The Great Medical Myth

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Medicine is now perceived as being the means of extending your life and freeing you from pain. To support this belief, Americans are now spending over twenty cents out of each dollar on modern medicine and are currently planning to spend even more.

It is surprising, therefore, that no one seems to be asking if they are getting their money's worth in terms of a longer, more fruitful life. It is also surprising that data proving the ineffectiveness of modern medicine, in terms of increasing either life expectancy or health, is so readily available through the U.S. Government's Vital Statistics, the U.S. Department of Health, as well as the AMA. In addition, most of the following information is readily available within yearly Almanacs.

Graph 1 depicts the life expectancy rates for white males of different ages (females and other races differ only slightly) for the years between 1900 and 2002. *Graph 1* is followed by *Table 1* which has the raw data in table format, taken from yearly Almanacs.

The most obvious characteristic of this graph is how all of the life spans are approaching the same value during the 150 years from 1850 to 2000, which agrees with the old Biblical statement that individuals have an allotted life span of threescore years and ten to fourscore years. (That is, 70 to 80 years. The ten additional years can be obtained with *gebuwrah* or "heroic power" according to Psalms 90:10.)

This graph also shows a leveling-off of longevity around 1950, which is the beginning of what medicine considers to be the age of modern medicine with the introduction of antibiotics. The statistics, however, seem to belie any positive value of modern medicine, since the increase in longevity slows down rather than increases. This lack of correlation also shows up when the death rate of diseases is observed over the same period of time. The increase in life spans after 1850 is explained as primarily due to better sanitation, and diet,[1] while the increase after 1970 is attributed to reduced smoking and overall better lifestyles.

[1] L. E. Holt, Infant mortality, ancient and modern: An historical sketch. *Archives of Pediatrics*, 30:885-915, 1913

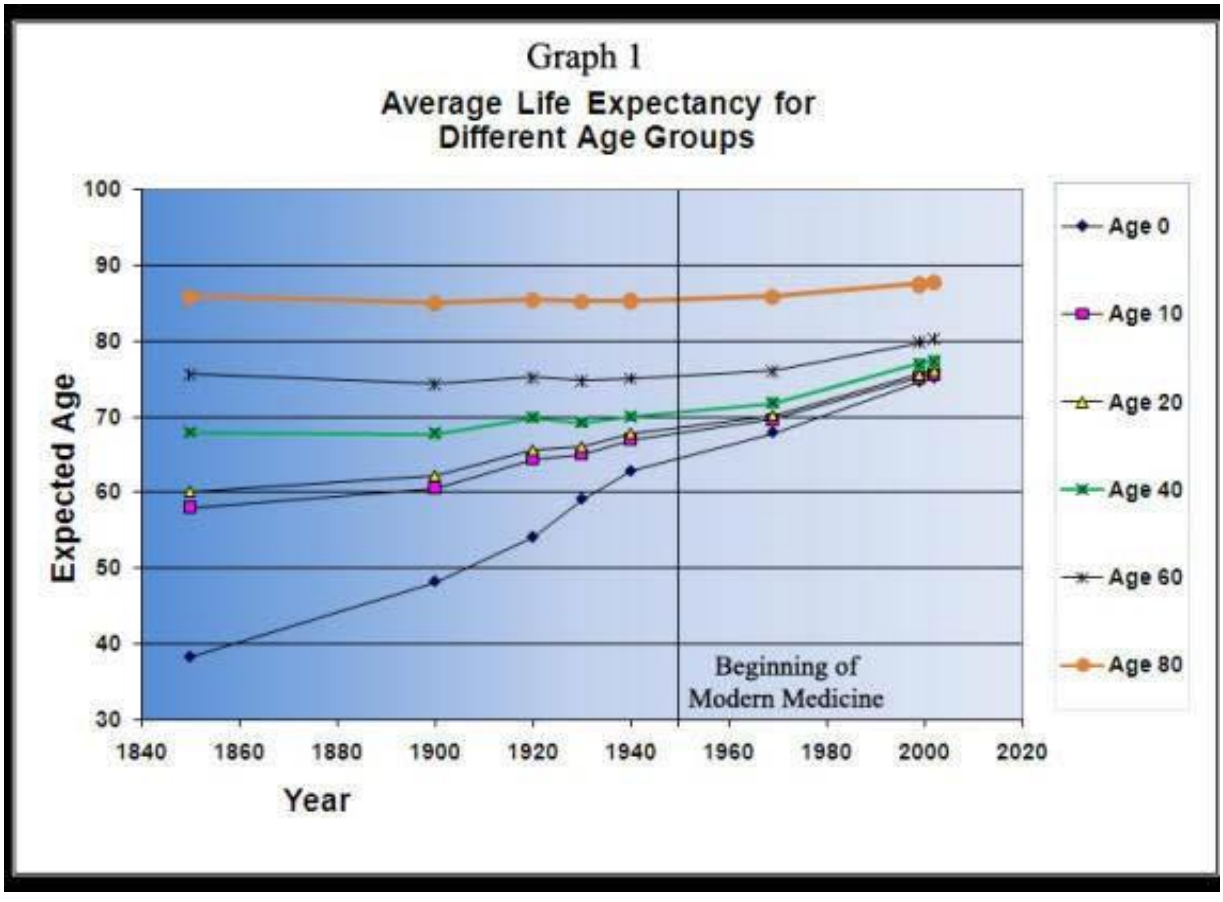
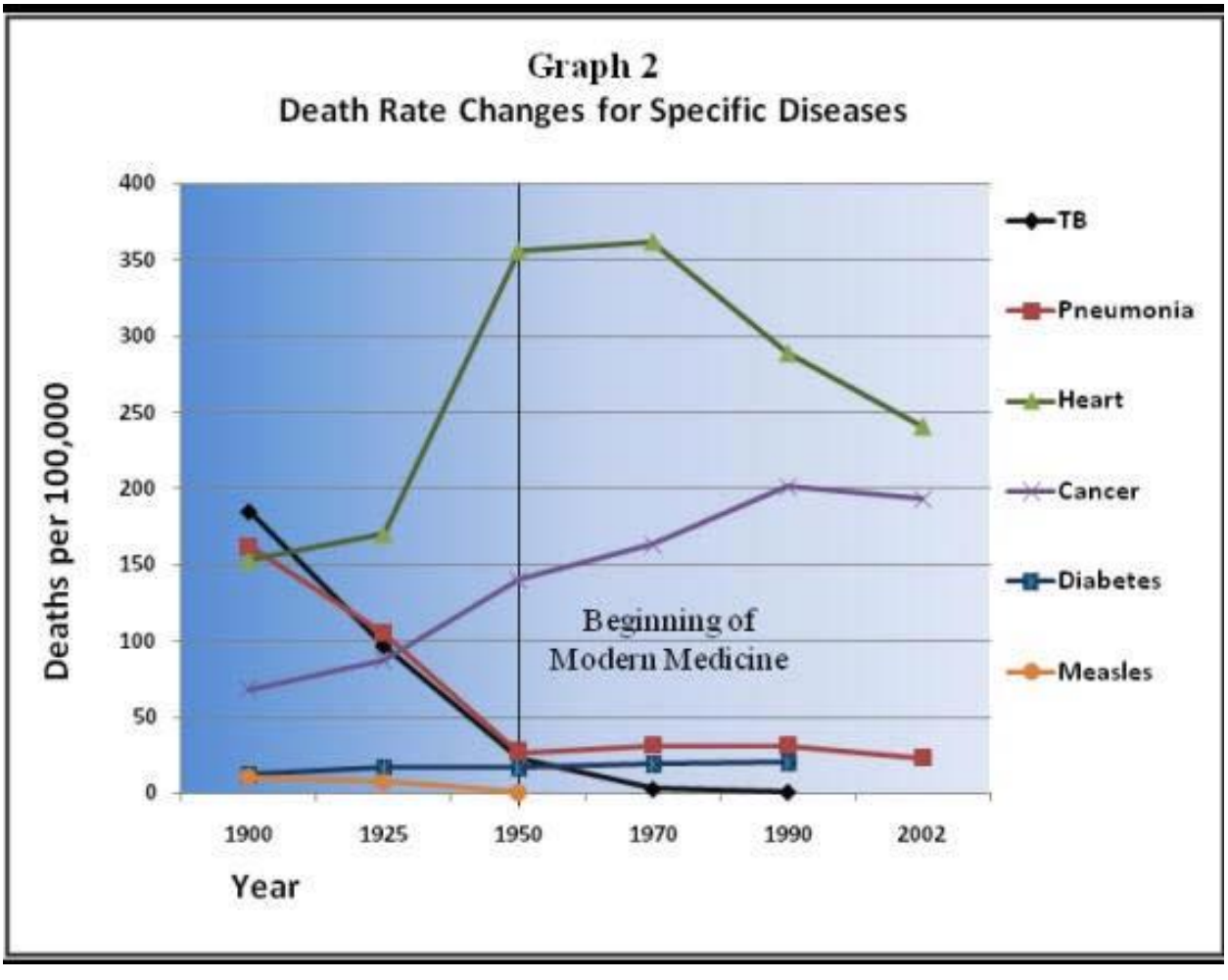


Table 1: Average Life Expectancy in Years to Live

Age	1850	1900	1920	1930	1940	1950	1960	1969	1980	1990	1999	2002
0	38.3	48.2	54.1	59.1	62.8	66.3	67.6	67.9	70.8	72.7	74.6	74.5
10	58	60.6	64.5	65	67	69	69.8	69.7	72	73.5	75.2	75.7
20	60.1	62.2	65.6	66.0	67.8	69.5	70.3	70.2	72.4	74	75.6	76.1
40	67.9	67.7	69.9	69.2	70	71.2	71.7	71.8	74	75.6	76.9	77.4
60	75.6	74.4	75.3	74.72	75.1	75.8	76	76.1	77.6	78.9	79.8	80.2
80	85.9	85.1	85.5	85.3	85.4	85.9	85.9	86.2	86.8	87.1	87.1	87.7

There is a common claim heard in advertisements and even within a few scientific statements that life expectancy has increased from 38 years in 1850 to well over 70 today. This is certainly not good science and can at best be called comparing apples to oranges, since it compares the life expectancy of an infant with that of a modern adult. The statement that modern medicine caused the increase in longevity is certainly unsupported. A recent study[2] by C. J. L. Murray et al finds many factors, such as sanitation and diet, to be of far more importance than medicine for increased longevity.

Study of the following data in *Graph 2* and *Table 2* shows the lack of the effect of modern medicine on some of the major diseases by looking for the reduction in death rates with the introduction of modern medicine. One expects to find that deaths took a sudden drop when antibiotics or modern treatments were introduced after 1950; however, this is not the case. What is surprising is that the death rates of the major diseases were dropping even as early as 1900 and continued to drop at a more or less constant rate with or without the introduction of the "miracle drugs."



[2] Murray, C. J. L. et al. Eight Americas: Investigating mortality disparities across races, counties and race-counties in the United States. *PLoS Medicine*, 3(9) 2006

Table 2: Death Rate Changes per 100,000[3] for Specific Diseases

	1900	1925	1950	1970	1980	1985	1990	1996	2002
TB	185	97	23	3	1				
Heart	153	170	358	362	336	323	289	277	241
Cancers	68	87	140	163	184	193	202	205	193.2
Pneumonia	162	105	27	31	24	28	31	31	22.8
Diabetes	12	17	16	19	15	16	20		
Measles	10	7	0.3					23	25.4
All Causes	1621	1157	960	950	880	870	860	875	847

Not shown are the death rates from smallpox, cholera, diphtheria and whooping cough which were dropping similar to TB and measles.

Pneumonia and flu actually show a slight increase after the introduction of antibiotics. The recent decrease in heart disease and cancer are credited to the decrease in tobacco consumption, but these numbers are also well above their 1900 levels.

Thus, it appears that medicine doesn't help us live longer. Perhaps instead, medicine makes us healthier? We all know people who have been greatly assisted by medical care. However, we also know or suspect that medicine has killed or debilitated others that we know.

Medicine has a name for those ailments or deaths that are caused by medicine—iatrogenic—which means "physician originated." In 1994 the American Medical Association reported[4] that over 10% of the admissions to a Critical Care Unit were due to medically induced diseases. The percentage of hospital patients acquiring a medically induced illness is given as varying from 2% to as high as 36% across the nation. Of those who acquire an iatrogenic illness, the mortality rate can be as high as 20%. The AMA reported earlier that 20% of patients admitted to a hospital suffered iatrogenic injuries with 14% of these cases being fatal. These numbers add to over 100,000 deaths per year in the U.S. hospitals. That would make iatrogenic disease the fourth ranking cause of death (in 2009 now third) preceded by heart failure, cancer, and stroke.

One number given by many physicians is that medicine cannot help 80% of their patients other than by alleviating their symptoms. A recent study[5] by the AMA reported that up to 80% of the patients tested by physicians demonstrated no known physiological or organic cause for their disorders. Most of these types of ailments are labeled as psychosomatic.

Early medicine considered that psychosomatic cures were not only accepted as valid cures but also the major gift of physicians. Physicians were considered to have the ability to stimulate these cures by what was known as their "bedside manner." Early medicine was firmly convinced that cures took place because of the inner healing powers of the body and that a physician attempted to stimulate these healing powers. A potion given to please or activate these inner healing powers was known as a placebo, which means "I please." Physicians still deliberately rely upon placebos or at least upon instilling a positive view of being cured. The FDA testing of

[3] National Center for Health Statistics, U.S. Dept. Health and Human Services
[4] Leape, L. L. Error in medicine. *JAMA.* 272(23), 1994:1851–1857
[5] Starfield, B. Is U.S. health really the best in the world? *JAMA.* 284(4), 2000: 483-485

drugs requires the usage of placebos as controls. This practice resulted in the amazing result that for many people a placebo is indistinguishable from an active drug and can produce the same result. Hence, reports of test results today must include how many people are cured with placebos.

The actual medical statistics suggest that roughly out of 100 patients who seek medical assistance, 80 will be unchanged as to the course of the illness, 10 will be made worse, leaving only 10 who will be improved. Of the 10 made worse 2 will die, and of the 10 made better, if the preceding mortality rates are considered, 2 will live that otherwise might have died. This keeps the mortality rates unaffected by the advent of modern "miracle drugs." The net score for modern medicine is, therefore, no decrease in overall mortality rates as the data indicates, but an improvement in the value of life for some as well as a decrease in the value of life for others.

(It should be noted that these figures are an average of all ailments. While some ailments would be expected to have very few iatrogenic complaints, some may have a very high incidence of iatrogenic complications. Similarly, some cases may have little improvement with modern medicine, whereas some others may have a high improvement rate. This means, of course, that discretion is required, and that patients need to have far more understanding of treatment or require some unbiased advice from someone who is not profiting by their further treatment.)

Concerning pain, almost all of us know of people dying with cancer asking for more painkillers even if it may cause an earlier death. Doctors argue that they cannot administer sufficient pain killers to alleviate severe pain because:

1) it is possible that the patient might recover and then be addicted to the pain killer,
2) the administering of more painkillers may contribute to the death of the patient,
3) if doctors do not follow prescribed drug administration rules, they may be liable for law suits.

Connected with the issue of painkillers is that of the administration of psychoactive or mind-altering drugs used to "calm" individuals. These drugs have very serious side effects as reported by the manufacturers, and there are many stories in popular magazines and newspapers about their misuse; however, very little actual data is available. This is no doubt due to the inability to prove whether the side effect is due to iatrogenic or natural causes. Both iatrogenic and natural ailments may result in such things as: loss of motor function, speech impairment, coordination, mental acuity and simple inattention. Any nursing home, for instance, can claim that the immobility and speech impairment of patients is caused by senility and not their medication.

A comparison can be made with our ancestors who could freely purchase any drug they wished from the local pharmacy without a prescription. This was, of course, before the AMA formed the present alliance with Government to bring medicine under control. The argument given for control was that people were buying patent or worthless medicine and could kill themselves by taking the wrong medicine. However, it is doubtful that, even at the worst, the populace could have killed themselves at anywhere near the present rate of about 100,000 dying from drug-induced iatrogenic illnesses in the U.S. As to modern drugs being superior to the old patent medicines, further questions certainly could be raised. In any case, the money wasted on patent medicines in the past is certainly a small amount compared to the money spent on doubtful modern treatments offered by some physicians and clinics.

In other words, it would seem that the rise of the powerful and costly Medical-Government Complex cannot demonstrate any overall increase in life and comfort compared to the inexpensive, free choice medicine used by our ancestors or even by the medical treatment offered by other cultures and alternative systems.

The prestigious New England Journal of Medicine (NEJM) has written an article[6] to counter the above conclusion by attempting to prove the Value of Medical Spending. However, it would appear that the article exposes some underlying problems of the medical complex that they had not acknowledged before. The 2006 article states the average medical cost of $6,000 per year per man, woman and child (now $8,000 in 2009). However, the article makes the statement that this large expenditure saves lives, which cannot be denied, of course. But then the article does some slight of hand to argue that the expenditure is worth it because a healed person could go on to earn far more money than it cost for the cure. But this argument appears to be countered by the NEJM's examples that the cost of increasing the life of a 45-year old person by just one year between 1990 and 2000 was more than $100,000 and the cost for an added year for a 65-year-old was about $150,000 (which has of course increased far more in the intervening years.)

The article assumes that medicine is responsible for "at least half of the life expectancy gains since 1950" as quoted from a paper by J.P. Bunker, even though Bunker admits that, "There is no population-based data to support a direct estimate of the contribution of medical care to life extension."[7] Historians are certainly in agreement that the rise in longevity is primarily due to better sanitation followed by improved diet and lifestyles. There is no data that directly connects the role of modern medicine to increasing life expectancy. In fact, there is a current suggestion that the success of medicine in saving lives is balanced by the lives which are lost to modern medicine or iatrogenics.

[6] Cutler, D.M., Rosen, A.B., and Vijan, S. The value of medical spending in the United States, 1960-2000. *NEJM*, Volume 355:920-927, Aug 31, 2006

[7] Bunker, J. P. The role of medical care in contributing to health improvements within societies. *International Journal of Epidemiology* Vol. 30, Issue 6, December 1, 2001, pp. 1260-1263