



How to Protect Yourself from Abusive Medical Doctors

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Report from the September 2011 Advanced Study Weekend

Over 200 people attended this biannual McDougall event in Santa Rosa, California, and more than 400 watched it "almost live" over the Internet. Anthropologist, Nathaniel Dominy, PhD, called human beings "starchivores;" like cats are carnivores and horses are herbivores. The weekend highlighted many of my mentors upon whom I rely for the medical healings I share with you. Dr. Rosati talked about Walter Kempner, MD founder of the Rice Diet. Dr. Vogel is a protégée of Nathan Pritikin, and Dr. Bourdette now heads the neurology department of my multiple sclerosis teacher, Roy Swank, MD. Attendees had their favorite presenters. This was a weekend not to have been missed. Fortunately, you can still [watch the entire weekend](#) at your leisure over the Internet.

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Holiday Meal Planning

By Mary McDougall

A Reprint from the McDougall Newsletter - October 2005

This time of year, the Thanksgiving and Christmas Holidays frighten many people who eat a healthy diet. They wonder how to socialize with friends and how to prepare a meal in their home. These two days are supposed to be the largest feasts of the year. Yet in fact, both dinners are the healthiest, most vegetarian-like, most McDougall-like meals people eat all year long. Traditionally, these holiday dinners consist of mashed white potatoes, roasted sweet potatoes, a bread stuffing, butternut and acorn squash, cranberries, and a variety of green vegetables, including Brussels sprouts, carrots, cauliflower, and green beans. For dessert, pumpkin pie ends the feast. That's a cornucopia of starches and vegetables. The turkey served is the leanest of all common meats.

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Featured Recipes

Creamy Pumpkin Soup
Garlic Mashed Potatoes
Roasted Mashed Potatoes
Creamy Golden Gravy
Tofu Loaf
Holiday Stuffed Pumpkin
Deviled Green Beans

Saucy Brussels Sprouts
Pumpkin Pie
Vanilla Cream Sauce

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How to Protect Yourself from Abusive Medical Doctors



There are some important lessons to be learned from my recent encounter with a medical specialist over the care of one of my patients from the Midwest.

The patient is a middle-aged woman (I will call her Marsha) with a history of precancerous changes in the tissues lining her uterus (endometrial hyperplasia). Over the past two years her condition had progressed to an early stage cancer diagnosed by repeated biopsies. She had consulted two surgeons who had recommended a hysterectomy as the treatment. Marsha has been following a healthy diet; but this discussion is not about diet but about obtaining helpful and respectful medical care based on scientific research rather than a doctor's best guesses and professional prejudices.

During early **October of this year (2011)** Marsha sought a second opinion on what she should do about her condition from a young Obstetrician/Gynecologist. I will refer to this doctor, who graduated from medical school in 2002, as Anna Hopeful, MD (not her real name).

My first and only telephone conversation with Dr. Hopeful was on the evening of **October 5, 2011**. She was obviously concerned about the patient's welfare, but demonstrated a lack of good manners and verbal skills. Her behavior was aggressive and her language was inappropriate (using vulgarity you might expect from a drunken sailor about to get into an evening brawl outside of a bar). Over the five minutes of our one-sided conversation, she accused me of killing the patient by causing her to commit suicide due to delaying surgery (a hysterectomy). She threatened to report me to the medical board and accused me of being ignorant of the thousands of studies that proved this patient would be cured by removing her uterus. She told me I had no business voicing my opinion on this matter because I was not a specialist, as she was in women's diseases, and that I should limit my involvement to what I was trained to do as a general doctor, such as taking care of diabetes. In my forty-three years in medicine, her efforts that evening to humiliate me were unprecedented.

My response was that I too was interested in the patient's welfare. As the patient's primary care doctor and her advocate, I asked to see the research that supported her recommended treatment, a hysterectomy. I explained that a healthy diet *as an alternative to surgery* was not my recommendation or part of our disagreement. My request was only for reasonable scientific support for the benefits of surgery. I believe all treatments must stand on their own merits. If surgery has been shown to work then the patient should have this treatment regardless of her food choices.

Dr. Hopeful realized her phone conversation with me was unprofessional, to say the least. That evening (**October 5, 2011**) I received an email that included a weak apology. Dr. Hopeful wrote, "Peer-reviewed international literature has little data on patients not treated with either radiation, chemotherapy, hormones or surgery, since these have been the standard treatments for many years...I also consider myself an advocate for this patient and will fight for her. I apologize for my intensity. Let's work together to provide this patient with recommendations that will best serve her."

My email response to Dr. Hopeful that same evening was, "Thank you. I appreciate your apology. Being a doctor can bring on a lot of stress, especially being a surgeon, and an oncology surgeon."

Later that evening on **October 5**, I received an email from Dr. Hopeful with the articles she believed supported her viewpoint. My guess is she never thoroughly read the materials she sent to me. On **October 6**, I e-mailed her my responses to the papers she sent



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to me: "I could find no research for survival benefits from hysterectomy for any stage of endometrial cancer. In fact the papers you sent said there was no benefit. Am I missing something? Here is my review of the articles sent." (You can see the articles she had sent and my reviews at the end of this discussion.)

On October 7, in response to my critique, Dr. Hopeful defended her position by writing, "We will have to agree to disagree about our interpretation of the literature."

Later that day I replied, "Excuse me. We will not agree to disagree with what the literature says. The science is clear. If you do not admit this fact and properly inform the patient of the lack of scientific support for your recommendation for surgery for her condition, I will send these communications between us to the patient. Furthermore, I will send a letter of complaint to your hospital, your state Medical Board, and your professional medical board."

I wrote Marsha a brief letter **on October 6** explaining that Dr. Hopeful and I had been in contact. Her response to me came **on October 9**: "It is lonely and scary to take a stand that my family physician, local oncologist and close friends disagree with. My two best friends have been operated on for cancer—one breast and one endometrial—and it is awkward trying to explain my medical choices to them. So thank you for getting involved. I am very grateful."

I explained in more detail my position to Marsha **on October 10**: "I asked Dr. Hopeful for information that supported a survival benefit from the surgery she recommended to you for early endometrial cancer. She did not provide this support. In fact, the scientific papers she sent to me clearly said that no survival benefit has been found for surgery. Dr. Hopeful now knows these conclusions from the scientific literature. Independently, in my extensive review of the medical research on the topic of surgery for endometrial cancer I have been unable to find any reliable studies supporting a survival benefit after this treatment. I am not recommending against or for surgery for you. I cannot recommend that you not have surgery, because I have no proof that surgery will not cause you to live longer—this negative conclusion has not been shown with adequate research. On the other hand, at the present time, I have no evidence that surgery will prolong your life, thus I cannot recommend for it. Someday doctors may make a positive finding, but until they do I cannot tell you to have surgery. (You might have thought that after doing several million operations for this condition over the past 70+ years that someone would have performed some analysis that would help patients and doctors make better decisions. That does not appear to be the case.) This is a personal decision you must make after being presented with correct and available evidence. I am making a plea to your specialists that you be informed before you make that decision. There are many state laws that require doctors to inform their patients about the benefits and risks of treatments recommended. I strongly recommend that you seek other expert opinions on your condition. When you see these doctors please demand an answer to at least this one crucial question: Is there any scientific evidence that your recommended treatment will prolong my life or improve the quality of my life? Please inform them (your other doctors) that I am one of your primary care doctors and that I would like to be involved in all communications."

On October 14 the patient wrote to her specialist doctor: "Dr. Hopeful: I had a right to know what all the science says (or doesn't say) about my disease to make an informed decision. Instead, on my initial visit, you resorted to scare tactics. You didn't tell me your recommendation was based on a hunch. Some may consider this unethical...As you well know, surgery is serious business with possible serious consequences."

On October 25 the patient wrote to me: "I didn't have any more communication from her (Dr. Hopeful) since October 15 when she sent her good wishes...She has not waived from her stated position that 'cancer caught early, treated with a hysterectomy, leads to cure in most women (80-90%)'...But I admit it has been tempting to get a hysterectomy just to quiet all the many voices that are dumbfounded I'm not getting 'the cure.' This has caused me more stress than dealing with the fact I have cancer. This includes my family physician, who Dr. Hopeful also called. I can't persuade my family doctor to call you (Dr. McDougall), but she treats me with respect and will not abandon me just because I disagree with her."

Lessons to Be Learned from the Dr. Hopeful Encounter:

Doctors Have the Potential to Do Great Good and Harm

Only the most intelligent and talented people are accepted into medical schools. As a result these exceptional professionals have the potential to do great good—or great harm. After at least seven years of post-college graduate medical education on the emotional, mental, and physical condition of the human being, you would expect a physician to be a powerhouse of goodwill for his or her patients. Unfortunately, too many doctors fail to keep the welfare of their customers at the forefront, as their main concern. The needs to boost their own egos, self-preservation, and the quest for more money often result in inappropriate care and harm to the patient.

In the case of Dr. Hopeful, I believe that she failed to correct the inaccurate information she initially gave Marsha and me in order to “save face”—her self-interests took precedent over Marsha’s welfare. A simple admission that she was wrong about her having scientific backing for a hysterectomy would have brought about great emotional relief for Marsha, in addition to giving her the opportunity to make a decision to accept or reject surgery based on accurate information.

I interpreted her aggressive language during our phone conversation as a sign of Dr. Hopeful’s insecurity. My request for the medical research supporting her recommendation probably came as a surprise to her. My guess is that few of her colleagues had ever questioned her authority; plus, she probably never considered the possibility that her years of training were faulty. Dr. Hopeful, being a gynecological surgeon, almost out of reflex, jumped to a hysterectomy as Marsha’s solution, regardless of the scientific evidence—The hysterectomy is the biggest (and most profitable) tool in the gynecologist’s tool bag.

Too many patients treat their medical doctors as if they were god-like in their importance, never questioning their recommendations. This subservient relationship puts the patient’s life totally in the hands of a fallible person. (Read my Hot Topics on [Working with MDs](#) for more information on dealing with your doctors.)

Lying with Statistics

Doctors often mislead patients by providing inaccurate and irrelevant, but startling, facts. In Marsha’s case she was told, “a hysterectomy leads to cure in most women (80-90%).” This is misrepresenting the truth. Because this disease is very slow growing, and in most cases remains confined to the superficial tissues of the uterus, five years after diagnosis 80% to 90% of women will be alive and well even without a hysterectomy. The research done so far has demonstrated no improvement in survival regardless of the aggressiveness of the treatment. I predict that, like with prostate cancer, when the research is eventually performed on large numbers of women, no survival benefit will be found. Dozens of excellent large studies have been done on men who have had cancer discovered in their prostate with a biopsy. In over 97% of the cases this cancer either never spreads outside of the gland to cause harm or the patient dies of something else long before any evidence of cancer spreading outside of the prostate occurs. In that 3% where cancer is aggressive and harms the patient, it has already spread beyond the limits of surgical resection long before discovery; thus, these men are not helped by surgery either.

The Male-Dominated Medical Business Disrespects Women

In the US most doctors are men. For many reasons, female, compared to male, patients are more aggressively treated with pills and surgeries when suffering from similar conditions. The case of prostate cancer is an excellent example. Men these days are told by the U.S. Preventive Services Task Force (USPSTF), the American Cancer Society, and almost all other organizations that the PSA test is unreliable and leads to great harm, and therefore, men should avoid it. Once diagnosed, men are also informed that they have options for treatment: they are offered surgery, radiation, or no treatment at all (watchful waiting) for prostate cancer. Why the options? Because these three choices result in the same survival outcome based on four decades of reliable research. The main difference that results from their choice of treatment is the side effects: those choosing aggressive treatment have a high risk of becoming impotent and incontinent.

Why are men so well informed about cancers of their reproductive organs and women are not? I believe this is because male doc-

tors can relate to their own male anatomy. Men, however, cannot empathize with a woman faced with the surgical loss of her uterus. They often think this is “a throw away organ,” of no use since the woman is past her years for having babies. Regardless of misunderstanding generated by gender, the surgical loss of a woman’s uterus has a huge [impact](#) on her life, often resulting in depression, sexual dysfunction, and physical illnesses, including an increased risk of heart disease.

General Doctors Need to Act As Patient Advocates

Generalists (like family doctors and internists) need to stand up to specialists and defend their patients. However, in the US medical climate doctors are afraid to question other doctors’ behaviors—especially those actions of the revered specialists. Yet there is no one better equipped to serve this vital function for you than your own personal doctor. In Marsha’s case it would have simply been a matter of her family doctor taking 10 minutes to look over the few unsupportive papers Dr. Hopeful had sent to me. For some reason, she did not find the time or the will to act in Marsha’s best interest.

Practicing Self Defense

When you have no one else to depend on (like your generalist doctor) then you are left to your own means. No one is more interested in you than you are. Therefore, you need to gather all your communication skills and take action. Ask simple direct questions (look directly into your doctor’s eyes when you ask). The most important question to ask is: “Will this treatment cause me to live longer and/or better?” Next, ask for the scientific evidence in support of any recommendation. The burden of proof lies with those selling the goods and services, not with the buyers. You need an acceptable level of proof before accepting your doctor’s prescription.

You will need to become a medical expert on your specific problems, and these days this is possible because of the Internet. Go to your search engine (Google) or a medical site like the National Library of Medicine (www.pubmed.gov). Do your homework before your doctor’s office visit. Then during your visit, after 10 minutes of conversation with your doctor, you should hear from him or her, “Wow! You know as much about your diseases and I do.” And your response will be, “Of course I do doctor; these are my problems and I want the best care and results possible.”

Please send me your own stories about and suggestions for dealing with abusive doctors who misrepresent their goods and services to drmcDougall@drmcDougall.com. I will include them in the next newsletter.

Studies Sent to Me by Dr. Hopeful and my Responses

Here is my review of the articles sent to me by Dr. Hopeful to support a hysterectomy for Marsha. You will note first that there are not thousands of articles, and just from the titles of these few articles she emailed, you can see that about half are irrelevant to our conversation (they are about radiation and hormone therapy). None of these papers suggested any survival benefits from surgery, and those that addressed survival made it clear that no survival benefits have been shown after a hysterectomy for any stage of uterine cancer.

Article Sent for Support: Endometrial Carcinoma. Peter G. Rose, M.D. *N Engl J Med* 1996; 335:640-649. August 29, 1996

McDougall’s Comments: This article shows no research on survival benefits from surgery. These statements are made in the article: “Although pelvic radiation therapy is widely used, its effect on survival is not established; only one randomized study has been reported. Aalders et al. randomly assigned 540 women who had undergone hysterectomy and postoperative vaginal radiation therapy to additional pelvic irradiation or observation. Although pelvic radiation therapy improved local control of disease, survival did not differ in the two treatment groups. Whether the addition of pelvic irradiation is appropriate in the absence of extrauterine metastases in women who have undergone complete surgical staging awaits the results of a recently completed randomized study of the Gynecologic Oncology Group.”

ages of 51 and 70). No evidence that surgery prolonged life shown.

"A case-control study with matching according to clinical stage and tumor grade found no significant difference in survival between women treated surgically and those who received primary radiation therapy."

Article Sent for Support: Creasman et al. Surgical pathologic spread patterns of endometrial cancer (a Gynecologic Oncology Group study). *Cancer* 1987;60:2035.

McDougall's Comments: This paper identifies no data on survival. These statements are made in the article: "This study does confirm that a significant number of patients with Stage I disease can have extrauterine disease. It suggests that certain patients have significant risk of lymph node metastases and histologic evaluation of the regional lymph nodes is warranted. By applying this information to individual patients, hopefully the true extent of disease can be determined, appropriate therapy applied, and survival improved."

Article Sent for Support: Boronow R. et al. Surgical staging in endometrial cancer: clinical-pathologic findings of a prospective study. *Obstet Gynecol.* 1984 Jun;63(6):825-32.

McDougall's Comments: No evidence of survival benefits from surgery shown.

Article Sent for Support: Marziale P et al. 426 cases of Stage I endometrial carcinoma: a clinicopathological analysis. *Gynecol Oncol.* 1989 Mar;32(3):278-81.

McDougall's Comments: 5-year survival rate was high despite the high average age of the patients (74.7% between the

Article Sent for Support: Gal D et al. The new International Federation of Gynecology and Obstetrics surgical staging and survival rates in early endometrial carcinoma. *Cancer* 1992;69:200-202.

McDougall's Comments: Irrelevant to discussion.

McDougall's Comments: These statements are made in the article: "There was no significant statistical difference in survival among patients with different substages within surgical Stage I (i.e., IA, 100%; IB, 100%; and IC, 88%), whereas the distribution of adjuvant therapy among these substages was not statistically different ($P = 0.17$). Thus, survival was not significantly affected by depth of myometrial invasion in patients who had negative peritoneal washing and no involvement of lymph nodes or the peritoneal washing and no involvement of lymph nodes or the peritoneal cavity."

Article Sent for Support: International Federation of Gynecology and Obstetrics. Annual report on the results of treatment in gynecologic cancer. Stockholm: FIGO, 1985.

McDougall's Comments: I could not find this article.

Article Sent for Support: International Federation of Gynecology and Obstetrics. Corpus cancer staging. *Int J Gynaecol Obstet* 1989;28:190.

McDougall's Comments: I could not find this article.

Article Sent for Support: Kitchener HC. Surgery for endometrial cancer: what type and by whom. *Best Pract Res Clin Obstet Gynaecol* 2001;15:407-415.

McDougall's Comments: No studies provided to show benefits. These statements are made in the article: "There has never been a convincing evidence base to demonstrate the effectiveness of more extensive surgery in terms of improving survival... There was no difference in survival but there was a benefit in terms of a reported reduction in morbidity, principally short-term due to radiotherapy."

Article Sent for Support: Vergote I et al. A randomized trial of adjuvant progestogen in early endometrial cancer. *Cancer* 1989;64:1011.

McDougall's Comments: Irrelevant to discussion.

Rouanet P et al. Exclusive radiation therapy in endometrial carcinoma. *Int J Radiat Oncol Biol Phys* 1993;26:223-228.

McDougall's Comments: Irrelevant to discussion.

Creutzberg C. et al. PORTEC Study Group. The Postoperative Radiation Therapy in Endometrial Carcinoma. The morbidity of treatment for patients with Stage I endometrial cancer: results from randomized trial. *Int J Radiat Oncol Biol Phys* 2001;51:1246-1255.

McDougall's Comments: Irrelevant to discussion.

Hormone therapy in advanced and recurrent endometrial cancer: a systematic review. Decruze SB, Green JA. *Int J Gynecol Cancer*. 2007 Sep-Oct;17(5):964-78. Epub 2007 Apr 18.

McDougall's Comments: Irrelevant to discussion.

A phase III trial of surgery with or without adjunctive external pelvic radiation therapy in intermediate risk endometrial adenocarcinoma: a Gynecologic Oncology Group study. *Gynecol Oncol*. 2004 Mar;92(3):744-51. GOG 99

McDougall's Comments: Irrelevant to discussion.

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Over 200 people attended this biannual McDougall event in Santa Rosa, California, and more than 400 watched it "almost live" over the Internet. Anthropologist, Nathaniel Dominy, PhD, called human beings "starchivores;" like cats are carnivores and horses are herbivores. The weekend highlighted many of my mentors upon whom I rely for the medical healings I share with you. Dr. Rosati talked about Walter Kempner, MD founder of the Rice Diet. Dr. Vogel is a protégée of Nathan Pritikin, and Dr. Bourdette now heads the neurology department of my multiple sclerosis teacher, Roy Swank, MD. Attendees had their favorite presenters. This was a weekend not to have been missed. Fortunately, you can still [watch the entire weekend](#) at your leisure over the Internet.

Sign up Now for the
February 17-19, 2012 Advanced Study
Weekend

Before It Sells Out!

EASY REGISTRATION

Scheduled Guest Speakers for the February 17-19, 2012 Advanced Study Weekend:

[Joel Fuhrman, MD](#)—Public speaker and author of books including *Eat to Live*.

[Kathy Freston](#)—Author of the *Veganist*. She promotes a body/mind/spirit approach to health and happiness.

[John Abramson, MD](#)—Author of *Overdo\$ed America*. He campaigns against overuse of statins.

[Melanie Joy, Ph.D., Ed.M.](#) is the author of the acclaimed *Why We Love Dogs, Eat Pigs, and Wear Cows*.

Michael Klaper, MD—author of *Pregnancy, Children, and the Vegan Diet*.

[Michael Greger, MD](#)—Author and Director, Public Health and Animal Agriculture, the Humane Society of the United States.

The September 2011 Advanced Study Weekend
can still be watched in its entirety via the Internet.

ORDER SEPT 2011 BROADCAST



Holiday Meal Planning

By Mary McDougall

A Reprint from the McDougall Newsletter - October 2005

This time of year, the Thanksgiving and Christmas Holidays frighten many people who eat a healthy diet. They wonder how to socialize with friends and how to prepare a meal in their home. These two days are supposed to be the largest feasts of the year. Yet in fact, both dinners are the healthiest, most vegetarian-like, most McDougall-like meals people eat all year long. Traditionally, these holiday dinners consist of mashed white potatoes, roasted sweet potatoes, a bread stuffing, butternut and acorn squash, cranberries, and a variety of green vegetables, including Brussels sprouts, carrots, cauliflower, and green beans. For dessert, pumpkin pie ends the feast. That's a cornucopia of starches and vegetables. The turkey served is the leanest of all common meats. The truth is that every other dinner consumed by Westerners all year long is far richer in fat, cholesterol, salt and sugar than is eaten at these two traditional festivals. Therefore, if you are a healthy eater you will find Thanksgiving and Christmas the two most comfortable times of the year to socialize with all of your family and friends. I have laid out the menu, shopping list, and time schedule so that you will be able to more easily prepare a successful meal. The starred (*) items are ones I suggest for a basic meal plan, and then add as many more dishes as you feel your Thanksgiving dinner needs to fit your celebration.

MENU:

Creamy Pumpkin Soup (newsletter October 2004)

Success Tip: Prepare this up to two days ahead without the soy milk and refrigerate. Reheat in microwave or on stovetop. Add the soy milk after the soup is heated through.

Tossed Green Salad with assorted dressings

Success Tip: Prepare dressings three to four days in advance and refrigerate. Or buy your favorite non-fat salad dressings. Buy organic baby greens in bags and toss in a bowl just before serving.

*** Holiday Stuffed Pumpkin** (newsletter October 2004)

Success Tip: Buy pumpkin in October or early November for the best selection. Keep in a cool place. Buy extra pumpkins for use at other times during the winter months. Choose one of the many varieties available at this time of the year. One of my favorites is the "ghost" pumpkin with its white skin and orange flesh. The traditional pumpkin for carving a jack-o-lantern is not the tastiest choice for use as a stuffed pumpkin, although I have used them when nothing else was available. Clean the pumpkin the day before use and refrigerate, but do not stuff until just before baking. If you do not have enough room to refrigerate the cleaned pumpkin then clean it just before stuffing. Cube the bread the night before and allow it to sit out overnight so the bread dries out slightly. This step helps to make the stuffing mixture nicely moist, but not mushy.

*** Mashed Potatoes** (newsletter July 2004 & October 2004)

Success Tip: Peel potatoes in the morning and store in water to cover until cooking time. Drain off all cooking water. Use a handheld electric mixer and add warmed soymilk while beating. Place mashed potatoes into a warmed bowl before serving. For garlic mashed potatoes, add some of the Elephant Garlic Spread to the potatoes while mashing.

Maple Mashed Sweet Potatoes (newsletter October 2004)

Success Tip: These may be made two days ahead of time and refrigerated in a covered casserole dish. Reheat in microwave just before serving.

*** Golden Gravy** (newsletter October 2003)

Success Tip: This may be made a day ahead of time and reheated slowly on the stovetop, stirring frequently.

Rich Brown Gravy (newsletter October 2004)

Success Tip: Brown the onions and flour a day or two ahead of time, then cover and refrigerate. Finish the recipe as directed, realizing that it will take a bit more time for the liquid to heat through.

Whole Wheat & Sourdough Rolls with Elephant Garlic Spread (newsletter October 2004)

Success Tip: Order your rolls from Whole Foods or a bakery about one week early, then pick them up the day before the holiday. Make the garlic spread one or two days ahead of time and refrigerate until serving.

*** Cranberry Sauce** (newsletter October 2004)

Success Tip: Make two to three days ahead of time and refrigerate until just before serving.

*** Green Beans**

Success Tip: Trim beans the day before and store in the refrigerator. Wash just before steaming. I usually serve these plain with a bit of salt and pepper.

Brussels Sprouts with Creamy Caesar Salad Dressing (newsletter July 2003)

Success Tip: Trim these a day or two before cooking and store in the refrigerator. Wash before cooking. Most people like these best with some type of a sauce, although Heather and I like them plain with only a bit of salt. Make the dressing one to two days ahead and store in the refrigerator. Pour a small amount of the dressing over the cooked Brussels sprouts and toss just before serving.

*** Pumpkin Pie with Vanilla Cream Sauce** (newsletter October 2003)

Success Tip: Make the pie and the sauce one day ahead and refrigerate until just before serving. We like this pie best chilled. If you like warm pumpkin pie, you will need to make this just before serving. The crust can be prepared one day early and refrigerated. Mix the filling ingredients together, cover and refrigerate overnight, then pour into the crust and bake. The vanilla sauce should be served chilled over the pie.

Wicked Chocolate Pie (newsletter October 2004)

Success Tip: Make this one day early and refrigerate. The toppings may be made two days ahead, if desired. This needs to be served chilled.

SHOPPING TIPS:

Shop for the non-perishable items about a week ahead of time. These are the canned and packaged products, such as vegetable broth, canned pumpkin, flour, silken tofu and any dried herbs and spices that you may need. Potatoes, sweet potatoes and garlic can be purchased ahead of time as long as you have a cool place to store them (not the refrigerator). Choose the menu items that you want to include for your Thanksgiving feast, then look through the recipes. Check over this shopping list as you go through the recipes, and make sure you also have the pantry items available. Shop for your perishable items no more than 2 days before the holiday, if possible.

SHOPPING LIST

The following shopping lists are for the complete menu above. You will have to adjust the items needed depending on what you plan to prepare.

CANNED AND PACKAGED PRODUCTS

These may be purchased ahead of time and stored in your pantry or refrigerator.

- 4-5 boxes (32 oz.) vegetable broth
- 2 cans (15-16 oz.) pumpkin
- 1 jar (12 oz.) applesauce
- 3 containers (32 oz.) soy or rice milk
- 1 jar (8 oz.) pure maple syrup
- 5 packages (12.3 oz.) Lite Silken Tofu-Extra Firm
- 2 cups non-dairy chocolate chips
- 1 bag (16 oz.) Sucanat
- 1 jar (16 oz.) Wonderslim Fat Replacer
- 1 bag (16 oz.) frozen raspberries
- 1 cup unsalted roasted cashews
- 1 cup sliced almonds
- 1 container (32 oz.) orange juice
- 1 jar (4 oz.) capers

FRESH INGREDIENTS

The first nine ingredients may be purchased ahead of time. Buy the fresh vegetables and bread products the day before, if possible.

- 4 onions
- 1 bunch celery
- 1 head garlic
- 2 heads elephant garlic
- 5 pounds potatoes
- 3 pounds yams or sweet potatoes
- 1 bag fresh cranberries
- 1 small pumpkin (to serve the soup in-optional)
- 1 medium-large pumpkin

Bagged organic baby greens
2 pounds green beans
2 pounds Brussels sprouts
1 large loaf whole wheat bread
6-8 whole wheat or sourdough rolls

PANTRY ITEMS NEEDED

These are used in several of the recipes and are things that you probably already have in your pantry. Check over this list and purchase anything that you don't have.

Tabasco sauce
Curry powder
Soy sauce (at least 1 cup)
Tahini
Vanilla
Whole wheat flour
Unbleached white flour
Cornstarch
Salt
Black pepper
Golden brown sugar
Sugar
Dijon mustard
Pumpkin pie spice
Cinnamon
Ground ginger
Ground cloves
Parsley flakes
Sage
Marjoram
Thyme
Bay leaves
Poultry seasoning
Rosemary
Soy Parmesan cheese
Lemon juice

TIME SCHEDULE

1 week ahead:

Shop for non-perishable items and some of the perishable foods listed above.
Order rolls from bakery.

3 days ahead:

Make salad dressings.
Make cranberry sauce.

2 days ahead:

Shop for vegetables and whole wheat bread.

Make Creamy Pumpkin Soup.

Bake sweet potatoes or yams and prepare Maple Mashed Sweet Potatoes.

Make Elephant Garlic Spread.

Make Creamy Caesar Salad Dressing.

Make the raspberry sauce and the almond topping for the chocolate pie.

1 day ahead:

Pick up the pre-ordered rolls.

Make the pumpkin pie and vanilla sauce.

Make the chocolate pie.

Trim the green beans and Brussels sprouts.

Make the Golden Gravy.

Partially make the brown gravy.

Cube the bread and allow to sit out overnight

Thanksgiving

(Morning):

Peel potatoes and place in cold water to cover.

Clean out pumpkins.

Make stuffing mixture and stuff pumpkin.

Thanksgiving

(Afternoon):

Take sweet potatoes and soup out of refrigerator.

Place pumpkin in oven and bake as directed.

Cook potatoes and mash.

Wash vegetables and cook.

Finish brown gravy and slowly reheat Golden Gravy.

Reheat mashed sweet potatoes.

Finish soup and heat.

Place baby greens in bowl. Serve with dressings.

Heat rolls and garlic spread.

Don't forget the cranberry sauce.



Featured Recipes

[Dr. McDougall's Mobile Cookbook](#) is now available as an App for the iPhone. It contains over 875 recipes with a convenient browser and recipe search feature. This month I am including some of our favorite holiday recipes, all found on the App. You can search for them by recipe name easily and have them with you when you go shopping. Many of these will be on our holiday table this year!

Creamy Pumpkin Soup
Garlic Mashed Potatoes
Roasted Mashed Potatoes
Creamy Golden Gravy
Tofu Loaf
Holiday Stuffed Pumpkin
Deviled Green Beans
Saucy Brussels Sprouts
Pumpkin Pie
Vanilla Cream Sauce

CREAMY PUMPKIN SOUP

Preparation Time: 5 minutes

Cooking Time: 10 minutes

Servings: 6

1/4 cup water
1 small onion, chopped
4 cups vegetable broth
1 16 ounce can solid pack pumpkin
1/2 cup unsweetened applesauce
2 teaspoons curry powder
Several dashes Tabasco sauce
1/2 cup soy or rice milk

Place water and onion in a medium saucepan. Cook, stirring occasionally, for 5 minutes until onion is soft. Add broth, pumpkin and applesauce. Stir to combine. Add seasonings. Cook over low heat, stirring occasionally, for 10 minutes. Stir in milk and process in batches in a high speed or regular blender. Serve warm.

Hint: This is very attractive served in a small baked pumpkin. Cut top off of a pumpkin. Clean out seeds and strings (just like Halloween). Replace top. Place pumpkin in a pan with 1/2 inch of water. Bake at 350 degrees for 30 minutes. Serve the cooked soup in the baked pumpkin.

GARLIC MASHED POTATOES

Preparation Time: 10 minutes

Cooking Time: 20 minutes

Servings: makes 2 cups

4 large Yukon Gold potatoes
2 cloves garlic
¼ cup unsweetened soy milk
Several twists freshly ground white pepper
Dash sea salt

Peel potatoes and chop into chunks. Place in a stainless pan with water to cover. Add 2 whole cloves of peeled garlic. Bring to a boil, reduce heat, cover and cook for 15 minutes until potatoes are tender. Drain. Mash in pan using electric beaters or use a hand masher, adding the remaining ingredients as necessary to get a smooth consistency and delicious flavor.

ROASTED MASHED POTATOES

This is just in time for the holiday season. These potatoes are so flavorful they don't even need gravy!

Preparation Time: 15 minutes

Cooking Time: 30-45 minutes

Servings: 6-8

8 cups chunked red potatoes (do not peel)
½ to 1 cup vegetable broth
2 teaspoons crushed fresh rosemary
dash salt
several twists freshly ground black pepper
½ cup hot water
¼ cup chopped green onion
¼ cup parmesan cheese substitute
½ teaspoon minced garlic
1 cup tofu sour cream

Preheat oven to 425 degrees.

Place the potatoes in a non-stick baking pan, toss with ¼ cup of the broth, the rosemary, salt, and pepper. Bake for 15 minutes, add another ¼ cup of broth, toss well and bake for another 15 minutes. Check occasionally to make sure they don't dry out. Add extra broth if necessary. Test potatoes for doneness by piercing with a fork. If they do not seem soft, add another ¼ cup of broth, toss again and continue to bake. Potatoes are usually done in 30 to 45 minutes.

Meanwhile, combine remaining ingredients in a large bowl. Add cooked potatoes and mash with an electric beater or hand potato masher, adding more hot water if necessary to reach desired consistency.

Hint: The recipe for tofu sour cream is listed below. Dried rosemary may also be used, although you will only need about ½ the amount.

TOFU SOUR CREAM

Use as a substitute for dairy sour cream. Will keep in the refrigerator about 2 weeks.

Preparation Time: 5 minutes

Chilling Time: 2 hours

Servings: Makes 1 ½ cups

1 12.3 ounce package soft silken tofu

2 ½ tablespoons lemon juice

2 ½ teaspoons sugar

dash salt

Combine all ingredients in a food processor and process until smooth. Refrigerate at least 2 hours to allow flavors to blend.

CREAMY GOLDEN GRAVY

This gravy is made with brown rice flour instead of wheat flour. The great thing about using rice flour instead of wheat flour for thickening is that it doesn't form lumps like wheat flour often does. This does not have to be stirred constantly to prevent lumps. I have walked away and forgotten to stir this gravy and it still comes out smooth and lump free because of the rice flour.

Preparation Time: 5 minutes

Cooking Time: 10 minutes

Servings: makes 2 cups

2 cups vegetable broth

2 tablespoons soy sauce

2 tablespoons tahini

¼ cup brown rice flour

freshly ground black pepper

Place all the ingredients, except the pepper, in a small saucepan. Stir well to mix. Cook over medium–low heat, stirring occasionally until smooth and thick. Season with freshly ground black pepper to taste. Serve at once.

Hint: This may be made ahead and refrigerated. It will thicken slightly more when refrigerated. To reheat, place in a saucepan, add a small amount of water, whisk to combine and then heat slowly, stirring occasionally, until hot.

TOFU LOAF

This is an excellent, firm loaf to serve with mashed potatoes and gravy. The leftovers also make a great sandwich filling.

Preparation Time: 15 minutes

Cooking Time: 45 to 60 minutes

Servings: 6-8

30 ounces water-packed firm tofu

1 2/3 cups quick oats

¾ cup whole wheat bread crumbs

½ cup ketchup or barbecue sauce

1/3 cup soy sauce
2 tablespoons Dijon-style mustard
2 tablespoons Worcestershire sauce
¼ teaspoon garlic powder
¼ teaspoon ground black pepper

Preheat oven to 350 degrees.

Drain the tofu well and mash finely, using a bean/potato masher and your fingers. Place in a large bowl and add the remaining ingredients. Mix well, again using your fingers. Turn the mixture into either a square baking pan or a loaf pan. (If you don't have a non-stick pan you will need to *lightly* oil the pan first.) Bake the square pan for 45 minutes or the loaf pan for 60 minutes, until the top and edges are golden brown. Remove from oven and let rest for 5 minutes. Loosen sides and invert over a platter to remove from baking pan.

Hints: The quick cooking oats work best in this recipe. To make bread crumbs, process 1 slice of bread in a food processor. (Do this when you have extra older bread and store the crumbs in a sealed bag in the freezer.) Serve with a sauce or gravy to pour over the loaf-or serve plain with a barbecue sauce on the side. Vegetarian Worcestershire sauce is available in most natural food stores. Low sodium soy sauce is also available in most supermarkets for those of you who are trying to reduce your salt intake.

HOLIDAY STUFFED PUMPKIN

This makes a festive main dish for a holiday meal. Serve with mashed potatoes, gravy, assorted vegetables, salad and bread or rolls.

Preparation Time: 1 hour

Cooking Time: 1 1/2 hours

Servings: 6-8

1 loaf whole wheat bread, cut into cubes
3 cups vegetable broth
1 onion, chopped
2 stalks celery, chopped
2-3 tablespoons soy sauce
1 tablespoon parsley flakes
2 teaspoons thyme
2 teaspoons sage
1 teaspoon marjoram
1-2 teaspoons poultry seasoning
1/2 teaspoon rosemary
several twists of fresh ground pepper to taste
1 medium pumpkin or large winter squash

Preheat oven to 300 degrees. Place the bread on a baking sheet and bake for 15 minutes. Place the broth, onions, celery and seasonings in a medium saucepan and cook over medium heat for 20 minutes. Meanwhile, cut the top off the pumpkin or winter squash and save for a cover (as if you were going to make a jack-o-lantern). Clean out the seeds and stringy portion, leaving plenty of the squash flesh along the sides. Rinse well and set aside.

Place the bread cubes in a large bowl, pour the cooked broth over the bread and toss well until bread is saturated with the liquid. Cover the bowl and allow liquid to be absorbed for about 10-15 minutes. Taste and adjust seasonings (adding more poultry seasoning and ground pepper, if needed).

Preheat oven to 350 degrees. Place the stuffing into the cleaned pumpkin and cover with the pumpkin top. Place in a large baking dish. Add 1 inch of water to the bottom of the baking dish. Bake for 1 1/2 hours or until fork pierces the side of the pumpkin easily. Serve as the main dish for your holiday celebration, scraping some of the pumpkin out with every scoop of the stuffing.

Hints: To save some time, cube the bread the night before and allow it to sit uncovered in a single layer overnight. This will eliminate the need to bake the bread cubes in the oven for 15 minutes. Use a specialty pumpkin for more flavor and moisture. Traditional Halloween pumpkins tend to be rather dry and stringy inside. There are many choices available in most markets at this time of year.

SAUCY BRUSSELS SPROUTS

Preparation Time: 15 minutes

Cooking Time: 15-20 minutes

Servings: 4

1 ½ pounds fresh Brussels Sprouts

1/3 cup oil-free Italian dressing

½ pound cherry tomatoes or 2 tomatoes cut in wedges

Prepare Brussels sprouts by removing any discolored leaves. Cut off-stem ends and wash. Steam over 1 inch boiling water about 10-15 minutes until tender. Remove steamer basket and drain out water. Place Brussels sprouts back in pan, add tomatoes, and dressing. Toss to mix. Cover and let rest for 5 minutes to warm tomatoes and dressing. May be served hot or cold.

DEVEILED GREEN BEANS

Preparation Time: 15 minutes

Cooking Time: 10 minutes

Servings: 6

1 pound fresh green beans

2 tablespoons vinegar

1 cup water

2 teaspoons Dijon mustard

Clean beans and cut into 1 inch pieces. Cook in the water until tender, about 10 minutes. Drain off water, reserving 3 tablespoons. Mix reserved water, vinegar and mustard. Pour over green beans. Stir until well coated. Serve hot or cold.

Hints: 20 ounces of frozen green beans may be substituted for fresh, if desired.

PUMPKIN PIE

Thanksgiving wouldn't be complete without pumpkin pie. I have been making various versions of pumpkin pie for many years, but have never been really pleased with the results. This one is the best! You can proudly serve this to everyone!

Preparation Time: 45 minutes

Cooking Time: 1 ¼ hours

Servings: makes one 9 ½ inch pie

Crust:

1/3 cup unsalted, roasted cashews

3 tablespoons Sucanat

2 tablespoons Lighter Bake Fat Replacer

½ teaspoon vanilla extract

1 cup unbleached white flour

1/8 teaspoon salt

Filling:

1 12.3 ounce package silken tofu (firm)

1 15 ounce can pumpkin

¾ cup Sucanat

1 teaspoon cinnamon

½ teaspoon ginger

¼ teaspoon ground cloves

¼ teaspoon pumpkin pie spice

1/8 teaspoon salt

½ cup soymilk

Preheat oven to 350 degrees.

Place the cashews in a food processor and grind until they resemble fine meal. Add Sucanat, fat replacer and vanilla. Process until well combined. Mix the flour and salt in a medium bowl. Add the cashew mixture and mix well, beginning with a spoon and ending with your hands. Press this mixture into the bottom of a 9 ½ inch pie pan with a high fluted edge. Press the mixture evenly over the bottom and up the sides. Bake for 15 minutes. Remove and set aside.

Meanwhile, place the tofu in a food processor and process until very smooth, scraping the sides often. Remove and place in a large mixing bowl. Add the pumpkin and mix well. Add the Sucanat and the spices and mix until very smooth. Add the soymilk and mix again until well combined. Pour this mixture into the prebaked pie shell. Place in the oven and bake at 350 degrees for 60 minutes. Remove and cool.

For best flavor, chill for at least 2 hours before serving. This may be made a day ahead of time and refrigerated until serving. Serve with vanilla soy ice cream or Vanilla Cream Sauce.

VANILLA CREAM SAUCE

Preparation Time: 5 minutes

Chilling Time: 1 hour

Servings: makes 1 ½ cups

1 12.3 ounce package silken tofu (firm)

½ cup soymilk

1/3 cup Natural Golden Cane Sugar

1 tablespoon vanilla extract

Place the tofu in a food processor and process until very smooth. Add remaining ingredients and blend until smooth and creamy. Chill before serving.

This may be prepared ahead and will keep in the refrigerator for at least 5 days.

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