmy than someone who survived an intestinal transplant. He may be underestimating his listening audience – or maybe not. It's sad to believe that another Tom Naughton interview about "Fat Head" the movie, could be more vitally important than the news about someone left for dead being resurrected. News that could have easily saved a life, like Marlyn's, if we could get the information out there. Good luck Jimmy – hope you never need a transplant. I guess I'm not a big enough internet star to warrant his time. Funny how even a small amount of internet fame can go to someone's head real fast and to the point where they only want to suck up to other celebrities.

It's this starfucker mentality that keeps this type of information in the dark. Because I'm not famous, my story is irrelevant, because after all, only celebrities suffer, feel pain and need our help. Only a celebrity can be the arbiter of what the rest of us should be concerned about. Global warming myths and animal rights far out-trump the fact that people of little fame and wealth are dying unnecessarily. None of the doctors, in two separate hospitals here in Orlando, had heard of intestinal transplants. As much as we'd like to believe that it is their responsibility to provide that information, they have chosen to ignore the call, so it is up to the rest of us.

It was my wife's tenacity and exhaustive research that led us to Jackson Memorial Hospital in Miami (one of a handful of hospitals in the world that have successfully performed this

procedure). Most of the doctors here told me I was a fool for considering undergoing these transplants and that I had a small chance of survival. Actually, Jackson Memorial has over a 65% first year survival rate, so the odds were in my favor. I received my transplant over 2 years ago and am doing well – the doctors were giving me less than 2 years on the TPN, so I would have already been dead by now had I not have opted for the transplant. The fact that I suffered two deadly systemic infections during the time I was on TPN would certainly support the claim that I would have been dead by now. I was only approved for the transplant because I had nearly died twice from sepsis, due to the TPN line colonizing pathogens.

The longest living intestinal transplant patient is a woman who had her transplant over 20 years ago – and the medication and post operative treatments have been greatly improved since her operation, so my chances of living more than 20 years are better than hers. She is still alive and well. The young woman I met at Jackson in Miami, who was born without intestines, has now been alive for more than 11 years – that's 11 years more than she would have had without the transplant. She just graduated High School this year – amazing. Some other 8-year-old will not be so lucky and never see their graduation without your help. Any child living on TPN will die without a transplant – a senseless death strictly based on the doctors lack of knowledge about the success of the intestinal transplant programs at several hospitals across the United States. Here is a list of the hospitals that I know of that have successful intestinal and multivisceral transplant programs.

University of Pittsburgh Pittsburgh Pennsylvania

Jackson Memorial Hospital Miami, Florida

Cleveland Clinic Cleveland, Ohio

Georgetown University Hospital Washington D.C.

UCLA Hospital Los Angeles, California

University of Nebraska Omaha, Nebraska

There may be others, but these programs have a high survival rate, especially The University of Pittsburgh, Jackson Memorial (in Miami) and the Cleveland Clinic. the University of Pittsburgh is where the first successful intestinal transplants occurred. Dr. Andreas Tzakis was one of the pioneers at the time and was working at the University of Pittsburgh. He has since established the intestinal and multivisceral transplant program at Jackson Memorial Hospital in Miami, so their program is equally as good as Pittsburgh.

It is easy to assume that the doctors know about this procedure and inform TPN patients of this option, but that is not the reality. Somehow, this life-saving procedure remains a secret to most doctors and hospitals. If you are reading this, you now know of a medical procedure that few doctors know are possible. It would seem irresponsible for doctors treating TPN patients, especially those who are failing to thrive, not to know about intestinal transplants, but for some reason, that's the reality. This is why I simply shake my head when people believe that their doctor is up on the latest research concerning any disease and why doctors continue to spout outdated advice concerning heart disease, diabetes or any other modern disease. Never trust that your doctor has all the answers. I know that many of you feel that's what you pay the doctor for and just look to them for answers – that'll get you dead! You have to invest your own time in doing the research concerning your health. If my story, Jan's mother's story or the 34-year-old man's story is not enough to convince you not to place all your options at the discretion of your doctor, then you could well end up deceased long before your time.

The doctors were fine with letting me die on TPN, believing there was nothing more they could do. It was my wife's

relentless research that discovered that the doctors were wrong or I wouldn't be writing this post. Not one of those doctors invested any time into doing the research. Even after my wife made the contacts in Miami, the doctors that were treating me attempted to talk us out of undergoing the transplant. While we were in Miami, the husband of the nurse manager told us of a dialysis clinic where the doctors hand out published pamphlets scaring patients away from getting kidney transplants, by exploiting all of the rare risks. Their motivation was strictly money. There is more money to be made by daily dialysis treatments, than curing the disease with a transplant. At over $200.00 a bag, TPN is also very profitable to the pharmaceutical companies, because a person with no intestines needs a bag everyday. While I was on TPN, the cost of medication, TPN and hydration infusions were costing over $500.00 per day! You can see why there is a motivation to keep those people on TPN.

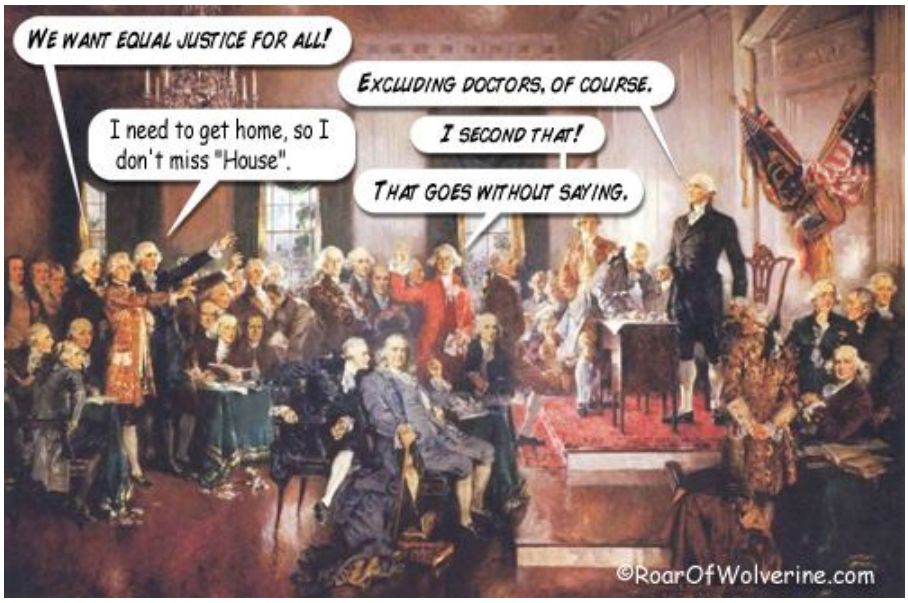
Let's not wait until your favorite pop star, actor or politician needs a transplant to finally consider it interesting enough to tweet about it. You could help save countless lives by simply spreading my story. By all accounts, I shouldn't be alive. I am the closest thing to a walking miracle that you will find. Jan lost her mother due to complacency, please don't let the next person or child on TPN die because this subject is not sexy enough to pass on. The only way that the nightmare I lived through will have any reason is if it can help someone else who is dying on TPN. Don't casually dismiss my story and think that this could never happen to you. You could be in an accident tomorrow and lose your intestines or you could be injured by a colonoscopy, like I was, and require an intestinal transplant to live. I am not selling anything at my site and I make no money from links sent out to my story – it's about saving lives. I would love to see more traffic come to my story, so I will know that the word is spreading and lives will be spared.

This deed will only cost you a few minutes of your Twitter time, but could certainly save a life or two. Trust me when I tell you that many doctors do not know about this procedure and are letting TPN patients die prematurely. Just take a minute and Tweet my story around. Better yet, take a minute to go to any talk show's website and shoot off an email with a link to my story. Making these transplants common knowledge will save lives of both adults and children.

Thanks,

Wolverine

Malpractice Law: Reserved For Only The Frivolous



It was only after I had created the image above that I remembered that George Washington was indeed killed by a doctor's mistake. He was bled to death during the treatment of Bloodletting, which was believed at the time to help

balance the body's fluids or "humors" and was about as effective at treating disease as is colonoscopies or many of today's barbaric medical procedures. And just like colonoscopies, it certainly killed more patients than it ever cured. We haven't really come as far from bloodletting as we would like to believe. I'm sure that Martha couldn't sue that quack either. And even though he died unnaturally at the age of 68, he was the youngest death among our first ten presidents. So much for the myth that everyone dropped dead at the age of forty back then.

Most of those that read my story probably assume that I was the beneficiary of a healthy settlement from the quacks that destroyed two-thirds of my digestive system. Yeah, and there is such thing as Santa Clause and the Easter Bunny. There is a better chance that Saint Nick lives and breathes than any semblance of justice concerning malpractice lawsuits. It was not enough to leave me physically disabled, but financially as well. The doctors who neglected to treat the damage they had done, knew exactly what they were doing legally and made all the right moves to protect their asses. Saving my life or arresting the spread of damage was of little concern to them at that point.

I have very little background or understanding when it applies to law. The law is a creation of lawyers (most politicians and lawmakers are attorneys) and therefore was made unnecessarily complicated, so no one could understand it but lawyers. That's not to say that they are intelligently written, but just made as confusion as possible. But when the law lacks any continuity, even a novice, such as myself, can clearly see that it is misguided. Laws are kept simple only when justice is the goal and are only made complex when special interests are its main objective. Our founders (mostly made up of non-lawyers) authored a five-page document that would set forth the foundation with which to build one of the greatest nations on earth, yet lawyers have turned those

five pages into volumes of conflicting ideas, so misconstrued, that not only would the founders no longer recognize them, even the lawyers can no longer understand them. Had John Adams (a lawyer) framed the constitution, rather than James Madison, we probably would have begun with the clusterfuck that is our present legal system and dissolved into a another unsuccessful governmental experiment a long time ago.

When individual states began to enact tort reform to reduce the level of frivolous law suits, they were not actually swept broadly across the board, but medical professionals seemed to be the highest beneficiaries of this protection. I am not sure why medical practitioners and hospitals were afforded a greater protection under the law than any other citizen of this nation. I believe it was based on a misguided belief that this would somehow lower the cost of health care – how's that working out for us so far? The costs of health care are higher than ever before.

There certainly were a multitude of abuses in the U.S. legal system which incited a rash of frivolous lawsuits. As is true with all federal and state laws, when the scales of justice bottoms out on the one side, the knee-jerk reaction of lawmakers is to pen a law that overcompensate, thereby bottoming out the opposing side. Government can never seem to get the scales of justice to balance. It always has to be one extreme or the other.

Tort reform laws did little to fix the problem and may have, in fact, made them worse or at least skewed in the wrong direction. The playing field was not leveled, but certainly slanted in favor of medical professionals (and their insurers). I will agree that prior to reform laws, lawyers and civilians both muddied up the court system with ridiculously inflated suits and many of them were targeted at the medical profession. There arose a "Lottery Mentality" towards the medical profession and people began to see it as a way to make a quick windfall, rather than compensation that

fit the damages. This required practitioners to carry insurmountable amounts of malpractice insurance. We all understand that there are inherent risks associated with medical practices and all of these frivolous suits were inflating the cost of health care. But, instead of looking at each case on an individual basis and adjusting damages accordingly, government did what is always does and simply threw a blanket of protection over the medical practitioners by setting caps on damages and shortening the statute of limitation for filing an action against a doctor or hospital – giving them virtual impunity from any large-scale or "catastrophic" lawsuits.

Most states cut the statute of limitations on filing a malpractice suit to two years. Even a "fender-bender" automobile accident has a seven-year statute. This statue actually becomes less than 18 months, because most attorneys will not consider filing a malpractice claim if there is not six to seven months to prepare the case before filing. The scare tactic was pushed even further by the threat of taking away their license to practice law, if the case is determined to be frivolous and this could simply include being beyond the statute of limitations. In other words, a malpractice case could be well prepared and completely justified – a slam dunk case if you will, but unfortunately be beyond the statute of limitation and the lawyer could lose his license to practice. I really don't believe that is so strictly enforced in other types of lawsuits. A very good essay on the statute of limitations concerning malpractice can be read here. This was written by a lawyer and gives some good examples of how good cases are thrown out, while bogus cases are let through the system.

Medical injustices can slip through this crack in two ways. In many cases, the mistake could take more than six months to a year to become apparent. In other cases (such as mine), the damage is so catastrophic that it is inconceivable that the

patient could seek counsel when they spend months or years hospitalized and fighting for their life. So in the practitioner's world, the more catastrophic the damages of their mistake is, the better the chance that they will avert a large-scale lawsuit.

I can see why the lawmakers and attorneys have a difficult time empathizing with regular people, who actually would place the life of their loved ones above money, because filing a lawsuit would be the first order of business for the attorney, even while their child was dying. This is referred to as the "False-Consensus Effect" and why lawyers can feel that these laws are just. But not everyone could ignore the needs of a beloved family member in pursuit of money, especially when they have no reason to expect that there was a malpractice at the time. This would require that every person be both greedy and cynical, in other words; a lawyer. I have no problem believing that a lawyer would go for the money first, but the laws should be written for everyone, not just lawyers.

In a time of crisis, there is a great amount of confusion and stress on all those involved. For the law to expect the common individual to have both the medical and legal knowledge, and clarity of thought in the midst of a catastrophe is sheer science fiction. But the False-Consensus Effect has allowed lawmakers not to weigh in the stress factor and lack of medical knowledge. Most people will believe what the doctors tell them at the time and only find out much later when doctors lied to them. Doctors are human beings and have been known to lie – especially to cover their ass.

Any patient who has been damaged by a doctor will need another doctor to treat or fix the problem created by the first doctor (only an insane person would allow the doctor that screwed them up to attempt to fix them). If that treatment requires an elective procedure, such as a transplant, the fact that they are involved in an action against another doctor could

influence the decision as to whether they are accepted into the program. This could obviously become a deterrent to any doctors considering an elected and risky procedure, if they believe the patient is "sue happy". If lawyers are buzzing in and out of their hospital room, it's going to be difficult to hide the fact that they are seeking litigation. A patient should be allotted the time to become physically stable and out of critical condition before the clock begins to tick, but this is not the case.

Just to make it look reasonable, the lawmakers added a provision that allows the two-year clock to begin ticking from the time that the patient "discovers" that there has been a malpractice, but this rarely happens because the court will determine when that time of discovery SHOULD HAVE occurred, based on what they will deem to be "due diligence" and not the actual time discovery did occur. So the court will determine that a patient, flat on their back in the ICU and heavily sedated and being lied to by doctors, was supposed to realize what mistakes were made and conduct a full investigation – if they were being diligent. It's all quite ridiculous and apparently designed to reduce the amount of cases brought forth.

Unfortunately, it only reduces the amount of serious cases from ever seeing the light of day and does little to reduce the smaller, less significant cases which are usually highly inflated in proportion to the amount of damage. The government is only seeking a total reduction in the amount of damages awarded, not a reduction in the amount of cases. It is not about justice, but lowering the overall totals in money awarded, and what better way than to completely rid the system of the lawsuits that could be awarded millions and only allow the cosmetic damages, which will be awarded smaller damages and will most likely settle our of court.

So the way it is now, the person who is injured the least by a doctor has the greater chance of collecting damages. Seems

ass-backwards to me. But this brings me to the second blunder – federal caps on the amount of damages awarded. This again creates an unfair advantage to the lesser injured patient and perpetuates small insignificant suits and deters the larger complaints, where insurmountable damage was done. The maximum damages allowed by the federal government in a malpractice is $350,000.00 and in rare cases, one million if the damage is deemed to be catastrophic. A million dollars will rarely cover the medical costs in truly catastrophic cases. My transplant alone was over a million dollars and that doesn't include the seven months of hospitalization that followed, nor the six months that preceded, nor the expensive medication and medical treatment I will need the remainder of my life.

So if a dentist misreads an x-ray and pulls the teeth on the wrong side of someone's face, they can sue the doctor for the same $350,000.00 as someone whose liver was destroyed by a malpractice and has to undergo a liver transplant. Which one would be more motivated to file a lawsuit? Which one would attract an attorney to take the case? The liver patient would have less to gain, because certainly the transplant exceeded the damages they will be awarded and if Medicare or Medicaid paid for the transplant, the government can place a lien on the damages awarded to collect the money spent. The dental victim will not make a dent in his awarded largesse when purchasing a partial plate to fill the missing gap in their smile. This creates an unfair bias towards the smaller claims and they, and their lawyers, can actually profit from the doctor's mistake. This would seem to promote many insignificant lawsuits, not prevent them. Lawyers are eager to take the cases with smaller amounts of damages and outright reject the cases where tremendous damage was committed. Their 33 1/3% is only based on the net gain from the awarded money, so if the medical bills are extremely high, their cut will be far too small, based on the federal caps. Lawyers are not interested in justice – just money.

A person who is significantly injured or disabled will never see any of the money from the damages awarded, even if successful. By the time the attorneys take 33 1/3% and all court cost are settled, then they can have a lien applied by their insurance provider to recoup past medical expenses, plus any future medical expenses. A million dollars just does not stretch that far, given today's medical costs. Attorneys will not take these type catastrophic cases and prefer to defend the smaller cases that are more likely to settle out of court and reap a much higher profit after medical debts are settled. If the caps on the catastrophic cases were more realistic and based on present day medical prices (rather than 1970), then attorneys would be more willing to take these cases, because their cut could be substantial and well worth the effort.

You may have seen commercials advertising that an attorney has defended cases where millions were awarded in medical lawsuits. These are concerning medical products and pharmaceuticals. If you are damaged by a faulty piece of medical equipment, implants or drugs, the sky is the limit on the damages that can be sought. This is why lawyers prefer those cases, which often become "class action" and make a wealth of money for the attorney when they receive over 33% of the damages from everyone involved in the suit, which can number in the hundreds or even thousands. The extreme limits are only placed on damages committed by doctors and hospitals. Why should there be a difference? It's kind of like "Hate Crimes". What can make the damages worse just because those involved were of a different race or sexual preference? In the same way, how can the damage done by a doctor be any less than one from a corporation?

Had the loss of my organs been the result of a drug or a faulty equipment, attorneys would have flocked on me like vultures on a two-day old roadkill. Yet, damage from a drug or product could well have been accidental or misuse of the product. What happened to me was no accident. The doctors

refused to take any action for more than three days, making the amount of tissue damaged far greater. Had they moved right away, I would have only lost a few inches of colon. Even had I lost the entire colon, it would not be life-threatening and would not have required an expensive transplant. Humans can live without a colon. Because the infection was allowed to spread to the small intestines (a vital organ), all of my intestines had to be removed, leaving me in a condition where I was dependent on life support systems to stay alive. Then the surgeon that finally operated, left necrotic tissue inside of me, nearly costing me my life and requiring another near fatal surgery only five days after the first. We later discovered that this surgeon had a past record of multiple malpractice suits and had lost his license in another state and yet was allowed to practice at this hospital. Furthermore, he has since been removed from that hospital for a well-known alcohol abuse problem. I will cover this in more detail in my upcoming post "Is Your Surgeon Licensed? Are You Sure?".

Even with all of that, no attorney would even consider the case. Not because no wrong was committed – every lawyer confessed that it was gross negligence, but admitted that they simply were not a big enough firm to take on such a case, because the government has made catastrophic cases much more expensive to take to litigation. When I asked what type of cases they had successfully defended, their examples were all very petty lawsuits that caused more of a minor inconvenience in the victim's life, rather than any type of seriously life-altering damages like I have seen. The greater majority of all of the transplant recipients that I encountered at Jackson Memorial were the result of medical mistakes, rather than from disease. The most catastrophic example a lawyer could give me was the case of a woman who developed dropsy in her left leg from the failure of a nurse to reposition the leg. Because the damage was the fault of a nurse, he was able to sue the hospital.

Attorneys are far more interested in filing a case against a hospital than a doctor. You cannot sue a hospital for a malpractice committed by a doctor, even if that doctor damaged you in the hospital. The doctor is not considered an employee of the hospital, but rather a contractor. This again is unique in the business world. I have often contracted to companies like Disney, Viacom and Universal and if someone gets injured by one of my works, they will sue Disney, who will then sue me. Disney cannot simply waive their responsibility and pass the buck straight on to me, but according to our present laws, a hospital can.

Because of these laws, many doctors today are refusing to carry malpractice insurance at all. I encountered a few doctors who offered a paper to be signed that stated that I understood that the doctor was not insured for malpractice and waived any right to bring an action against them if mistreated. This further gives no incentive for an attorney to take a case against them. Many of the doctors and hospitals that still carry malpractice insurance have lowered their amount of liability as a result of the obvious protection they feel under the new laws. Most of the doctors that I was treated by carry only $100,000.00 liability for malpractice. I am a contract artist and I am required to carry a general liability of 3 million to sell services to theme attractions. How much damage can my artwork inflict compared to a surgeon? Yet, they're required to carry less insurance than an artist. It's insane.

You will never get an attorney interested in taking a catastrophic case against a doctor who is only insured for $100,000.00. It will cost half of that just to bring the case to court! Malpractice cases are some of the most expensive to bring to trial and you can bet your ass that's by design. This does not even address the politics involved. Malpractice lawsuits require that several other doctors testify that the doctor in question did in fact screw up and

that's not very easy. Given the fact that the AMA frowns on doctors who criticize other doctors – not to mention their other peers – few doctors will point the finger of blame at another. So, the mistakes have to be very blatant, like sewing their wristwatch into a patient. Negligence is absolutely impossible to prove based on the testimony of another doctor. But if you are injured by a nurse or other hospital employee, doctors have little problem passing blame to nurses, so you will get a quick out of court settlement.

Malpractice lawsuits are the most costly actions to bring to litigation. Few victims of a medical accident, especially being put out of their livelihood and bearing tremendous medical bills, can afford the filing fees and associated costs of bringing an action against a doctor. Most people injured in a malpractice would depend on an attorney taking a case Pro Bono for any likelihood of seeking justice. Yet, every attorney knows that a huge sum of their money will be tied up for years into filing a case that has a very low percentage of seeing victory, because juries will more often side with the doctors. We are, after all, a doctors worshiping society.

Two different attorneys flat-out told me that they had lost malpractice cases that were so successfully executed that the doctors admitted to the court that they had made a mistake, but apologized and claimed they had learned their lesson and the jury ruled in favor of the doctor. They also admitted that this was unique to malpractice cases. No CEO of a multi-national corporation has ever stood up and admitted that their product injured or killed someone, but they had learned their lesson and won't do it again and were let off the hook. Do you believe that the CEOs of Philip Morris or R.J. Reynolds would be extended such grace with a simple oral statement of contrition? Somehow doctors are granted immunity from the same corruption as businessmen – even though doctors are some of the most ruthless businessmen.

One of my clients is a venture capitalist, who assembles

syndicates of investors for projects, including theme attractions here in Orlando. He often contracted me to do design work on the theme attractions. He and his wife (a law partner in his investment firm) once told me that they are now reluctant to allow doctors to invest. They both swore that the doctors were not only the most greedy, but having the least experience at finance, they were more preoccupied and nervous about their investments than the other entrepreneurs. His wife claimed that the doctors would call the most often to check on their investments and that a couple of the surgeons actually called during surgery to check on their money. So your surgeon may be getting an update on his portfolio while he is operating on you, but doctors are much better people, by nature, than the rest of us dregs.

Is it any wonder why medical errors are the second highest killer of humans in the U.S. with this kind of impunity awarded to doctors? Is there some sort of magical enchantment at medical school graduation that enables every doctor to be excellent at their job? Can no one conceive of a reality where maybe some doctors chose the wrong career and are just not very good doctors? Some even have drug and alcohol abuse problem. I guess because some fictitious character like Gregory House can be a flawless doctor and a strung-out hydrocodone addict has convinced a gullible public that doctors are beyond mortal.

If you are the type of juror who would let a doctor out of their financial obligation for horrible damages inflicted on a patient, just because they apologize, it would be poetic justice that you are the next victim of a surgeon who decides to finish his weekend golf game or check on his investments before responding to an emergency page for your surgery. It's not like they're going to go to prison and if it eventually cost them their career from multiple lawsuits, then so be it. That's how the filtration system works to get rid of bad practitioners – and believe it or not, there are bad

practitioners. Have people gone completely bat-shit crazy!?

If you have read my post; "How Common Are Medical Errors?", you get an idea of how many mistakes were made during my stay in the hospitals. These were truly mistakes and though a few of them nearly cost me my life, I would never consider seeking damages for them – because they were accidents. The doctors that treated me immediately following the perforation knowingly ignored my complaint. They were extremely cynical and unable to accept the fact they had made a mistake and tried to cover it up. They were hoping that if they ignored the perforation, it would heal itself (they often do) and no one would be the wiser. The perforation was an accident and had they rushed to action, I would have no reason to have a problem with them. But their neglect was near criminal and caused a far greater loss of organ tissue.

The doctors kept me sedated for those three days, so I was unconscious and not aware how much time had passed before I had surgery. To then add insult to injury, the doctors lied and told me that I had lost my organs to Crohn's Disease (this is written in all of their records). It was not until my transplant, seven months later, that I was told by the surgeons in Miami that I never had Crohn's Disease. The transplant doctors were even mislead by the previous doctors that I suffered from Crohn's, because that is what they had reported. Yet, every test ran in Miami came back negative for Crohn's based on the pathologies of the remaining tissue. The diagnosis of Crohn's was very unlikely given my age and prior history, but I did not know that at that time. Crohn's typically onsets at a much younger age (15-30) and I was over 48, with no prior history of gastric problems. There was also the fact that I had been a former smoker and tobacco use worsens the symptoms of Crohn's, so it would have been impossible for a Crohn's sufferer to live 48 years, as a former smoker, and show no signs of the disease. So not only was the diagnosis for Crohn's Disease an example of bad

doctoring, but a complete fraud in order to cover for their negligence.

If you are a patient suffering a catastrophic injury from a malpractice, all the odds are stacked against you ever getting a day in court, much less being awarded any damages. The more catastrophic the injury and the longer you are laid up in the hospital, the higher the chance that the clock will run out on you. The doctors can and will lie to stall your discovery of their error, knowing that the clock is ticking away every minute you accept their lies. It is completely ridiculous that the law would expect that a legal action should be the priority of a patient struggling to survive and if it's not their top priority, then their case should have no merit. Of course someone with a minor injury will place a lawsuit on the top of their to-do list, which is why I believe that the present tort reform laws favor the smaller, less significant cases and discriminate against the truly life-altering and crippling wrongs committed by medical professionals.

It would seem unconstitutional to award one group of citizens a different set of rules than any others. How can a system be just that awards special privileges and protection to one group of citizens? No one is so morally superior because of a particular degree of education to be awarded freedom from the justice system and can be policed by their own moral compass. I believe the record speaks for itself. Because of their legal impunity, the medical profession have become the highest error-ridden profession. This would happen to any industry if they were given the same protection under the law. Given the supreme money generating ability of the medical system, $350,000.00 caps are not even a slap on the wrist. If the laws are not constructed in a way that allows a hard smack on the ass to doctors and hospitals that intentionally neglect patients and hire medical personnel that have proven not to be qualified at their job, we will continue to see the medical system decay even further. It is already the single highest

killer of humans in the United States and has no incentive to clean up its act.

The United States is not the best health care system in the world (far from it) and yet it should be, because we spend more on health care than any other nation. People need to quit simply saying we're #1 – we aren't. Wishful thinking is not going to make it the best and helping to sweep all of the mistakes under the carpet may give the illusion that our medical system is better than it truly is, but how's that going to help you when you end up needing their services?

The only way that this system will improve is the same way that every other business does – by making them accountable for their mistakes – especially the big ones. If all malpractice lawsuits were allowed to truly reflect the damage inflicted, we would see less of the frivolous lawsuits and the lawsuits where multi-million dollars worth of damages were committed would be allowed a day in court. The media would find those large-scale cases sexy enough to cover and everyone would soon be aware of just how fucked up and dangerous our medical system truly is. That would actually be good for the patients, because there would be an outcry and changes would finally be made. Until then, I hope you don't end up in a U.S. hospital and certainly don't expect to get any compensation if you are disabled by a doctor.

Had there been any justice in our system, I would only have to bear the physical stress of what the doctors reaped upon me. Unfortunately, I also must endure the financial stress these doctors caused, which is often greater than the injuries and pain I still suffer. The only advice I get from attorneys is; "Wow, that was really horrible what happened to you. It really sucks to be you!". Meanwhile, those doctors who cost me my intestines will tee-off at their private country club comfortable in the fact that they did everything right to cover their ass, even if it cost me my life. Yet, everyone will continue to believe that they are morally superior to the

rest of us, because after all, they chose to become a doctor, not for the money, but because they wanted to help people. I wonder how many of them would still be in medicine if it paid an average wage?

How Common Are Medical Errors?

In my 30+ years as a contract artist I have provided services to a multitude of different industries which, more often than not, operate with an extremely high-efficiency. Errors are typically not tolerated for long, especially in the film, theme park and toy industries, where everything is on a rushed schedule. Other than government, I have never seen as many blunders committed daily as I experienced in hospitals. I'm not sure anyone outside of government or hospitals would stay in business long with such inefficiency. To illustrate what the iatrogenic rate would compare to when applied to other businesses, I refer to a paper published by Dr. Lucian L.

Leape in his 1994 JAMA paper, “Error In Medicine”. Leape calculated that the error rate in hospitals would translate to:

- Two unsafe plane landings at O’Hare airport per day
- 16,000 pieces of lost mail by the U.S. Postal Service per hour
- 32,000 bank checks deducted from the wrong accounts every hour

With industries of commerce, profits are at stake; in government and hospitals it’s only human lives lost – the profits continue to roll in even in spite of rising failures. It boggles my mind that our priorities can be so misplaced in this nation. Though I am an advocate of the capitalist model, I believe it has become quite perverted when commerce can be placed a much higher priority over the “life, liberty and the pursuit of happiness” promised in the earliest document signed by our nation’s founders. The only reason that the medical industry continues to thrive within a flurry of errors and inefficiency when any other business would flounder, is because medical professional can collect fees irregardless of how miserably they fail. Few other businesses have that luxury.

America, being the only remaining superpower with leading technology, is only ranked 37th in health care on the world stage according to the last WHO ranking in 2000. In 2006, the United States was number 1 in health care spending per capita, but ranked 39th for infant mortality, 43rd for adult female mortality, 42nd for adult male mortality, and 36th for overall life expectancy, according to the New England Journal of Medicine.

Anyone who has read my blog for any period of time knows about the royal blunder that started all of my problems – an injury from a colonoscopy and the inability of the doctors to diagnose the problem for the three days I was in critical

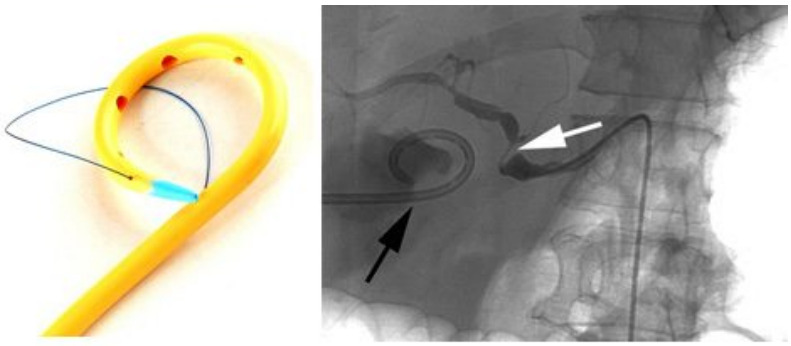
condition. The excessive delay in treatment ultimately cost me all of my intestines and should have cost me my life. But the mistakes and negligence didn't stop there – far from it. In this article I will give some of the accounts of avoidable mistakes made by doctors and nurses that should have taken my life had my wife, sister or I not intervened. Prepare for a very long article. Rather than listing a lot of random statistics, I felt that personal stories may have more impact. Because of the high frequency of errors, I have listed a lot of them. Everything that follows happened in less than a 12-month period of time, between September 2009 to September 2010 (with the exception of the reversal which was January 2011). I hope you find the stories interesting enough to read them all. These are only the life-threatening mistakes. I could write volumes if I listed all of the clerical and non-life threatening mistakes.

Medical Errors Made On Wolverine

- September 20, 2009 – It didn't take long after the first mistake before the second took place. The surgeon failed to get a pathology on the bowel tissue remaining and left a section of necrotic tissue inside of me (he even wrote in his surgical notes that the tissue appeared compromised, but used it to form a stoma anyway). Even in light of an obviously dying and inactive stoma, he continued to ignore all the signs of sepsis for 5 days. As a result, the necrosis spread to the existing jejunum and I succumb to septic shock and seizures. At this point, I still had enough small bowel to possibly live on and not require a transplant. But because he left some necrotic tissue behind, I was ultimately rushed in for surgery for a second time. All of the remaining small intestines had to be removed, giving me a very remote chance of survival. This became less inexcusable when I later discovered that this same surgeon had been reprimanded by the Florida Medical

Board and had his license revoked in California less than a year earlier for doing the exact same thing – only in that case it did cost the patient their life. Until now, I didn't know that hospitals could hire surgeons who had their license to practice revoked in other states nor was the hospital required to inform the family of that fact. Certainly my family would not have let that surgeon work on me had they been given that information. I plan to cover this in great detail in a future post.

- On November 18. 2009, I was admitted to the hospital for a fever. Blood cultures revealed a gram negative blood infection called; Enterobacter cloacae and CT imaging showed an abscess in the abdominal cavity. In these cases, use of the infusion port should always be suspended, because it is often found to be colonized quickly from a blood infection. (the human body does not defend a plastic catheter the way it would the arteries). The nurses continued to access the mediport for two days to infuse TPN and antibiotics, thereby flushing the infection straight into my heart where it was circulated throughout my system. The high sugar, vitamin and mineral content of TPN feeds pathogens and increases their rate of reproduction. The gram negative infection was later found to be colonized in the port catheter, and as a result of using the port, I was sent into septic shock with severe rigors, a temperature of 105.8º and a resting heart rate in excess of 198 bpm (I was at very high risk for cardiac arrest). I was rushed to surgery to remove the port and then sent to the ICU, where I was place on pressors to elevate my crashing blood pressure. This mistake could have possibly killed me. Septic shock is often lethal and I was lucky to survive.



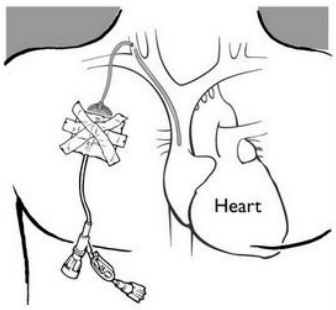
Pigtail Catheter

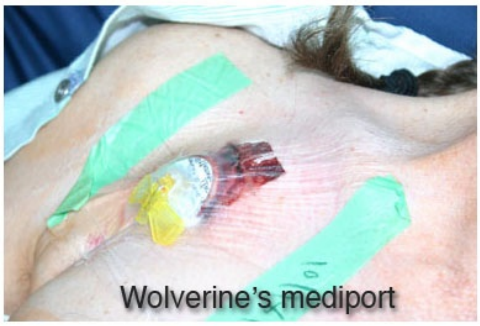
- On November 29, 2009, while still in the ICU, a pigtail drain had been surgically implanted in my abdomen to release the infection from the abscess. The drain line was evidently annoying the night nurse, so she decided to place tape around the line and pin it to my gown while I was sleeping. She forgot to unpin the line or inform the day nurse who replaced her. The day nurse came in to change the gown and violently ripped it off of me and rushed out the door to get a new gown. The last thing I remember seeing was the pigtail end of the line flying through the air and knew I was in trouble. Besides being extremely painful, I was rushed back to interventional radiology to have the drain replaced before the wound closed with the infection inside. It took a tremendous amount of force to withdraw that pigtail from within my abdomen *(the pigtail is designed to prevent it from coming out and requires a surgical procedure to remove)*. A nurse once told me the story of a man who accidentally stepped on his line while standing up from being seated on the toilet. The catheter was ripped from his chest, tearing a hole in the superior vena cava and he bled out before they could get him to surgery. The force needed to pull out that pigtail would have been plenty enough to tear the port from my chest.
- By December 3, 2009, after two weeks of very aggressive antibiotic treatments to kill the bacteremia, my sister requested that the infectious disease doctors

administer a prophylactic treatment of antifungal agents. She predicted that I was at high risk for a fungal infection because so many of the probiotics *(many of our good bacteria protect us from fungal overgrowth)* had been destroyed by the antibiotics. The doctors argued and refused the treatment. One of the doctors actually said that I was not at risk for a fungal infection because; "men do not get yeast infections – only women do". This is just one of many experiences where I learned that doctors are not necessarily very smart just because they're educated. I was released from the hospital and was not home for more than two days before my fever would skyrocket again. We opted to make the longer trip into Orlando to admit me to a better hospital, because we refused to ever go back to a hospital (South Lake Hospital) where doctors don't know that candida can breed in places other than vaginas.

- On December 7 2009, I was admitted to the other hospital. We explained to the ID doctors what had happened and why we believed it was a fungal infections. As usual, the doctors rolled their eyes and ignored what we said *(typical cynical nature of doctors to believe whatever the patient says is always wrong)*. Of course all cultures for bacteria came back negative *(duh, little surprise given the two weeks of massive antibiotics I had just had)*. It took us three days to finally convince them to run fungal cultures and of course, they came back positive for a systemic candida infection. Systemic candida infections are the single most killer of TPN patients, because the fungus thrives on the high sugar content of the TPN and these ID doctors just wasted five days *(it takes several days for the cultures to grow and fungal cultures take longer than bacterial)* because they refused to listen to us. It was hardly rocket-science, as fungal growth had already become apparent around the follicles of my

facial hair. At this point, we didn't feel like we were in any more competent hands than at South Lake. Whenever the doctors suspended the use of the port, my condition would improve. As soon as they began using it again, my fever would spike to over 105º F. It was pretty obvious to even a novice that the port was infected, but the doctors refused to remove it because they claimed the port continued to test negative for candida. After several weeks of this, my wife asked how they could have possibly tested the port because there was a clot in the line and the nurses were unable to draw blood from it? Instead they were drawing blood from each arm and telling me that was equivalent to a port draw. It turns out the nurses were reporting the right arm draw as a port specimen and sending it to the lab. They continued to perpetuate this lie for more than six weeks, while I continued to suffer the deadliest sepsis known to TPN patients. Upon my wife's insistence, the doctors questioned the nurses and learned what they had done. A heparin lock was performed on the line to clear the clot and a successful draw was achieved. The cultures came back positive for a massive candida colonization. This bone-headed chicanery from these lazy nurses could have easily cost me my life. The nurses simply did not want to take the time to perform the heparin lock and defrauded the paperwork. Of course, no disciplinary action was taken on the nurses involved. As a result, I spent over six weeks with a sepsis and was sent home with the infected port a couple of times, only to return a day or two later with a high fever. In Jackson Memorial in Miami, the doctors have a policy to immediately remove any and every port or PICC line if a patient is presented septic and will not wait for a pathology and culture, which can take days. I believe this is a much better policy that all hospitals should be forced to adopt.





- During the same stay in that hospital, around December 12, 2009, a night nurse once entered the room late one evening to hang the TPN. She was very hurried because she had showed up late for work and was behind schedule. She quickly primed the line and attached it to the lead from my port, then realized that she had forgotten to place the in-line filter between the pump and my port. We were a bit confused, because she had an extremely thick asian accent and kept calling it a "pilter", so we had no idea what she was talking about. She finally grabbed a filter, which comes out of the package with about 2 feet of line. She placed the line between the pump and my port catheter. She began to reach for the start button on the pump. My wife yelled to her and grabbed her hand. In her haste, she had not primed the new line and would have pumped the entire line full of air directly into my heart had my wife not stopped her. Remember, I had a port catheter that delivered the infusions straight into my heart as shown in the image above. An air embolism in the heart is a quick ticket to the grave (think of the Bends). Had she started the pump, I would certainly be dead. I seriously doubt my death certificate would have reported the error had my wife not been there. My death certificate would have probably read: "cardiac arrest due to sepsis". This is an example of how quickly you can die from an accident from a sloppy nurse and just how awesome my wife is. The anal retentiveness of my wife can be trying at times, but while I was in the hospital it saved my life

on many occasions.

- December 24, 2009 – The doctors had ordered an ethanol lock to be performed on my port line, because doctors were still refusing to remove the port. In this procedure, ethanol is injected into the line and it is capped and locked for several hours to sterilize it. It is later drawn back out and is not intended to ever be infused into the patient. The line had been fitted with a red cap and then taped over and labeled; "do not use". A nurse entered to administer medication. Rather than detach the other lead from the TPN to inject the medication (it was a two lead port), he removed the tape and the red cap and attached the syringe to the line. My younger sister asked him what in the hell he was doing? This line had been capped because it was infected. A red capped line should have never been used. Had this been a heparin lock, he would have pushed the high dose of heparin into my heart. Any nurse should know that a red cap means not to use.

- After my transplant, on March 23, 2010, all of my future hospital stays would be restricted to Jackson Memorial Hospital in Miami. I was released from the hospital on May 7, 2010, after my transplant, but was not allowed to leave Miami. I was sent to a place called the Transplant House across the street from the hospital. On May 12 2010, I came down with a fever (I had been infected from an ileoscopy two days before). I was rushed into the ER by ambulance with a serious sepsis and was literally beginning to flatline. I was hurried to the SICU where my blood pressure had reached 35/28 and I was in shock. While being intubated, my right lung was perforated and collapsed, making a critical situation even more severe. Lung punctures during intubation is very common and not actually a mistake or error, but a known risk of the procedure. I am not

listing this as an avoidable error but only to preface the next point on the list which was quite avoidable.

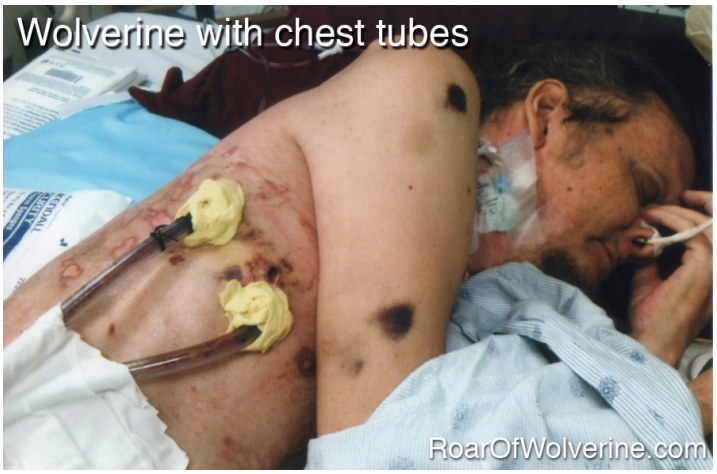
- The error came in the following days. I was placed into a drug induced coma between May 13, to May 27, 2010. I continued to come out of the coma fighting for air. My wife insisted that I was not able to breathe, but the nurses confidently claimed that I was just fighting the respirator. To appease my wife, they took x-rays of the lung and claimed that the lung appeared completely inflated and all was fine. I continued to come out of the coma and attempt to get out of bed fighting for air. My wife continued to insist that a CT be performed because the water on the chest tube canister was no longer showing bubbles, but the doctors thought it would be too much trouble to transport all of the gear and life support I was hooked to down to radiology. Her persistence paid off and the doctors finally ordered the CT imaging on May 23rd, one day before I was scheduled to get a tracheotomy. (If a patient is unable to come off a respirator within a couple of weeks, they are required to have a tracheotomy placed). The CT revealed that the pneumothorax was behind the lung and the lung was being crushed from the back to the front. In a two-dimensional x-ray the lung appeared full, but in the 3 dimensional images from the CT it was as flat as a pancake. The three ineffective chest tubes that had been placed were removed and a proper one was finally placed. The lung inflated and I was able to have the respirator removed. A pneumothorax is a life threatening condition and yet I had to survive one for more than five days because of this mistake (It's a wonder I'm still alive).

- While I was in the coma, between May 13 to May 27, my wife was at my side the entire time. At one point, my monitor began to alarm because I had stopped breathing

(I had the collapsed lung at the time). My wife looked around for the ICU nurse and he was nowhere to be found. ICU nurses are not to leave critical patients unattended for any reason. She had not seen the nurse for over an hour and was frantically calling for help, but none came. She finally had to run from the SICU (where I was) and over to the ICU and grab a nurse, who then came over, bagged and resuscitated me. (at that point I was clinically dead for a few moments). The original ICU nurse did not return for more than another half hour. My wife had seen my SICU nurse over in the ICU standing around chatting with some other nurses while I was dying. She removed that nurse from my service forever. Had my wife not been there, I would surely have become permanently dead. To my knowledge, no disciplinary action was given to this nurse, who I'm sure is still working in the SICU. I wonder how many patients he will have to kill before someone advises him to seek a new career?

- On July 2, 2010, I underwent a lung resection to fix the pneumothorax, I was in ICU recovering the day after the surgery. Some ICU doctor walked in (I had never seen him before) and told me he would be back in a few minutes to lance the abscess on my back. I wasn't aware of any abscess and refused to allow him to touch me until I had spoken to the surgeon. He was very insistent, so I asked him to leave the room. Later, when the surgeon stopped by, I asked her about the abscess, which she claimed was a hematoma at the point of the surgical incision (surgery was done through a scope, similar to laparoscopic). She also added that had he lanced it, the infection would have made a straight path to the lung she had just operated on. The only entertainment came when this diminutive woman (5'4″) took this six-foot doctor out in the hall and gave him a verbal spanking he will never forget. Most

people would have probably permitted him to go on with the procedure, and I might have many months earlier. By this time I had become quite suspicious because of all the errors I had encountered. This was all post transplant, so I was on immunosuppressant medication and an infection in that lung could have been lethal. To this day I don't know who that bozo was, just some ICU doctor that wanted to do an unauthorized procedure on a post operative patient. This goes on a lot in ICU. The ICU doctors have little regard for the surgeons and other doctors, so never allow them to administer non-emergency procedures on you without first consulting your doctor or surgeon.



- On July 14, 2010, I had been released with a chest tube still implanted. They cannot release you with a chest tube still attached to the rather large container it drains into. So they replaced the container with a device called a Heimlich Valve on the end of the tube, which allowed the release of fluid, but would not allow anything to back up into the tube. *A funny side note: The hospital typically used a surgical glove taped on the outlet, but I found a standard party balloon fitted with a rubber band worked better and was easier to change (the Thoracic surgeon thought it was ingenious and now recommends it to all chest tube patients). Whenever I would begin to cough, the balloon would blow*

up. My sister had bought a bag of balloons with smiley faces on them. I began having a coughing fit in the waiting area at clinic and this bright yellow smiling face balloon inflated so big we were afraid it was about to pop – which would have slung all of the infected fluid and pus on everyone in the waiting area – it was sort of frightening and funny at the same time. But on to the point of the deadly error. On August 31 2010, my wife noticed that the valve seemed to be hanging very low when I exited the shower. It was normally at my mid-thigh level and now it was below my knees. My wife immediately rushed me to the ER and it was late in the evening and my surgeon was not available. Two of her assistants were on duty and came down to the ER to look at the tube. One of them grabbed hold of the tube and braced himself against my body. He was obviously preparing to push the tube back in. My wife and I both simultaneously asked if they had lost their minds! Pushing that tube, which had now been exposed to every germ in that ER where I had been waiting for the last hour, back up into my pleural cavity would be suicide, especially in an immunosuppressed patient. They continued to insist it was safe and the right thing to do, but we stood our ground and not only refused, but asked them to leave the room (you can do that by the way, I don't think most people know that). The next morning, the thoracic surgeon came in and removed the tube and told us we were right in stopping them from pushing it back in. She agreed that pushing that filthy tube back inside of me most likely would have caused an infection, which in my case could well be deadly. No new tube was placed. To every doctors surprise, I didn't go into respiratory distress, because obviously the hole in the lung had healed prematurely (my Wolverine powers at work).

- The final deadly mistake I am going to list concerning

myself happened a year later on January 14, 1011, when I went to have the ostomy reversal. Every intestinal transplant patient is required to have an ileostomy for the first year following the transplant. They leave the colon and ileum separated, so the colon is not in use for the first year. The only reason they do this is so they can scope inside the ileum for signs of organ rejection. It was now time for my bowels to be reconnected, which meant I would no longer have an ostomy bag and would be normal once again (take a dump like everyone else). Shortly after the anesthetics wore off from the surgery, I began to experience a tremendous pain deep within the incision. By now, I had enough surgeries to know the level of pain to be expected and this was far beyond the typical pain post surgery. I was given a shot of dilaudid, but it wouldn't touch the pain. I buzzed for the nurse and she went looking for a doctor. Instead of listening to me, the surgical assistant she found began to lecture me about pain-killers – even though I had not requested more pain-killer, but was inquiring why I still had so much pain even after the pain shot (typically dilaudid, which is about 8 times more powerful than morphine, can knock out any pain – and if it doesn't, you have a serious problem). Rather than investigate, he continued to lecture me and my wife and accused me of having a low-threshold of pain. His attitude was extremely cynical, which really angered me because it was that exact same attitude that the doctors gave me which cost me my intestines in the first place. They also never investigated to find the source of my pain (which was from ischemic and dying bowels) but allowed me to suffer for three days while telling me I had a low threshold of pain. Had I not been incapacitated by the intense pain, he would have been incapacitated because I would have leaped out of the bed and beat the living shit out of him. Instead, I yelled to the nurse to remove him from

my room and never allow him back in (you can do this – I did) and get me a competent doctor. I guess the racket I was raising drew the attention of the Fellow who had assisted in the surgery and he entered the room. Rather than leap to the theory I was simply a wimp, he suspected there actually may be a problem and instructed the nurse to bring him a surgical kit and reopened the incision. We were all shocked when he withdrew a 4 x 4 piece of gauze which had been sewed into me. The gauze was extremely infected and he immediately irrigated the wound. By this time, a large bulge was noticeable on my side. It looked like I was pregnant over on the right side of the wound. Cellulitis had set in and I had to spend an extra week in the hospital on antibiotics to clear all the infection. Being an immunosuppressed patient, any infection has the potential to kill me. How I survived these type mistakes is beyond me. Unfortunately, many of the friends we made there were not so fortunate and died from similar mistakes.

- I would like to list a medical error that happened to a young woman we met, who had lost nearly her entire digestive tract to Crohn's Disease. Onset of the disease began when she was only 9 years old. When we met her, she was 26 and had undergone over thirty surgeries, which ultimately left her with no intestines. She required a six organ multivisceral transplant and was so small, that her donor had to be a 6-year-old child who had passed away. From so many years of living with Crohn's and all of the resulting fistulas, she required very high doses of methadone to control her pain. A doctor once told us that the doses of methadone she received would kill a normal person, but she had built up a resistance to the drug. After her transplant, a night nurse came into her room to hang her medications. Her intestines were not yet working well enough to absorb the prograf (the anti-rejection

medication all transplant recipients require) orally, so it was being infused intravenously. Prograf is a highly toxic drug to the organs, especially the kidneys. If we don't take enough, we will die from organ rejection and if we take too much we will die from toxicity. Her nurse screwed up and hooked her prograf and methadone to the wrong pumps. She set the methadone to infuse at 10 ml and the prograf to infuse at 100 ml and then left the room. The young woman awoke initially because she was not getting enough pain medication and buzzed for the nurse for her pain. Of course the nurse immediately began lecturing her on the dangers of pain-killers and accusing her of being an addict and all the other cynical crap we must deal with when we're in pain in a hospital. Had the nurse investigated before launching onto her soapbox sermon and fumbling for her DEA badge, she may well have noticed her error sooner. An error that could have cost this girl her life and has certainly damaged her kidneys beyond repair. As a result, she spent the next three days with profuse vomiting and dehydration.

High Risk Decisions Derived From Power-Plays

There are some deaths due to power struggles between doctors. There are times when a doctor will simply flex their professional muscle and usurp the consensus of other doctors, just to exercise their power to do so. Medicine is not a democracy in a hospital. There are certain legendary doctors who can override the diagnosis or treatment options decided by even a team of doctors. It seemed at times, that some of them did it just to prove they could. The reason it felt this way was because they would not consider or examine any of the evidence or concerns given by the other experts, who were more involved in the case, but simply fly in and make a decision and force it to be carried out, even at the protest of the other doctors. You, as the patient are the only one who have

the power to override the super-doctor. Chances are, if several other doctors disagree with superdoc's decision, you may want to reconsider his suggestion and opt for the treatment decided upon by the doctors more familiar with your case. Here are a couple of examples.

- This same young lady who had the Crohn's Disease once received several doses of thymoglobulin, rather than campath for an organ rejection issue. The thymoglobulin started a series of seizures, ultimately ending in a grand mal seizure which cause her to become blind in her right eye (thymoglobulin is notorious for creating seizures). It also created a lesion on one side of her brain. She sustained a lot of organ and brain damage from this decision, not to mention the blindness in her right eye. The reason I list this is because the decision stemmed from a power struggle between two competing surgeons. Surgeon B knew that the standard treatment for such rejection by surgeon A would be campath. He took advantage of it being a weekend when surgeon A was not on-call and decided to try an older, less aggressive approach by ordering the thymoglobulin. I too had been caught as a pawn in their chess game when surgeon A's order for tobermycin usurped the requests from the ID doctors and thoracic surgeon, but more importantly – it overruled the competing surgeon B's suggestion.

- There was a gentleman who had many complications from a liver transplant because he also suffered from severe diabetes. Because of his diabetes, his stomach had shut down and was no longer working. He was also fighting a systemic infection from an obstruction in one of his bile ducts, where a stent had been improperly placed. All of the doctors agreed that the safest course of action would be to feed him with TPN infusions until the infection could be cleared. Their decision was

overruled by the chief transplant surgeon who insisted that a stomach tube to be placed. The other doctors protested because all of his visceral organs (pancreas, spleen, liver, etc.) were inflamed, making the high risk procedure many times more dangerous. The spleen was infected and as a result, his blood platelets were below 30 (normal range 150-400), making him a high risk for bleeding. The chief surgeon convinced his wife to sign for the procedure and his liver was perforated. He began to spontaneously bleed internally and continued to decline for several weeks before the decision had to be made to remove him from life support.

- He was one of two of our friends that died from infections acquired from perforations. They both died very slow, painful deaths, which took many months and the slow shut down of organs. Both ultimately had to be removed from life-support before perishing. There was a lot of debate and power-plays instigating the final decisions to perform the high risk procedures. Many of the same type of mistakes I encountered had happened to them, according to their families – the only difference was they didn't survive them, whereas somehow I did. But I never lose sight of the fact that I could have just as well suffered the same fate and taken much more damage to my other organs.

- I did suffer damage to my kidneys as well as my hearing as a result of a completely unnecessary treatment of a very dangerous antibiotic called Tobramycin (both nephrotoxic and ototoxic) started on September 10 2010. After my lung resection, Pseudomonas was found in the fluid draining from the chest tube. The thoracic surgeon and every doctor from infectious disease refused the use of this medication. They said that the infection was isolated to the pleural cavity and was little threat of going systemic

and the drain was adequate. Because of the destructive nature of this highly toxic antibiotic, it is better reserved as a “last resort” medication, rather than a prophylactic. They didn’t want the pseudomonas to become resistant to the tobramycin, so it could still be of benefit if the bug ever did go systemic. But the chief transplant surgeon (a rock star of the surgical world) who personally performed my transplant and is treated like a god in that hospital (for good reason, he has performed more transplants than any surgeon in the world and was one of the pioneers of intestinal transplants), overrode the other doctor’s opinion and in a panic, ordered the medication to be administered for eight weeks as a prophylactic. I finally refused the treatment after the first week, on September 14th, because my entire face and throat went numb and the ringing in my ears was so bad that I couldn’t sleep. The medication was stopped and I healed just fine, so the usage was completely unnecessary and had I have gone the entire eight weeks, I’d be completely deaf and would have suffered total renal failure.

- I had taken over 55% hearing damage in both ears and the ringing was driving me insane (this was really upsetting because I am a musician). My wife did some research and found a doctor who had a treatment for damage sustained by tobramycin, which had been successful if applied soon after the event. The problem was that the equipment necessary for the procedure could not be transferred to the hospital, so I couldn’t undergo the treatment until I was released from the hospital and everyday I didn’t get treatment, the deafness became more permanent. I was finally release a week later and was able to get the treatment which was miraculous to say the least. Unfortunately, the procedure required three steroid shots directly into each eardrum (6 in all). He would only do one ear at a time, because of the risk of

causing me to go completely deaf and the severe vertigo following the procedure. It took six appointments to get all of the treatments, but my hearing is near normal again and the ringing is very minimal. After getting just one of those painful shots in the eardrum makes it very difficult to line up to get five more. That was a dreaded three weeks. We did meet a woman who had gone completely deaf as a result of this medication.

- The damage I sustained to my kidneys is irreversible, which puts me at a huge disadvantage because the prograf I have to take is known to damage kidneys over time. Because of the doctor's knee-jerk use the tobramycin prematurely (and against the advice from all other doctors), I could eventually need a kidney transplant at some time in the future. Had I continued the eight weeks he prescribed, I would have already been in need of a new kidney and probably be on dialysis at this time. *Kidney transplants are a much easier and less risky operation, but many people die waiting to get a kidney. Because kidney transplants are so common and so many hospitals perform them, the supply is much lower than the demand and you can be on the waiting list for years. Only six hospitals in the world are capable of performing intestinal transplants, so I was able to get an organ after only six days of being on the list.*

It seems that a lot of the errors and delay in treatment today stems from an excessive amount of cynicism that many doctors and nurses have regarding patients and pain medications. I will cover this in further detail in my post; "The Cynical Attitude Of Doctors". There also seems to be a lot of mistakes that stem from cynicism that doctors have towards each other and the competition that arises as a result.

We can see that medical errors are quite common and not as rare as most people would believe. Aside from the notes on the young lady and the other unfortunate gentleman, these are

all errors that happened on just me. I could write an article ten times longer if I wanted to included all the errors that happened to others that we met – some died as a result. Medical errors are in fact the third highest killer of people in the United States and that is only based on the mistakes that are reported. I do not believe that any of the mistake that I listed here were ever reported, because no one forced them to be. If we could include all of the mistakes that go unreported, medical errors could well rival, if not surpass, pharmaceuticals as the number one killer of human beings in the U.S.. If you tally them all together (drugs and errors), hospitals are without a doubt the biggest killer in America. [source] It kills more people than AIDs, breast cancer, and automobile accidents.[source] Each year in the U.S. there are:

- 12,000 deaths due to unnecessary surgeries
- 27,000 deaths due to medical errors (that's only what's reported, I'm sure it's much higher)
- 80,000 deaths due to hospital borne infections (many of these are due to sheer sloppiness by the staff)
- 106,000 deaths due to negative effects from drugs

The source for this is found here.

Another note on the 80,000 deaths due to infections. It was all too common that my wife or I caught nurses attempting to access my port line without first cleaning it. Port leads dangle from the patient and make contact with the bed sheets, patient's body (often time in their armpits) and all of the transplant patients had ostomies that could leak intestinal contents (crap, stool or whatever you want to call it) onto the bed where the leads were lying. Hospital protocol, set forth by infectious disease experts, demands that the lead be scrubbed with chlorhexidine wipes for a minimum of thirty seconds – because it is not just the chemical that destroys organisms, but also the heat generated by the friction of aggressive scrubbing. There were some occasions that nurses

would attempt to access without cleaning the lead at all and when they did clean them, it was just a single quick wipe – not the 30 second scrub required to sterilize it. If you are a patient, don't feel like you are being a pest by pointing this out and demanding that it be done properly. Infection is the 2nd largest killer in hospitals. These rules are always posted around the hospital by law, so that the patients can understand and recognize when a nurse or tech fails to follow them.

A few times we asked a nurse why they were about to access a lead without cleaning it? There were a couple of the nurses who tried to fly the excuse that they didn't have any of the chlorhexidine wipes on them at the time – offered as if that was acceptable. My wife always kept a supply of them in the room so she would give those nurses (who thought my life wasn't worth their effort to walk back to the nurses station to get the supplies) no excuse for killing me in their haste. Hospital borne pathogens are some of the deadliest on earth, because they have been exposed to so many disinfectants and antibiotics that they have become resistant to nearly everything. Hospitals inadvertently breed superbugs.

I will admit that nurses work long hours (usually a 12 hour shift) and most hospitals are under-staffed with nurses, but these are humans lives we're talking about and hospitals make plenty of money to hire more nurses. There have been multitudes of studies that have proven that an employee's efficiency at their job begins to decline after an eight-hour shift [one study]. Other businesses that operate around the clock break shift rotations down to 3 eight hours shifts for this reason, but hospitals use two 12 hour rotations. Again, I will reiterate that those industries of commerce have profits at stake, whereas hospitals have only lives that can be lost to the mistakes of a tired and frustrated employee.

You can see why it is so important to have a loved one by your side. The patient is sedated (heavily drugged), confused and

in pain most of the time and it is impossible for them to be attentive to everything going on around them. Nurses enter the rooms at all hours of the night and access PICC and port lines while the patient is sleeping. My wife slept in a chair in my rooms for nearly 14 months. There were other transplant patients who had family members stay in their rooms (mothers, wives, husbands) and there were some whose families left them entirely in the hands of the hospital staff so they could continue on with their careers. All of the ones who were left on their own also died. The ones who had family members all survived (except one) and those family members had similar stories of near fatal mistakes made on their loved ones that they had averted by being there. Those family members also declined many unnecessary and risky procedures that were offered by doctors. A heavily sedated patient may sign a paper authorizing a procedure that they otherwise wouldn't sign in a less stressful or sedated state. If you have no surrogate and are incapacitated (coma, sedated, etc.) then it only takes two doctors to agree that a procedure is necessary to legally perform the procedure. Don't believe that crap that your loved ones are in capable hands when left alone in a hospital – they're not. Yes, these professionals are competent in their training, but too often become complacent and sloppy at the end of a long shift.

Why does this one occupation seem more prone to errors than all others? It is because they have a greater protection under the law and are held less accountable for their actions than any other individual citizen of this nation. If anyone else had the legal impunity that medical practitioners have, they too would dissolve into the giant mess that modern medicine has become.

I have covered this very subject in a recent post entitled "Malpractice Law: Reserved For Only The Frivolous" where I hope to illustrate how the laws are constructed to make it nearly impossible to bring an action against a doctor or

hospital and just how low the limits on damages are set as a deterrent to anyone who would seek to bring an action against anyone in the medical profession. I am not an advocate of increasing the amount of lawsuits against medical professionals, but reducing them properly. The way the laws are presently designed perpetuates the smaller, less significant malpractice cases and deters the catastrophic cases from being sought. It is exactly the opposite of what it should be and in fact promotes more frivolous lawsuits, which I will explain in further detail in the upcoming post.

Another reason for the quantity of mistakes is because doctors get paid even if they fail at their diagnosis or treatment. If a plumber puts in a toilet and that toilet doesn't work, I have every right not to pay him. The doctors that failed to diagnose the problem and cost me my intestines still got paid. I cannot think of one other occupation, other than government, that can still expect to be paid when they fail so miserably at their job. In my occupation, I risked forfeiting payment if I didn't complete the job by a particular date, much less totally failing at the task.

A third reason for the elevating errors in medicine is something I have only recently learned of. Doctors who have their license revoked in one state can have a license to practice granted to them by another state. I do not see why a state medical board cannot be held accountable for the mistakes committed by a doctor that they allow to practice, who had lost their license in another state? This is a bad filtration system for sifting out the untalented doctors who should probably seek another career. I cover this in much greater detail in my post entitled "Is You Surgeon Licensed? Are You Sure?".

It is not my goal to simply trash the medical profession, but an attempt to improve it. There were many very competent surgeons, doctors and nurses who worked very hard to save my life and without their dedication, I would be deceased. It

just appeared that there were a disproportionate population of incompetent, lazy and sloppy practitioners who made the job of the competent medical professionals that much harder. It was bad doctors that screwed me up in the first place and it took stupendously talented and dedicated doctors to put me back together. If these errors could be minimized, there is no reason that the U.S. is not the leader in health care. If these practitioners were held more accountable for their mistakes, we would see a reduction in needless deaths and injuries.

I hope you will return to read more of these posts, or better yet, subscribe to be notified of new posts. I had to endure and survive a lot to bring you this information that few are willing to expose. I hope that you will take it in the manner in which it is presented – with your health and safety in mind. It is my hope that through this truth in information people will be better prepared and aware of the dangers that lurk within the U.S. medical system, so you can better protect yourself if you become in need of medical treatment. If you do not become your own advocate and understand your rights as a patient, your chances of survival decrease dramatically. Stay healthy, please.

The Effectiveness Of Colonoscopies On Cancer And IBD

In part one of this series, I illustrated just how common that injuries and death are from colonoscopies, which is far

greater than the doctors and the media have led you to believe. Yet, those in the medical industry and media often like to claim that colonoscopies have saved thousands of lives, so the benefits outweigh the risks. Is this anymore accurate than their claim that injuries are rare?

The two most common uses of this procedure is for cancer screening and diagnosis of Inflammatory Bowel Diseases. I will cover each separately starting with:

The Efficiency Of Colonoscopies for Cancer Screening

How effective is this procedure for early detection of cancer and is polyp removal (polypectomies) successful at arresting cancer?

1. According to the American Cancer Society, up until 2009 "…there are no prospective randomized controlled trials of screening colonoscopy for the reduction in incidence of or mortality from colorectal cancer."

Here we see that few studies have been done to back the ridiculous claims of thousands of lives being saved. Let's look at a few that I could find.

1. The Minnesota Colon Cancer Study, which ran for 18 years and included 46,000 patients between the ages of 50 to 80, demonstrated only a 0.6% reduction in the incidence of colorectal cancer. This is a statistically insignificant amount. (*If you've heard greater risk reductions than 0.6%, you are not being lied to, but are receiving the relative risk as opposed to the absolute risk. This is a notorious "slight of hand" used by researchers and pharmaceutical companies to make their findings appear more relevant. An absolute difference is a subtraction; a relative difference is a ratio. The difference of a 0.2% to 0.1% drop would translate to a 50% reduction in relative terms, but in reality is quite insignificant. For more on relative vs. absolute*

statistics read here. Once you understand that difference, you will realize just how ineffective many drugs and treatments actually are compared to what you have been led to believe.)

Here is the overall observation:

1. Despite tens of millions of colonoscopies performed between the years 2000 and 2007, the annual incidence of colorectal cancer in the United States INCREASED by about 30,000 more cases.

Any other product, outside of the medical industry, would be abandoned and forgotten with such a dismal rate of proven success. Yet, to hear Katie and others in the media tout this procedure as the greatest life-saver since the polio vaccine, makes my blood boil – especially being a victim in its profitable wake.

Certainly the removal of polyps have saved many from developing colorectal cancer? Look at all of the millions of polyps that have been sliced out of colons since the advent of colonoscopies. The claim is quite impressive, but how has it actually played out on the world's stage?

From an article in the New York Times, dated 2006; "The patients in all the studies had at least one adenoma detected on colonoscopy but did not have cancer. They developed cancer in the next few years, however, at the same rate as would be expected in the general population without screening."

Another research study published in 2006 concluded that the screened patients in all of the studies developed colorectal cancer "at the same rate as would be expected in the general population without screening" in the next few years, even though all found polyps had been removed.

If polypectomies were as effective as advertised, and given the fact that about half of americans past age fifty get

screened, we would have expected to see the incidence and mortality of colon cancer dive to a 45-50% reduction in mortality. Instead, we have seen a 22% increase. This increase could well be associated with the removal of the polyps themselves. Removing a polyp releases cancer cells into the bloodstream, spreading the cancer at an accelerated rate to other organs.

The result of the Telemark Polyp Study 1 highly supports that theory. Although there was a 2% reduction in colorectal cancers in the screening group that had polyps removed, they had a 157% higher mortality from other causes than the control group. The "all cause" death rate was significantly higher in the group that was screened. So, you may die prematurely, but at least you will die knowing that you have no polyps in your colon while being embalmed. If being a polyp free corpse is all that's important to you then, by all means, get the colonoscopy.

Most people will live their entire life with colon polyps and never develop colorectal cancer. An estimated 95% of all polyps are benign. They will never become cancers, so removing them and claiming victory over cancer is as fraudulent as cutting every mole off of everyone and boasting that you saved them from melanoma. Removing a benign polyp creates and open wound within the dirtiest organ of the human body. You might as well slice open your finger and stick it into a septic tank or gas station toilet.

The large polyps most commonly removed via colonoscopy are rarely a cancer threat. By far, the largest portion of colon cancers start from flat lesions, which are usually never found or removed with colonoscopies, even though they are considered five times as cancerous as large polyps [source].

The National Cancer Institute's report suggests it is closer to ten times higher: *"In a study in which endoscopists used high-resolution white-light endoscopes, flat or nonpolypoid*

lesions were found to account for only 11% of all superficial colon lesions, but they were about 9.8 times as likely to contain cancer (in situ neoplasia or invasive cancer) compared with polypoid lesions."

If colonoscopies are so ineffective at discovering cancer in early stages, why would this procedure be recommended as a proven prophylactic and diagnostic tool for cancer? It can only be driven by the extreme income potential, not only to the doctors, but to the manufacturers of this device that costs in excess of $28,000.00. This should be reason enough to hear a public outrage, but add in the fact that people are being killed or left disabled (as I am) and the outcry should be deafening and I believe it would be, if the american people were given the truth.

The erroneous claims of the success of polypectomies is as much of an illusion as a psychic surgery. Doctors use this parlor trick to remove polyps commonly found in middle-aged to elderly patients and happily grabbed another $2,000.00 dollars and move to the next ~~sucker~~ patient. It all looks so impressive when they can show the patient high-resolution images of the polyps they discovered and removed from inside of them and claim that they saved them from cancer. When in reality, that polyp was little more threat to your life than that mole on their butt.

Even though I believe that Katie Couric has convinced herself that she is saving thousands of lives, her national endorsement of this service has most likely been responsible for the death of more people than she could possibly have saved. Katie responded in a knee-jerk reaction to her husband's untimely passing with the promotion of this money-making scandal of the medical supply companies. I feel that Katie owes it to her viewers to broadcast stories like mine, showing the potentially deadly and life crushing effects of this service she endorses to healthy people and the rare transplant I received, which would, in fact, have been the

only thing that could have saved her husband. I will not hold my breath waiting for her call.

There is a rare group of individuals who suffer from a congenital defect known as Gardener's Syndrome. These people know who they are, because the cancer runs in their family. For them, screening at the age of 50 would be far too late, because they often develop colon cancer in their 30s. The benefits of colonoscopies does outweigh the risks in their case. But, if you are over 45 and have not developed colorectal cancer yet, you are not one of these people and the risks associated with a colonoscopy far outweigh any potential gain.

Katie's husband was only 42 when he succumb to colon cancer, leading me to believe he may have suffered from this rare gene mutation (average age of colon cancer is 71, so his case is rare). A simple polyp removal would not have saved his life. Only a full multi-visceral transplant could have. I know this because the woman assigned as my mentor had Gardener's Syndrome and required a six organ transplant at the age of 33 to rescue her. Katie's endorsement of colonoscopies is misplaced and she should instead be endorsing intestinal and multi-visceral transplants. But how would that profit GE and her investments in their products? Starting colon screening at the age of 50 would have been little consolation to her late husband, given the fact that he died at the age of 42. Unfortunately, this leads me to believe that Katie is only endorsing what is profitable to her, not what would have truly saved her husband's life. She is not on a crusade to save lives, but to boost her career.

The Use Of Colonoscopies For Inflammatory Bowel Disease

Besides its use for cancer screening, colonoscopies are also used by Gatroenterologist's to diagnose Ulcerative Colitis, Crohn's disease and other Inflammatory Bowels Diseases (IBD). This is a deadly combination. The risks of perforation are

much greater in these patients. To use a device, which exerts so much pneumatic pressure within a human organ on patients who have weakened areas (ulcers and fistulas) and inflammation is irresponsible to say the least. This procedure should be completely forbidden for use on patients with severe IBD, yet doctors are using it as the tool of choice.

A sigmoidoscopy would be far less invasive and just as effective at diagnosing IBD diseases (by cellular biopsies). Sigmoidoscopy does not require the use of general anesthetics and has less than half the incidence of perforation [source].

A case study reported by the Journal Of the National Cancer Institute stated:

> *Overall, we found a perforation incidence of nearly two per 1000 colonoscopies, slightly more than twice the perforation incidence from sigmoidoscopy.*

But, a sigmoidoscopy charges out at a fraction of the cost of a colonoscopy and takes about the same amount of time to perform. So doctors naturally opt for the colonoscopy. I was never offered the option of, nor given the information about the safety differences between the two or I would most likely still have my native small bowels. I have no idea how many Crohn's or UC patients have been killed or damaged by these machines as I was, but I would reason to believe that the number is staggering – and of course, unreported.

I would like to give you an idea of the air pressure that can be exerted by this device. After my transplant, the technician operating the ileoscope was a Fellow, who was inexperienced at it. I began to complain of the tremendous pressure, but he ignored my discomfort and continued to pump away. Suddenly, everything in my stomach ejected from my mouth. I didn't have nausea, nor did I wretch. The air pressure was so great that it literally pushed upward through over 20 feet of bowels and blew open 2 one-way sphincters. I

was terrified of these machines after this and would only allow Attending Surgeons to perform any future ileoscopes.

Perforations are difficult to diagnose and often go undetected for several days. Every hour counts after a perforation, because the leakage of colonic bacteria begin to spread infection and necrosis throughout the visceral organs. It can be difficult to diagnose and locate all perforations which has led to the levels of damage and death I have seen in several patients because of delay in treatment. It is the x-ray and/or CT screening for the presence of "free air" in the abdomen that is the golden standard used to diagnose perforations. "Free air" will not always be present nor easy to detect. The level of confidence that doctors instilled in this diagnostic technique is what led them to dismiss the possibility of perforation and thereby ignore my failing vitals over the next four days.

Conclusion

Because of the savior status that this deadly procedure has received in recent years and the fact that celebrities like Katie Couric have made it a media darling, it is impossible to get anyone in the media to report anything that may suggest that there is a danger with this procedure. Even though it has never been proven to be effective at diagnosing cancer, nor have we seen any decline in colorectal cancer since its implementation, these whores in the media continue to insist that it has saved thousands of lives. Where are the studies to support their claims?

The words "cancer" and "terrorist" scare Americans more than any others in the English language. What are your chances of developing colorectal cancer? Even a person in a high-risk group is 12 times more likely to die from heart disease; 10 times from any other cancer, 6 times from a medical error, 3 times from stroke, and twice as likely to die from an accident. Yet, Americans are so motivated by the word

“cancer”, that they are willing to submit themselves to this ambulatory surgical procedure, even when they feel perfectly healthy. Would you submit yourself to any other invasive surgical exploration as simply a screening technique for a disease you most likely don’t have?

Of the seven intestinal and multivisceral transplant recipients I met, only two had lost their organs to a disease. Nurses told me that better than 80% of the organ recipients were the result of bariatric surgeries, liposuction and colonoscopies (in that order). I met two women who lost their organs to faulty gastric by-pass surgeries and two were the result of colonoscopies. Disease is not your worst enemy, medical procedures are. And every one of these are elective procedures undertaken by otherwise healthy people who were assured of their safety. Healthy people whose lives have now been destroyed and shortened by medical practitioners hawking unnecessary procedures for monetary gain.

I will continue to fight the battle of awareness until a much safer and more effective diagnostic tool for cancer, Crohn’s and Ulcerative Colitis is invented. Because everyone seems happy with the status quo, nothing will be done to improve this diagnostic technique or better yet, come up with a far less invasive one, unless the dangers and the ineffectiveness of its use as a cancer screening device are made common knowledge.

Modern medicine needs to start looking in new, less invasive, directions – not to simply dump more money into promoting their existing products that do not work effectively – and even worse, are making people sicker or outright killing them. If half as much money went into research as is spent on the advertising and celebrity endorsement for the promotion of this outdated, crude and invasive torture device, we would have cured the damned disease by now. Curing a disease is never as profitable as treating one.

They have been quite efficient at sweeping my story under the carpet and my tiny place in cyberspace will never get this information the attention that it needs to save lives. I will continue to do whatever I can. If I can save just one person from having to live through the nightmares that I have, it will be worth the effort. But people, you to need to wake up and demand more truth about these modern "snake oil" practices.

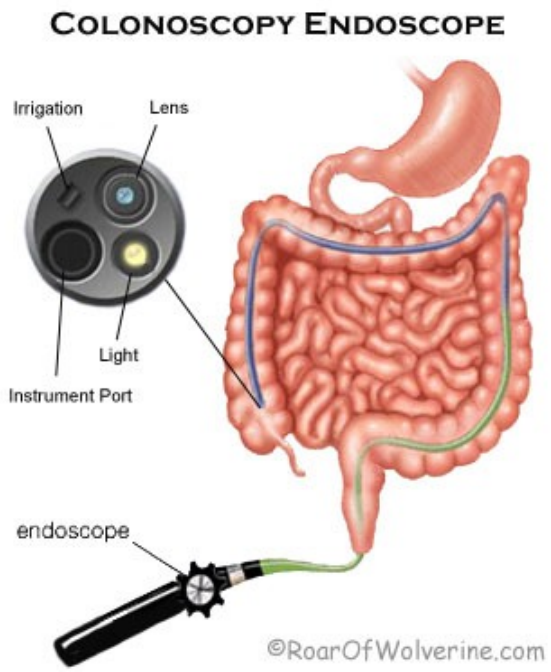
If you wish to learn more about the dangers of this procedure, please read part 1; "The Dangers Of Colonoscopies" and the "Wolverine Story".

There is also a lot of good information and videos at Konstantin Monastyrsky's website; here

I still have many more articles in this series upcoming, so please check back or subscribe to receive email notifications of when new articles are posted.

I am not a doctor nor attempting to give medical advice. I believe that every american has the right to the truth concerning the real, absolute risks and benefits in modern medicine – something you will not get from the mainstream media. Always remember that their broadcasts or publications are paid for by the manufacturers of these medical devices and pharmaceuticals. The entities in the media will not bite the hand that feeds. I am selling no products and am a victim of this profitable industry and will always give an unbiased opinion of my research and experiences, so you can have better information with which to make decision concerning your health. Stay healthy, please.

The Dangers Of Colonoscopies



The overuse of the procedure known as colonoscopies as a prophylactic for colon cancer, has not only become quite a fad in recent decades, but also a multimillion dollar industry. Every year, over 14 million perfectly healthy individuals age 50 and up, submit themselves to this invasive procedure in the hope of receiving protection from colorectal cancer. Do the benefits of this screening outweigh the risks involved?

Sometimes in this world, a treatment may be as dangerous as the disease itself. I serve as a living testament to the severity of the damages possible with this procedure. The many injuries that can be caused by colonoscopies, the anesthetics and preparation required for this procedure, is what I would like to cover in part 1 of this series. (In part 2 we will look at the known effectiveness of colonoscopies as a weapon against cancer)

I would like to preface this by saying that colorectal cancer is a very real, frightening and deadly disease, and I am in no way making light of that fact. But, a colonoscopy injury can be as lethal and cause as much fear and suffering as colorectal cancer itself. (For those who have not read my story, I lost all of my intestines due to a colonoscopy accident – NOT just my colon, but all of my small intestines too – a life-threatening condition known as short bowel syndrome. I lived for six months without intestines and being fed and hydrated with the use of TPN, but my life was ultimately save with a very rare intestinal transplant.).

So the question here is, which one carries the greatest risk of actually happening to you in your lifetime? Especially between the age of fifty to sixty?

Reported in this study from 2006; "The perforation rate reported from colonoscopies was 1 in 1000 procedures, and 'serious complications' occurred in 5 in 1000". According The Annals Of Internal Medicine's report on colonoscopies, an estimated 70,000 (0.5%) will be injured or killed by a complication related to this procedure. This figure is 22% higher than the annual deaths from colorectal cancer itself – the very disease the device was designed to prevent.

The average age for developing colorectal cancer is 71 [source]. The medical industry recommends screening starting at the age of 50 and as low as 45 for African-Americans. So, for the first couple of decades, you are risking your life with a dangerous, invasive procedure to diagnose a disease that is far less of a risk at that age than the odds of being injured by the screening device. I could stop right there, because that should be enough to make a critical thinker forget about this barbaric diagnostic tool, at least until the age of 65. But, there is more – a whole lot more to consider, which leads me to believe we should search to discover a safer and more effective tool.

Many of the related injuries associated with colonoscopies go unreported or are never diagnosed. Death from colon cancer will very rarely not be reported as the cause of death, so those are accurate predictions. But, we have no idea just how high the actual number for colonoscopy injuries and death may actually be [more]. I am living proof of that. The reason for the necrosis of my bowels was unreported because all priorities focused on saving my life, not what caused the decline. Nowhere on my medical record is the reason for what caused my organs to die reported, so I doubt that I am part of those statistics, even though I am a victim of a colonoscopy.

Typically, a patient left untreated for as long as I was will die. Had I died, the death report would say complications from necrosis of the bowels and mention nothing of the colonoscopy. Perforations and other injuries from colonoscopies can be extremely difficult to diagnose and are often of little concern when the patient is dying. We also have to consider that doctors and hospitals will rarely report an injury from a colonoscopy unless forced to. It is up to the patient to successfully prove that the procedure caused their injury or resulting infection in a civil trial before it will be reported and logged. The fact that few, if any, of these cases will see the light of day is covered in my post "Malpractice Law: reserved Only For The Frivolous".

Even though statistics say that 70,000 people will be injured or killed by this procedure this year, the actual number is far greater. But even if you go by only those that have been forced to be reported, the number of injuries are still significantly higher than the incidence of colorectal cancer.

One of the more dangerous outcomes of a colonoscopy is the one I was a victim of – a perforation. Everyone considering this diagnostic procedure is required to sign a paper stating that they understand all of the injuries possible with this invasion of their organs with a mechanical device and the air pressure exerted in order to inflate the colon. The list of the horrific complications, including death, should be enough to give anyone pause. But, patients are immediately calmed when their doctors explains that these things are rare. The favorite tool of compliance in the doctor's arsenal is the phrase "I'm not worried about it". They're not the ones about to have a metal tube shoved four feet up their pooper and they also understand that by signing that paper, you have waived all rights to legal compensation if injured. Any wonder why they're not worried? As long as your insurance checks out, they won't break a sweat.

Other than perforations, there are other dangers, including a

list of possible reactions to the anesthesia (propofol) that is typically used during a colonoscopy. Though rare, they can range from deep vein thrombosis, pulmonary embolism to pneumonia. Probably the largest risk with propofol is the fact that it suppresses your respiration. If given too much, the patient can stop breathing. This is why you should make sure that you have this procedure performed in a facility that is equipped to handle such a situation, in case you stop breathing. No other cancer screening test requires a patient to be rendered unconscious to perform. Because you will be unconscious, you will not be witness to the procedure, so the patient has no idea how well the procedure was performed or how much time the doctor took to examine thoroughly. The insurance companies pay the same price whether the doctor takes 20 minutes or 2 minutes – the faster they can do them, the more procedures they can get paid for per day. Most accidents happen because of fast and sloppy procedures.

There can also be complications associated with the colon prep required for the procedure. This prep can include a 2 liter enema of synthetic laxatives administered about an hour before the procedure. This is called the Mechanical Bowel Preparation (MBP) and is completely unnecessary, yet many doctors still use this in spite of the fact that it has been proven to create a high risk of thrombosis. This cocktail of chemicals can cause everything from deadly electrolyte imbalances (which can lead to congestive heart failure), to possible thrombosis in the mesenteric artery, to kidney damage. It is believed that I developed a partial occlusion in the mesenteric artery (which feeds blood to all of the bowels) following the prep. I began to complain of intense abdominal pain directly after the MBP, yet the doctor decided to do the procedure anyway.

If this diagnostic procedure still sounds safe to you, we will also throw in the newest discovery that has come to light in recent years. It is impossible to sterilize an endoscope!

This high-tech device cannot be boiled or steamed because high temperatures can destroy the sensitive electronics and optics. There are many tiny nooks and crannies in and around the tip of the scope, which are difficult to clean, even by hand. More importantly, is the channel which runs the length of the scope inside. It is this port that the doctors insert the tools into. This channel is less than a millimeter in diameter and tunnels over four feet through the endoscope. Without boiling or steaming, I can not see how this channel could be sterilized (I will cover this in more detail in an upcoming post).

Recent biopsies of these scopes have revealed microscopic incrustation of fecal matter, tissue, blood, and mucus imbedded from previous patients. At present, medical personnel bathe the scopes in a disinfectant solution. They're not scrubbed. Not disassembled. Not heated. They're rinsed in an ineffective bath of Glutaraldehyde, which if not rinsed off thoroughly, has been cited as a cause of toxic Colitis. Properly cleaning an endoscope can take a lot of time and must be done by hand. Given the fact that colonoscopies have become a volume business, gastroenterologists have been known to cram in as many as 30 to 40 procedures per day. With such a cattle-call styled business, just how much time is really spent cleaning the scope?

It is very possible, and clinically proven, that you can be infected by HPV (Human Papilloma Virus); HIV; Mycobacterium tuberculosis, Helicobacter pylori,; Hepatitis B and C; Salmonella; Pseudomonas and Aeruginosa; Flu Viruses and other common bacteria such as, E. Coli O157:H7 and Creutzfeldt-Jakob Disease. And the pathogens you may be infected with are typically going to be a hospital borne variety, which means they are strains that have been exposed to, and become immune to most antibiotics. Leading microbiologists have advocated using sterile, disposable parts for endoscopes as well as the

use of a condom-like sheathes for each new patient. But, the manufacturers and health-care providers have resisted these solutions because of added costs. Isn't that nice? These safety precautions are mandated in England, but not used here in the U.S.. The FDA even recognizes this problem here, but acts as if their present recommendations are effective – they have been proven not to be.

Following my transplant, I was required to undergo an ileoscopy, including biopsies, weekly to check for signs of rejection. Patients are not anesthetized for this procedure because the scope is inserted into a stoma, rather than the anus, so it is painless. I was allowed to watch the procedure on a television monitor. They would fish a tool (similar to an alligator clip) through the instrument port of the scope (refer to image at the top of page), to tear off a piece of villi for a biopsy. Each time I could see a tiny injury which would begin to bleed. An open, bleeding wound near the tip of a scope which has been in many other colons and is unable to be sterilized – sounds like a real good medical practice. Each time you undergo a colonoscopy they may clip out a piece of your intestine for biopsy or snip off a polyp. There will be an open wound and mixing of your blood with whatever may be lingering on the end of that scope which has been in hundreds of other colons and is unable to be sterilized.

Because there is a small amount of internal bleeding after a procedure, this can be very dangerous to anyone on blood thinners or anti-coagulants, because the doctors do not hang around long enough to be sure that the injury heals. An open bleeding wound within a dirty colon is not the safest thing and certainly a risk for infection, but there have been patient bleed out days or even week later from a wound that did not stop bleeding – especially in elderly patients or diabetics who do not heal quickly.

A few days after one of the ileoscopy, I came down with a

systemic gram negative rod infection called pseudomonas, a very deadly pathogen to immunosuppressed patients. The particular strain that I had contracted was identified as being multi-drug resistant, meaning it was certainly a hospital borne variety. It nearly ended my life as I succumbed to septic shock and by the time the ambulance arrived at the ER, my blood pressure had dropped to 35 over 28 and I was unable to breathe on my own, so the doctors were giving me a very small chance of surviving the night. I needed to be placed on a respirator, so I was knocked out and kept in a coma for two weeks by use of propofol, the same drug used for most colonoscopies, so don't let anyone tell you that the drug used for the colonoscopy is just a mild sedative – it can place you into a coma and keep you there.

It is quite obvious now that I contracted that pathogen from the scope I had just received two days before (I failed so quickly because I was so immunosupressed from the transplant). Seven months prior to that, I had been the victim of a perforation as the result of a routine colonoscopy, which ultimately cost me all of my intestines and nearly my life. That is two near death injuries on just one patient within seven months from two endoscopes.

I met six other transplant patients in the last two years. Three out of those six people, adding myself (making seven), had suffered a perforation from scopes and a fourth one had suffered a perforation in a similar invasive procedure. Two of those patients died as a result of their injuries and I nearly died on two different endoscope accidents. The third transplant recipient needed an emergency resection of her newly transplanted bowels because of a perforation from a scope. The baby of our transplant family, a young woman only 28 years old, is fighting a Klebsiella sepsis at this time, which was most likely transmitted via a recent scope. "Injuries and perforations from colonoscopies are rare" my ass!

Because of what happened to me and the manner in which the doctor lied to me about the rarity of these injuries is what has motivated me to study and investigate the subject for the last two years. I have discovered that perforations are not as rare as the doctors would like us to believe. But at a charge of $1,500.00 to $2,000.00 per procedure and the fact that some gastroenterologist can rush in as many as 30 -40 procedures a day, it is not hard to see a motivation to suppress the truth about the dangers and your risk of being perforated or infected by this medical fad.

From an a 2006 article in The New York Times;

> *… if our group is representative of an average group, you will see people (doctors) who take 2 or 3 minutes and people (doctors) who take 20 minutes to examine a colon. Insurers pay doctors the same no matter how much time they spend.” It is often about quantity, not quality and your risk of being injured increases the faster the practitioner attempts to finish your procedure, not to mention the efficiency of the cancer screening falls dramatically when hurried.”*

I hope that one day this killer will end up on the junk pile of quack medical devices from the Victorian Age, and I hope I can have a hand in placing it there. This will not be easy. The medical industry now has celebrities, such as Katie Couric, actively using their fame to promote this procedure as a life-saving miracle, rather than the barbaric medieval medical device it really is. They used the fact that Katie lost her husband to colon cancer and swooped in on this grieving widow and convinced her this “snake oil” medical device could have prevented it. I am sure that the fact that NBC is also owned by General Electric, a manufacturer of endoscopes, had little to do with sponsoring her televised colonoscopy and using her celebrity pitching skills to bring this killer to the forefront of common medical practices.

You may be thinking that I must have lost my mind, because after all, this procedure has effectively saved thousands of lives, or at least that's what you've been led to believe by the medical industry and their advocates in the media. But is there any more truth to this than the lie that injuries are rare?

Please read part 2 on this subject entitled; "The Effectiveness Of Colonoscopies On Cancer And IBD" and the introduction to this series entitled; "The Dangers In Modern Medicine".

The Dangers in Modern Medicine

I had originally planned to simply write a rant on the many common, avoidable and dangerous mistakes I have been witness to and experienced in modern hospitals. Unfortunately, the errors are so numerous that I have decided to create a new category entitled "Medical Mayhem", where I will write a series of posts broken down into several chapters.

I am presently writing a manuscript for a book about my ordeal, so some of these posts will be sort of a sneak-peek at some of what my book will entail. Trust me when I tell you that the page on this blog which covers my story is not but a fraction of what I endured and experienced over the last two

years due to a sequel of medical errors. The purpose of these articles and my book will be a bit of an exposé on life in a hospital from a patient's perspective. Unlike the ridiculously over-glorified, god-like images portrayed on television, I will paint the image of a true extended stay in a hospital in the U.S.. House, ER, Grey's Anatomy or any other pretentious heap of dung that's excreted from the minds of Hollywood writers are far from an actual depiction of doctors, nurses and hospitals and have only served to elevate these practitioners to the level of a deity that no human could live up to.

Medicine has become a multibillion dollar industry and never lose sight of the fact that IT IS AN INDUSTRY. It is no different from any other fortune 500 establishment or publicly traded entity that places the fiscal bottom line above all else, including the lives and safety of its consumers. The exact same misinformation, media manipulation, falsification of data and suppression of known dangers are implemented. Those in the medical industries are not a more ethical brand of creature just because they chose to go into medicine or pharmaceuticals for a profession. The same congressional lobbying, controlling the media by flexing their advertising muscle and even the same revolving door government appointments are in play – and perhaps implemented better than anyone in the tobacco, alcohol, insurance or oil industries (here I'm referring to the medical supply and pharmaceutical corporations and hospital financiers, not the doctors).

Thanks in part to the media, the medical industry conducts services under a misguided public's incessant belief that they operate on a higher level of ethics (here I include doctors). Maybe it's because of all the years they have been portrayed on television as saints in white coats, who are always right, and never lose a patient due to incompetence or negligence. The image of doctors fretting late into the nights and weekends, like a detective on a tough crime case, is sheer and

utter bullshit. Doctors rarely spend more than 5 minutes with a patient and whatever diagnosis first pops into their head is the one they stay with irregardless of evidence to the contrary, or at least up until the point the patient crashes. (It's rather convenient the first diagnosis is usually whatever the "fad" disease at the time is; think "Fibromyalgia").

I am not out to overly criticize nor paint those in the medical profession of possessing any lower values than any other human, but to illustrate that they are not divinely given any higher set of ethics, intelligence nor devotion to their patients (customers) than any other business professional. They are mortal beings, capable of the same human error, temperament, loss of concentration in their work and annoyance with their customers as any other merchant. More importantly, they are just as subjective to the effects of advertising and misinformation from large corporations, including pharmaceutical companies, medical equipment manufacturers and food processing companies as is the general public. It is the fact that they are held less accountable for their conduct that leads to a higher rate of incompetence than other occupations.

Doctors are simply the liaison between the medical corporation and the patient. They're the "kind face" or trusted salesman for the corporate giants and the legal license from which to distribute whatever drug or diagnostic device they're marketing today (hence, why commercials always say "ask your doctor if…"). Sort of a highly educated "stooge", who get all of their knowledge and information based on the research conducted by the very people whose products they distribute, and rarely from any unbiased or independent studies.

Ethically speaking, there is certainly a difference between those who practice medicine, from those who sell it. The ones who practice medicine are typically snowed, bullied and manipulated by the ones who sell it (you know, the creators of

the “disease-of-the-month”). Practitioners may have more than just money as their motivator as opposed to their corporate partners, but their profession seems to lead them to a great degree of cynicism and imperiousness. This is understandable, given their omnipotent portrayal in the media. But, when you mix the greed of the money-makers with the arrogance of the practitioner, you simply get an inferior product or service – which in this case means suffering and death. Sort of like when you mix the greed of the record company with the arrogance of the performing artist, you get pop music (total crap). The U.S. spends more on health care than any other nation, yet we’re ranked 37th in the last WHO ranking in 2000.

It is culturally implanted in americans to have some level of distrust towards their government, corporations and salespeople, but these same skeptical people will give a theist’s faith to their doctors. Too bad the doctors do not reciprocate even a fraction of that trust back to their patients. Typically, practitioners consider any query as a challenge of their knowledge or competence as a doctor and quickly ignore or dismiss any questions or observations made by family members. Family members have a much higher degree of perception when their loved one is not “acting right” or in pain and any good doctor should listen (I will cover this more in “The Cynical Attitude Of Doctors”). About 50% of the nurses are much better at listening to family than doctors. My wife and I both practice the same level of caution and skepticism towards doctors than we would any politician, salesperson, corporate advertiser or anyone else vying for our business. Unfortunately, two patients we befriended were much more trusting and are no longer with us.

The biggest surprise to me is that Doctors enjoy a greater protection under the law than any other profession and are held to a lesser degree of responsibility – which seems rather ass-backwards given the fact they deal in human lives. No

matter what you've been led to believe, it is virtually impossible to seek financial compensation for damages inflicted on you by a doctor. Even if successful (which is rare), there are federal caps set on medical torts far lower than on any other type business or product liability. I cover this topic in great detail in my post in this series entitled; "Malpractice Law: Reserved Only For The Frivolous"

There was a character on the television series "Scrubs", named Neena Broderick, who was a ravenous malpractice attorney, hell-bent on suing the doctors for every little mistake. Once again, more Hollywood bullshit misguiding the general public about the doctor's responsibilities if mistreating a patient. If people knew the truth, they might be more careful when following their doctor's advice. After all, you alone will bear the full brunt of any errors made by your doctor, both physically and financially. I am talking here about doctors and not pharmaceutical and medical supply companies. These medical corporations are held to the law under product safety – not to be confused with malpractice. Nurses and other hospital employees are covered under the hospital's policy, but doctors are virtually untouchable, because they are not considered a hospital employee. With no system of checks and balances in place, any industry could easily decline into a money-making racket, and the medical industry is no exception.

I am in no way attempting to persuade people to avoid medical attention when necessary. Modern technological advances have the potential to save more lives and improve the public health like never before in history. I use the term "potential" because like any technology, it is only as good as the technician and their level of commitment. The real truth that the television medical dramas and pharmaceutical commercials will never reveal is that the number one killer in the United States is death due to pharmaceutical drugs – more people than are killed in traffic accidents. Nor will you discover that

the third highest killer in the U.S. is due to medical errors. [source] [second source]

Given the fact that neither my accident, nor the ones that killed my friends was reported as the medical blunders they were, would imply that there are thousands more swept under the carpet – possibly making medical errors, in reality, the number one killer. Modern medicine does save lives, but all totaled, it is certainly the number one killer of humans beings in the United States, by far. If we were able to add in the unreported and undiscovered errors, I am sure that it takes many more lives than it saves. Sorry to be the bearer of that news.

This is not to scare you from seeking medical attention when warranted, but a stern warning that you must be your own advocate , do your own research (all hospitals I resided in had wi-fi internet connection in every room) and to not be afraid to question doctors and nurses. You are allowed to refuse any medication, treatment or procedure you believe to be in error or too much of a risk. I have heard and read blogs where people claim "my doctor is making me take…". A doctor cannot make you do anything. Read your Patient's Bill Of Rights. A doctor must explain to you all the alternative treatments if asked. In other words, turn off the damned television in your hospital room and do some homework!

I spent over 14 months in hospitals and was nearly the victim of many common and avoidable errors. I was lucky that my loving wife took a leave of absence from her job and was at my side the entire time, diligently reading on her laptop. Thanks to her watchful eye and constant research, she helped avert several lethal mistakes nearly inflicted on me by hospital personnel. I spent several weeks either in a coma, heavily sedated or intubated, so it was important that I had her as an advocate when I was unable to respond or make decisions. Even when sedated or on a respirator (you cannot talk when intubated), she could always tell the doctors what I

was feeling or needed with impeccable accuracy. No amount of training can teach that, it must come from someone close to the patient to read those expressions. Try to have a family member with you if you are incapacitated or unconscious.

I understand that my life was saved by an amazing transplant and those extremely skilled doctors worked diligently to give me back some quality of life. Though true, it cannot overshadow the reality that had I not been injured by a group of doctors and left to die as a result of their cynicism, I would have never needed that risky procedure. Nor can it change the fact that the same doctors who gave me back life with a transplant, nearly took that life on several occasions in the months that followed. How I survived some of the errors is still a mystery to the doctors, so it would be an overstatement to credit them with the survival. But these mistakes did prolong my stay in the hospitals by five months, exposing me for a longer time to hospital borne pathogens and medical errors.

While in the hospitals, I had nothing but plenty of time on my hands to research. Though much of the puzzle is incomplete concerning where the line exists between innocent mistakes to huge cover-ups, I have arrived at a much clearer image of how the medical money-making machine and the laws that protect it coexists. There is obviously an avoidance by the media and the legal system to bring to light the real dangers that exist in modern medicine and how it is, in fact, our number one killer. I am left to conclude this is due to the enormous amount of money that it generates for our economy and the idea that people “want to believe” in a group of highly intelligent people who can save us from all of our ills. Probably based in the same brain mechanism that makes people want to believe in aliens, gods, fortune tellers and psychics – and the healing powers of doctors is just as much a myth.

Mostly, I believe it’s just considered too politically incorrect and audacious to speak out against the medical

system, which is why attorneys never want to point the finger of blame at doctors. Doctors have obtained an almost divine aura of goodness around them and anyone who expresses a negative thought is treated as an infidel. I, on the other hand, have never been considered politically correct and have little to lose at this point – so, I will begin my series with the procedure that ignited the nightmare that would become my life.

"The Dangers Of Colonoscopies"

"The Effectiveness Of Colonoscopies On Cancer And IBD"

"How Common Are Medical Errors?"

"Malpractice Law: Reserved For Only The Frivolous"

"The Cynical Attitude Of Doctors"

"Is Your Surgeon Licensed? Are You Sure?"

Please leave comments. I get a lot of readers, but few of them leave comments. Let me know if you like what I offer or if you think I'm full of shit. Really, I'd like to know how I am being received.

I apologize for the extra step it takes to leave a comment, which I'm sure deters some from leaving a note. I was getting hundreds of spam comments from robot softwares, so I had to set up protection rather than shut off comments all together. I'm sorry for the inconvenience.