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

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"Smoking fetus" ad aborted

An interviewer on Chicago radio station WCFL (the largest Christian broadcasting station in the U.S.) recently asked me what I thought about the "smoking fetus" TV commercial. This ad, produced by the American Cancer Society in an effort to dissuade pregnant women from smoking, was rejected for broadcasting by two of the three major networks.

The interviewer questioned why CBS and NBC found the ad offensive, while ABC decided it was important enough to broadcast. I responded that, if a fetus could be depicted as smoking, it obviously was alive, and that would provide a serious challenge to pro-choicers who regard the fetus as an unformed blob. After all, blobs don't smoke. There may be plenty of theoretical arguments about when life really begins, but who can disagree with the commonsense attitude that, if you can smoke, you must be alive?

In the Chicago Tribune of January 21, 1985, columnist Joan Beck put forth her opinion that those who might object to the ABC commercial include the pro-choice defenders of abortion. Beck writes, "It shows the fetus clearly and lovingly as a real baby, and that is intolerable to those who must define an unborn child as nothing more than a blob of tissue to justify its destruction. Any depiction of an unborn child as a real human baby, then, becomes an argument against abortion."

As of this writing, I am waiting for the American Medical Association or the American College of Obstetricians and Gynecologists or the American Academy of Pediatrics or even some local medical societies to express their opinion regarding CBS' and NBC's characterization of this important ad as "far too graphic" and potentially "offensive to some people." On the one hand, the members of these august bodies know the danger of cigarette smoking to the child in terms of death, premature birth, congenital defects, learning problems, respiratory illness, etc., etc., etc. They also know the value of scare tactics in educating their patients, and this commercial is plenty scarey.

On the other hand, modern doctors have been trying their best to change traditional definitions of life and death. Even though most of them were raised in traditional religions which defined death on the basis of circulatory and respiratory criteria, plenty of them now have turned to so-called "brain death" because, if one waits for the heartbeat and breathing to stop, doctors will not be able to "harvest" the organs.

At the other end of life, even though every doctor has learned that the tiniest fetus can swallow, belch, roll over, hiccup and react to external stimuli, modern medicine, in its lust to perform abortions (doctors were in the forefront of the pro-abortion movement decades ago),

now tries to defer calling anyone "alive" for as long as possible. Indeed some doctors and medical "ethicists" argue that a baby should not have full human rights until 72 hours after birth so that, in case a mistake was made in amniocentesis, "action" still can be taken. The Baby Doe legislation protecting newborns from deliberate starvation in newborn nurseries is a direct response to the murderous attitudes on the part of some doctors who work in those nurseries.

I will send a copy of these remarks to the AMA, the AAP, and ACOG with the recommendation that they use their concern for human health and their considerable power to immediately apply pressure to CBS and NBC to show the smoking fetus commercial and to keep on showing it. In linking the tobacco epidemic (however unwittingly) with the abortion epidemic, the American Cancer Society deserves credit for getting American medicine back on the road to traditional human values.

Q A certain doctor recently wrote you. I had been a patient of this same doctor, and I was convinced he had the answer to all my problems. However, I had to discontinue seeing him because the office and waiting room reeked of cigarette smoke. Every time the receptionist made out a receipt, she did it with a cigarette dangling from her lips, the smoke heading straight for me. On the way home, after each doctor's visit, I would have to pull my car over to the side and struggle through an asthmatic attack. I can't believe that a doctor who would be so insensitive to allergies would know very much, regardless of years of formal education.

You reacted favorably to this doctor's letter, but you should have had a second opinion--mine.--Mrs. R.N.

A *Smoking in doctor's office*

I wonder how many other patients are similarly offended by cigarette smoke in doctors' offices. Although some civil libertarians may disagree with me, I firmly believe that a doctor's office should be off-limits to smoking, be it by physicians, staff, or patients. As far as I'm concerned, smokers are second-class citizens who belong in the back of the bus, the back of the plane, and outside the doctor's office.

Q As a man who has smoked all his adult life (I am now 62 years old), I have had no luck in giving up cigarettes. I'm at my desk a lot, and I smoke a pack a day. Do you believe in hypnotism?--L.D.

A *Quitting smoking*

You must have heard of so many cures for smoking that I will simply describe two stories I personally know of:

Case Number One: A television producer tried one session of hypnosis. He has not smoked one cigarette (previous consumption two and a half packs a day) during the past seven weeks.

Case Number Two: Five years ago, my lawyer, James Chatz, visited a good friend of his who was hospitalized with a diagnosis of lung cancer. The friend made him promise never to smoke again. Even though the original diagnosis turned out to be incorrect (surgery revealed a benign growth), Jimmy (a smoker for the past 25 years) hasn't touched a cigarette in five years.

Some skeptics may justifiably claim these anecdotal reports lack scientific validity, to which I humbly reply that the title of this Newsletter is not "The People's Scientist," but rather "The People's Doctor."

Q After smoking cigarettes for more than 35 years, I gave up the habit last June. A few weeks later, I began coughing up a very small amount of blood about once a week. A bronchoscopy revealed only a small infection (no sign of cancer) on the bronchial tube which the doctor "washed out." But

two weeks later, the bleeding recurred. During a recent cold spell, I caught a cold and began coughing up quite a bit of blood every morning. The condition clears up when I take antibiotics, but it returns when I stop the medication.

Another doctor has recommended a second bronchoscopy. I am in a quandary whether to go through this procedure again or wait until the condition clears up by itself. It's only seven months since I've quit smoking, and several people have told me it takes time for the body to reorganize itself after one quits smoking, respiratory problems being common for the first year. Do you have any statistics on this?--R.H.

A

I don't blame you for thinking twice about a second bronchoscopy, since this procedure, in addition to the discomfort it causes, also carries the risk of infection, perforation, hemorrhage, and the attendant anesthesia.

While it's hard to argue with the concept that the body requires time to "reorganize itself" after one quits smoking (and no good statistics are available on how long this process may take), I believe you should continue your search for causes of your bleeding, provided you do not subject yourself to dangerous diagnostic procedures. For example, you and your doctor might look into the possibility that you are taking drugs (e.g., aspirin, coumadin, etc.) which can interfere with the clotting mechanism and thus cause bleeding.

Debating smoking and lung cancer link

Why did the American Cancer Society, the American Heart Association, and the American Lung Association refuse R. J. Reynolds' offer (in early 1984) to conduct an open debate on the relationship between smoking and lung cancer? Top officials of these voluntary health organizations long have asserted that the link between cigarettes and life-threatening diseases is not debatable. I challenge the rigidity of these three organizations which ordinarily compete for charity dollars, but which acted in concert for the first time.

More than 30 years ago, when I was in medical school, I can well remember listening to Evarts Graham, M.D., the renowned St. Louis physician who first established a solid statistical linkage between cigarette smoking and lung cancer. Even though the evidence was extremely compelling. Dr. Graham, a believer in the scientific method, warned about the pitfalls of depending exclusively on statistical studies and on studies which involve experimental animals.

In more recent years, other researchers have postulated an association between certain tumors--lung cancer included--and nutritional factors. Readers will recall my earlier statements that, while holding no brief for cigarettes (being a non-smoker myself), I often have wondered whether all those chest X-rays--annually, semi-annually, and in some cases even monthly --given to people in recent decades might have something to do with the subsequent appearance of lung cancer.

To date, no one has managed to answer the crucial question: Why doesn't the majority of cigarette smokers develop lung cancer? Are there certain factors (e.g. Vitamin A, etc.) which protect some smokers? Are there other factors (X-rays, etc.) which, when added to smoking, increase the cancer risk? These questions become important because of the failure (despite their best efforts over the last few decades) of the American Cancer Society, the American Heart Association, and the American Lung Association to make any significant dent in the number of smokers.

An open debate by two major groups with vested interests in the outcome is not such a bad idea. While the self-interest of the Reynolds Corporation is obvious, no one should overlook the self-interest--in terms of jobs, prestige, influence, etc.--of the health organization giants. Let both groups put forward their best spokespersons and give the public a chance to hear them debate.

For organizations that profess to be scientific, the response to the Reynolds challenge by the above three groups was strangely emotional in nature. The health troika used words such as "capricious, callous, irresponsible, frightened, and scared" in referring to Reynolds and its present advertising campaign. A psychologist spokesman for the American Lung Association even went so far as to say, "Arguing about this is like arguing about whether World War II happened. I think it did..." Now there's a scientific analogy!

The same psychologist then accused Reynolds of carrying on this advertising campaign for profits, yet he did not disclose the health troika's own financial incentives. What we witnessed was a strange role reversal. The health organizations, which are supposed to be dedicated to the pursuit of health through science, are acting on the basis of emotion, while a business organization, motivated like all business organizations to the pursuit of profit, is urging the use of a debate between scientists to objectively arrive at truth. The debate proposed by Reynolds may never take place, but the debate about whether a debate should take place told us a great deal about these three health organizations.

Vegetables decrease lung-cancer risk

A long-term (20 year) study by Northwestern University researchers has revealed that eating carrots or dark-green leafy vegetables such as spinach may reduce the risk of lung cancer in men who smoke cigarettes.

More than 2,100 men employed at Western Electric company in Chicago between the ages of 40 and 55 were studied. The researchers concluded that a diet which is "relatively high" in provitamin A (carotene) "may reduce the risk of cancer, even among persons who have smoked cigarettes for many years." Most cases of cancer occurred among heavy smokers who had a low carotene diet, and cancer was comparatively rare in heavy smokers who ate a lot of carotene.

Maybe doctors will discover that lung cancer has just as much to do with nutrition as with smoking. Maybe they will discover that this is true of cancer in general.

Medical News

Thanks to Australian chiropractor, Dennis B. Richards, I have received the front page of a Brisbane newspaper, The Weekend Australian of November 17-18, 1984. The headline reads, "Hunt for 1000 bottles of AIDS blood."

The Australian government laboratories discovered more than 1,000 bottles of blood products contaminated with AIDS virus which had come from blood donated by a 27-year-old homosexual (he had donated blood 15 times since 1981) whose blood had been linked to the death of three Brisbane babies. The contaminated bottles contained blood products used as clotting agents which appear to be less likely to cause AIDS than are whole blood transfusions. Yet the newspaper reports, "It is known at least six people in America have contracted AIDS from such derivatives."

Australian government leaders are taking strong measures to protect their blood supply. First, of course, contaminated bottles are being traced and recalled. The federal Minister of Health called a summit meeting of State health ministers. Western Australia has banned all men--whether they are homosexual or heterosexual--from giving blood. New South Wales is considering similar action, including the amending of its anti-discrimination legislation. The Australian Prime Minister has urged more women to donate blood.

The State of Queensland rushed through legislation to punish donors who give false information on their suitability to donate blood, and other State governments are considering copying this tough move.

The Queensland Premier urged all other States to follow his State's lead, and he introduced penalties to deter homosexuals from donating blood. He said the NSW premier "should hang his head in shame for moving to legalize homosexual activity in his State. Education and persuasion were not enough by themselves," said the Premier of Queensland. "Instead," he said, "governments now have a responsibilty to take stronger measures to protect society. The Queensland Parliament took only one hour to pass legislation providing jail sentences or heavy fines for people who knowingly give misleading information about their suitability to donate blood."

In an unprecendented action by the Red Cross to stop the spread of AIDS, in Western Australia, all men, homosexual or otherwise, have been barred from providing blood for newborn babies.

In view of this Australian experience, there is little that you, as an individual, can do to protect yourself from AIDS-contaminated blood products. (Blood products include plasma, packed red cells and other cells components, clotting agents, RhoGAM, gamma globulin, and the new hepatitis vaccine.) After all, if your doctor says that you or your newborn baby need a blood transfusion or any blood products, how can you ask him for the exact identity of the donor (or multiple donors)? Can he find out? Will he tell you? In case the blood bank did not ask the necessary questions, will you or your doctor be able to investigate the donor yourself?

You can no more take steps to individually solve the contaminated blood problem than you alone can solve the problem of a contaminated water supply or an adequate sewage disposal system or air pollution. However, in order to stimulate public health authorities into action, as an individual you might take the following steps:

1) Telephone the editor of your local newspaper and find out why this front-page story in the Australian newspaper does not even appear in most American papers, especially since a significant percentage of blood used in this country is imported from foreign lands.

2) Telephone your state and federal legislators and find out if they are at least studying the actions being taken by their counterparts in Australia.

As the AIDS epidemic claims ever-increasing numbers of victims, innocent children constitute one of the most tragic groups infected. At New York's Albert Einstein Hospital, 67 children were treated for AIDS in a one week period.

While reading the reports about these children, I was struck by the similarity of their symptoms to a pediatric condition known for decades as agammaglobulinemia (or in milder forms, hypogammaglobulinemia). Children with agammaglobulinemia suffered from repeated serious bacterial infections, including an unusually severe kind of pneumonia (pneumocystis carinii), and lymphocytic malignancies. Laboratory tests showed evidence of immunologic deficiency, and treatment was given with gamma globulin.

Compare this picture of agammaglobulinemia in past decades to AIDS today. Children with AIDS suffer from meningitis, interstitial pneumonia, and cancer. Their laboratory tests show evidence of destruction of the body's immune system, and they are treated with gamma globulin. Today, parents of children with suspected AIDS are asked all kinds of questions about their lifestyles. But how often in the past were parents of children with immune deficiency states asked about their sexual proclivity? Drug usage? Or even whether the mother had received a blood transfusion during her pregnancy or an injection of RhoGAM during or after a previous pregnancy?

Perhaps AIDS isn't such a new disease after all. Perhaps the only new aspect is its present appearance in epidemic form. After all, a

quarter of a century ago, homosexuality was still in the closet.

In any case, I hope that AIDS researchers are investigating those old cases of agammaglobulinemia, and I recommend that every parent of a child who had that diagnosis begin to ask some questions of themselves and their doctors.

In my latest book, "How to Raise a Healthy Child...In Spite of Your Doctor," I warned that one of the dangers of taking your child to the pediatrician for a checkup arises at the moment he weighs and measures the baby. He then is likely to chart these numbers on a growth curve without informing you that these curves were calibrated on bottle-fed babies. Since the breastfed baby may not grow as fast as those who are fed infant formula, your baby's statistics may fall below the line. The pediatrician may suggest you give your up-till-now healthy baby some infant formula--with all its deficiencies and dangers.

In a recent article, the American Academy of Pediatrics (American Academy News Bulletin, Spring Session, 1984) admits, "Breast-Fed Infants Grow More Slowly than Formula-Fed." But, believe it or not, they can't decide whether the problem is with the growth curves or with mothers' milk.

The headline of the article reads "NCHS (National Center for Health Statistics) Curve vs. Mother's Milk." Dr. Burris Duncan, an Arizona pediatrician, begins by conceding that those percentile growth curves, based primarily on growth in formula-fed infants, are "not appropriate for the exclusively breast-fed infants." But he immediately offers an alternative explanation: Perhaps "breast milk is not adequate to meet the caloric needs of the rapidly growing infant." Dr. Duncan refuses to "attempt to answer that highly loaded question," but he does quote some studies which cast doubt on the adequacy of mother's milk.

Dr. Duncan properly suggests, "Perhaps the NCHS curves represent over-fed infants," and perhaps the rate of growth of exclusively breast-fed babies may be more desirable. But he quickly retreats from this commonsense position to a stand more acceptable to manufacturers of infant formula: Perhaps "there is no optimal rate of growth which applies to all infants." Finally, he dishes up the possibility the "Exclusive breast feeding may not provide sufficient nutrition to maintain optimum growth for the first six months of life."

So there, all you La Leche enthusiasts. Your friendly American Academy of Pediatrics can't seem to shake its religious belief--now a half century old--that God made a mistake when He/She didn't put Enfamil or Similac into women's breasts. In his "last analysis," Dr. Duncan still can't make up his mind: "Does the problem lie with the growth standard we are using, or does the problem lie with the intake the infants are receiving?"

While the learned pediatricians struggle with their scientific/theologic issues, thank God that millions of mothers and babies all over North America already have made up their minds all by themselves.

The conventional wisdom that it is always better to go to a board-certified specialist than to a general practitioner has been questioned by Robert C. Derbyshire, M.D., of Santa Fe, New Mexico, in a report of the 1984 Annual Meeting of the American Board of Medical Specialists (Bulletin of the Federation of State Medical Boards, 2630 West Freeway, Suite 138, Fort Worth, Texas 76102).

In the above report, Dr. Paul J. Sanazaro researched the competence of internists, studying their management of patients, drug regimens and outcomes in both office and hospital practice. The report states, "His one definite conclusion was that there is a direct correlation between performance of internists and age."

Dr. Paul G. Ramsey also is tackling the difficult problems in identifying possible differences between board-certified and non-board-certified internists. He refers to previous studies that "reached the disconcerting conclusion that there was little or no difference between the performance of the two groups, and in some cases, the non-certified excelled." (In case you are not aware, internists--just like pediatricians, obstetricians, psychiatrists, etc.--must have board certification.)

John Lloyd, PhD, a staff member of the American Board of Medical Specialists, describes his current work in which he is attempting to relate board certification to quality of care. While Dr. Lloyd was unable to present "definite conclusions," board-certified physicians "seemed to provide" better care than the non-certified; however the results were so variable that he could arrive at no definite conclusions.

If the distinguished American Board of Medical Specialists cannot seem to prove that their credentials mean anything, then a number of questions arise:

1) If a patient selects a doctor, why should he choose a specialist who is likely to be more expensive, but who has not been shown to give any better quality of care?

2) If a doctor refers you to a specialist, you might ask your doctor if he personally knows the quality of the specialist. Or is he simply making the referral on the basis that the other doctor is a specialist?

3) If the performance of specialists cannot be shown to be superior to that of non-specialists, why does the legal process (for example, malpractice actions) give priority to the opinions of board-certified specialists?

4) If you know any medical students who are planning to take long residencies in order to specialize, you now have a few questions to ask them.

I can't wait until my own specialty organization, The American Board of Pediatrics, carries out some studies to determine whether GP's or pediatricians provide a higher quality of care...or maybe nurses..or maybe physician assistants...or maybe grandmothers?

Potpourri

Another slant

The following item, captioned "Talking down the talk-show experts," appeared in the October 1983 issue of the magazine, Practice, which is read by members of the medical profession:

"When I learned that a guest on the Phil Donahue Show (Robert S. Mendelsohn, M.D.) had told viewers that pertussis vaccine was unsafe, I dediced to discuss the program--and the safety of the vaccine--whenever parents brought their children in for checkups and immunizations. The approach was so successful in allaying their fears that now I ask my family, friends, and office staff to keep me up-to-date on what the talk show 'experts' are saying so I can counter them with solid medical information." And it's signed by Louis Verardo, M.D., family physician, Block Island, R.I.

I certainly am glad to see that at least one doctor is reacting in this fashion to my appearance on the Phil Donahue Show. After all, complete disclosure of medical information has always been my goal.

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Another View

by Marian Tompson
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The story made all the Chicago newspapers--Westlake Community Hospital in the suburb of Melrose Park became the first employer in Metropolitan Chicago to hire only new employees who are non-smokers. A potential employee must do more than just not smoke on the job; he must sign a form stating that he is a non-smoker.

According to the press release accompanying the announcement, Westlake Hospital's new policy is part of a "comprehensive program to significantly reduce the amount of smoking that occurs at the hospital by employees, physicians, patients and visitors."

"Being in the mainstream of the health care industry causes us to be very conscious of our obligation to promote good health," Leonard Muller, the President of Westlake is quoted as saying. "We feel a responsibility as a health care provider to be a leader in the community in practicing healthy lifestyle behaviors."

According to an inside source, the impetus behind the policy rose out of a determination to reduce medical costs to the hospital by upgrading the health of employees. Healthy employees make good business sense!

Westlake hired a "Wellness Coordinator" to take a look at the employee population and to identify health risks that could be changed. Smoking, as well as nutrition, physical fitness, stress and use of seat belts were then set up as targets for change, and financial incentives were offered to employees who opted to reduce their health risk in those areas. For example, at his yearly review, an employee is paid $25 if he has been wearing a seat belt regularly, $25 if he is a non-smoker and $25 if he is within his proper weight range, if his boood pressure is normal and if he has had a dental checkup in the past six months. If the employee scores on all five factors he is given an extra $25, bringing his potential bonus to $150. If he also volunteers to take the health status profile (which includes a blood test and cardiac risk profile), he gets an additional $50. Last year, 89 percent of Westlake employees elected to take the health status profile. In the first two months of 1985, the response was 100 percent.

Currently, 28 percent of the hospital's employees smoke. While those employees are not affected by the new policy, the hospital is working at encouraging them to quit smoking. Smoking cessation programs will be offered to employees on a voluntary basis, and the hospital will reimburse $60 of the $80 fee upon completion of the program. The remaining $20 will be reimbursed after six months, if the employee continues to be a non-smoker. Areas where visitors, employees and physicians can smoke are being severely limited, and a patient can smoke in his room only if his physician approves.

I agree with Mr. Muller that health care providers should be leaders in practicing healthy lifestyle behaviors and I'm sure Westlake's program will give many employees the incentive and support they need to live healthier lives. I find it a bit ironic though that physicians, whom we usually consider our primary health care providers, do not come under the same no-smoking conditions of employment, because, strictly speaking, they are not employed by the hospital.

Physicians, I guess we'll have to leave it up to you to heal thyselves!