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".

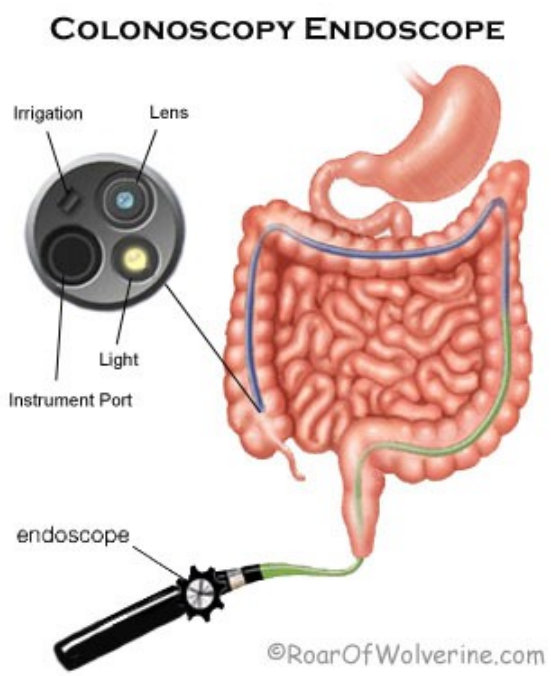
There is also a lot of good information and videos at Konstantin Monastyrsky's website; here

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.