the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS by Robert S. Mendelsohn, MD

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Cervical Cancer and Pap Tests . . . Doctors Silent on Baby M

Dr. Robert Mendelsohn

The members of my family (mother, wife, daughters) don't go for Pap smears. Nor do my friends. Nor my patients. All of them share my view that the danger of cancer is outweighed by the danger of the tests which attempt to diagnose cancer. They also share my view that the way doctors treat cervical cancer--including hysterectomy--is more likely to kill you than is the cancer itself.

We have reached this decision on the basis of the scientific literature--both decades old and right up-to-date--which documents the outrageous error rates in the highly-touted Pap smear, as well as the unproven nature of the treatments doctors recommend when they find an abnormal smear. The purpose of this Newsletter is to share with you the documentation that is all-too-often concealed within medical journals.

But even if you are not directly concerned about Pap smears and cervical cancer, remember that the vagaries of medical tests extend to all of them--mammograms, colonoscopies, and biopsies included. Remember that the unproven remedies (lack of scientifically controlled studies) used by doctors in treating cervical cancer apply to all forms of cancer--including those of the breast, prostate, and pancreas.

If early diagnosis of cancer is futile, and medical treatment (surgery, radiation, chemotherapy) is worthless, what is a person to do? Since the answer lies in prevention, this Newsletter deals with prevention of cervical cancer. I point out that the best ways to keep from getting that disease lie in the avoidance of certain life styles and avoidance of doctors (particularly the IUD's they prescribe).

And again, this is true of cancer in general. To prevent breast cancer, adopt certain life styles (breast feeding) and avoid doctors (particularly their female sex hormones). To avoid lung cancer, stay away from cigarettes and chest x-rays.

The main subject of this Newsletter is followed by my analysis of the Baby M saga. I hope you will agree with my opinion of Modern Medicine's latest shell game: Where's the mother? Where's the father? Where's the baby?

Cervical cancer and female promiscuity

For more than 100 years, doctors have known that cancer of the cervix hardly ever occurs among nuns. More recent studies have confirmed the link between cervical cancer and the number of men with whom a woman has sexual intercourse. However, modern sexual mores being what they are (until the AIDS crisis!), it is not fashionable to counsel against promiscuity. And we cannot depend on a marked return to the cloister. Instead, a 1979 issue of the New England Journal of Medicine reported on a study at a California Kaiser-Permanente Medical Center which showed that the incidence of cervical cancer is much lower in women whose sexual partners have had vasectomies. Of course, while the studies on women are reported, results of long-term studies showing the ill effects on men of blocking

the exit of sperm still are few in number. A typically modern solution to a typically modern problem.

Evidence that cervical cancer has something to do with multiple sexual partners was emphasized in "Cancer News for Physicians," Summer 1980 (published by the Illinois Division of the American Cancer Society):

"Cervical neoplasia [cancer] behaves like a venereal disease in many aspects, being rare in celibates and most common in prostitutes." And the Pap smear is unreliable, as the same publication points out, "The false-negative rate is about 15 percent with the first [Pap] smear."

So, if your doctor still tries to sell you on an annual Pap test despite recent authoritative medical advice to the contrary, ask him if he knows enough about your sex life to consider you a prime candidate for cervical cancer.

Q I feel I must comment on your writings which suggests a link between promiscuity and cervical cancer. I believe you owe the public--especially people like my sister and me--further explanation about the possible causes of cervical cancer.

Sexual promiscuity is not the only cause of cervical cancer! Do you have any idea of the number of formerly happy marriages you placed in jeopardy by not stating that statistical correlation is not absolute proof--we really do not know for sure what causes most cancers!

My sister, who is 15 years older than I, had cervical cancer when she was in her late 30's. In her early 20's, she had a disastrous marriage to a man who may have been sexually promiscuous, but this marriage lasted only four years. She recently celebrated the 35th anniversary of her second marriage, and both she and her husband have been absolutely faithful to one another throughout this marriage. Both she and I were instilled with absolute terror at the thought of sex before marriage.

I was found to have cervical cancer when I was 34, after 13 years of marriage and two children. Although it was the second marriage for my husband (the first lasted only three months), neither of us could be described as sexually promiscuous in any sense of the word.

In 1966, when I had a hysterectomy, the "promiscuity" theory was just beginning to surface. My doctor said it was all "balderdash"--the same week he did my surgery, he had performed a hysterectomy on a young nun with cervical cancer--a virgin who had never had any type of sexual contact.

I appreciate your concern about the dangers of sexual promiscuity, but I do feel you owe an apology to the many thousands of women who have suffered enough from cervical cancer (including the rarely-mentioned rectal-vaginal fistulas that may develop after hysterectomy). It isn't fair that these women who have gone through the shock of having cancer and the ordeal of treatment should now be looked upon as prostitutes!--Mrs. H.R.

A You are correct in emphasizing that statistical correlations do not constitute absolute proof. Nor do the results of laboratory experiments constitute absolute proof. Since absolute proof hardly ever exists in medicine, all of medicine is necessarily controversial. Accordingly, you are justified in questioning the statistical link between cervical cancer and promiscuity, even though this relationship has been documented time and again for at least 25 years. For example, in their excellent book, "WomanCare: A Gynecological Guide to Your Body" (Avon, $9.95), Lynda Madaras and Ob-Gyn Jane Patterson, M.D., point out, "Women with three or more husbands have higher rates (of cervical cancer) as do prostitutes. Numerous studies with

results along these lines have been done....At the present time, most authorities feel that having sexual intercourse at an early age and multiple sex partners are the two factors most likely to increase a woman's chance of developing cervical cancer."

The theoretical explanation for the potential damage of multiple sexual partners lies in the different immunologic responses of a woman's body (and specifically, her cervix) to the semen of different men. Since each man's semen is as different as his fingerprints, the resulting individual --and possibly antagonistic--reactions of the cervix may lead to disease. This is the best current explanation for the nun/prostitute studies in which the former (despite your doctor's single case) have an almost zero incidence of cervical cancer, and the latter have the highest incidence. Incidence rates also vary according to ethnic group.

English physicians C.L.E.H. Sharp and Harry Keen writing in one of my favorite books, "Presymptomatic Detection and Early Diagnosis" (Williams and Wilkins, 1968), cite data from several investigators which "leave little doubt that carcinoma of the uterine cervix is related to sexual activity."

Despite the preponderance of statistical evidence, you are well within your rights in questioning the validity of these numbers. To support your suspicions of statistical analysis, read Darryl Huff's classic, "How to Lie with Statistics," a book on my recommended reading list for my medical students.

I reject your suggestion that I owe an apology to anyone for bringing statistical evidence--regardless of how controversial it may be--to the attention of the public. The burden of proof remains with those who claim that cervical cancer is not related to multiple sexual partners, the Pill, or the IUD.

Male promiscuity may cause cervical cancer

Cervical cancer long has been recognized as being a venereal disease, or if you prefer the more recent terminology, a sexually-transmitted disease. The association between cervical cancer and sexual promiscuity is so strong that a woman with this form of cancer has practically always been considered guilty until proven innocent. However, a recent study shows that the woman may be completely blameless.

Chicago Life magazine (1987) cites an article in the American Journal of Epidemiology which shows that the fault for cervical cancer may well be the husband's. "After interviewing 78 Hispanic women (39 with cervical cancer and 39 without) and their husbands living in the San Francisco area, researchers concluded that a woman with cervical cancer is five times as likely as a woman without the disease to have a husband who has had 20 or more sexual partners. Most women in the study had only one to three partners."

One of the researchers speculates that the husband acquires an infectious agent and passes it on to his wife: "The agent, probably the human papilla virus, causes latent cancerous cells to proliferate.

"The study clears up a long-standing paradox: Latin American countries have reported the highest incidence of cervical cancer in the world, despite the fact that women there have few sexual partners. Thus, males with a large number of sexual partners may be the main cause of cervical cancer."

Based on this study, doctors must give equal weight to "cherchez l'homme" (look for the man) as they have traditionally given to the French phrase "cherchez la femme" (look for the woman). Only in that way will they be able to unravel the mystery of causation of this all-too-common condition.

I believe my question is rather simple.

Three months ago, I was told I had cervical cancer, classified as being moderate and 0 stage. I had a hysterectomy, leaving one ovary; the

second ovary had a cyst and was removed. I was told that no chemotherapy or radiation treatments were necessary.

What are the chances of the cancer returning in the other ovary or any other place in my body? Since I've heard that cancer in the ovaries is the hardest to detect, I wonder whether I might not be better off having no ovaries and taking hormone pills.

I am 28 years old, have one child and have had a miscarriage. I also smoke a pack of cigarettes a day, but I'm trying to quit. My female doctor is not a cancer specialist and maybe she doesn't know enough to answer my question. Maybe you can answer it for me.--W.M.

A Your question is far from simple. Since you are concerned that your doctor is not a cancer specialist, you must immediately consult several of those specialists, sometimes known as oncologists, or even gynesic oncologists, who can give you information, both printed and verbal, about the statistics you are seeking. You can find such specialists at any large medical center.

When you learn about the considerable controversies that surround the diagnosis and management of cancers of the female reproductive system, ovarian cysts included, feel free to write me again.

Q My 33-year-old friend recently had a "cone" operation of the uterus. She said her doctor told her there has been a rash of this type of cancer in women her age and younger; no one knows why. Her neighbor, who is the same age as she is, has just been diagnosed as having the same condition.

Can you explain this? Is it something more than just poor food or a polluted environment? Could it be connected with medicine the mothers took while they were pregnant with these women? When asked, those mothers can't remember taking any extra medicine. What's your opinion?--M.L.

A *Is cervical cancer increasing?*

While plenty is known about the causes of abnormal Pap smears--including multiple sexual partners, the late, unlamented IUD, etc.--you must ask your doctor for published evidence supporting his contention that cervical cancer is becoming more frequent.

Since both your friend and her neighbor have had the same diagnosis, you should be asking whether they both used the same doctor. Or, if they did not, were their Pap smears read in the same laboratory?

The incidence of laboratory error (both false-positive and false-negative) in the Pap smear and other examinations is high enough so that any increased incidence of disease must be questioned. Is there a real increase, or is it the result of laboratory error?

Only after you have satisfactorily answered this basic question can you proceed to the kind of considerations--food, environmental pollution, maternal medication, etc.--that you quite properly raise in your letter.

Effectiveness of Pap test is questioned

In 1980, the American Cancer Society recommended that annual Pap tests no longer are necessary for most women between the ages of 20 and 65. At that time, the Society said that a Pap smear once every three years was often enough to determine cervical cancer. But by August of 1980, the American College of Obstetrics and Gynecology had pronounced that all women should continue having Pap tests annually, and a National Institute of Health panel had said the tests should be performed "regularly every one to three years."

So what's a woman to do? Does she listen to the Cancer Society and have a Pap smear every three years? Does she listen to her gynecologist

and have the test annually? Or does she listen to the National Institute of Health and run in "regularly every one to three years?"

Perhaps the best way to answer the above question is to understand what the Pap test is all about--it is a smear that is taken to detect abnormal cells in the cervix. Ten years ago, Doctors Sharp and Harry Keen pointed out in their book "Presymptomatic Detection and Early Diagnosis," "Several studies have shown declining death rates from cancer of the cervix, but since these were evident even before cytologic detection (Pap test) was commonly in use, there is as yet no conclusive evidence that this type of detection method has played a definite part in reducing mortality....In none of the areas where cervical cytology has been in use for a considerable period has there been a significant fall in the death rate for the condition."

In 1980, those 10-year-old conclusions were reaffirmed by Dr. Anne-Marie Foltz of New York University and Jennifer L. Kelsey, Ph.D., an epidemiologist at Yale University School of Medicine. These two researchers also pointed out that there is a 20 to 30 percent incidence of false-negatives in the performance of the Pap test, and they also say the test became standard recommended policy without ever having been subjected to controlled trials to determine its efficacy.

In light of the above evidence and of the American Cancer Society's recommendations, it seems to me that the burden of proof now rests with the individual gynecologist. In order to justify an annual Pap smear, he must be able to explain to his patient just why she is at risk from cervical cancer. And he must be able to refute the claim of David M. Eddy, M.D., of Stanford University who states that a Pap test every three years would have 99 percent of the effectiveness of the annual test. (Reprinted from Volume 7, Number 5.)

In 1983, Dr. Hervy E. Averette, professor and director of gynecologic oncology at the University of Miami, also warned against the Pap test. Quoted in Medical Tribune (August 11, 1983), Dr. Averette warned that the odds are 50-50 that your community pathologist has not been adequately trained to interpret the cervical Pap test. Dr. Averette advised doctors to be aware that they may be getting inferior Pap readings as a result of inadequate training of pathologists. Dr. Averette cited a survey of pathologists in which only 55 percent had had any formal training in cytology during their residency. (According to the medical dictionary, cytology refers to "the anatomy, physiology, pathology, and chemistry of the cell.") Forty-three pathologists had never had any formal training, and only 1.6 percent had had specialized training in cytopathology. Makes you wonder what a pathology residency consists of, doesn't it? (Reprinted from Volume 8, Number 6.)

Has your doctor raised the specter of cancer and death if you don't accept his recommendation for periodic Pap smears? If he has, you may be interested in evidence of the failure of this cervical cytology which was reported in England's distinguished medical journal, The Lancet, March 1, 1986. In one study, a sample of Pap smears diagnosed as negative (i.e., normal, no suspicious cells) from women in whom cancer later developed was reviewed independently. Upon review, 59 percent of these smears were reported as abnormal.

Q Since my daughter is being married in the near future, she went to the doctor for a checkup and a discussion about birth control.

Everything went well at first--she decided she would like to go on the Pill, and she asked him about its dangers. But when she heard nothing about her Pap smear, she called the nurse who told her it was a Grade I. The doctor told her she was just fine. I have never been told about my Pap smear in terms of grades--I thought cancer was reported in grades. I am very uneasy about this and wonder if you can help me.--C.M.

A If you didn't trust the reassurance of your daughter's doctor that a Grade I Pap smear was "just fine," all you had to do was go straight to your public library and pull out "The Merck Manual." From that source, you would have learned that Pap smear reports are grouped into five classes. In Class I, no abnormal cells are found. (In Class II, "atypical," i.e., unusual, cells are seen, usually caused by inflammation. In Class III, cells that look suspiciously like cancer are seen. And in Class IV and V, cancer cells are present.)

Grade I Pap smear is OK

Why are doctors silent about Baby M?

In the midst of all the uproar over Baby M and her surrogate mother, one group--the doctors--has been strangely silent.

Has any doctor in a prominent position pointed out that only one of the parties who are fighting for the baby actually put her life on the line? Mrs. Whitehead, the surrogate mother, took that risk by carrying and delivering the baby.

While doctors don't talk much about maternal mortality, every doctor knows that occasionally a woman does die as a result of childbirth. Mr. Stern may have provided the sperm sample--a necessary ingredient, but not an act which posed a risk to his own life. His wife, Mrs. Dr. Stern, was afraid to risk her health and life in order to have a baby. So why isn't the medical profession emphasizing the issue of who was ready to put her life on the line for the baby?

Second, doctors--and especially pediatricians--have failed to point out that only one actor in this drama gave life-protecting nutritive fluid to Baby M in the months after she was born. Every pediatrician knows that breastfeeding protects against gastroenteritis, pneumonia, skin infections --and the major killer of infants today--Sudden Infant Death.

Mrs. Dr. Stern didn't nurse the baby. Mr. Stern couldn't nurse the baby. But Mrs. Whitehead could and did. So why aren't the nation's doctors shouting to the rooftops that a vital issue in the decision is the question of which person protected the child against death and disease during infancy?

And what about all those psychiatrists and psychologists who have made such a fuss about infant bonding for the last two decades? Mrs. Dr. Stern did not bond to Baby M. Nor did Mr. Stern. But Mrs. Whitehead did.

I can understand the reluctance of doctors to enter a public battle which is so fraught with legal, philosophic, societal, and ethical implications. But why should they shy away from articulating the simple, straightforward non-controversial medical issues? After all, aren't medical issues the job of the doctor? Why would they be so timid in distinguishing which claimant to Baby M took the risk of dying? Which claimant protected the infant's life?

Here's how I explain the doctor's reticence: Obsessed with technology in general, today's doctors are particularly fascinated with reproductive technology. They are in love with surrogate mothering, with wombs-for-rent. For the flimsiest of reasons (Mrs. Stern's "mild case" of multiple sclerosis), a doctor can put all his tools into action. He can collect the sperm, manipulate it physically and biochemically, use petri dishes and test

tubes and laboratory flasks to prepare a brew that he knows little about, but that seems to work. He can sanction the introduction of his concoction into the womb of a stranger. And nine months later, lo and behold, a baby! This kind of modern trick puts the medieval alchemists to shame.

Why shouldn't the doctors be silent? They really don't care who gets Baby M. What they care about is that their experiments not be interfered with. I can imagine their thoughts: "Don't take away my chemical tools even if they blow up people's lives now and for generations to come. Don't pass laws requiring court supervision--in advance--of reproductive tinkering. Don't let in the authorities whose vision extends beyond the test tube and culture dishes and who will insist the hard questions be answered before we scientists can even open the doors to our playpen/laboratory."

Such doctors like their status as outlaws. They'd probably prefer outlaw status with the nobility of a Robin Hood or The Lone Ranger, but if necessary, they will settle for the Jesse James or Willie Sutton model.

Medical ethicists merely confuse the public. They cry out, "Technology has advanced too fast for ethics." But think about that for a moment. Consider the tremendous explosion in computer technology. A clever high school student, armed with a computer, can gain access to important secrets held by other computers. But that's against the law. Society steps in with legal restraints to hold technologic capability in check. Not so in medicine. It isn't reproductive technology that has outdistanced societal ethics; it is doctors who have acted without regard to ethical standards.

In other forms of technologic crime, law and order prevail. In the technologic crimes committed by modern medicine, anarchy is the rule. Doctors know that what they are doing is unethical. They set up elaborate institutes and committees on medical ethics as a smokescreen to conceal their behavior. Their basic determination that "What can be done will be done" blinds them to both the short-term and long-term moral implications of their deeds. And that's why doctors are so quiet about Baby M. Deep down, they know that there is something horribly wrong with what they are doing. But they can't stop doing it. That's why decisions about reproductive technology are too important to be left to doctors.

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Another View

by Marian Tompson

"Don't write about it," my friend Chris cautioned me after I told her about Jan. "It will destroy your credibility. And if someone decided to do what Jan did instead of going to a doctor, you might cause that person to die!"

Last fall, Jan had been diagnosed as having cervical cancer. After biopsies of 10 sites revealed cancerous cells, she was given the option of laser treatment, freezing of the cervix, or conization. But Jan decided to use none of those treatments. Instead, she went to the mountains with a friend where they spent their time meditating, using visualization and sending healing energy to each of the cancerous sites. Jan wasn't afraid of doctors; she worked as a volunteer at a local hospital. But she had long been attracted to alternative methods of healing, and she believed strongly that all healing, with God's help, comes from within.

When the next biopsy was done, cancer could not be detected in the original 10 sites, but according to her doctor it had popped up in a couple of other places. Because the cancer was spreading so quickly, surgery was scheduled.

But first, Jan again went to the mountains with her friend, and they worked some more on her healing. And then Jan made the decision that most unnerved my friend, Chris. She went to see a psychic surgeon from the Philippines who happened to be visiting in town.

"When the psychic surgeon looked at me," Jan remembers, "he said that he didn't see any disease in the cervix but that there was a tumor on my ovary. We were in a clean, well-lighted room. There was no place to hide anything, and I was with him less than five minutes. I saw his hand going into my stomach and I could feel it inside me. I saw him pull out a tumor which was put in a container. Then my skin was pressed together. At first there was a red line at the site, but it soon disappeared. I was told to lie down for an hour before leaving. That night, I felt really wiped out. The next biopsy was done a month later, and it showed no cancer. My doctor, who knew what I had been doing, decided to freeze the area as a preventive measure.

"I never doubted that I would get well," Jan explained. "I really think my cervix was healed because of the work my friend and I did together. And while there was no way to confirm the psychic surgeon's claim of a tumor on my ovary, I do believe what he did helped speed up my healing.

"But you have to have faith in what you're doing. If you don't have that faith, it's never going to happen or if it does happen, it's going to come back."

A similar point of view is expressed by Louise L. Hay in her book, "You Can Heal Your Life." Well known today for her work with AIDS patients, some years ago Hays was diagnosed as having cancer in the vaginal area. Six months later, after a thorough mental and physical cleansing, she was told by her medical doctors that she no longer had even a trace of cancer. Hays writes: "The word incurable, which is so frightening to so many people, means to me that this particular condition cannot be cured by any outer means and that we must go within to find the cure....If I had the operation to remove the cancerous growth and also cleared the mental pattern that was causing the cancer, then it would not return." When cancer or other illnesses return, Hays believes it is not because they did not get it all out but rather that the patient recreates the same illness, perhaps in a different part of the body.

So here we have two women whose similar philosophies but different approaches to curing cancer worked for them. And I trust that any readers facing this problem will, after careful investigation, make their own decisions about what is best for them.