



Dynamic Chiropractic – October 2, 2000, Vol. 18, Issue 21

Allopathic Medicine and Adverse Outcomes: The Iatrogenic Problems Continue

By John Raymond Baker

We should make people aware to the uncertainties of medicine. Not everybody will be cured and in some cases disasters will occur. That's reality. Medical practice, by necessity, always will be based on trail and error.

- The American Medical Association's Roy Schwarz, MD, group vice-president of scientific education and practice standards

Death, disease, mutilations, and more: It is a world war or international terrorism? No, we are talking about the outcome of medical procedures being carried out every day by MDs practicing allopathic medicine. In fact, a study of the malpractice situation in the United States¹ came to an astounding conclusion.

"Studies such as the Harvard medical practice study, which was designed to develop more current and reliable estimates of the incidence of adverse events and negligence in hospitalized patients, have shown that there is a significant amount of injury to patients caused by the delivery of medical care. For example, the Harvard study found that almost four percent of the 30,195 sampled hospital admissions in New York State in 1984, reflected an injury that increased the length of hospital stay. Fourteen percent of these injuries were fatal."

The hideous fact is that all across this country, MDs are practicing a system of health care that results in a panoply of horrors, and the word iatrogenic associated with a disease or injury says it all. Iatrogenic (Greek, *iatric* = doctor, *genic* = arising from or developing from) literally means "disease or illness caused by doctors."

If one starts doing research on the web, one soon discovers that there is a wealth of information published out there (ironically, most by MDs themselves in their own journals). This demonstrates that the American public is being seriously and negatively impacted by a whole host of conditions, either caused by medical intervention directly, or are caused as a result of the medical interventions using the allopathic protocol of treatment.

The Adhesive Arachnoiditis Syndrome

One such problem doctors of chiropractic may encounter is the **adhesive arachnoiditis syndrome**. This is closely associated with "failed back surgery." Adhesive arachnoiditis is thought by many to result from chemical or physical insult to the arachnoid layer, including the insults involving introduction of foreign substances into the subarachnoid space. One such possible cause may be iatrogenic, such as use of oil-based contrast media used in myelography, or the adverse effects of epidural steroids such as depo-medrol (depo-medrone). The strong association between so called "failed back surgery" and the adhesive arachnoiditis is significant; the possibility that many failed back surgeries may be the result of the insult done by previous medical procedures cannot go unnoticed.

Hospitals Are Like War Zones

In the *Berkeley Medical Journal*, spring 1996, Mai Ngo makes the following statement: "Hospitals can be dangerous zones to unsuspecting guests. Nosocomial infections are hospital-acquired infections. Dr. Robert N. Butler expressed, in a *Geriatrics* editorial, that nosocomial infections victimize one out of every 20 patients with a new infection in the hospital. Viruses, bacteria, protozoa, or fungi are usually the culprits. These infections kill 20,000 patients annually and add an estimated \$5-10 billion to health care costs." She also talks about how use of radiation to treat cancer and increase ones chances of getting radiation-induced cancer later on in life. In fact, after reading her short article, it is almost impossible to see a hospital as a hospitable and healing place."

And the problems are not confined to the United States. Iatrogenic injuries and diseases and nosocomially-acquired infections are now a very serious worldwide problem of epidemic proportion. A 1995 study, "Quality in Australian Healthcare," indicated as many as 50,000 patients were injured and 18,000 died each year due to errors in hospitals. Another problem, iatrogenic and nosomially related, is MRSA, or methicillin-resistant *Staphylococcus aureus*, some strains of which may be resistant to several antibiotics. Overuse of "broad spectrum" antibiotics has taken the *Staph aureus* and turned it into a pathogen

with resistance to multiple antibiotics. To use an analogy from nature, if regular *Staph aureus* is like the European honeybee, MRSA is the killer bee version, and there are indications that this "superbug" is expanding its attacks into the community at large. MRSA is an emerging community-acquired pathogen among patients without established risk factors for MRSA infection (e.g., recent hospitalization, recent surgery, residence in a long-term-care facility [LTCF], or injecting-drug use [IDU]).

Since 1996, the Minnesota Department of Health (MDH) and the Indian Health Service (IHS) have investigated cases of community-acquired MRSA infection in patients without established risk factors. This report describes four fatal cases among children with community-acquired MRSA; the MRSA strains isolated from these patients appear to be different from typical nosocomial MRSA strains in antimicrobial susceptibility patterns and pulsed-field gel electrophoresis (PFGE) characteristics.

The scary thing is that modern hospitals, due to the overuse of various broad-spectrum antibiotics, are becoming incubators and breeding grounds for what may be a whole spectrum of resistant pathogens. What is the treatment for MRSA? The MRSA strain is usually combated with a series of different antibiotics, starting with vancomycin (the drug of choice), imipenem, cilastatin and quinolones. If eradication of the disease is not successful by vancomycin or the first line of defense, then second-line antibiotics, such as rifampicin, fusidic acid or minocycline, are employed. Most of these antibiotics have proven to be effective; however, some are expensive and can produce adverse side effects. The main trust and challenge that faces the medical community is to find an effective, affordable and tolerable way to control and prevent the spread of MRSA.

A study done by Smith-Kline Beecham Pharmaceuticals in March of 1994 may have come up with a solution. Mupirocin (brand name Bactroban), a topical "intranasal" antibiotic produced by fermentation of *Pseudomonas fluorescens*, has proven to be active against *Staphylococci*, MRSA, *Streptococci* and certain gram-negative organisms. Mupirocin's unique mode of action inhibits bacterial isoleucyl T-RNA synthetase, and is structurally unrelated to other antibiotics. The shortsightedness of this approach is that once the pathogen overcomes these attacks, what is left?

Vaccinations Fall under Suspicion

An article by Robert Burns from the Associated Press says that the Pentagon is sticking to its plan to inoculate all 2.4 million active duty and reserve troops against anthrax, the deadly biological agent that defense officials believe poses a threat to tens of thousands of U.S. troops stationed in the Middle East and

South Korea. A House subcommittee made a call to suspend the vaccination program on the grounds that many members of the military "do not trust the Pentagon's medical information." The Pentagon is forging ahead anyway.

An editorial on vaccines in *American Medical News*,² made the following statement:

"News media reports on the suspicions of parents who believe that vaccines are responsible for their children's illnesses would rattle any parent with an immunization-age child. The list of suspected reactions to vaccines includes autism, SIDS and juvenile diabetes. (Nor is the issue limited to children. News cameras are seldom far away when a member of the military is court-martialed for refusing an anthrax vaccination for fear of health problems.)

"No one would deny the anguish of a distraught parent trying to rationalize a child's profound illness or disability. Any reasonable possibility of a connection to vaccinations should be scientifically examined. But as of yet, no scientifically sound link has been uncovered to the claims being made."

The rest of the article is very patronizing toward anyone who would disagree with vaccinations: "The individuals and organizations on a mission to sow the seeds of doubt about childhood immunizations may be weak on science but are savvy with technology. The internet has given their contrariant movement what can be best described as a healthy shot in the arm."

There are many, many people out there providing information on the danger of vaccinations, and you can rest assured that the soldiers who put their careers on the line to protest mandatory vaccinations did not do that in a capricious, blind manner. But, in the usual blind manner of the AMA, whatever they promote is OK, even if people are killed or injured as a side effect. If you don't believe that, consider this. MDs and DOs prescribe many medications to many patients. Most prescription medications have a list of adverse reactions and side effects. If you take the time to read package inserts, one thing you become aware of is that some of the adverse reactions of medicine are far worse than the diseases or problems being supposedly treated. For the pharmaceutical companies to have a list of reactions, some patients had to have had those reactions.

One of the interesting events which took place secondary to medical inoculations occurred on the 16th day of November, 1906, when Robert Strong Pearson inoculated 24 men - inmates at of the Bilibid prison in Manilla - with an experimental cholera vaccine that had "mysteriously" become contaminated with plague

organisms. All recipients of the vaccine fell ill and 13 died. It was speculated by Strong and his colleagues that a visiting physician from Chicago had accidentally placed one of Strong's plaque tubes in the cholera rack. Although a general committee was appointed to investigate the incident by the governor-general of the Philippines, no mainland investigations ensued. With my experiences with allopathic medical boards here in Texas, I am not surprised by this.

A Host of Iatrogenic Problems

The number of disorders that are being reported as iatrogenic in nature is astounding. For example, there are reports of Wernicke-Korsakoff syndrome (which is normally caused by a thiamine deficiency), associated with alcoholism, and how it may now be caused by gastroplasty. One term you find quite a bit on the net is "iatrogenic AIDS." This term is found in papers published in medical journals authored by medical doctors.

Another problem is the iatrogenic transmission of a very serious disease called Creutzfeldt-Jakob disease (CJD), occurring sporadically (in approximately 90 percent of cases). Through iatrogenic transmission of the infective agent, the transmissibility of CJD has been verified with reports of iatrogenic transmission from a corneal transplant; electroencephalographic depth electrodes; neurosurgical procedures; cadaveric dura mater grafts; and pituitary hormone administration. CJD is one of the transmissible spongiform encephalopathies (TSE), which are rare forms of progressive neurodegenerative disorders. In 1996, there was a cluster of young people who were being struck with this rare disease, and the iatrogenic nature of its transmission was a horrible event.

In 1998, it was estimated that reactions to prescription and over-the-counter medicines killed more than 100,000 Americans and seriously injured an additional 2.1 million every year - far more than most people realize, researchers say. Such reactions, which do not include prescribing errors or drug abuse, rank at least sixth among U.S. causes of death behind heart disease, cancer, lung disease, strokes and accidents. (Based on an analysis of existing studies reported by Dr. Bruce Pomeranz, University of Toronto, published in the *Journal of the American Medical Association*.)

And in hospitals, the poor indwelling patient is endangered even more. One serious problem is so-called "prescribing errors." Several easily identifiable factors are associated with a large proportion of medical prescribing errors. Factors commonly associated with errors in prescribing medications were inadequate knowledge or use of knowledge regarding drug therapy; presence of important patient factors related to drug therapy such as age, impaired renal function, and drug allergy; the need for calculation of drug doses; and

specialized dosage formulation characteristics and medication-prescribing nomenclature.

Adverse drug events in hospitalized patients are described by Lesar and Briceland in the following terms:

"... countable, dangerous and evaluable events, not just a collection of unhappy accidents that strike, like cosmic rays, in ways that we cannot predict or understand. In an era of constrained resources, it is vital to remember that [drug errors] in hospitals are common, costly and preventable in many cases."³

The Shoe is on the Other Foot

The allopaths used to warn patients about not going to see chiropractors, with caveats about them "breaking their necks." But chiropractic, much to the chagrin of allopaths, has proven to be a very safe health care technique. And it stands to reason that allopathic methods are more dangerous. They you carve into people, cut out body parts, radiate them, insert objects into their bodies, and give them various dangerous medicines to ingest daily for years at a time. Allopaths are the people who gave us that the "therapeutic" intervention called the "frontal lobotomy" (more commonly referred to as "brain salad surgery," a technique which spawned the saying "better a bottle in front of me than a frontal lobotomy). The annals of medicine (and now, the internet) are filling up with the results of iatrogenic damages which range from accidental transmission of HIV to children as a result of blood transfusions, to a case in which a patient with one strain of HIV acquired another strain of HIV after having sexual intercourse with another HIV-positive patient while they were in the hospital (but with allegedly a different strain of HIV). Since this was acquired in the hospital, wouldn't this qualify as "nosocomial?"

The allopathic system, which is generating so many deaths and injuries every year, has, for around 170 years, effectively monopolized the health care system.

Gaining Parity and an Equal Playing Field

Many chiropractic doctors are ignorant about how the allopaths lost control of the health care system in the 1830s. There was a popular health reform movement which had as its slogan, "Every man his own doctor." This was before the founding of chiropractic. A group of people working for various reforms, including women's suffrage, was able to throw out medical licensure laws. As a result, the allopaths had to compete with homeopaths and other providers. The homeopaths were winning over patients. The allopaths realized the only way to win was to reestablish all licensure laws on a state-by-state basis. If you make it illegal for any other health system practitioner to practice, you win. They did this by spending a lot of money on

lobbying. Homeopathy went from a dominant position to having its colleges abandoned. In the U.S. the homeopathic system never has fully recovered from that defeat.

What doctors of chiropractic must realize is that the control of the health care system does not just come from providing positively outcome-based, effective care. It does not just come from having your patients satisfied with what you do or liking you. It comes from two things:

1) Control of the legal system - Toward this goal we must be unified, proactive, and aggressive. Too often members of the groups that should be lobbying aggressively on our behalf are trying to make things more "palatable" to legislators. This isn't the way one talks when they are coming from a position of power.

2) Primary "portal-of-entry" status - Doctors of chiropractic must be able to treat more conditions. This is a double-edged sword because it involves possible prescribing of medicines and surgical intervention (such as removing foreign objects from wounds, sewing up lacerations, etc.). This would place us more on the same level as osteopathic physicians who, like us, came from an osseous manipulation background. DOs, however, have primary portal-of-entry status. DCs should be able to deliver babies, do pelvic examinations, reduce luxations/dislocations (which we are not legally able to do in Texas, as odd as that seems), and in general, offer professional services that would truly qualify us as portal-of-entry "family doctors."

There are rabidly anti-chiropractic forces out there, but why acknowledge them with free publicity? One is run by a rabidly anti-chiropractic MD that may have visited my website. ⁴ He seemed at first more than happy to correspond, but has not had any comments for me since.

Conclusion

You owe it to your patients, when you advise them about possible side effects of your treatment, to learn about the problems that can arise as a result of allopathic treatments. Comprehensive informed consent includes not only making a patient aware of the usual side effects, but the others as well. You need to be proud of the level of service you are providing to your patients. People that visit my website come away with a greater appreciation of the relative safety of what we do, and puts some of the scare tactics of allopaths and some of the "exposes" of TV news producers and other "mediamongers" into greater perspective.

I feel we need not only show pride in whom we are and what we do, but be more aggressive in lobbying. For example, here in Texas, I have talked to some of those who lobby about the need for regaining the right to advertise ourselves as "physicians." That right was taken away by a Houston MD, an anesthesiologist and some physical therapists in a successful lobbying effort.

I'll close with something I heard a long time ago that seems just as true now: It points to the need to reclaim the health care system for the people as it was in the 1830s. The saying goes: "If you keep on a doin' what you been a doin' you'll keep on gettin' what you been a gettin'!"

I don't know about you, but I am ready for things to change and the for the chiropractic doctor to become the person who decides on referrals.

Reference

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