

# Regimentation in Medicine and the Death of Creativity [2009 or earlier]

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Until quite recently, the practice of medicine was considered an art, which incorporated a significant modicum of science, yet was itself not a pure and applied science, such as physics, astronomy, biology and chemistry. William Osler, one of our greatest medical minds, not only in the science of medicine, but more so the art of medicine, has written:

What, after all, is education but a subtle, slowly-affected change, due to the action of the externals – of the written record of the great minds of all ages, of the beautiful and harmonious surroundings of nature and of art, and of the lives, good or ill, of our fellows? -these alone educate us, these alone mould the growing mind.

It used to be accepted that the aim of medical education was to produce physicians that would be well rounded, not only in the particulars of their specialty, but also, as members of a cultured and intellectually engaged society of men; men who could think critically and with a depth that brings wisdom. Osler recognized that medical education was a complex insertion of “varied influences of art, the highest development of which can come only with that sustaining love for ideas which “burns bright or dim as each are mirrors of the fire for which all thirst”.

In an essay on medical education, Doctor Osler goes into great detail as to what is necessary to train a young medical student in the “art of medicine”. He points out that in the “old days” a medical student was nothing more than an apprentice who worked with a seasoned physician. Yet, through their close association, the elder physician was quite adept in teaching his art to the young student, not just by depending on textbooks and rote memorization, but by carefully studying people suffering from a variety of diseases. I emphasize “people”, since so often, especially among specialists and the young physician, the human aspect of what we do escapes them.

I can remember in medical school we were told that our assigned patients were not the “gallbladder in bed 17” or the “adenocarcinoma of the breast in ward three”. Rather, they were human beings –somebody’s mother, or brother, or son. They had feelings and fears, just as we did. As a result, I got in the habit of always thinking of my patients from the viewpoint of either being myself or a member of my family and it helped keep me more empathetic.

Of great concern to Osler was how the art of medicine would be taught. He states:

Ask any physician of twenty years’ standing how he has become proficient in his art, and he will reply, by constant contact with disease; and he will add that the medicine that he learned in the schools was

totally different from the medicine at the bedside.

As a consequence, Osler says:

Teach him how to observe, give him plenty of facts to observe, and the lessons will come out of the facts themselves. ... The whole art of medicine is in observation, as the old motto goes, but to educate the eye to see, the ear to hear, and the finger to feel takes time, and makes a beginning, to start man on the right path, is all that we can do. ... Give him good methods and a proper point of view, and all other things will be added as his experience grows.

This is the antithesis of what is taught today. Because of the rise of scientism, that is science as a religious faith, medical students are taught to rely on their technology and “hard” science. To the modern physician, every statement must be supported by accepted double-blind, placebo controlled, randomized, cross-over studies, ad nauseam. This is so deeply ingrained in our medical professionals, that they cannot bring themselves to believe what their experience demonstrates to them, often in shocking displays.

For example, I have advised a number of people on natural ways to treat their cancers. Most have been under the care of a “traditional” oncologist, usually receiving chemotherapy and/or radiation. In one case I remember very well, a patient was being treated at one of the quite famous cancer treatment centers and when she returned for her follow-up visit, her oncologist was quite surprised to see that not only was she feeling very well, but her metastatic tumors were shrinking significantly. He exclaimed to her that in his thirty years of practice he had never seen a tumor of her type respond so well.

The interesting part, is that when she told him what she was doing with her nutrition, he just shrugged and said-“*I don't want to know what you are doing, just keep doing it.*” And this is one of the more positive responses. Most take on a look of shock as if they just sat on a tack and angrily tell the patient that they should stop immediately, because the antioxidants might interfere with their treatment.

In both cases we see just the opposite spirit Dr. Osler was discussing. Despite the fact that neither oncologist had ever seen his patients respond so well to the chemotherapy, it in no way interested either of them. It has been said that it is the anomalies of medicine (and of all natural sciences) that leads to new discoveries. Virtually every great advance in medicine was by men (and women) who noticed something all others had overlooked. That is, because of regimentation of thought, they were merely overlooked.

As humans, we tend to think that all discoveries have already been discovered, or will be discovered by the abstract “great minds”. We tend to think of the discoverer as some distant (always distant) person, who is essentially beyond our intellect and posses powers of observation almost god-like. In fact, many of our greatest discoveries were made by ordinary men, who though sharpened powers of observation and deep thinking, saw what escaped others- even the so-called giants of the profession.

## **The Case of Dr. Barry Marshall and Dr. Robin Warren**

While many examples abound in scientific and medical history, there is one contemporary example that is most instructive; that of Dr. Barry Marshall. Dr. Marshall, like all great discoverers, was a keen observer and listener. Another medical iconoclast, Dr. Robin Warren in the 1980s, in fact, suggested the link between an infectious organism and stomach ulcers. A pathologist, Dr. Warren observed that stomach specimens from patients with inflammatory stomach disorders, including ulcers, frequently contained a microbe, later identified as *helicobacter pylori*.

Dr. Warren tried to inform his colleagues about this connection, but they instead made him the butt of their jokes. After all, I am sure they concluded, how could some obscure, local pathologist from Perth, Australia solve the riddle of stomach ulcers when the best experts in the world concluded otherwise.

Dr. Barry Marshall didn't laugh, instead he listened and conducted carefully controlled experiments to see if Dr. Warren was correct. His evidence should have convinced anyone, but the power of the preconceived notion, especially one that emanates from the elite members of the medical establishment, is a very difficult thing to overcome.

As occurs so commonly in our modern world, he had great difficulty overcoming the reticence of the medical establishment to at least give him a respectful audience. His articles were rejected by the major gastroenterology journals and he was refused an audience at respected gastroenterology meetings. Except for his dogged determination, as admitted by his friend Dr. Warren, the theory would never have seen the light of day, which even then took 10 years.

It was only through one influential doctor's assistance that he was given the audience he sought; the rest, as they say, is history. Yet, that is not the end of the story. In the year 2005, Dr. Marshall and Dr. Warren shared the Nobel Prize in physiology and medicine for their discovery. Today, there are thousands of articles confirming their findings and we now know that this same organism is linked to cancer of the stomach and possibly atherosclerosis.

There are several lessons to learn from this sordid episode other than the obvious one- the medical elite's resistance to ideas outside its control. First, Dr. Marshall himself admitted that his training in medical school left him with the impression that "everything had already been discovered in medicine". Most of us who attended medical training were given this same impression, that we were just ordinary "doctors" and that only the elite of the medical centers held sufficient intellect to formulate meaningful discoveries, and then only from the "chosen medical centers".

One of the other lessons is that in most areas of medicine today there are powerful, most often financial, forces that have a vested interest in maintaining the status quo. One of these forces is the entrenched elite of the medical world,

usually subdivided among each of the specialties of medicine. In the case of Dr. Marshall and Warren, it was the gastroenterologists.

To have spent one's life in the study of a particular problem and arrived at no new discoveries is painful enough, but to have some young upstart suddenly appear on the scene proclaiming to have the "answer" is especially disconcerting to those holding prestigious positions.

A second, less obvious force to the casual observer, is the financial influence on rigidity in medicine. The pharmaceutical companies were making a fortune in selling antacid medications for the treatment of ulcers. Cimetidine (Tagamet) and ranitidine (Zantac) were the leading ulcer medications at the time and to the CEO makers of these medications, they were the dream drugs of the industry—primarily because they did not cure ulcers and therefore, required a lifetime of the medication.

The largest pharmaceutical companies are major funding institutions of research in the medical centers, especially the more influential medical centers. Consequently, the leaders of specialty societies are often financially connected to the pharmaceutical manufacturers, which affect their decision-making, both consciously and subconsciously. Even the ethically centered physician will come under this influence. It took me a long time to admit this myself when I was practicing neurosurgery.

When pharmaceutical detail men and women are giving you abundant supplies of free medications for your office, treating you and your staff to lunches and office parties, and offering free trips to meetings in exotic places, one has a propensity to, even subconsciously, yield to their influence. Why else would pharmaceutical companies spend billions on such programs to influence doctors prescribing habits?

Drug detail personnel used to be mostly men. Yet, over time they found it very difficult to get appointments to see the doctor. Quickly catching on, the pharmaceutical companies began to hire women, mostly young, very attractive women. It worked like a charm; suddenly doctors made time to see the pretty drug detail lady. More than a few left their wives and married the drug rep.

Medical history is littered with such episodes, yet we learn nothing. I like to say that the medical profession's learning curve is a flat line. As Arthur Schopenhauer has stated, "Every truth passes through three stages before it is recognized. In the first, it is ridiculed, in the second it is opposed, in the third it is regarded as self-evident."

### **What Medical Education Should Teach**

The arrival of science as the preeminent mode of understanding the universe can be traced to the 18<sup>th</sup> and 19<sup>th</sup> centuries, according to F.A. Hayek in his

magnificent book, **The Counter-Revolution of Science. Studies on the Abuse of Reason** (Liberty Press, 1979), with Paris being its center. Growing from logical positivism, science became imbued with its power and became resentful towards those it envisioned to be its enemies-primarily in the areas of theology and metaphysics. This is despite the fact that, as many have observed, science owes its very existence to theology, mainly that the universe is an ordered and logical creation.

Over time, scientists become convinced that their view of the universe was not only the most accurate, but the only one that should be allowed. This tendency of a discipline to demand that its intellectual competitors yield the public forum is legendary. Many today are of the opinion that if something cannot be verified by the scientific method, it is not to be accepted as valid and is labeled as speculation or worse (in their lexicon), a superstition.

Wiser men of science have long recognized that there are things in this universe that cannot be understood by utilizing a scientific viewpoint, that is, that science can only tell us about material phenomenon or forces that have a repetitive nature, which then lends itself to examination and measurement. In fact, outside the realm of science there exist a tremendous number of phenomenon that will remain unknown and that contain many secrets that only God can know.

Early educators of physicians knew this very well and accepted that the best man could do was use his powers of observation to approximate the truth as closely as possible to the prediction of reality. Medical history teaches us that often times we can effect treatments based on little knowledge of underlying mechanisms. For example, 100 years ago herbalist didn't know why hawthorne lowered blood pressure and made people with "dropsy" (heart failure) do better, yet it still saved hundreds of thousands from a life of suffering and early death. Only now do we understand the "science" behind this early observation.

Today we have turned it around- treatments are not to be used, despite demonstrated usefulness or even their ability to save lives, until we have a scientific explanation as to how it works and proof-positive double-blind, placebo controlled studies proving that it is efficacious. I would wager to say that millions are dying every year because of this worship of the scientific method and imagined scientific purity.

Dr. Osler hints at the danger of this narrow-minded view of medicine by his advice to the medical student:

The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, ending only with death, for which the work of a few years under teachers is but a preparation.

Further he says that the student must have an "absorbing desire to know the truth, and unswerving steadfastness in its pursuit, and an open, honest heart, free

from suspicion, guile and jealousy”. Yet, most graduates of medical schools and residency programs are not given this valuable advice, rather they are told that the elite of medicine will inform them of what they need to know and how they will treat their patients, and do so by a series of preconceived prescriptions.

This becomes especially frightening when you consider the mindset of the elite in medicine already elucidated above –that is, that nothing is true until “our” science says it is true. The bodies continue to pile up while we are told to wait patiently for their anointed approval to magically appear.

### **The Origin and Modern Appearance of Regimentation in Medicine**

As with most ideas making their appearance as “new” and “progressive”, regimentation of society is not new. Writers and philosophers from antiquity toyed with the idea of a structured and a centrally ordered society, but it was not until the arrival of the gnostic prophets of the Enlightenment philosophies of Helvetius, Comte, Turgot, d’Alembert and later Marx and Lenin that we observe the development of this philosophy of collectivism. For an excellent analysis of the modern positivist ideology I would suggest Eric Voegelin’s book **From Enlightenment to Revolution** (Duke University Press, 1975).

Richard Weaver crystallizes for us the modern dilemma:

The modern knower may be compared to an inebriate who, as he senses his loss of balance, endeavors to save himself by fixing tenaciously upon certain details and thus affords the familiar exhibition of positiveness and arbitrariness. With the world about him beginning to heave, he grasp at something that will come within a limited perception. So the scientist, having lost hold upon organic reality, clings the more firmly to his discovered facts, hoping that salvation lies in what can be objectively verified.

In essence, he is saying the scientist, because he has abandoned true understanding and wisdom, must concentrate his efforts with greater tenacity upon what he does best, and that is to break the material world into smaller and smaller pieces, never quite seeing even a glimpse of the whole. This is exactly what medicine has done with its inordinate divisions of its science into smaller and smaller degrees of subspecialization. As Osler has observed, the man of medicine must be much more than science and textbooks, he has to have an intuitive sense of the effects of disease upon the whole human being and be able to respond to that intuitive sense appropriately, that is, with a certain degree of extra-scientific understanding based on reason and spirituality. In essence, we must not see our patients as merely part of a collective, but rather as individuals.

It has been the contamination of past generations, primarily by prophets of positivism and the levelers (appropriately characterized as identitarians or egalitarians), who have infected medicine with this collectivist world-view. In essence, this view expresses the idea that man should have a uniform existence, and in the case of intellectual pursuits, one opinion. To the collectivist, there is

no such thing as objective truth, one must rely rather on the wisdom of the elites to bring us approximations and declared truth. It is in their positions as “anointed experts” that they receive their authority.

Blake has observed: “one law for the lion and the ox is oppressive”. Yet, this is exactly where we are moving in medicine, as well as the rest of society. Uniformity has taken the name of “evidence-based medicine”, which implies that their prescriptions for diagnosis, disease classification, and treatments are the final word on the matter- that is, all questions have been answered, and no further discussions from below are needed. Dissent, we are told, is useless, as it would be in arguing against, say, a mathematical principle.

I have heard a number of doctors remark –how can you argue with the science? Scientific pronouncements have become the final arbiter of all disputes, the court of last resort if you will. This is because of the preconceived idea that science deals purely in “facts”, not opinions. Yet, anyone familiar with scientists, know this just isn’t true. Subjectivity flows through most of science, and could not be otherwise, since human beings are doing the science. A number of subconscious prejudices infiltrate their way into even the most honest and forthright of the scientists. We want to see our theories and ideas prevail over our intellectual competitors, even if subconsciously.

Again, we must not lose sight of the most powerful of the corrupters of man-the love of money. An old Spanish proverb states that “money and honor are seldom found in the same pocket”. Money seeks the ones who have the greatest influence and in medicine, that is the elite, primarily those in the halls of academia and sitting on controlling boards of specialty societies. A number of studies and investigations have shown that elite members of the boards controlling standards of treatments, such as vaccine boards, are often populated by those receiving remunerative rewards from the pharmaceutical companies.

Whatever the impulse- a desire for power, arrogance, financial reward or a true belief that what they are doing is correct and beneficial for society, the risk of widespread harm is always present, because it institutionalizes their ideas and punishes competing ideas. In essence, it demands obedience.

With the idea of “evidence-based medicine” being the final word, dissenting doctors are treated as charlatans and as a danger to society. Likewise, the very name-“evidence-based medicine”-implies that dissenting viewpoints are not based on the evidence. What we often see is the refusal to accept the evidence of those outside the orthodoxy, no matter how strong. With the elite controlling the definition of what constitutes “evidence,” their intellectual competitors find themselves in an untenable position often expressed as –heads, I win; tails, you loose.

### **Whose Evidence?**

One must appreciate that there exist all kinds and degrees of evidence in medicine. To eliminate the competition, all that is necessary is to make the

evidence so stringent that the opposition can never meet the requirements for proof. I find it ironic that in most cases the orthodoxy insist on the weakest form of evidence, but the form most subject to manipulation –the epidemiological study. Most statisticians agree that this is the weakest type of study.

What astounds, for example in the case of cancer studies, is that evidence based on an assortment of types of studies- *in vitro*, a variety of *in vivo* animal experiments and even human experience, can show powerful evidence of effectiveness, yet the proposed treatment is still rejected on the flimsiest of excuses.

For example, curcumin may show a powerful ability to suppress a number of cancer types in cell cultures of human cancers in doses easily attainable in humans, yet the evidence is rejected. Sometimes based on good reasoning, sometimes not. For example in the case of *in vivo* evidence, they might state that the effect could be species specific, which is certainly true. When repeated in a number of species, they are still not satisfied.

Later, an abundance of studies clearly demonstrate the exact mechanism of curcumin's effect on cancer cells, that is by dissecting out its effects on critical enzymes systems and cell signaling systems required by the cancer. Still it is rejected. One can show that the product in question has no toxicity and a wide margin of safety, still to no avail.

One of the dreams of the chemotherapists has been a drug that only attacks the cancer cells and not normal, rapidly dividing cells; something called the “magic bullet”. Curcumin, as well as a number of other nutrients, have shown this property. Yet, it can do something far beyond this –it has been shown in a number of studies to protect normal, rapidly dividing cells against the toxicity of most chemotherapy agents, especially those associated with the highest incidence of serious side effects. Despite this, we see absolutely no interest among practicing oncologists, despite much interest among cancer researchers. Remember, curcumin has essentially no toxicity and has never been shown to interfere with conventional treatments. Even more astounding, it can enhance the effectiveness of conventional treatments, such as chemotherapy and radiation therapy, significantly.

Again, we find ourselves revisiting the case of Dr. Marshall. In essence, we have overwhelming evidence, from a multitude of kinds of studies that a group of nutrients can dramatically reduce the growth, spread and lethality of a large number of cancers, yet it is met with overwhelming opposition.

In seeking an answer as to why this should be so, I do not accept the commonly heard answer from the lay public-that doctors do not want to cure cancer because it is a big moneymaker. The average practicing doctor, because of regimentation, has been conditioned to accept the treatment protocols of the elite, mostly in their respective specialty societies. They are what have been called in political philosophy, “true believers”- that is, they trust the elite, and hence, many truly believe in what they are doing.

Osler warned his students to “Get accustomed to test all sorts of book problems and statements yourself, and take little as possible on trust.” I have witnessed a number of doctors who trust only a handful of journals, most often of which includes the New England Journal of Medicine. Outside of this narrow range of approved topics and reading material, they read very little. I am puzzled by this thinking, since one must ask- How could they assume that of the tens of thousands of studies reported in thousands of high-quality journals, only the studies within 3 or 4 journals are worthy of reflection and application to their patients’ care?

Another defect we have in medical education is that doctors know little concerning readings and critically analyzing journal articles and studies. Some are quite adept, but many are no better than the layman. Many read only the abstract of an article and others only the discussion or conclusion. A number of respected scientists have observed that many scientific articles contain conclusions that do not match their data. I have seen this many times. Yet, it is the conclusion that many doctors and virtually all of the media cling to and quote *ad nauseam*.

### **Manipulation of Words and the Power of Propaganda**

Richard Weaver, one of the greatest students of human language in the 20<sup>th</sup> century, notes in his masterful book, **Language is Sermonic**, that certain words are almost “god-like” (he used the label-“god-term”) in their position among the mass of words used in human communications. That is, they convey a sense of such absolute goodness and unassailable truth, that no one ever questions their authority. These include the words “progress” or “progressive”, “science”, “fact” and “efficient”. He notes that : There is no word whose power to move is more implicitly trusted than “progressive”.

Rarely is it that anyone, even among the most analytical intellectual, questions something that is referred to as “progressive”. This isolates the idea as sacrosanct. It is as through the use of this “god-term” protects the idea from further analysis and signals that all further discussion will extend from this basic understanding. This is how societies have come to accept collectivism; it was anointed as “progressive”.

Another “god-term” is “science”. We often hear the phrases- “The science says...” or “The science convinces us that...”, which are meant to convey to us that the matter is settled. This brings us to the next “god-term”, which is “fact”. Science, we are told, is closer to truth because it is based on “facts”, which are provable by a method called, most appropriately, the scientific method.

A “fact” implies to us, or at least is understood as meaning something that is beyond dispute –accepted by all rational minds. Weaver tells us that the word “fact” was inserted into our language during the Renaissance, based on the rise of the scientific method as the new mode of arriving at verification of truth. Prior to this time, truth was derived from either divine revelation or a use of dialectics, that is, the use of logical laws and reason. One must appreciate that

despite much assurance from the collectivists, these sources of knowledge have not been discredited.

Like “science”, they inform us, one does not argue with the “facts”. Weaver makes a very important observation. He notes that – “Possibly it should be pointed out that his “facts” are frequently not facts at all in the etymological sense; often they will be deductions several steps removed from simply factual data.” We see this commonly in our modern, progressive society.

Take for example, the often-quoted “fact” that statin drugs prevent heart attacks by lowering cholesterol levels. This statement is not a “fact” at all but an assumption based on a clever manipulation of data. In fact, the “data” in no way supports such a broad statement, and likewise, there is no hard evidence that elevated cholesterol causes heart attacks and strokes. Yet, most physicians repeat this mantra as if it were established fact, that only a fool or charlatan would deny. In essence, the case is closed to further discussion. All future discussions are to emanate from this established “fact”.

We see similar examples throughout much of what is accepted as “evidence-based medicine”. The danger of using words to justify constricting inquiry is that soon it becomes institutionalized. This sets the stage for a transition from voluntary acceptance to compulsion by the State or the medical societies. Physicians will, in essence, accept the dogma or, like heretics, they will be excommunicated from the profession, since the elite making the rules also control their licenses.

We must understand that when the State takes over the reins of medical care, as it will most assuredly do, offenses against the orthodoxy will be punishable by severe penalties, including jail sentences. We are already witnessing this in the Medicare/ Medicaid system, where a number of doctors are serving long prison sentences and massive fines for violating the rules of regimentation of medical care.

### **The Price of Regimentation in Medicine**

When I was in training, we used to hear horror stories about the coming “cook-book” medicine in which doctors would be given a list of preordained methods for diagnosing and treating various diseases handed down by medical elites. This relegates the physician to little more than a cog in the wheel of the State, obediently following orders handed down from the bureaucrats above.

Again, we come to the question of -Whose evidence? As physicians, we were taught the art of observation, use of intuitive sense, drawing on our experiences and most importantly, personal interaction with patients on an individual basis. The collectivists see patients, as they see all humanity, as a collective of human beings, with no one individual being really that important.

While many elitists in medicine will find that statement an affront, a closer examination finds this to be true. Based on present thinking, a treatment should

not be implemented until there is accepted proof that the treatment works and that it is reasonably safe. Despite this laudable goal, we see that when alternative treatments have shown extreme safety, sound scientific justification and considerable rational evidence that it is effective, the elite of the orthodoxy more often rejects its use.

At this stage we must examine the effect of such a decision by those in positions of power and responsibility. Lets say that disease-X has been very resistant to attempts at conventional treatment and that the drugs used to treat this disease are associated with a considerable number of side effects. Additionally, disease-X affects some 10 million people a year. Then lets assume that a physician, which we shall call Dr. Bob, a family practitioner practicing in Clayton, Alabama observes that when he gives his patients with the disease-X high doses of Ginkgo biloba, most get well and many others are dramatically improved.

Yet, when Dr. Bob tries to get the results of his observations published in the medical literature, he is rejected on the basis that the conventional scientific opinion sees no benefit to be had from Dr. Bob's treatment. Because of his status as "just a practicing physician in a small rural Alabama town," he is looked down on and never invited to present his ideas before other physicians.

Then 10 years later, medical scientists find that indeed Ginkgo biloba cures most people with disease-X. Suddenly, Ginkgo is the medication of choice for this dreaded disease. What is forgotten is what happened to the 100 million people who suffered or died of disease-X during the period the "scientists/physician elite" needed to confirm what Dr. Bob observed much earlier.

In essence, I am saying we are paying a heavy price for our worship at the alter of pristine "science". Another rarely mentioned topic is the unrecorded aspects of disease. Most physicians and surgeons who have practiced more than 20 years have noticed that often times diseases present in ways contrary to textbook descriptions or in ways never described during medical training. I once had a neurosurgical friend who told me he wished someone would write a book on the unreported manifestations of disease, since it seemed that most patients presented in ways contrary to that described in the textbooks. In fact, there are a few such textbooks, but even then they are quite limited in scope.

The disaster that can result from forced regimentation of treatment methods becomes evident when we witness the millions of children who have been harmed by the vaccine program. Literally millions have been affected by an antiquated vaccine policy that in no way is based on any scientific principle, study or examination of the data. Political and financial influence are driving the program and not the health and well being of our population. It is also a study in collectivist thinking, since they reply to criticism by saying –certainly some children are harmed by the vaccines, but we are averting an epidemic disaster.

Studies now indicate that 1 in 65 male children born today will be autistic and an even greater percentage if we count all neurodevelopmental disorders. The evidence is overwhelming that the major factor is the vaccine program. Despite this, parents all over this country are forced by law to drag their children to the

pediatrician for their assigned vaccines. Even families with one or more autistic children are being forced to have subsequent children vaccinated, despite accepted studies showing that to do so greatly increases the risk of the child becoming autistic.

To the collectivist, there is no problem, since they are focused only on their objective—that is, “to protect the masses”, which endorses the idea that the “end justifies the means”. The individual is subject to being sacrificed to the “plan” and is really not an object of their concern. We not only see this with the vaccine program, but recently we have witnessed children, even as old as 18 years of age, being forced by court order to undergo cancer chemotherapy, not only against the will of the parents, but of the elder child himself. This is all part of the mentality of collectivist regimentation, that is, the “orthodox treatments” are so sacrosanct in the eyes of the medical elites that individuals must be forced against their will to submit to them. The problem will only get worse, once the paradigm is accepted.

### **The Source of Creativity**

Scattered across America, there are literally thousands of small town doctors who have developed new and innovative techniques, alternative healing treatments and other specialized ways to improve diagnosis and treatment of disease that will never see the printed page.

The history of science should have taught us that creativity and innovation often come from the most unsuspecting quarters of society and not always from the ivory towers of academia. One of my favorite stories is how a janitor working in a museum informed the quite famous paleontologist that he had the wrong skull on the assembled brontosaurus skeleton. Naturally, the paleontologist thought he was not only nuts, but also quite arrogant to question his expertise. It turned out the janitor was correct. You see, he was a person who, on his own time, studied dinosaur bones. Such stories are endless.

The idea of regimentation in medicine necessarily means that an elite body of physicians (usually specialists) will make the “evidence-based” protocols that physicians will be expected to follow. In the beginning it was the insurance companies and government programs that pushed such regimentation, but now we see medical societies and other physician groups joining the collectivist destruction of creative, humane medicine.

The medical schools, as well as intern and resident training programs, are also joining the collectivist bandwagon. When budding young doctors are trained from the beginning to adhere to collectivist thinking and accept the view that the individual doctor has nothing to contribute to the intellectual growth of medical care, we will rapidly descend into an age of darkness. Doctors will be forced to watch helplessly as their patients die or are harmed by impersonal regimenting protocols.

On many occasions I have been able to save a patient because I used my ability,

experience, intuitive sense, creative ideas and individually developed solutions to a problem instead of relying on the rote learning from my years in training. The historical lesson we must keep in mind is that each practicing physician has something to contribute.

I wish to make it clear that I am not opposed to protocols as suggestions or voluntary guidelines. What I object to is rigid enforcement of regimentation either by the State, the medical societies or hospital boards. Under such a system, doctors become nothing more than automatons; cogs in an all-embracing collectivist machine. This stifles creativity, innovation and the development of better ideas on how to effectively, safely and successfully treat patients and treat them as individual human beings, not as statistical tables or collectives.

Ludwig von Mises, in his book **Bureaucracy**, points out not only the stifling effect of regimentation generally, but focuses on the devastating effect on the human intellect, especially genius.

A creative genius is precisely a man who defies all schools and rules, who deviates from the traditional roads of routine and opens up new paths through land inaccessible before. A genius is always a teacher, and never a pupil; he is always self-made. He does not owe anything to the favor of those in power. But on the other hand, the government can bring about conditions which paralyze the efforts of a creative spirit and prevent him from rendering useful services to the community.”

We should not lose sight of the fact that while the elitist create the protocols, it is the bureaucrats who will enforce them. And as von Mises notes: “Their main concern is to comply with the rules and regulations, no matter whether they are reasonable or contrary to what is intended. The first virtue of an administrator is to abide by the codes and decrees.” In addition, we must appreciate that it is the physician who will become the bureaucrat, since under such a regimented system he becomes the enforcer. Also sacrificed on the alter of the collective is initiative, since regimentation discourage personal “displays of talents and gifts”.

Once the spirit of the truly creative physician is broken by the collectivist system, those remaining will become little more than apathetic workers making their way through the day, hoping they haven’t in some way offended the system. They become little more than pharmacists dispensing pills.

### **The Growth of Collectivism in Medicine**

One way to promote the idea of collectivist regimentation in medicine is through support by major foundations. One such foundation seeking to influence the behavior of practicing physicians by using the god-term “evidence-based medicine” is the **UnitedHealth Foundation**, which states its goals as two fold. First, to establish a “scientific based” codification of medical practice and second, to make medical care more “accessible”, which also approaches the definition of a “god-term”. After all, who could argue with better access to

health care? Weaver refers to such terminology as a “prestige name”, that is, connecting a concept with something readily recognized as a name of good standing among the public.

In fact, this umbrella organization is a powerful supporter of “universal health care”, which in truth, stripped of its comforting “prestige name”, means socialized medicine, i.e. socialism. The foundation distributes to all physicians, free of charge, a yearly-updated book of accepted dogmas on diagnosis and treatments called appropriately, **Clinical Evidence. The International Source of the Best Available Evidence for Effective Health Care**”.

In fact, within the limited scope of orthodox medical care, it is a very useful book. The problem is that it contains no references to alternative treatments; even those which have passed the stringent demands of “evidence-based” review. In truth, it gives the impression that the only treatments available include surgery or pharmaceutical treatments, primarily the latter.

As with most such collections, the studies chosen as acceptable are selected by a board of elitist physicians and “experts”. The exact criteria for accepting some studies and rejecting others, is never fully described. We see this same tactic among a number of government studies, most recently with vaccine, fluoride and mercury safety. Once the elite reviewers announce their conclusions, the popular media pronounce the question settled, implying that the best minds in the world have spoken. In essence, they are saying again –who can question the “facts” of the “science”? The reader may want to refer to my analysis of such a study on mercury in dental amalgam to be found on the website [www.iaomt.com](http://www.iaomt.com). And as stated earlier, voluntary “guidelines” have a nasty way of becoming law, enforced by those in positions of power.

## **Role of the Media**

This brings us to another problem and that is the dissemination of false ideas and conclusion via the media. A number of medical journals, New England Journal of Medicine and Journal of the AMA for example, have a sweetheart deal with many media outlets to provide them with conclusions of what they consider important studies, before they appear in the journal, that is, before doctors and researchers can see and analyze the study. Usually, the media gets a condensed, sanitized version of the material, which is then reported by the media in a way that, more often than not, in no way resembles the actual study findings.

We see headlines such as –**Study finds beta-carotene causes cancer...**; or **Eating vegetables may actually cause colon cancer...**, **Study finds vitamin E causes higher death rate in heart failure patients!** A careful analysis of the studies, once it comes out in the journal, usually finds that the headlines were in no way justified. Yet, when dissenters attempt to approach the media for a more accurate analysis they are told it is old news and they are no longer interested. The question to be asked is –how many people will die because of this inept reporting and deceitful methods by those supplying the information to the media?

There is compelling evidence that a combination of natural vitamin E, magnesium, ellagic acid, curcumin, resveratrol and quercetin can dramatically reduce atherosclerosis even in those with the highest risk, despite elevated cholesterol levels. This information is hidden from the public and as a result, tens of thousands will die needlessly. When combined with the Mediterranean diet, the results are even more dramatic. Yet again, little of this life-saving information is included in “evidence-based” protocols.

The idea that everything done by orthodox medicine has met their own stringent criteria of proof they demand for alternative treatments is an illusion. Most traditional medical treatments have little or no scientific backing. I, as have many others, recognize that everything in medicine does not require this level of proof. There is no evidence from double-blind, placebo-controlled, randomized studies that hitting your thumb with a hammer will cause damage and pain, but most of us accept it from experience. We have no such studies to show that removing an acute subdural hematoma can save your life, but our “antidotal” experience convinces us it is true.

The contrary is also true. Many wrong ideas have persisted because “the science” at the time convinced us it was true. One must appreciate that science is not a finished discipline, that is, it has not yet arrived at a final set of “truths”. While most will immediately react negatively to such a statement, in fact, in their everyday behavior and dealings, they treat the regimented programs containing “evidence-based medicine” as if it were not only true and absolute, but final.

Under the system of collectivism, edicts handed down to those below are slow to change, even those that conform to new findings or better thought out ideas. One must have influence with the elite rulers to effect even the slightest change and experience teaches us that this can be quite difficult. Anyone who has dealt with bureaucracies of any form should know this.

### **The Evil of Collectivism and the Idea of “Society” as an Organic Entity**

Historically, the acceptance of the idea that in society, the individual is of less importance than the mass of men, slowly evolved among influential philosophers of the Enlightenment, primarily among the logical positivist. Such an idea is predicated on the notion that society is a living, thinking and emotional being, that is, with all the characteristics of individual person.

In the thinking of the positivist, “society” takes precedence over the individual and one learns of the needs of this society by appealing to special elite members of this society, the “anointed,” as described by Thomas Sowell in his book, **Visions of the Anointed**. It is their job to determine what this new being “society” is thinking and they do so by determining its General Will, a term created by Rousseau.

We hear such things as – Society demands an accessible health care system... or

Society will not tolerate... with such regularity that we have come to accept such pronouncements as unassailable. One must appreciate that any society is merely a collection of individuals, most often grouped as families. Society has no personal existence and no powers of cognitive function.

Within the public forum, we often see arguments couched in terms that refer to the “will of society” or the “needs of society” and almost never as similar concerns for individuals. One of the most frustrating experiences for most people is to deal with organizations that treat them impersonally. The most often used example has been the Post Office. Dealing with any segment of the bureaucracy can trigger this frustration and more recently we have seen this extended into the business world. Calling many businesses today will not get you in contact with a living human being, but rather an automated answering system.

The system of language used to speak for the collective has been the tools of the statistician, which also gives it an air of “scientific authority”. Often this is interspersed, as Weaver notes in his book –**Language is Sermonic**, with an assortment of statements of much less assuredness or even pure speculation. The abstract concept “General Will” of society affords the elite members translating this will, an enormous degree of power over individuals.

Frank S. Meyer points out in his book, **In Defense of Freedom**, the enormous danger of this process:

The empty abstractions whereby the General Will was identified neither with the particular will of individuals nor groups nor even the majority, but with an assumed underlying real will of the totality, enabled each elite in turn to fill out the lineaments of the totality whose will was holy, in such a manner that this will became what the elite wished it to be... The Volk of the Nazis, the proletariat of the Communist, are but manifestations of this totality whose will is the General Will, lay figures draped out to gain the consent of the masses. These figures are presented as if they were indeed the very image of the masses, but in reality they are only representations of the will of the elite.

History should help us understand that this encroachment on individual freedom is usually so insidious that most, in the course of their busy lives, rarely see it. It has also been noted that the easiest time to stop a despotic idea is in the beginning and not when it has become an accustomed habit of new generations. After a single generation, people cannot only forget how things were done previously, but they can lose their cultural identity as well.

The busier we become the more difficult it will be for the average person to see these changes, much like watching your children grow; grandparents, who see them less often, are more likely to observe their growth as are their parents. In my lifetime I have seen such a dramatic alteration in morals, common decency, and virtues that I find it nothing less than shocking, as do many of our older citizens. These changes occurred not by a natural evolution within society, but by the intrusion of harmful philosophies, such as positivism, utilitarianism and

Dewey's educational theory.

Today's physician is much more amenable to collectivist notions and dogma than was the physician of the early to mid-19<sup>th</sup> century. To argue from a stand of an individual viewpoint is so alien to such a physician, that he has great difficulty engaging in a discourse. There is no common ground.

The terms of communication have been so disrupted by modernism and now post-modernism, that to speak of individual creativity or imply that a common physician, that is outside of the elite circle, could have something useful to contribute to the debate, would be not only considered foolish, but even harmful to that abstract being, the society.

How often have we heard, usually among the anointed, that a holder of certain ideas, because he lies so far outside modernist thinking, "should be stopped", as if he is a danger to the good of "society", a public enemy? In a Soviet State, such a person would risk containment in a gulag or even being shot. In our society, one may suffer social ostracism, a loss of licensure or, if challenging the State, a possible stint in the penitentiary.

One should not underestimate the power of social ostracism, especially among medical professionals, which value their social standing in the community above almost all other things. It is a very powerful system of self-containment and as De Tocqueville noted in his visits to the United States, it can be more oppressive than many governments.

Once the majority of physicians have been convinced of the correctness of the regimenting proposals, resistance by the few who see through the platitudes and assurances of success, will be forced by the power of social ostracism into submission. After several generations, the new system of thinking and performing one's duties will become the norm and few will be left alive who will remember the way it had been.

And, as we see in the highly regimented, socialist medical systems of Canada and Great Britain, the suffering and deaths secondary to the system will be explained away in new "god-terms", so that more regimentation will be called for, something always intrinsic to collectivist schemes. I find it almost humorous when I read a London Times headline while visiting England which stated in bold type that the British Health Service proudly announced that waiting times for common surgeries had been cut from two years to sixteen months.

The masses, under such a system, wait hungrily around the table of the State, hoping for a few scraps to fall to the floor.

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