



It Is Better to Be Hated than Ignored When Change Is the Goal

On Tuesday, September 22, 2009 I gave a 4-hour presentation for medical doctors and other health professionals in the town of Chico, California. After two months of far-reaching promotion to at least 500 local physicians at the Feather River and Enloe Hospitals (and surrounding areas) the final attendance was disappointing to say the least; only 36 people showed up—19 medical doctors, one PA, two RNs and 14 spouses. Could the promotion for my visit have made them angry with me and/or have frightened them away? Judge for yourself by looking over the [brochure](#). I warned them that I was coming to talk about four instances where doctors are not telling the truth—and are making good wages by doing so.

In my opinion, by not attending this event, the community doctors missed an opportunity to improve their patients' health and defend their current practices. Better to stand up now and against me, rather than later, against the state, when the legislators pass laws to force long overdue changes in medical practice, and when judges hear malpractice suits addressing harms caused by "currently accepted practices." After my visit, there is no longer the defense, "But there is no way that I could have known that."

Why Was I Ignored?

It wasn't for lack of publicity—2000 brochures were printed and distributed to every doctor's box in the hospitals at both Feather River and Enloe (over 500 physicians) twice, on August 1 and September 1, 2009. On August 15, personal delivery of a brochure was made to most doctors' offices in Paradise, California (20 minutes from Chico). On about August 20 and again on September 15 a fax blast was sent to every doctor's office listed on the Medical Staff of Feather River and Enloe Hospitals. Ads ran in the *San Francisco Examiner* and several other outlets. An article appeared in the Chico paper about the Community Lectures and the Physicians' Seminar. No health professional could have missed the news that I was coming to town to offer some very bold challenges.

Even though the local physicians turned a deaf ear to me, the community certainly heard that I was coming. Enthusiastic crowds of over 130 people attended each of the two lectures that were open to the general public in Chico and neighboring Paradise. Patients are fed up with doctors who practice with harmful clichés in mind, like "there is a pill for every problem" and "eat a well-balanced diet, generous in protein." Just days before this visit, I gave two separate presentations in Portland, Oregon on September 20 to standing-room-only crowds of over 500 people each. So I doubt there is lack of interest in my subject matter or in my communication skills.

My Subject Matter Is Important

Doctors, in particular those in the general practice of medicine, need to know that they are being lied to by the drug and device companies and by their fellow specialist physicians (bypass surgeons, cardiologists, gastroenterologists, neurologists, oncologists, and rheumatologists, to name a few). The family doctors, general practitioners, internists, pediatricians, and gynecologists are then passing these dangerous falsehoods on to faithful people seeking their guidance.

Here are messages I want doctors to hear and respond to:

Message 1: The current treatments for chronic diseases, like coronary artery disease, arthritis, multiple sclerosis, and type-2 diabetes are focused on signs and symptoms, not on resolving the causes of underlying diseased tissues. As a result, drugs given to lower cholesterol (statins) and blood pressure produce minute reductions in heart attacks, strokes, disability, and death. These medications should be reserved as a last resort and for the very sick. Intensive treatment of type-2 diabetics with pills and insulin increases the risk of serious complications and dying. Responsible treatment of common condi-

tions must focus first and foremost on the cause—the rich Western diet.

Personal Observations from an Attendee at the Chico Physician's Talk

"I had the honor and privilege of attending a physicians' seminar that the good doctor presented yesterday. Not a doc myself, I want to thank Dr. McD. and the local hospital outreach facilitator for making it possible for me to attend. As you can imagine, in a roomful of physicians (from the hospital across the street and another up the hill) Dr. McDougall had one tough crowd! He's so used to resistance from groups though, he was able to disarm everyone. It was a pleasure just to be present with him and watch him being so excited about his information. Doc was very solicitous of questions and even invited the other physicians to prove him wrong - very humble and self-effacing, even though he never referred to himself that way - I would say he more referred to himself as a troublemaker and opinionated guy! Yet he has all the data to back up his professional opinions, fascinating. During the presentation, Dr. McD. kept inviting conversation from the audience. He also challenged the audience to challenge him. There were a few questions asked and yet no big challenges were spoken out. Doc did suggest that perhaps only the "choir" was there - and expressed the desire that the room had had lots of cardiologists! All in all it was a very respectful atmosphere, though there was an undercurrent of expectation that at any time there could be strong protests - but it just didn't happen, that I heard. Overall, my sense from the presentation was that he was very positively received."

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Message 2: Research gathered since the introduction of bypass surgery in 1968 and angioplasty in 1978 has clearly and consistently shown little or no survival benefits from surgery performed on people with chronic coronary artery disease. Yet, 1.5 million people annually in the US alone undergo these treatments and the vast majority lives no longer or are better off. The side effects of surgery are minimized to the patient, and certain brain damage from the bypass pump is never mentioned. Responsible treatment of artery disease must focus first and foremost on the cause—the rich Western diet.

Message 3: Cancer is often fatal and the treatments are terrible (with few exceptions). On average, early detection methods fail to find growing tumors until they are widely disseminated throughout the body; discovered too late to be treated effectively. Only after an average of 10 years of growth can the cancer be revealed by breast self-examination, mammography, digital rectal examination of the prostate, or PSA testing. Early detection is a misnomer. Surgery and radiation destroy local disease only—but are usually too late to show any "survival success." Chemotherapy for the cancer that has already spread is too toxic and too ineffective to make a real difference. Responsible treatment of the cancer patient must include a healthy diet as fundamental care.

Message 4: Over 75% of the diseases sickening people in Western countries are caused by the high-fat, high-cholesterol, high-protein, low-carbohydrate, low-fiber, rich Western diet. Common sense says, "stop throwing gasoline on the fire." Most of these conditions are dramatically improved or cured with a change to a starch-based diet—medications are stopped, surgeries avoided, and people get their lives back. The food is inexpensive and there are no side effects. The halting reality is that there is also little profit from this common-sense approach.

Doctors Practice Faith-based Medicine

Doctors believe that what they are doing is beneficial even in the face of clinical and research evidence to the contrary. Visit after visit, their patients with chronic diseases remain fat and sick. The only objective difference from all their hard work and good intentions is that their patients are now carrying around a big bag full of drugs.

The scientific research published in our best medical journals confirms these observations from everyday practice. For example, essentially all studies performed show angioplasty with or without stents fails to save lives—there is no argument on this matter, yet one million surgeries are performed annually in the US without a single protest from the patients' primary care doctors. Drug representatives sell billions of diabetic pills through faith-filled doctors, even though six out of six major studies show type-2 diabetics are harmed, and even killed, by universally practiced aggressive therapies. Deep faith trumps facts and reason; and the malpractice continues.

Doctors Practice Fear-based Medicine

Doctors live in fear. They do not want to be criticized by their colleagues for questioning common wisdom and practices. More frightening is their fear of becoming involved in, and losing, a malpractice suit by failing to follow "the community standard of practice." Malpractice is specifically defined by statute as a failure to comply with standards of practice in "the same or similar community." Medical malpractice is essentially a departure from an accepted standard of care—right or wrong—helpful or harmful to the patient. Kill or maim the patient in a manner similar to the doctor practicing down the street, and you will win your day in court.

Patients fall into similar traps—they believe in their doctors in the face of obvious failures to be helped, and they fear disobeying their doctors' orders. The critical difference is that the patient is not the paid professional relied upon for expert guidance.

Don't Ignore Me; I Would Rather Be Hated

Ignoring me does work, but not forever. The sincerity of my intentions has led me to take extraordinary actions. I have co-authored California Assembly Bill 1478, which will require doctors to tell patients with chronic heart disease that heart surgery fails to save lives and that aggressive treatments of type-2 diabetics with pills and insulin kills.

I recently [asked the Attorney General of California](#), Jerry Brown, to file a Qui Tam Action against the cardiologists and bypass surgeons in our state for recovery of money that has been charged under what I believe to be false pretenses. (Please [read my letter](#) to the Attorney General.) In the truest sense, I am acting as a "whistleblower" to expose misconduct in my profession. The Attorney General's Assistant's response was "the matter would not be an appropriate subject for prosecution under the False Claims Act (FCA). In response to your request for suggestions how you might proceed, I really don't have any suggestions other than for you to consider presenting your case to qui tam counsel."

I have often been asked, "You are a doctor, why do you speak against the practices of fellow physicians?" I never took an oath to protect the financial interests of people in the medical industries. I did, however, take an oath to care for the sick and to keep them from harm and injustice, and to never give a deadly drug. I fully realize the views I advocate cause people with vested interests to hate me. I can live with that unfairness, but I won't be ignored.