



the best of

SCHLAGBYTES

volume one

Health, Healthcare

Medical Science

Healing

Dr. 

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WELCOME TO SCHLAGBYTES

Schlagbyte's are the random musings of my rational mind and intuitive soul. For the last six years these weekly ramblings have sustained me. They have allowed me to get out whatever pain and suffering were stealing my spirit, and also allow me to celebrate the awe, wonder and joy in my life.

These are my opinions, you may or may not share them. Over the years many of you have posted responses to these Bytes, some laudatory others confrontative. We have become a readership, who respond to each others' opinions. Some bless me, others curse me and more than a handful, think I'm hopelessly irrelevant.

Schlagbyte's fall into five categories:

- Current events (politics, philosophy)
- Spirituality (values, beliefs, Native Americans, awe)
- Healthcare (policy, practice, ministry/industry)
- Lifestyle (movies, television, sex, romance, humor)
- Family (kids, grandkids, vacations)

After perusing the archives I've decided to put together "The Best of Schlagbytes." They are the perfect reading during your morning toilet trek. They're brief, they'll make you think, and if they piss you off you can wipe yourself with them.

Welcome to my world and enjoy the journey.

Carl A. Hammerschlag, M.D.

THE BEST OF SCHLAGBYES

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VOLUNTARY EUTHANASIA – 2/5/97

The Northern Territory of Australia is the only place in the world that permits voluntary euthanasia. Lots of countries are looking at Australia as a testing ground. In Darwin, in the Northern Territory, a 66 year old carpenter had been suffering from prostate cancer for five years. He was in intractable pain and argued that if he were to keep a pet animal in the same condition he was in, he would be prosecuted. He said, "If you don't agree with voluntary euthanasia, then don't use it, but don't deny me the right to use it."

So a doctor stuck a pump-driven syringe into his vein that was connected to a computer; the syringe was filled with three barbiturates. After the doctor inserted the needle, he switched on the computer, and the computer said to the patient, "Are you aware that you will be given a lethal dose of medicine and die"? The computer displayed the options Yes and No. If you pushed the Yes button, the screen read, "Are you certain you understand that if you proceed and press the Yes button on the next screen you will die?" and he hit it again. In 15 seconds he got the lethal injection.

As a physician, I'm thinking, "If this is somebody I have a relationship with, how can I feel anything other than an executioner?" I know after I stick the syringe in, I'm the only person that's going to be walking out of the room. It would be easier, I suppose, if I didn't know the person, but I wouldn't feel any less the executioner. The Aborigines in Australia are terrified; they think that their lives could be taken when they come to seek medical care. I don't want to keep people alive at all costs, and I believe people have a right to die, but legalizing voluntary euthanasia even with safeguards makes doctors something other than what I want to be. I'll make my own deals with my patients, and I have lots of colleagues who'll do the same.

AN UNQUIET MIND – 2/14/97

A psychiatric colleague has just written a book called *An Unquiet Mind*; it's a beautifully written memoir. Dr. Jamison says that when she went away to college and left a loving family and was competing with other bright young people, she began to experience mood shifts between exciting highs and destructive lows. She went on spending sprees that she couldn't afford, took too many classes, and crash at night--becoming angry and irritable, unable to sleep. It took Dr. Jamison 11 years to understand that she had manic-depressive illness. She is now traveling to college campuses telling students who are at an age when serious mental illness such as depression, manic-depression, and schizophrenia are likely to begin, how to recognize the signs of mental illness. There is no question that this is important, since depression accounts for more suicides in the United States in this age group than any other medical problem. I also agree this is a time of great vulnerability, a time of enormous change, uncertainty, and fear.

My concern, however, is about going to college campuses and telling young people who are sleeping less, getting revved-up, drinking more, getting louder, becoming aggressive, spending money, and/or feeling invisible that they are mentally ill. The ages of 16 to 22 are times of explosive change, and it's important that young people talk about their uncertainties and fears to each other and to others they respect and care about. It's a dramatic overstatement to suggest to auditoriums full of students that these symptoms are an indication of mental disease needing powerful medications. Most of these symptomatic manifestations will probably not prove to be a major mental illness. We need to get away from psychopathologizing the ordinariness of life and using diagnoses as a way to justify our helplessness or drug dependence.

STUFFED ANIMAL THERAPY – 2/24/97

At Saratoga Hospital in northeast Detroit, an elderly woman whose grasp on reality is dissipating is curled up in a fetal position and crying. A nurse gives her a stuffed animal which she clutches instinctively, and it quiets her down.

You won't read about stuffed animal therapy in any medical journal, but at Saratoga's senior ward, they apply this unique treatment to their patients. Between two and three thousand stuffed animals have been donated and handed out to people over 65 years old who suffer from mental deterioration or loneliness. The hospital finds that these small acts of compassion make a big difference in the lives of those who have nothing to hold on to.

Stuffed animals do not just work for people with senility; they work with people who are depressed, with people who are anxious, and with people who are facing major crises in their lives. It works because donated stuffed animals are not just toys; they have been previously loved. Each comes with its own story and history that people respond to. They remind us that we are connected to something other than ourselves that is loving and lovable. This makes the world seem less empty. Cuddling stuffed animals is a healing ritual that is medication for the soul. This is what it means to reach out and touch someone.

CANCER – 7/13/97

The esteemed New England Journal of Medicine recently reported that new treatments for cancer haven't done much to reduce mortality from that disease. The death rate from cancer, even when corrected for people growing older, is about the same now as it was before we declared war on cancer a decade ago. The Journal article argued the battle should shift to another front, that of prevention. The authors contended that cancer researchers spent far too much time chasing elusive breakthroughs and too little time on efforts to eliminate things such as smoking or persuading people to live healthier lifestyles. (Of course it's harder to get a Nobel Prize for promoting more exercise, eating healthier foods, and avoiding excess sun.)

We learned this truth a long time ago in Indian country where scientists studied diabetes among the Pima. This tribe has an extraordinarily high diabetic population and is probably the most studied Native population anywhere. Multiple generations of families have now been tested by National Institute of Health scientists in an attempt to discover the biochemical and genetic underpinnings of the disease. What they discovered was that--if people stopped eating fast foods, changed their diets, and lost weight--then diabetes on the Pima reservation would virtually disappear. Did the government put money into such preventative programs? No; instead it funded more doctors to do more research.

The great advances in medicine have never come from more doctors treating more diseases; they come from eliminating the causes of disease. If we helped smokers quit and changed our diets, we'd eliminate half the cancers we see and save a bundle of money besides.

MEDICAL COSTS – 8/11/97

Everybody knows that the tail of cost control is wagging the dog of medical care. Managing costs means reducing operating expenses to ensure profitability. This means doctors are having to ask themselves questions that they never asked themselves before such as "Can I get away without doing this?" rather than "Is it in the best interest of my patient?"

Doctors at the Thomas-Davis Medical Centers in Tucson and Phoenix say they won't do that any more and are resigning in droves because cost-cutting measures are hurting patients. Out of 129 doctors, 52 have resigned from the Thomas-Davis Medical Centers in Tucson and Green Valley since September 1996; about 30 more have resigned from clinics in the Phoenix area where 85 physicians were employed a year ago.

Dr. Donald Speer, the president of the Pima County Medical Society, said the number of physicians leaving Thomas-Davis is alarming. "It's not an economic issue," Speer said. "It's physicians who are concerned about the quality of care they provide. Many of these doctors are quitting with no known alternative professionally, and that certainly reflects the intensity of their feelings." One cautionary note, however--these doctors sold their practices to the clinic for a substantial up front payment, thus setting the stage for subsequent commercialization and the current crisis.

If we ask ourselves today who is directing healthcare, it has to be clear that it's the wrong people. We must stand up as 2,000 Massachusetts physicians, representing many of the preeminent institutions in our country, just did, and say no to the corporatizing of healthcare delivery. Our profession--a ministry, not an industry.

CHILDHOOD DEPRESSION – 8/24/97

The Sunday New York Times recently featured an article about the dramatic use of prescription anti-depressant medication among young patients. It turns out that nearly 600,000 children and adolescents were prescribed the most common of the new anti-depressant drugs--either Prozac, Paxil or Zoloft--an increase of about 50 percent over the previous year.

I have no argument with the fact that childhood depression remains under-treated and under-diagnosed as long as it's clear that about 50 percent of those severely depressed children will get better with just six weeks of psychotherapy. For some of the rest, drugs along with counseling, may help, but here is the rub. Because the current atmosphere of healthcare delivery looks at cost-control and profitability as its measure of success and drugs are far less costly than traditional psychotherapy, this situation could encourage excessive writing of prescriptions. Even good drugs can be abused; look what happened with Ritalin.

It also concerns me that we could easily pathologize adolescence. Adolescence is a time of struggle and questioning who you are: Are you good enough? Will you succeed? Are you well liked, etc.? Are we going to begin medicating teenagers just for acting like teenagers?

Finally, in an atmosphere in which drugs can be promoted without counseling, what kind of a message does it give to young people? Use chemicals to stabilize your mood instead of finding other ways to handle the ordinary ups and downs of our emotional lives that are a necessary part of living.

I have great concerns about drug makers seeking FDA sanction for the sale of these drugs into the children's market.

WENDELL TODD – 11/23/98

Wendell Todd is an old friend--an ear, nose and throat surgeon. We worked together for many years in the Indian Health Service. Wendell has probably done more radical mastoid operations than anybody in the world and was beloved by his patients. Nowadays he does a lot of cochlear implants which are electronic devices that can help some congenitally deaf kids hear. It's an expensive operation, and it has to be done before the age of four because after that age the learning pattern becomes so ingrained that the procedure is not effective. Treating congenital deafness requires early detection which means screening newborns. Who is going to pay for this? Do healthcare providers have an interest in this kind of screening when the results will cost them fifty thousand dollars? Most insurance companies and HMO's resist such procedures even though they espouse preventative health screening. When Wendell finds a congenitally deaf child who is a great surgical candidate with a committed family, he fights with their insurers to pay for the procedure.

Tonight at dinner he tells me, "I'm thinking about retiring. This struggle is stealing my joy. Yet, when I see those kids hearing, it keeps me coming back." I worry about the future of healthcare when the paperwork and struggle force the Wendells from their profession. During this holiday season, let's say thank you to all the healers who sustain us in this world.

SCIENTISM IS THE NEW RELIGION – 1/18/99

In a recent issue of The New Republic magazine, Dr. Arnold Relman, the former editor of the prestigious New England Journal of Medicine, roasted Dr. Andrew Weil, alternative medicine's reigning guru. What is Relman's gripe? The oft-made criticism that alternative medicine is scientifically unsound and makes gaping assumptions and conclusions based on anecdotal evidence. Relman knows that spontaneous remissions occur, that medical miracles happen regularly, and that the science of psychoneuroimmunology is proving that feelings influence people's immune systems, but the staid NEJM has long taken the stance that alternative medicines' pitfalls are actually a threat to patients because it keeps them from seeking 'real' treatment. For Relman, real treatment does not include shamans, healers, hypnotists, acupuncturists, homeopaths, and non-biological psychiatrists.

What is this all about? It's a power struggle between Cartesian dualists who say that, if things can't be measured, they don't exist and the pragmatists who hold that, if it works, don't knock it. Alternative medicine threatens the established order of things. The same thing happened when the church was in power and was threatened by science. For Relman, science has been elevated to scientism, believing only what's provable. Andy Weil threatens him because he is a fellow Harvard man and, therefore, can't be cavalierly dismissed. In Relman's article, he said he finally discovered what led this Harvard scholar to such soft-headed thinking. In reviewing Weil's books, Relman discovered Andy did research with marijuana, psychedelics, and altered states of consciousness. Now he understood Weil's teachings are simply the result of a once great mind turned to toast by drugs.

The bottom line is that alternative medicine is a threat to the medical establishment's exclusive entry into the healing mystery. Relman and other critics have confused science with scientism, clinging to the belief that there is only one path to truth. Arnold, lighten up; your intolerance will lead to bad humours.

OLDER AND BOLDER, NOT COLDER – 1/25/99

On January 19, my mother celebrated her 85th birthday. My sister and I and our families hosted a dinner ceremony to honor the occasion. Four generations and thirty friends gathered in a lovely wood-paneled dining room. To my mother, whose Holocaust-decimated family is never far away from her awareness, her family is living testimony to the fact they didn't get us all.

My young granddaughter stood on a chair and introduced my daughters; together my mother's grandchildren and great-grandchildren sang an original composition. It was hysterical. Her friends at Leisure World range in age from 75 to 95, and many of them spoke. These are vibrant, talented people--dancers, doctors, ministers, entrepreneurs, sea captains, and soldiers who still work at things. There was an 88-year-old man who just had gotten married to his 85-year-old wife the previous week at a ceremony attended by 185 guests. They were leaving the following morning on their Hawaii honeymoon.

These are old people who are looking forward to things. They know they are old, but they lead vibrant lives. They are all getting up, getting on, and getting older. They visit, discuss books, play bridge, cook and bake for each other, grow vegetables in a community farm, create furniture in workshops, and encourage each other in water aerobics every morning.

I gave a final toast to them—a community lovingly connected that sustains them during their ups and downs. I thanked them for providing me, and those of us who follow, a model of what's possible. I want to become such an old person whose memories do not exceed his dreams.

BRAIN SURGERY TO ADJUST YOUR ATTITUDE – 4/19/99

Brain surgery is now being advocated for people with the common psychiatric problem Obsessive Compulsive Disorder (OCD). A surgeon destroys a tiny area of the brain found by researchers to be responsible for the disorder. In the March issue of the journal *Neurosurgery*, researchers at Stockholm's distinguished Karolinska Institute analyzed 35 people who had undergone surgery to treat their OCD after they had failed to respond to drug treatment. Fifty-five percent of the patients showed sustained improvement. Dr. Eric Hollander, a professor of psychiatry at the Mount Sinai School of Medicine in New York, said, "Finding the target area represents a real advance." Doesn't seem like much of an advance to me to be advocating psy-surgery for obsessive-compulsives when almost half the people are unimproved and left walking around with a piece of their brains obliterated. This sounds more like phrenology in new packaging.

There is no question that we're getting closer to mapping the anatomy, biochemistry, and neurotransmitters in the brain. We can even visualize the central brain connections responsible for lots of behaviors. Using MRI's and PET scans (which illuminate brain activity while it's happening), we have now localized the anatomic point responsible for the anxiety disorders. It's an area no bigger than the head of a pin called the central nucleus of the amygdala. Are we now ready to operate on people with crippling fears?

We are fine tuning our biological understanding of the human experience, but will we improve the human condition by surgically eliminating behaviors? Do you believe the pursuit of our humanity is likely to be improved by advances in our technology? We will never obliterate our fears with scalpels. There is no quick-fix surgical remedy to improve the human condition; hoping to find one only keeps us from finding simpler ways to behave more cordially to each another.

MY LAST AFTERNOON WITH TIM – 5/3/99

On the afternoon of March 25, I met Tim Fleming in the parking lot of Tomicita's Restaurant in Santa Fe. I saw him from far away. He walked with an occasional stumble. His face and neck were distorted and scarred from his repeated surgeries, his 6' frame down to 132 pounds. I waved. Then we hugged, and we walked together to a park on Don Gaspar Street where we sat on a park bench.

"You notice my two margarita shuffle? Sometimes I stumble. It's some kind of dystonia from tumor invasion in the spinal cord. I still get out, though."

He told me about his recent book opening for *Rendezvous with Clouds*, his life story that ends with living and dying with cancer. Lots of friends came to the event, including the governor, colleagues, and patients. To each of them, Tim wrote a personal inscription. The whole event sounded like an incredible gift for both the giver and the receiver.

Then he went on, "Do you remember that story I told you about my vision quest and the Oryx?"

Oh, I remembered it all right. It took place after Tim's third operation and radiation therapy. He decided to participate in a charity bike race across New Mexico. He called it his vision quest, but it sounded more like a self-prescribed test of endurance. Tim was hurting badly after the first day, but he didn't want to quit. The second day was worse. And, by the morning of the third day, Tim knew he would never finish. The question was, "How long could he bear it?" He was pedaling laboriously, breathing heavily when he looked up. Running beside him, not more than 20 yards away, was a wild Arabian Oryx. These creatures were brought to New Mexico as a wildlife rehabilitation project in an attempt to save the species. The Oryx ran beside him, stride for stride, for what seemed minutes. Tim could see the animal breathing heavily. Then, as quickly as it appeared, the Oryx disappeared, which is when Tim received his vision. He was also breathing as hard as he could and could not keep up the pace. He understood that he too could stop running whenever he was ready, now and in the future. He finished his race after the next downhill coast, and, to his support crew, he announced that his quest was completed.

"Since my vision quest, I get up every morning, and the first thing I say is, 'Thank you for breathing.' But, hey, enough about me. What's happening with you?"

We schmoozed for about an hour about kids and grandkids, books, and lectures, and then he said, "I'm getting a little cold. Not much body fat any more. Let's walk back to the car." As we strolled, Tim said, "I was thinking about seeing my daughter in Tucson again. It's a long ride, but I'd like to see her and it would give me a chance to see you in Phoenix."

After Tim drove away, I walked over to the St. Francis Hotel for their afternoon tea service. I jotted down

some notes on Tim's profound teaching. If you can say thank you for breathing, you'll appreciate everything in your life a lot more. I will be saying thank you more.

He never came to Tucson. On April 19, Tim Fleming died. I want to thank you, Brother, for your presence in my life. Your light still shines.

If you're interested in reading Tim's book, it can be purchased by sending an e-mail to bdeaux@aol.com.

IN PURSUIT OF SACRED SPACE AND THE SAUNA – 8/9/99

My wife and I were back in Massachusetts recently where, among other things, she attended her nursing school reunion. They met on a Saturday afternoon at a classmate's home in Marshfield, and I planned to find some little pond and write for the afternoon. It turned out that the reunion was right next to a Finnish summer camp which was on a lake and opened its sauna to guests (on the weekends). It was an irresistible offer.

The Uljas Koitto Temperance Society is one of three such organizations left in America. It turns out that at the turn of the century, there were lots of Finns in this area. They worked in the granite mines. You can't have a lot of Finns without having a sauna. For the Finnish, a sauna is not just a hot room; it's a place of birth and death and many of the happiest hours in between. Ninety percent of the population of Finland goes to the sauna at least once a week. It is so important that it was the first structure the Finnish peacekeeping forces built when they established their base camp.

In their frigid homeland, the sauna was the warmest and cleanest place on homesteads so it was used for giving birth and for breathing one's last breath. Dr. Lasse Viinikka who heads the Finnish Sauna Society, describes it this way, "Everything is blank and soft there; it affects your mind. We respect the sauna; it's a holy place. We try to keep silent. We don't argue in it."

I'm sitting in the Uljas Koitto sauna with two old timers who are really heating it up. I like saunas, steam rooms, and sweat lodges, so I can bear a little heat, but these guys are smoking me out. My face is hugging the ground. "You're not a Finn," one of them offers laughingly. "I'm not even sure I'm alive," I answer. They help drag me out, and we plunge into the ice-cold lake. When we return for another round, they tell me about the Temperance Society. "It was the Italians," they said. "We worked with them in the mines. They drank with every meal, but we weren't used to it. We only drank at celebrations so we got hooked." The Society was formed as a defense against the problem of alcoholism among Finnish men when they came to the New World. The wood burning sauna was built when the summer camp was founded 75 years ago. It saved a lot of individuals and families.

My companions told me mostly old people come. They've opened up to guests who don't have to take a vow of abstinence to participate. Afterwards we sat around, ate Finnish delicacies, and gabbed. They teased me, suggesting that if Americans had more saunas, they would need fewer psychiatrists. The sauna restores the soul, they say. I agree; we need more saunas, more sacred places where one can empty the mind and see things clearly.

ETHNIC EPIDEMIC – 11/29/99

The largest daily newspaper in Arizona presented a three-part series entitled "A People in Peril," describing the diabetes epidemic killing the Pima Indians. Maturity onset, or Type 2 diabetes, affects 50 percent of the Pima population. The Pimas were not always diabetic. When they ate traditional foods that were high fiber and low fat, when they ran long distances for which they were famous, and when they farmed, they were not diabetic. But, after the West was won, the water that flowed in the Gila River was turned off by huge dams upstream. When the river dried up, the Pima started eating what everybody else was eating--Big Macs, macaroni and cheese, soda pop, and potato chips, and they got fat. Ninety-five percent of the population is now overweight.

The Pima are the most studied people on the planet. The National Institute of Health runs a research unit on the top floor of the Phoenix Indian Medical Center, which is where I worked for almost 20 years. It has produced thousands of articles in the scientific literature and has made careers at a cost of hundreds of millions of dollars. What it has not produced is any measurable impact on the problem. The Pima are still overweight and eating the wrong foods. What the research indicated long ago was that, in order to control their diabetes, the Pima needed to eat a better diet, control their weight, and exercise.

What if only a fraction of those hundreds of millions of dollars had been channeled directly into health education--to build gyms in every tribal building, to open health food stores, or to offer financial incentives for weight loss? Those are not the kinds of activities that the National Institute of Health provides, so researchers are still experimenting, still decoding diabetes' origins. I find research laudable, but what has it done for the Pima? Not diddly squat. They have more than 20 times the rate of kidney failure than does the general population. They have far more complications from eye disease. Their limbs are amputated four times the average. The Pima have their own dialysis center that they call death row. Most of the patients are 40 to 50 years old. The center runs six days a week in three shifts. Each dialysis session takes two and a half to five hours. The center can't handle all of the Pimas who need dialysis. The overflow has to be handled in neighboring communities.

This is not just a Pima problem anymore. Diabetes is becoming a global problem for minorities who are hit hard by the disease. About 123 million people worldwide have diabetes, and that number is expected to grow to 200 million by the year 2010, largely because of changing diets and lifestyles. It is time we spent less money on bench laboratory research and more on prevention and education so we can stop this ethnic epidemic.

P.S. Interested in life-saving computer applications that address diabetes? Connect with Dr. Joe Pendergast at www.diabeteswell.com. Here is technology that saves lives and money.

MEDICAL ERRORS – 12/13/99

Like many people, I woke up to my morning paper to discover that an estimated 98,000 Americans are dying unnecessarily every year because of their doctor's mistakes. Medical errors made by physicians, pharmacists and other healthcare professionals cause more Americans to die than do breast cancer, highway accidents, or AIDS. This is an appalling statistic.

How does a profession that is sworn to the oath that says, "primum non nocere . . . above all cause no harm," get into a situation like this? For one thing we have not done a good job at policing ourselves and getting rid of harmful practitioners. But it's not just bad practitioners that are responsible for these mistakes; in fact, the vast majority are human errors not committed by bad apples but by good docs, with good hearts who are trying to do the right thing under very difficult circumstances.

It's hard for docs to make a mistake in an atmosphere that is brutally litigious. We are terrified to acknowledge our human shortcomings because we think if we tell anybody we'll be sued. Health-care delivery is more complicated than ever before, and machines, computers, and providers sometimes fail. We must train healthcare professionals to understand that error is not a moral failing, but silence is. We must be able to talk about our mistakes, but in today's market the instinct is to point the finger of blame whenever something untoward happens. This intensifies a culture of silence among healthcare professionals.

How do we walk that line? The President has ordered federal agencies to take steps to reduce medical errors, and a new agency may be established to oversee the problem. However, we must create a climate of openness at the same time. For example, no lawsuits if there is no criminal negligence and the mistake is reported immediately. We have to foster a better environment that allows us to acknowledge our humanness without being sentenced to a lifetime of punishment.

THROWING PILLS AT CHILDREN – 3/27/00

The Journal of the American Medical Association recently reported that the use of Ritalin and Prozac among two- to four-year-olds has increased 150 percent over the last five years. We are giving these drugs to hundreds of thousands of children, even though we don't know what the long-term effects are in children this young. Throwing pills at kids for their supposed hyperactivity and depression is wrong because, for the most part, these are only symptoms of an underlying problem for which drugs are not the cure.

Schools (especially those in poor districts) don't have enough teachers or counselors, and increasingly there is a great need to control impulsivity. Without resources, administering drugs seems to be an easy answer. Today's economy often requires both parents to work, and many young children are dropped off at day-care centers that are often similarly understaffed. Even if a child is lucky enough to be able to talk to someone, it's usually time-limited, and the kids return to the old environment. In a culture that encourages the taking of pills for whatever ails you, it's easy to see why younger and younger kids are being prescribed drugs. I'm not opposed to prescribing drugs to children for whom these drugs make a lifesaving difference, only the overuse of them.

In order to deal with today's symptomatic behavior, we need to be teaching children other ways to feel good about themselves, ways to raise self-esteem. A culture is defined by the stories it tells, and today's stories encourage lots of aggressive and violent acting-out behaviors. As a society we tolerate all kinds of expressions of incivility, and drugs are not the answer.

Let's take responsibility for telling better stories and teaching different values to our children.

1. Have dinner together. Use this time to talk to each other, not only about what happened during the day, but also about families and traditions.
2. Take the television out of your children's bedroom.
3. Don't give guns as toys.
4. Learn to say no! Limit setting is an ego-corrective experience. You can't always get what you want.
5. Read to your children before they go to bed and tell them stories that speak of commitment, love, honor, faith, and not only thinking about yourself.
6. Go places together as a family. Places that fill you with an awesome appreciation of the world around us. Throwing pills at kids is not the answer to today's behavioral and emotional problems; committing our competence and values to them is.

FILL 'ER UP FOR HEALTH – 4/3/00

The price of oil is going up, up, up, and we are bitching and moaning about it with little cause, I think. We are reaping the rewards of our pathetic attempts to create alternative sources of fuel. OPEC is not to blame; they are in business selling a product only they have and that the rest of the industrialized world needs.

OPEC will certainly realize gargantuan profits. What do they do with it all? The January issue of Worth magazine reported a Kuwaiti potentate who has his own exquisitely outfitted Boeing 747, complete with a prayer room that gyroscopically rotates to Mecca at all times. He suffers from a weak heart, so the top deck has been converted into a state-of-the-art cardiac intensive care unit. The most lavish appointment, however, is human. On-board is a living heart donor. A poor man, who is a perfect tissue match, has offered his heart if a transplant is needed. In exchange for this gesture, he and his family reap handsome rewards.

The selling of human organs is a flourishing black market; there are lots of poor people willing to sell them and a growing number of very rich people who can buy them. The genius of modern medicine is available to those who can afford it.

The rich and poor are growing further and further apart in terms of the availability of healthcare options. By the end of this year, the human genome will be fully mapped out. We will now be able to alter the biology of what it means to be human. We can make 'designer' babies that are resistant to disease and abnormality and genetically endow traits like musical ability or math talent. These amenities will only be within the financial reach of the extremely affluent, thus separating even further the healthier rich from the sicker poor.

Jonathan Wiener is a Pulitzer Prize winning author. His latest book Time, Love, Memory, which examines the genetic roots of behavior, just received a National Book Critic's Award. Wiener delivered the Centennial Lecture at ASU last week and told the audience that the two classes could even evolve into different species, prevented from interbreeding by creating genetically induced chemical incompatibility. The egg of one class would reject the sperm of another.

So when the price of gas goes up, and your hard earned cash is guzzled at the pump, find solace in the thought that you are making a contribution to the healthcare of a few and paving the way into the Brave New World.

UGANDA AND URBANA – 5/8/00

The prestigious New England Journal of Medicine recently reported the results of an epidemiological study performed in Uganda on 415 heterosexual couples. In the study, one of the partners had AIDS, but the uninfected spouse wasn't told. Instead, the couples received intensive instruction as to how to prevent the transmission of the disease and were provided with free condoms. For the next two years, they were monitored, but anti-viral drugs were withheld. When the study was completed, 90 more people were HIV-infected. The conclusion to this study was that the more viruses a person carried, the more likely he or she was to infect the sexual partner.

Does this research leave you feeling a little disquieted? Are there shades of the famous Tuskegee study where penicillin was withheld from Black Americans with syphilis to learn about the natural course of the disease? You know that this study could never have been done in America because we have access to sophisticated laboratory tests that can provide viral counts and T-cell data, which would reveal early exposure and prompt anti-viral treatment. The researchers said they violated no ethical standard because in Uganda what they provided was the best medical care the country had to offer. Since Ugandans didn't have laboratory capacity or other treatment options, they were actually exceeding the local standards.

Is anyone going to buy that? We all know that the people with the most to gain from this kind of research live in 'developed' countries where the best medical care is available and where we continue to elevate ourselves on the remains of the 'underdeveloped.'

Drug companies can afford to build laboratories in Uganda and make anti-viral agents available. How long can we keep up our moral pretense, mouthing concerns about human rights while also participating in this kind of exploitation?

CAN'T PAY? DIE. – 6/26/00

A recent front-page feature article in our local paper was about the elderly streaming over the border to get drugs. By the chartered busload, the elderly from Arizona (California and Texas too) go to Mexican pharmacies to get their prescriptions filled because they are significantly cheaper there.

Why are prescription drug prices so prohibitively high in this country? Drug companies say it's because their research and development costs are astronomical. There's no question that pharmacotherapy advances in treating serious illnesses have been impressive and laudable. However, lots of research dollars are focused on drugs intended for the appetites of customers who are already reasonably healthy. Research for blockbuster drugs that grow hair, remove blemishes, and curb appetites earn companies billions of dollars each year.

Let's use some of those profits to make existing drugs cheaper for the old and the poor. There are lots of drugs that are cheap to produce that could cure people in impoverished nations and would reap a windfall of good publicity for the companies.

For example, African sleeping sickness still infects 300,000 people a year. It can be cured by a drug invented 70 years ago. The production of Melasoprol was discontinued last year when the company found out it was ineffective against cancer so its only use was in countries that couldn't afford to buy it. These are the same countries plagued by malaria, tuberculosis, and leishmaniasis, for which cheap curative drugs also exist.

As a 'civilized' nation, we cannot, in good conscience, continue to declare people in unprofitable markets expendable. Nor can we abandon 44 million uninsured Americans, and the tens of millions of other marginally insured elderly whose coverage does not include prescription drugs. Otherwise, we're getting closer and closer to a system in which those who can, pay . . . and those who can't, die.

FAT'S OUT IN FIJI – 10/23/00

I was recently in Minneapolis to address the Aveda Corporation, perhaps the world's premier purveyor of high-quality beauty products.

The event took place at Northrup Auditorium at the University of Minnesota and was filled with 4,000 well coifed, chic, beautiful people. The backstage prep rooms were a three-ring circus with hairdressers, makeup artists, and dozens of drop-dead gorgeous models being prepared for a Hollywood production number. I was bombarded with beauty and paraded around with a perpetual grin. Later I felt guilty about the seduction of such loveliness as I read this piece from the Journal of the American Medical Association (JAMA, 2000, 283) on my return flight. In the five years since television broadcasting began in Fiji, symptoms of eating disorders have increased five-fold; teenage girls in Fiji who watch television at least three times a week are 50 percent more likely to see themselves as fat and diet. This is a Polynesian culture in which thin has never been in. Now that Fiji has broadcast programs--mostly from the United States, Australia and Britain--this culture has changed its perception of what it means to be beautiful.

It scares me when the power of media, models, and entertainers can sell our perception of idealized beauty, and other cultures choose to buy them.

DADDY, ARE YOU MY BROTHER? – 12/11/00

The whole healthcare delivery system is in a serious economic crunch. There are some segments, however, that are thriving. For example, there is a lot of money in reproductive medicine. Doctors and fertility clinics who provide hormones, sperm, and egg donors and in-vitro fertilization are a billion dollar a year industry; people pay for it out of pocket because insurance usually doesn't cover it. The next frontier in reproductive medicine is cloning. The desire for children and the financial ability of some childless couples combined with an exploding technology will soon open this door.

We will clone ourselves within my lifetime. Does this sound as horrific to you as it does to me? All previous technologies created an individual that was genetically unique, but cloning is fundamentally different; clones are genetically identical to the donor. Both individuals share the exact same identity, but they live in a time-shifted world and different culture; they are clearly not the same people. The clone has a separate mind and life experience.

It has to raise some interesting issues—for example, a father watching his son grow older, looking just like him, but he isn't. What about looking at your daughter, who is your wife's clone; as she gets older, she looks just like your wife did 25 years ago? This has to lead to some strange children and parents.

My concerns multiplied after reading Lori Andrews' book, *The Clone Age* (Henry Holt, 1999). Andrews is an attorney who served as an adviser to governments on the legal and moral aspects of assisted reproduction. She says if Bill Gates were to clone himself as Bill Gates 5.1, in some states, Bill's parents would be the clone's mother and father, and he would only be the clone's brother. In other states, the surrogate mother that carried the clone and delivered it would have sole parental rights. Think about this: there is no legal prohibition to cloning people without their permission. You could go to your neighborhood Hollywood beauty salon and pick up the hair and nail remnants of Brad Pitt or Julia Roberts and raise one of your own.

We have to set some limits in how we apply our newfound genius. The American Association for the Advancement of Science has called for a moratorium on human germline engineering. This seems to me a sensible brake in a galloping but driverless stagecoach.

THE POWER OF THE HUMAN SPIRIT - 1/15/01

In November 1999, Nicole Barrett, a 27-year-old Texan, moved to New York City to start a new job and life. Weeks after her arrival, those dreams were shattered. A stranger on a midtown Manhattan Street corner smashed a six pound paving stone over her head, breaking her skull and leaving her near dead. Weeks later she amazed everyone at Bellevue Hospital when she woke up.

This small town Texas girl was a bareback horse rider, an excellent shot, and a student pilot. The assault left her unable to remember, read, make sense of stories or numbers, and emotionally unstable. After several brain operations, nobody really believed she would ever lead a normal life.

In her debilitated condition, she returned to Texas where her parents and therapists nurtured her recovery. Her garbled speech slowly became understandable. The many manifestations of her organic brain syndrome improved dramatically.

She just celebrated the first anniversary of her survival and is thinking clearly, reading, walking, and considering riding again. She has never been depressed.

Nicole says, "I'm not going to spend my life agonizing over the bad things that happen. I will always think positive and look forward. A lot of people say, 'How can you be so positive?' I don't understand how so many people accept defeat. Who is going to try to tell me that I cannot live?"

Nicole Barrett refused to be categorized; she refused to believe that she had to live her life as a victim or a half-dead person. She hopes to return to college soon and complete a degree in interior design.

When I read Nicole's story, I felt my spirit soar. She reminded me that it's possible to live your life in every moment, to seek out the positive, to be lovingly connected, and to be balanced in your life.

Thank you, Nicole.

WINNIE THE POOH HAS ADD – 2/26/01

I've dribbled on endlessly about the over-diagnosis and over-medication of younger and younger children diagnosed with learning and behavioral disorders. We have in the current lexicon even created disorders previously unknown.

The current bible of psychiatric conditions is the DSM-IV, which now includes a disorder called Oppositional Defiant Disorder. What is that? It's a pattern of negative, hostile, and defiant behaviors in children and adolescents that lasts at least six months. Oppositional Defiant Disorder children demonstrate at least four of the following characteristics: losing temper, arguing with adults, refusing to comply with requests, deliberately annoying people, blaming others for their mistakes, and anger and resentment. Do these behaviors sound at all familiar to you? Do your own teenagers fit this profile? Are we going to psychopathologize the whole of human experience? We have to lighten up!

The annual Winter Lamppoon issue of the Canadian Medical Association Journal included this article submitted by the Department of Pediatrics at Dalhousie Medical School entitled "Pathology in the Hundred Acre Wood." The authors say Pooh, the bear with very little brain, could be suffering from microcephaly and A.D.D., inattentive subtype. Pooh is obsessional (he can't focus on anything but honey), he is impulsive, and he doesn't think things out. Even though he seems bright, he can't stay on track,; obviously he needs Ritalin.

Piglet has a Generalized Anxiety Disorder for which he might need Paxil. Eeyore is a chronic dysthymic (mild depressive) for which Prozac could be helpful (maybe just nibbling on St. John's wart). Tigger, the affectionate tiger, is impulsive and displays a recurrent pattern of risk-taking behaviors. Christopher Robin--they couldn't find a diagnosable condition for him, but clearly there is a problem here with his parental supervision. They allow this kid to spend a lot of unsupervised time talking to animals. I loved this piece, although lots of people wrote critically that the authors should be ashamed of making fun of mental illness.

It's hard raising children, and it's hard growing up, but wandering through the enchanted forest isn't always pathological. If we'd spend more time playing with our kids and talking to bears in the woods, I think we'd need less medications.

ROSITA VISITS SUPERMAN – 6/11/01

Rosita is a beloved friend; I call her sister. She is a mental health professional, wife, mother, grandmother, and one of the most inspiring speakers I have ever heard. Eight years ago, Rosita was diagnosed with Multiple Sclerosis. She's up and around, sometimes uses a cane or rides a scooter around shopping malls. Recently Rosita decided not to continue with the rigors of professional speaking. No more year-in-advance scheduling, cancelled flights, and no anxiety on the platform for fear of losing control.

We just spent a weekend together at her beach house on Anna Marie Island, near Sarasota. This is a gorgeous place with silken sand and a glorious sunset where the last light illuminates the sea like a lightning bolt. This is an easy place to talk about life.

Rosita told us about her visit with Superman. Christopher Reeve, who played Superman in the movies, spoke in Gainesville recently. Reeve broke his neck six years ago in a horseback riding accident and was instantly rendered quadriplegic. Rosita described his impact on the platform. Leaning back in his wheelchair, connected to a breathing device, he speaks audibly and tells his audiences that it is possible to choose to live, no matter what your condition is. He currently lectures all over the country to disabled groups and able bodied audiences, to students and business executives. He tells them he did not always feel this way. It took a long time not to want to die. But his wife and children wouldn't let him see himself only as some tragic cripple. They made him look at another reality; they saw a man inside they loved and believed in. They helped him see the light at the end of this tunnel.

I asked Rosie what she remembered most about his lecture, and she said, "He kept repeating the phrase 'when I get up.' He never doubts that he will get up and move. That's what it's all about; if you want to live, you have to keep moving. I'm going to keep walking; sometimes I may even be talking."

These are my heroes, the real Supermen and Superwomen who are never so afraid they stop moving. The light at the end of the tunnel is not an illusion; the tunnel is.

To see the image for this Schlag Byte, please visit <http://www.healingdoc.com/bytphotos/061101.html>

NO MORE PLACEBO EFFECT – 7/2/01

It is part of mainstream medical thinking that one-third of patients get better if you prescribe an inert pill or sham treatment; this is called the placebo effect. In last month's prestigious New England Journal of Medicine, two Danish researchers reviewed the world's literature on the placebo effect and concluded that it was a myth. It didn't matter whether patients were given something or nothing at all; both groups showed the same improvement. The doctors concluded that if you did nothing and people got better, it meant that whatever you did would improve the outcome; it's not the pill or treatment.

The problem here is the assumption that, if nothing is done, nothing is happening. This is ridiculous; something is always happening. You get up in the morning and may say a prayer, stroll in the park, look at birds, see a rainbow, hold your grandchild. Something is always happening even when we're not consciously aware of it. The unconscious mind responds to smells, touch, faith, and family. The unconscious mind influences healing even if it cannot be statistically measured. Scientists whose only truths are measurable by official binary analyses transform science into 'scientism.' Scientism's sacred credos are that if it can't be reliably measured, it doesn't exist and that material things are the foundation of everything.

Every doctor and every patient knows that health outcomes have as much to do with those things that can't be measured as those that can. Just as spiritual truth can exist without historical fact so can healing exist without scientific explanation. The great danger in the New England Journal article is its readers might conclude that it doesn't matter if you spend time talking to patients, touching them, consoling them, or even holding them. Every doctor must know these are all ways that intensify their healing power.

The Wizard of Oz gave the Tin Man, Scarecrow, and Lion gifts of enormous value: heart, brain, and courage. Even when Toto the dog, unimpressed by all the magical trappings, ran behind the curtain to reveal who the Wizard really was, it changed nothing. The Travelers got what they came to find. The wizards of healing are everywhere, even when nothing measurable is being done.

NO TIME FOR QUESTIONS – 7/23/01

My morning newspaper recently announced that some physicians in Phoenix have adopted a new policy with their patients. Patients are limited to asking two questions per visit. A woman with questions about her cholesterol, the bump on her hand, and her allergies had to make another appointment. One family doctor was quoted as saying it wasn't unusual; he knew a physician who allowed only one question.

This is a direct outgrowth of managed care in America. Doctors need to see a certain number of patients per day in order to meet their overhead. Since they get paid the same if they see a patient for five minutes or 20 minutes, economics dictates that if you see a patient for more than five minutes you're losing money.

This policy compromises healing relationships, but medicine has become just like every other industry: time is money. A spokesperson for the AMA says it "encourages patients to ask questions;" however, they're also recommending that office managers inform patients that they have a 'limited question policy' so that patients will be prepared for it and accept it.

Don't accept it! Find a physician who doesn't have his finger on a stop-watch. Find doctors you respect and trust and who will spend time answering all your questions; then pay them what they are worth.

Don't let the economics of health-care steal our healing spirit!

THE LAST OF THE MOHICANS – 10/15/01

I am speaking at a health conference that's taking place at an exquisite retreat on Lake George in New York's Adirondack Mountains. On this queen of lakes, the tribes of the Eastern woodlands canoed, the Revolutionary War was fought, and what remains is the pristine forest it always was. I went a couple of days early so I could kayak into the Narrows and spend a day in its heavily wooded islands.

I disembarked on Mohegan Island to sit and eat my lunch. There were squirrels chattering, chipmunks shared my food, and I dropped a line into the water. While reading, I became aware that a single spruce needle was dangling from a single spider thread in front of my eyes. It was dancing in the breeze. Looking up, I saw a spider slowly cross her web. Whenever she moved, the needle danced, and I was entranced by this ballet. I tried to go back to reading but was invariably drawn back to the dancing needle which never fell. I didn't make much of it until later that evening when I finished the article. It is a story about a man who lets surgeons place a plastic heart into his dying heart to save him. Mr. Robert Tools is a 59-year-old who five years ago was forced to leave his job because he could hardly breathe. Now he is too sick to qualify for a donor heart. He was sent home to spend his last weeks with his family.

The makers of a new mechanical heart were ready to try it on humans. All the things that made Mr. Tools ineligible for a heart transplant made him eligible for the mechanical one. This was his last thread to life. Eight weeks later Mr. Tools is walking around. He says he's eager to get back to fishing. He knows his future is uncertain, but says, "It feels great just to be able to look around, see people, and thank God."

That's what the dancing spruce needle is all about. The Hopi say that Spiderwoman is the weaver of the web of life. On her strands we move through our earthly existence. Sometimes our web breaks, and we are close to falling, and she reminds us, "We can be saved by a single strand of hope."

ONE FLEW OVER THE CUCKOO'S NEST – 12/3/01

Ken Kesey, the great novelist and counterculture icon of the Sixties died from liver cancer a couple of weeks ago at age 66. Kesey's fame rocketed when his blockbuster novel, *One Flew Over the Cuckoo's Nest*, was made into an Academy Award-winning movie. It is the story of a prisoner who fakes insanity to escape from a prison farm. At the mental institution, he has an enormously beneficial effect on seriously disturbed patients, but, because he challenges the hospital authorities he is labeled antisocial, non-compliant, aggressive, and ultimately incorrigible. After he is medicated, isolated, and straitjacketed, the staff is still unable to alter his behavior, and he is lobotomized.

Kesey made you wonder about what was crazy. He loved to poke fun (he called it pranking) about the ridiculousness of things. In 1964, Kesey organized a bus tour across America, with his Merry Pranksters, which was chronicled in Tom Wolfe's 1968 book, *The Electric Kool Aid Acid Test* and came to symbolize the psychedelic '60s. Kesey's bus came through Phoenix during the Presidential campaign that year. It was wrapped in American flags and flew a banner that read, "A vote for Barry is a vote for fun."

The psychiatric profession no longer advocates prefrontal lobotomies to change unacceptable behaviors. We have become much more sophisticated in mapping the brain and pinpointing those areas responsible for aggression, distractibility, and hyperactivity. Now we treat those symptoms chemically with tailor-made medications that act on specific areas of the brain such as the hippocampus and amygdale, or we do microsurgery with cryoprobes to freeze specific sites.

With these techniques, we are trying to promote quick fixes to our social and behavioral problems. Kesey's warning in *Cuckoo's Nest* is about what excesses are possible in a culture that uses chemical and surgical manipulation to alter human behavior, and it is still relevant.

For example, a new surgical procedure has been developed to cure blushing which is hardly a life-threatening disease. Most of us have blushed and also experienced somebody pointing us out and saying, "She/he is blushing," which usually draws a giggle. It embarrasses us, but we get on with our lives. Some people are chronic blushers and really don't like it; 80 percent of them can be cured by a surgical procedure called endoscopic thoracic sympathectomy. This is a 15-minute operation that is performed under general anesthesia. Two or three small incisions are made between the ribs, just below the armpit. The endoscope is poked into the chest cavity; through it, you can see inside. The surgeon isolates and then cuts the sympathetic nerve fibers. The sympathetic nervous system controls unconscious involuntary functions like breathing, heart rate, digestion, sweating, and blushing.

Cutting those sympathetic nerves also comes with lots of side effects. Fifty percent of the people who have the procedure notice an increase in lower body sweating. Thirty percent salivate excessively when exposed

to certain smells or tastes. A small percentage develop Horner's Syndrome, a condition in which the eyelid droops and the pupil is permanently constricted. In spite of these complications, people are going for the quick fix. The operation costs about \$6,500, excluding hospital expenses, and medical insurance usually covers it. Blushing is not a disabling disease; it's usually the fear of blushing that is far more disabling. That fear can be dealt with by psychotherapy, biofeedback, behavior modification, hypnosis--even changes in diet. We have to stop promoting surgical 'cures' for alleviating our social anxieties.

Kesey's dead, but his cuckoo is still flying over the nest.

FAREWELL, MY FRIEND – 2/11/02

Betty, my beloved friend, died last week, less than five months after being diagnosed with metastatic cancer. Told it was incurable and living with pain, she decided she didn't want to fight. She never wanted to get old; suffering with a disease whose outcome was a foregone conclusion, she made a choice for herself. In the beginning I was angry with her; I didn't want her to abandon her life force, but it was right for her, and I came to honor it.

Together in these last months we've gone to dinner, movies, played bridge -- until these last few weeks when her mind began to drift. The week before she died, she was in and out of consciousness and finally admitted to a hospice. The day before she died, I called her, and she roused from her stupor and said, "It's good to hear your voice."

"Shall I come over?" I asked. "No," she said, "hearing your voice is enough." I told her it was good to hear hers too; then she asked me, "Who are you going to talk to tomorrow?" I said, "Of course, I'll speak to you tomorrow and the day after that too." "Good," she said, "keep talking to me." This was our last conversation.

Betty was also my wife Elaine's closest friend, and she was with her when she died. She felt such an urgency to see her that she arrived 20 minutes before Betty took her last breath. Elaine cradled her head and told her that they were all with her . . . her boys were all there . . . everything was going to be all right. She said to Betty, "We have laughed and cried together and been furious with one another, but we've always been together. We have nothing to forgive each other for," Elaine said to her.

What an incredible thing to say to someone you love before she dies. My beloved friend, I treasure everything we have been together; we have nothing to forgive each other for.

And, Betty, I'm still talking to you.

HEALING CHANTS – 3/18/02

Modern science continues to provide us with new biological explanations for the ways we think and behave. We can now visualize the deep structures of the brain and map out exactly where the brain responds to states of anger, sexual excitement, and jealousy, as well as meditative states, love, and tenderness. We have sufficient data to prove that the human immune response is modulated by psychological events. Negative emotions and stress can cause cardiovascular disease, endocrine disorders, and autoimmune disorders. Scientists have discovered that, in states of fear and panic, the body produces chemicals called proinflammatory cytokines, which cause immune system dysregulation. I believe these kinds of stressors will prove to be the core mechanism behind a whole lot of diseases. On the other hand, emotions like love, joy, humor, faith, and meditative states enhance immune system function.

Here is the latest study (British Medical Journal, December 2001) about the measurable health benefits of meditation and prayer. Dr. Luciano Bernardi measured heart-lung functions in volunteers who agreed to be poked, measured, and analyzed while reciting a prayer or mantra. Participants either recited the Ave Maria prayer (which was spoken by one participant and finished by another, in the style of the Rosary in which the priest says part of the prayer and the congregation completes it). Or they recited a Sanskrit mantra used in many Eastern traditions, "om mani padme om," which is loosely translated as "Harmony is the core of our being." Both recitations took time and slowed the subjects' breathing rates to about six breaths per minute. Professor Bernardi discovered that slow rhythmic breathing improves blood oxygen levels, changes heart rhythms, and increases cardiovascular responsiveness. Another demonstration of ancient healing wisdom.....slow down and smell the roses, find a way to be where you are, focus on something other than yourself, and you will stay healthier.

ANIMAL FARM – 4/8/02

The January issue of Scientific American announced the creation of the first cloned human embryo. You have heard me rail on endlessly on this subject and already know that I am terrified about the implications of changing what it means to be human. Cloning research is just a skip, jump, and slide down the slippery slope into the new eugenics. Soon we will be able to alter our biology to create ‘new and better’ people, even redefine what a healthy kid is. We can choose to find unacceptable, for example, those who are genetically blind, have Down’s Syndrome, or carry the genetic marker for Huntington’s disease? We will also be able to selectively enhance those genetic markers responsible for musical ability, mathematical genius, or muscular development? Does this sound like an Orwellian Animal Farm to you? You know that if we develop this technology, somebody is going to sell it to the highest bidder, and it will happen.

I have supported the cloning ban in this country, but it’s become clear that such a ban on research is not preventing its pursuit. Now I am more concerned with unsupervised research. When the profit motive determines what’s moral, we’re in trouble, so I’m rethinking the total cloning ban. There is a difference between reproductive cloning and therapeutic cloning. Cloned early-stage human embryos, as described in the Scientific American article, can create needed new stem-cell lines. These cells hold the promise for curing diseases from diabetes, cystic fibrosis, leukemia, and melanoma to spinal cord injuries. We are obligated to help those who suffer which is, I think, fundamentally different than creating new people.

Just last week Dr. Severino Antinori, director of a human reproduction research center in Rome, said that a woman in his human cloning program was eight weeks pregnant. As a community of nations, the time has come for us to establish the limits on how far we are willing to go in redefining our humanity.

FLUSHING AS A HEALING RITUAL – 4/15/02

I recently spoke to The National Hospice and Palliative Care Organization in New Orleans. These are doctors, nurses, chaplains, social workers, and volunteers who specialize in the care of the dying. This is one place in the practice of medicine where the provision of healthcare is still a ministry and not an industry. These healthcare professionals still spend time with their patients, sit, talk, do whatever it takes to help them become the principal agents in their own healing. There are practitioners who understand that there is a difference between healing and curing; they heal people even if they can't cure them. Healing has more to do with what happens outside of you than inside. Healing is about making connections to things other than yourself.

In spite of their serious work, these healthcare professionals find a way to come to their sacred work exuding both a sense of peace and humor. In the morning I spoke to the group about the importance of rituals and ceremonies in creating healing environments. At one point during the session, we broke up into small groups to spontaneously create a healing ceremony.

While the groups were engaged in the process, I went outside to go to the bathroom. It didn't take much time, and, when I returned, I casually walked in to be greeted with a standing ovation. I had no idea what had happened, and I must have looked confused because somebody finally shouted out, "We heard you flush the urinal." It became immediately clear: when I had walked outside, I'd left my wireless lapel microphone on and broadcast the whole toilet experience. This has to be a speaker's worst nightmare, but then it became obvious how much worse it could have been. We had a hilarious repartee.

By the time of the afternoon keynote, the word had already spread (there are no secrets among palliative care specialists). So I opened the General Session, saying, "This morning I got a standing ovation for just going peepee; I'm counting on you to bring the roof down if I can also speak."

WAKE UP TO LIFE – 6/3/02

The Federal Drug Administration (FDA) approved the drug Modafinil to treat a rare neurological disorder called narcolepsy. This is a disease in which people suddenly fall asleep. They can be in mid-sentence, walking, or playing a game when they suddenly drop off into sleep.

The pharmaceutical company spent an enormous amount of money developing this drug. Do you think they made this investment to treat this rare disease? Of course not! Last year Americans spent \$150 million on Modafinil. Most of these people didn't have narcolepsy, or for that matter, any other kind of disorder.

People are taking this drug because they want to sleep less and stay awake more. Its manufacturer touts it as an improvement over amphetamines because it is not addictive. But nobody has a clue about what happens to people who use it for long periods of time.

Even though the FDA restricted its use for narcolepsy, its manufacturer has been promoting it as effective for lots of other conditions. In the April 2002 issue of Psychiatric Times was a two-page spread touting Modafinil. The first page said, "Wake up to Life;" the next page announced its benefits:

- A unique wake-promoting agent that keeps patients Alert, Aware, Awake.
- Promotes daytime wakefulness with no effect on nighttime sleep
- Improves patient's ability to participate in daily activities
- Long-term safety profile has been demonstrated for up to 136 weeks.

Sounds like something everybody ought to take.

The FDA recently told the manufacturer their promotional materials were "faulty, lacking in fair balance, and otherwise misleading." The company responded that it would present the FDA with proof that would expand the drug's approval for more than just narcolepsy. Studies are now underway to see whether Modafinil can help healthy truck drivers drive through the night and get safely to their destinations by dawn. The military is investigating whether it can keep healthy soldiers awake for long periods of time during combat. There is a study underway that is looking at its effect on shift workers.

We are becoming a culture that seeks well-being through medication. We're spending billions in research for medicines that do not treat diseases but that are adjuncts designed to support a lifestyle. The elderly can't afford to treat their heart disease, arthritis, and indigestion because we support the production of pills to keep us awake, slim, sociable, and happy.

Let's wake up to life by getting one that is not in pill form.

MARKETPLACE MEDICINE – 6/24/02

There was a time, not so long ago, that if you read something in a prestigious medical journal, you could count on its accuracy and conclusions--not anymore. The Journal of the American Medical Association (JAMA) recently put itself under the microscope and devoted an entire issue to examining the results of their published articles; they found the articles to be often misleading and frequently failing to mention weaknesses in their methodology. JAMA believed that published conclusions were biased by conflicts of interest. Most researchers were now funded by drug manufacturers so they all had a stake in study outcomes.

In the past, to guard against conflicts of interest, journals asked outside experts to review potential articles, a process called peer review. Peer-reviewers had no financial stake in the outcome. Today you can't find a researcher or reviewer who does not have some conflict of interest, so JAMA called for changes and ethical review. In response, the New England Journal of Medicine (NEJM), one of the world's most respected periodicals, said that it was relaxing its 'conflict of interest' rules because they could not find original articles whose authors did not have financial ties to a drug company. Jeffrey M. Drazen, M.D., the NEJM's editor-in-chief, said that most of the seminal work in new treatments was done by investigators whose work was supported by the industry: "They are the ones who know about the new stuff." He added that the journal would continue its custom of informing readers about those who sponsored the author's research and whether or not the author had a financial stake in it. The business of healthcare is compromising the practice of and research in medicine.

Now it's not only patients who don't trust their doctors, patients who believe the doctors are not making clinical decisions based solely on what they need, but rather on what their insurance will cover or what the doctor can get away with. Now it's doctors who aren't sure of the credibility of the research results they read.

We live in a culture in which we don't believe in much anymore, and healthcare is joining the ranks of other unbelievable institutions compromised by the pornography of bottom-line considerations. When such pursuits become our primary task, it not only robs us of our objectivity and judgment, but it also steals our spirit as healers.

THE FOUNTAIN OF YOUTH – 7/1/02

I have been deluged in recent weeks with advertisements selling Human Growth Hormone (HGH). Banner headlines announce that growing old is not inevitable and that HGH is the new fountain of youth. Advertisers promise that, within four weeks, your stamina will improve; you'll sleep better and be more optimistic. By the end of eight weeks, you'll have improved muscle tone, enhanced sexual function, improved skin tone, and better digestion, and you will lose weight. By the end of the third month, your mental processes will have improved, muscle size increased, hair will grow, and sexual desire explode. By the end of six months, you will be emotionally stable and resistant to illness, your old wounds will have healed, gray hair will return to its natural color, and cholesterol and triglycerides will be reduced. Tell me this is not irresistible; the fountain of youth can be had in our lifetime.

This is what we know about HGH: its production declines precipitously after age 20. Also the body becomes increasingly insensitive to the hormone as we age, and nobody knows whether flooding the body with this stuff will cause problems in the future. We live in a culture that worships youthfulness, and we have seen over the last 50 years a steady increase in lifespan. Aging experts now tell us there is no scientific basis for believing there is a fixed upper limit on age. Our bodies, they say, are not programmed to die by some unavoidable 'sell- by' date.

Everybody wants to stay youthful and healthy, but the human body has some basic design flaws. For example, we walk on two legs so gravity is continually crushing our spines. Also, our cellular structure does not appear to be immortal; senescence seems to be a built-in limitation of aliveness.

I think staying young is not about ingesting rocket fuel to make your old banger car go faster; it's about living your life as if eternity is in every moment. What makes the fountain bubble.....?

- working at something that makes you happy
- exercising
- eating a low fat diet and occasionally splurging
- giving love, getting love, making love
- dancing
- laughing
- volunteering
- hanging out with kids

- listening to music
- getting unstressed
- experiencing awe
- lightening up and not taking ourselves too seriously

Drink up!

GESUNDHEIT! 7/29/02

I'm in Hillsboro, West Virginia, sitting on the back porch of my bedroom which is actually the loading dock for a woodworking shop. My home this week is a foam rubber mattress on the floor of the workshop where I am surrounded by an assortment of power tools, work benches and sawhorses that serve as drawers and dressing tables. From the porch, I can see a fish-filled pond that is also home to turtles, beaver, and migrating water fowl. In the meadow in front of me are thousands of Mourning Cloak butterflies whose black wings flecked with turquoise and orange polka dots make a fluttering magic carpet. Not far away, in the overgrown forest, are picturesque waterfalls and an abundance of wildlife.

This is as close to camping as my wife gets nowadays (says she's been there and done that). We are fortunate to have a communal bathroom on our floor. Everything here is communal: eating, cooking, dishwashing and learning. I am at the Gesundheit! Institute. This is the place where Dr. Patch Adams wants to build his visionary hospital. Here patients will be seen free of charge and the institution sustained by love offerings. So far it has six buildings that include bunkhouses, workshops, theatrical spaces, music rooms, mechanical shops, and barns.

Every summer, in late July, Patch gathers an assortment of healthcare professionals, architects, gardeners, teachers, actors, musicians, clowns, and volunteers--all of whom are committed to building a vision of health based on loving service and respect for all living things. Although Patch and I have been close friends for well over a decade, I've never come to his sacred place, and it was time. This year he has again brought together an incredible assortment of bright, passionate activists, all doing innovative work in healing the planet. We talked together, shared ideas, sang, clowned, worked the land, and reveled in this special place where dreams and possibilities are commonplace and encouraged. I love being here even though I think that building another hospital is the last thing we need. Patch reminds me that the healing journey is a sacred undertaking whose practitioners must come to it from a place of loving and compassionate joy. In today's environment of growing mistrust, he is the embodiment of our noblest selves.

Two classical musicians, the Lehnert Duo from the University of Colorado, perform a spectacular concert one evening. A pre-eminent permaculturist, David Blume, is consulting on how to create a sustainable, recyclable environment here. David convinced my wife that she could reduce her air-conditioning bill by half if she planted butternut squash and pumpkins on the roof of our Phoenix house. It turns out a simple sprinkling system hooked up to half of a 55 gallon plastic drum and hung from the roof will, if planted in the spring, cover the roof by midsummer. The broad leaves will shield it from the sun, ensuring considerable energy savings; the vegetables are an additional dividend. David estimates that, if people utilize such a system, it would result in a 50 percent reduction in the cities' energy consumption and feed the homeless.

I spend an afternoon with him in a treehouse, 30 feet up in an ancient white oak tree where he tells me that the planet has enough natural resources and renewable energy sources to eliminate world hunger and tame hostile climates. He says, however, that as a civilization, we have to commit ourselves to it. That's when he reminds me that part of changing the culture has to be my willingness to hang the plastic drums from our roof, prepare the soil, and install the sprinklers. That's when I knew how hard it would be to change the world.

See photos that accompany this Byte at <http://www.healingdoc.com/bytphotos/072902.html>

DISEASING OUR CIVILIZATION – 10/21/02

Doctors are developing a new disease; leading psychiatrists are advocating the American Psychiatric Association to create a new mental illness called 'relational disorder.' This is a new concept of disease which identifies as sick those people who are having problems in their relationships.

Is there anybody out there who hasn't had a relationship problem? Let's face it; it's not possible to be in a relationship and not have some struggle. There is no intimacy without struggle. By expanding our definition of a disease to include relationship struggles, it now enables you see a doctor who will give you a DSM IV diagnostic code and prescribe pills for it. We don't need to be diseasing our civilization and prescribing more pills in order for us to deal with the ordinariness of the human experience.

We already have too expansive a definition of the diseases in an attempt to explain our social problems. For example, if your child is inattentive, overactive, and hard to control, nowadays he/she is thought to be suffering from Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder for which we now have pills. We have seen an epidemic rise in those diagnoses since the advent and promulgation of pills that treat those symptoms. The fact is we have an army of neuropharmacologists racing to formulate new pills that will boost positive emotions and mask unpleasant ones.

Here is the latest attempt at expanding the disease model. On television this week, I have seen this repetitive, direct-to-consumer pitch. You may be depressed and taking something for it, but it may not be enough because you may have been hiding some other facts from your doctor. For example, if you're having trouble sleeping through the night, over-energized and painting your bedroom at three in the morning; or if you are talking too rapidly or having grandiose ideas, then you might be suffering from a manic-depressive psychosis. In the tv commercial, they also use the term 'bipolar disorder' which they seem to prefer because I think it sounds less debilitating.

Manic-Depressive illness affects less than one percent of the population and usually begins in adolescence or early adulthood (generally a period when people go through intensely difficult times). By urging the public to see their doctors if they have ever felt this way, we are going to see an epidemic rise in this disease too. Every teenager who has ever experienced ups or downs and/or has been impulsive, insomniac, and grandiose (all of which could have described me and lots of other teenaged friends) will now be seen as incipient manic-depressives rather than just being impossible shmucks.

I am not saying it's not good to treat people with Manic-Depression, ADD, or ADHD, only that most problems we see are not diseases, and we'll get through them without pills.

We don't need to be prescribing more pills which often don't work for diseases that don't exist. We do,

however, need to be talking to somebody when we're in trouble. We do need to have relationships with people we respect, love, and trust. We do need to be living in communities of support where there are people we can count on. As parents of young people, we need to be setting better examples than those they see in the media headlines. We need to be setting limits, making it clear what behavior is acceptable and what's not.

We need to stop expanding the disease model to deal with our social problems and human frailties and instead find more connections to one another and the universe, connections that help us through the hard times and allow our wounded spirits to heal.

MCI'S NO PHONE COMPANY – 10/28/02

A couple of weeks ago, I was getting ready to open my locker and for the moment couldn't remember the combination sequence on the lock; I have been using this lock for years. That day I also heard Charlton Heston announce that his memory had been slipping and that his doctors diagnosed his condition as consistent with signs of Alzheimer's disease. I know that all memory loss is not Alzheimer's, but it did get my attention. Just because I can't remember names or where I put the car keys, that doesn't imply encroaching senility.

We can test for Alzheimer's disease with 90 percent accuracy nowadays, but what we cannot do is diagnose Mild Cognitive Impairment (MCI). MCI describes changes in memory that also affect your daily routine. How bad does it have to become to affect your daily routine before you ought to start getting worried? Nobody knows. What is known is that 80 to 90 percent of people who are diagnosed with MCI do progress on to Alzheimer's disease within ten years. There is no diagnostic test to confirm MCI. Lots of people have lapses in memory, and it's nothing to worry about. It's when you can't remember what the keys are for or what your own name is that you might worry!

I can't just forget something without my sons-in law promoting the event as further evidence that the old man is losing it. It could be anything that they think smacks of inexorable decline--emitting unusual sounds, an ache, or going pee-pee too often. Such an event results in my getting another notch on the crab-pot belt. At some time they determine, when I have accumulated enough notches, they will call 'crab pot' which means 'Kiss me goodbye and pull the plug.'

I have dodged these assaults with occasional flashes of brilliance, but their scrutiny is unabating. I am grateful, therefore, that groups such as the National Institutes of Health (NIH), Alzheimer's Foundation, and National Council on Aging are spending 500 million on Alzheimer's research--much of it aimed at early-stage disease.

In the meantime, I take vitamin E every day and keep quiet around my sons-in-law.

PINKER'S NO STINKER – 11/01/02

It's already clear that as a species we are hard-wired to perform in certain ways. Our muscular ability, musical talents, intelligence, and interdependence on one another are all genetically inherited. Now comes another book bashing sociobiology, telling us that life is all nature and not nurture.

Stephen Pinker, a language and cognition researcher at MIT, has written a new book, *The Blank Slate: The Modern Denial of Human Nature* (Viking, 2002). This is another in a series of works that say we are who we are because our brains are programmed at conception. Human nature is determined by our DNA and not by culture, learning, or experience. Girls play with dolls; boys play war because we are programmed to do so by our genetics.

Some religious thinkers and scholars think Pinker's a stinker; for them the idea that humans are preprogrammed prisoners of their biology does not sit well. It doesn't sit well with me either, but it's not because I have a problem with the fact that human nature exists. I just think the idea that we are solely driven by our biology too simplistic a view. I don't believe that social hierarchies, economic inequalities, taste, music, jealousy, taboos, and violence are so rooted in our biology that we can't influence our genetic inheritance. The idea that the whole of the human experience is preprogrammed and that we have little influence on personality seems to me shortsighted.

We are all the same, and yet we're all different. There are genetically programmed human traits, but that's different than saying it's all genetics. It would be equally ridiculous to say it's all environment; we are both. We are not a blank slate and are also influenced by our experience, culture, and connections. We have the capacity to manipulate our programs for good or evil. Pinker's no stinker; genes are important but we must not become slaves to them.

THE WHOOP! GOLDBERG HUMANITY CURE – 11/11/02

Actress and comedian Whoopi Goldberg recently told an audience at the Distinguished Speaker Series in Thousand Oaks Civic Arts Plaza that the main problem facing our civilization today is our difficulty in communicating with each other. Whoopi said that people don't talk to each other straight, bullshit reigns, dishonesty is rampant--and she offered this solution: We ought to be belching in public. When you belch, it's the truth of how you're feeling, and you feel better when you say it straight. Whoopi dared to imagine how great the world could be if we were able to communicate our truths more directly.

I have been belching most of my life, not realizing it was a blast for humanity. My mother and family are revulsed by the behavior. My mother once asked my wife how she could live with something that sounded so disgusting. I've always told them that I had a stomach problem; they said my only problem was my mouth and my inability to control it.

I applauded Whoopi's genius idea until I realized if belching is a gift of openness, then the same argument could be used for the relief of other gaseous truths. The thought of such truth sharing does not fill me with a sense of interactional joy.

What if we forgot about exclamations from all orifices and instead spoke only from the heart? Now there's a cure for humanity.