



WellnessOne Newsletter

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Always Question This Advice - Facts Which Will Make Your Blood Boil

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The headlines tell it all. One day they're announcing how great a drug is, and the next thing you know, they're saying it's not so great after all. In this world of mass media and constantly-changing health information, people [are confused about the paradoxical health information they're getting, and they're fed up.](#)

It's gotten so bad that the North Carolina Time-News says a growing number of cynical patients are refusing to take their medicine. But is that such a bad thing?

Prescribing Drugs is what Doctors Do

Just what is it that doctors do, anyway? During your last appointment with a physician of any sort, specialist or primary care, what happened?

- Did you have a chat about diet, exercise, nutrition, eating plans, or stress management?
- Were you cautioned not to consume too much refined sugar or flour?
- Were you given advice on natural supplements or lifestyle changes that can help you achieve optimal health?

Or did the entire appointment simply address the symptoms you came in with or a screening for an illness you *might* have? And did it end with the doctor giving you a prescription?

Unless your physician specializes in nutrition or holistic medicine, the prescription was probably the main focus of your appointment. That's because treating symptoms and diseases – and prescribing drugs for them – is what modern doctors do.

I know this because I was a physician who used to do just that. Literally thousands of my patients walked out of every appointment with me with a drug prescription in hand, before I learned how to effectively use natural life style modifications. But don't just take my word for it.



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The U.S. Bureau of Labor Statistics (BLS) describes doctors' [jobs on its website](#). And what the BLS says doctors "do" is *diagnosis illnesses and prescribe treatments*. It also mentions counseling patients on such things as diet, hygiene, and preventive health care – but when was the last time your doctor did that?

Why Don't Doctors Spend More Time on Preventive Care?

A [1984 survey of primary care physicians](#) in New York found that 87 percent agreed that they should add preventive medicine in the form of health *promotion* and disease *prevention* to their patient care.

There were three reasons they didn't:

- Lack of time
- Inadequate reimbursement by insurance
- *An unclear idea of how to define preventive medicine*, or what kinds of preventive recommendations they should make.

The study concluded that physicians need more training and education in disease prevention and health promotion.



Nearly 30 years later, it appears that nothing's changed. With an average of 15 minutes (if you're lucky) scheduled per patient, physicians still don't have time for much of anything but writing prescriptions and ordering tests. They're still limited to insurance incentives that pay for tests and treatments rather than disease **prevention** counseling. And they still are unable to define preventive care properly, because whether it's the [Department of Health and Human Services](#) or [health care analysts](#), preventive care is still considered **screening** for diseases, rather than **teaching patients how to prevent them**.

Granted, med students now have an option of adding a year or two to their 12 to 16 years of college by enrolling in a residency specializing in preventive medicine. But unless they specialize in holistic or alternative health care when they get through with their education, they still have to practice within the conventional paradigm.

Where Do Doctors Get Their Information From?

So in the absence of time, money and preventive care recommendations, what doctors still do best is prescribe drugs – to the tune of an [expected \\$880 billion in sales](#), worldwide in 2011. And where do you suppose they get the information to do all that prescribing?

Mostly, from the drug companies themselves.

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That's right. Your doctor relies on drug company sales representatives – [who work on commission](#)– for information about what a drug is used for and what its adverse reactions might be.

The obvious problem with this is that when you're working on commission, you don't have a lot of incentive to kill sales with information on little things like side effects or disclosures that the only difference between the product you're selling and an old one is that the new one's got a higher price tag.

The fatal flaw with this system is two-fold. First, it assumes that physicians will take the time to read all the prescribing information about a drug before they give it to their patients. Second, it presumes that he will also keep up with any subsequent information, good or bad, that might come out about the drug later. Aside from wondering how many doctors actually have time to read all the fine print accompanying a drug, the more dangerous issue is that more and more clinical studies validating the drugs your doctor prescribes are **tainted by bias and conflicting interests that sway product test results**. For example, in one study of 111 final applications for approval:

- 42 percent lacked adequately randomized trials
- 40 percent had flawed testing of dosages
- 39 percent lacked evidence of clinical efficacy
- 49 percent raised concerns about serious adverse events



Recent information about Avandia and Avastin highlight how biased and poor trials like this make it to market, [according to Science Daily](#). But they [are not isolated incidents](#). Many drugs that tend to offer less benefit and more harm to patients than the old stand-bys are making their way to your doctors' prescription pads. One of the reasons for this is because sales reps' salaries are tied to how many high-cost, new drugs they can sell, thus making their Big Pharma bosses happy.

The drug industry's propaganda to sell these drugs [are easily recognized](#) , and include:

- Giving guidelines that have no proven end points for the drugs, but imply that they are needed or could be useful
- Exaggerating safety and efficacy claims
- Creating a disease out of something not previously considered a disease
- Encouraging off-label, unapproved uses for their drugs

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Follow the Money – If You Can

Recent news has been full of reports of physicians who accept speaking fees from pharmaceutical companies and prescribe massive numbers of the drugs they promote.

But the most scandalous investigation [came from ProPublica](#), which showed that hundreds of doctors on Big Pharma's speakers' payrolls – the peers your physicians trust to "educate" them at drug seminars – **had been accused of professional misconduct, were disciplined by state boards, or lacked credentials as researchers or specialists.**

Granted, not all of the drug industry's propaganda promoters are in professional trouble. Many have unblemished records, and [take their roles as teachers seriously](#). But how do you know whom to trust when high-profile figures like ABC Medical News contributor Marie Savard fail to disclose that drug companies pay them to say what they're saying? Savard has been a Merck spokesperson for their HPV vaccine, Gardasil, for at least five years, and [accepted nearly \\$21,000 from Merck in 2009](#) alone (the first year speakers' compensation has been available). You may remember when she [appeared on the Oprah show](#) in 2007, pushing Gardasil and assuring parents it was safe. The one thing she didn't say was that Merck paid her to say that.

When you consider that Savard sits on the University of Pennsylvania's Board of Trustees, and that Merck has [endowed UPenn's vaccinology department with a \\$1.5 million chair](#), it's easy to follow the money and understand where her loyalties lie – and why.



But Savard isn't alone in conflicts of interest. The truth is medical professionals are literally inundated on all sides with biased information given by symposia presenters and public speakers with conflicts of interest.

From [nurse practitioners and physician assistants](#) to [medical students and medical school faculty](#), to [dental professionals](#) and [practicing physicians](#) who simply want to attend a continuing education class, Pharma's got your doctors covered, teaching them everything the drug industry wants them to know.

In other words, it's the best science money can buy – with no end in sight.

Fear and Hope: Pharma's High Stakes Mission

With a record number of [block-buster drugs going off-patent](#) and very few promising new ones in the pipeline, Big Pharma is relying on an old stand-by to boost the bottom line: fear of disease and hope for a cure with new uses for old drugs.

Nobody wants to be sick. But sickness is what keeps Pharma going. Whether it's a pain medication, a vaccine, or a pill for erectile dysfunction or acne, Pharma not only needs you to

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want their drugs, but needs you to *need* them. This is where disease-mongering comes in – in other words, creating new diseases, inciting fear of the new diseases, and then selling you the perfect fix. This is done through Direct-to-Consumer (DTC) marketing. And it works.

From Viagra on NASCAR, to Gardasil screaming *one less* on TV, to actress Sally Fields promoting Boniva, Big Pharma has made a science out of making you think you need what they sell. Research shows that [prescription drugs promoted directly to you quickly become best-selling drugs](#) – and celebrity names speed up the game. As a test to see just how far this type of propaganda reaches, the [New York Times picked two websites](#) to study and compare for the information they offer: the Mayo Clinic and WebMD. They found that if you're looking for a pill or a new disease or disorder for a symptom or feeling you have, Mayo Clinic's cautious, health-promoting site may leave you hanging.

But WebMD gets right to the target with banner ads for a plethora of drugs for whatever ails you – as well as for things that COULD ail you, once you figure out you need them. The drug pushing is so blatant that the New York Times minced no words in describing it:

"WebMD is synonymous with Big Pharma Shilling. A February 2010 investigation into WebMD's relationship with drug maker Eli Lilly by Senator Chuck Grassley of Iowa confirmed the suspicions of longtime WebMD users. With the site's (admitted) connections to pharmaceutical and other companies, WebMD has become permeated with pseudomedicine and subtle misinformation."



Picking Profits over Patients = Death by Propaganda

In 2004 it was estimated that [57 million working-age adults](#) were living with chronic conditions such as diabetes, asthma, or depression. There's no question that even when they have insurance, these adults have higher out-of-pocket costs than well persons. Factor in major medical expenses, and [the toll is so high that economists have spent years](#) suggesting ways to reel these costs in.

The problem is that all of the cost-lowering ideas center on things like cost-sharing and higher deductibles – measures that are central to President Obama's new health care law. Granted, these ideas spread total health care costs over a broader group of people, thereby (hopefully) lowering overall costs. But they **do nothing to stem the root cause of sickness and disease.**

It's a paradoxical paradigm that just doesn't make sense – unless the only way you profit is through sickness, rather than wellness. You and I know that the real way to stem disease and curb illness is to [take control of your own health](#) before you get sick.

Awareness Gives You New Options

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Generally used to control the outcome of group thinking, a strategy called the Delphi Technique is oftentimes used to discredit people like you and me. One Delphi Technique used to suppress people who don't go along with the program is name-calling.

It's a strategy that can work quite well, although it loses some of its impact once you're aware of why it's done. In her book, *Death by Modern Medicine*, Dr. Carolyn Dean offers three counter-strategies to dampen those put-downs:

1. Be charming, courteous and pleasant, and always keep smiling as you stand your ground.
2. Stay focused and don't allow name-calling or ridicule to get you off-track. Instead, gently but firmly guide the topic back to your original stance.
3. Be persistent. Instead of getting defensive when your doctor or a drug company tells you you're nuts for wanting to try healthful eating and a better lifestyle instead of pills to cure what ails you, guide the conversation right back to your original plan – *healthful living for preventive care*.

The key is to never, ever become angry as you pursue this goal, Dr. Dean says. They say knowledge is power. So I encourage you to take this knowledge and forge your own path toward better health, and to be one less death caused by drug propaganda .



Stand firm, and vow to fight for your right to live a healthful, natural lifestyle.

If your doctor won't break the mold and help you with this, then maybe it's time to find a new doctor.

Sources:

» [Nearly 250,000 Deaths from One Common Mistake: Here's How to Protect Yourself](#)