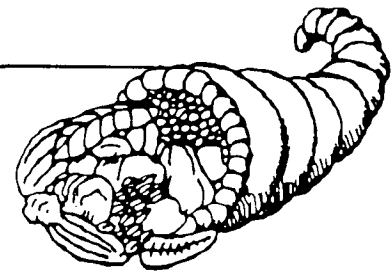


# THE MCDUGALL NEWSLETTER



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## INFORMATION THE PATIENT DOCTOR RELATIONSHIP

The relationship you have with your doctor could be lifesaving. Unfortunately, there are many obstacles that hinder communication between doctors and patients. Ideally, your doctor would be the instigator for a better relationship with you. Unfortunately, medical schools don't teach classes on improving basic human relationships, communications and business skills. Furthermore, many doctors see no need to take care of such fundamental areas of commerce. (They incorrectly believe it's still a seller's market). Therefore, any real improvements in your relationship with the medical community are likely to be a direct result of your efforts.

### **Don't Waste My Valuable Time**

Doctors are notorious for keeping very important people, like you, waiting for unreasonable periods of time. Having patients wait for prearranged appointments is poor business practice, in addition to being simply rude. Understandably, because of a medical emergency, this can occasionally happen, but not every time. More often poor scheduling practices and sometimes double booking are the source of the inconvenience. I recently heard about an unthinkable reason for making patients wait. A former office nurse explained to me that her boss would look in the waiting room when he first arrived in the morning. If fewer than 15 people were waiting his ego was hurt--his image of his own importance was dependent on a crowd of people eager to see him. As a result he sulked all day and moved at a snail's pace.

The most dramatic reaction to a two hour wait I ever heard about was from a quiet 70 year old grandmother who had patiently sat for over two hours in her Kaiser doctor's waiting room. When she was finally called in she walked to his desk, picked up the overstuffed waste basket and poured the contents onto his desk. As she made her exit she explained that was for making her wait so long. The doctor called and apologized. Hopefully, this experience improved his scheduling skills.

One way to relieve an overcrowded waiting room filled with unhappy patients is to relocate some of them to examination rooms. With this advancement you thought your wait had almost ended. However, you are not one bit happier about waiting for another half an hour in this room either--and now you are half naked and freezing to death. Planning ahead by taking along some office work or a good book to read may help keep your blood pressure down. But, don't

forget to express your unhappiness to the doctor and his staff.

*There are ways to keep your doctor from wasting your time:*

- 1) Make the first appointment in the morning or the first after the lunch hour.
- 2) Call ahead to see if the doctor is running on time.
- 3) Have the nurse call you half an hour before the doctor will be ready to see you.
- 4) Explain that your time is valuable too, and you don't want to be kept waiting longer than 15 minutes in the future.
- 5) Choose your doctor or medical clinic based on their business practices. Shop around for medical businesses that respect your time.

### **Don't Rush My Visit**

You have just spent 52 minutes sitting in the waiting room and you're now face to face with your doctor. He enters the room and before saying hello he reaches for his prescription pad--a gesture you have learned means hurry up, tell me your problem, so I can get on to the next person. He is abrupt and begins examining you while you are still trying to explain why you are here. You feel additional pressure because you know there are 14 other people who have waited just as long as you have to see the doctor and you don't want to keep them waiting any longer either.

*There are ways to secure unhurried time with your doctor:*

- 1) When making an appointment tell the receptionist you need extra time. Doctors are very sensitive about having a reputation as the type who rushes patients through the office. When he gets word that you requested a longer audience with him, his ego will likely respond--proving to you and himself that he's not like those other guys. He will be eager to give you the time you requested, and usually without extra charge. But, don't be worried about paying extra for the time; your health cannot be short changed for a few dollars.
- 2) Once in his office, state your problems and explain that you don't want to feel (or be) rushed. If you still feel hurried then ask if, a) he could call you later to discuss the issues over the phone you didn't have time to cover; b) you could make another, longer, appointment at some time when you could converse, unhurried.
- 3) A written list of questions is very useful. If you don't cover all your points in the time allotted, then give him the list and ask him if he could call you later with answers to your written questions.

### **Don't Intimidate Me and Don't Act Defensively**

Patient's questions are time consuming, and often threatening. Many doctors discourage such intrusions into their busy days. "Who's the doctor here, you or me?" is a time-honored way to shut the patient up and protect a doctor's fragile ego. But, doctor's orders cannot be followed without questioning, unless you find the perfect doctor who makes no mistakes, and cures all his patients. Until then you had better stay fully involved in your care, asking questions until you have understandable answers. No one cares more about you than you do.

Patients who receive unkind treatment from a doctor must be bewildered. After all, these men and women are the cream of the crop--highly trained people, educated in the wonders of the mind and body of the human being. They should be special, and therein lies some of the problem. Our society holds doctors in the highest esteem. For five and more years of medical education doctors have been taught that they are supposed to be miracle healers. Modern medical technology adds to the power and mystic.

Yet when a doctor starts practicing on patients of his own and takes full responsibility for the successes and failures of his best efforts, he soon discovers that "Ben Casey" and "Dr. Kildare" he is not. Should he admit his less than holy nature to others, especially his patients? They might lose faith in him and his medicines. Many of the offensive behaviors displayed by some doctors are actually means of preventing others from discovering their limitations. They discourage questions by treating the patient as if they were incapable of understanding. Some use big words to reinforce the idea that the common man is far too ignorant to understand lofty medical ways. Patients who insist upon being enlightened will often see the defensive side to their doctor. If probing continues the response may turn hostile. Acting angry towards a patient almost always works.

Many patients have told me they have had doctors raise their voices in anger when they asked what seemed to them a reasonable and innocent question, or when they refused to follow doctor's recommendations, or when in any other way they threatened their authority. This is not the behavior you would expect from a professional person, and a reaction you rarely see in your trade. In your business, if a salesman became defensive and responded angrily to your questions about his product or services, how would you react? You would ask him to leave your office. Why do some doctors get away with such treatment of patients? For too long we have held doctors on a pedestal. Some people even worry that if they offend their doctor, he may harbor a life threatening grudge against them at a time of serious need. (The opposite is actually the case. A demanding patient will get better care, just as in other businesses.)

### **Don't Act Like You're Better Than Me**

I was raised in a family where doctors were next to God. At age 18 I spent two weeks in a large community hospital in

Detroit recovering from a stroke that resulted in complete paralysis of my left side. Firsthand I observed the duties of the best specialists in their respective fields. They performed a spinal tap, and they observed; they ran blood tests and they looked on, they took X-rays and they watched--all with very little comment. After 14 days of no positive (and fortunately, no negative) intervention for my health, I insisted on being let out of the hospital. In retrospect, I would have been just as well off if I had stayed home and recovered.

I gained a great deal from this experience, with a turnabout in my attitude about doctors. No doubt about it, in my case their powers were extremely limited. I asked many questions and found they had few answers, and for the most part they were irritated by my probing. They were also inconsiderate; never taking the time to alleviate my fears, explore how I felt, or applaud the slight progress I was making--even if moving my left thumb a quarter inch after a week of lying in a hospital bed didn't seem like an olympic event to them, it was a milestone to me. In a few short days of eye opening experiences, doctors to me became ordinary people, just like the people who cleaned my room and served my meals, except the doctors were less sensitive and more discourteous.

Many of you have had a similar awakening concerning the medical profession--at the same time I realize some of you have had very rewarding experiences from some exceptional doctors. But, you must agree, no mortal should be treated like a deity--it doesn't make for a good relationship for either party. Instead, build a business relationship with your doctor like you would any other person you were hiring for consultation, services, and skills. Ask questions, evaluate their recommendations, seek other opinions, demand excellent care, and fire the incompetent ones. Would you hire a contractor to build your house, telling him to do what ever he thinks best--after all he is a professional builder? Ideally, you are involved in the project every step of the way. (Would you pay if the house fell down?)

### **Maximize Your Appointment Value**

Take these simple steps to insure the treatment you deserve:

- 1) Ask about the doctors fees prior to services, and whether or not insurance is accepted.
- 2) Make your needs known prior to the visit. Any special tests--EKG, PAP smear, etc. or unusual treatment, such as ears cleaned, cast removed, etc. needed.
- 3) Write down questions. Then you won't forget to ask and you won't be pressured to remember them under stressful circumstances. If you are easily intimidated, written questions will help communication. Very shy people can simply hand over their paper and wait for the answers. Overly assertive patients can help set their doctor at ease with written questions.
- 4) Take a spouse or friend along into the office with you. This less emotionally involved person may be able to think more objectively, and help you with important questions that

you could not ask. There is strength in numbers. You may be less likely to agree to a treatment before thinking over matters thoroughly when a companion is along. Ask any car salesman. They love to see a lone man in their studio, unaccompanied by his wife.

5) Ask for material for you to read about your condition and any proposed treatment. Ask for alternative approaches to your problems. Ask what would happen if you refused to take the test or accept the treatment. After the glib response "you could die," then insist on the facts--the actual benefits and risks of various therapeutic options. Surprisingly, "no treatment" is often the best option.

6) Unless there is some real emergency about your condition, never make a decision while in the doctor's office. Go home and think about the recommendations, talk to friends, nurses, other doctors. Read articles. Seek second opinions from other health professionals.

7) Revisit your doctor after you have done extensive research and ask more questions. If you are not absolutely certain you have explored the issue completely, leave. Make another appointment after you have rethought and researched further. Any good car salesman will tell you if he doesn't make the sale on the first contact then there is less than 1 in 10 chance he'll ever make the sale. Be a wise consumer.

8) Second opinions should be from doctors who truly have a fresh viewpoint on your problem. Don't ask the first doctor for a referral, he'll send you to someone who agrees with him, obviously. Ask friends, or best of all someone in the medical business, such as a nurse who works side by side with these doctors and sees their successes and failures. Look at research papers on your problem. The authors usually have a passionate interest in your disease. You can contact these people by letter or phone. A visit may be well worth the time and expense.

9) Seek out the medical research. These days libraries are familiar and accessible to most of us. Scientific papers are easily understood with a little effort. The computer age makes research almost effortless. For a small fee your librarian will research your problem and provide you with a stack of paper filled with article names, along with a brief summary of the articles. Those articles that interest you can be requested for further study. The research papers your doctor provides you will likely reflect his beliefs; but remember there are many highly acceptable ways to approach most medical problems. Only a well informed you will know which method is best for you.

10) Ask your doctor what questions he would ask if he had your condition? Ask how he would go about making sure his treatment was the best available? What he would read? Who he would consult? Where he would be treated?

You see, you are not a helpless victim of the medical profession. Worthwhile doctors will encourage your participation. They want a good relationship because they receive greatest enjoyment from happy patients and their lives are

made miserable by those in their practice who are unhappy--especially those displeased to the point of taking them to court.

## MEDICAL RESEARCH

**Effect of Wheat Fiber and Vitamins C and E on Rectal Polyps in Patients with Familial Adenomatous Polyposis** by Jerome DeCosse in the September 6, 1989 Journal of the National Cancer Institute (81:1290). Over a 4-year period in a chemoprevention trial, 58 patients with a family history of adenomatous colon polyps were treated with three different regimes: Group "A" received 8 placebo capsules containing milk sugar (lactose), group "B" received capsules containing vitamins C and E, group "C" received capsules with both vitamins and 22 gram (g) of fiber. The patients did not know which formula they were receiving. Over the 4 years each patient had his or her colon examined every 3 months by sigmoidoscopy and the polyps were counted and sized. Dietary histories were taken to determine the fat and fiber content of the patient's diet. Polyps were found to be less in size and fewer in number in those patients on high fiber diets compared to those on low-fiber diets. The vitamins made little difference in polyp growth. There was also some evidence that fat caused more polyp growth.

*COMMENTS:* Familial Adenomatous Polyposis is an inherited condition where numerous (often over 1000) polyps develop in the colon at a young age. If the colon is not removed by age 40 then nearly 100 percent progress to colon cancer.

Aside from this hereditary condition, approximately 5 to 10 percent of people living in Western societies over the age of 40 have colon polyps, and after 75 years of age over half of the people have these growths. More than 10 years must pass between the onset of polyps and the development of colon cancer. The larger the polyp the longer it has been growing and the more likely it has progressed to cancer.

Most scientists believe dietary fiber inhibits and dietary fat promotes the development of colon polyps and cancer. Factors that cause disease promote the presence and continued development of the disease. If you stop the cause, then in most disease processes the healing elements catch up and the disease regresses. Operations that divert the flow of stool away from the segment of colon with polyps have resulted in regression of the polyps (Annals of Surgery 150:448, 1959; American Journal of Surgery 112:846, 1966). Therefore, we shouldn't be surprised by the results of this study from partial improvement of the bowel contents by adding fiber. A more meaningful study would be to feed these people a diet that truly addresses the problem--those interested in regressing their polyps and preventing colon cancer should be placed on a no-cholesterol, low-fat, starch-based diet which happens to contain 6 times the amount of dietary fiber Americans typically eat--60 g of dietary fiber a day.

## RECIPES

### SCALLOPED POTATOES

Recipe contributed by Don and Sharon Gillespie. Berrien Springs, MI  
Serves 6

2 very large baking potatoes  
1/4 cup whole wheat flour  
pinch of salt (optional)  
1 medium onion, chopped  
2 cups rice milk (see McDougall Plan)  
Freshly ground black pepper to taste

Peel potatoes and slice very thin. Combine salt and flour and dredge potato slices. Place in a 9" X 13" dish. Saute onion in small amount of water. Add rice milk to onions and warm. Pour over potatoes. Sprinkle with pepper. Bake at 350 degrees for 1 hour.

### BLUEBERRY COBLER

Recipe contributed by Don and Sharon Gillespie

2/3 cup whole wheat pastry flour  
1 1/2 teaspoons baking powder  
pinch of salt (optional)  
2 tablespoons honey  
2/3 cup rice milk with vanilla (see McDougall Plan)  
2 cups blueberries

First, combine flour, baking powder and salt. Stir in rice milk and honey, and mix batter until smooth. Next, pour batter into a non-stick (8" X 8") pan or lightly oiled regular pan. Sprinkle berries on top. Bake at 350 degrees for 45 minutes or until lightly browned.

## LETTERS

\*\*At 39 years of age I suffered my first heart attack--angioplasty cleared two arteries and the elimination of red meats, other diet changes and Questran lowered the cholesterol level to about 210.

About three months ago two more heart attacks made bypass surgery necessary. I'm recovering nicely--back to work full time, exercising in a cardiac rehab program, and we are following your vegetarian diet plan religiously. My cholesterol is 160 as of September 5, 1989, LDL is 120, saturated fats--less than 7% per day, and total fat--10-15% per day. I think these statistics are pretty impressive especially since no medication, like Questran, is involved. W.M. Raleigh, N.C.

\*\*I am a white male 27 years of age. Thanks to a good exercise program and the McDougall Plan, I have lost approximately 40 lb. in 3 months. The McDougall Plan is the first diet plan my family could afford to follow. Even my children are enjoying the meals. Thanks for a new way of life! B. Family Denton, Tx.

\*\*I cannot put off one second longer writing you and thanking you for what you've done for my life. I wrote to you in Hawaii 4 years ago and asked for help. I had lost 120

pounds, but I struggled with my weight and how I felt. I ended up spending many stays in the hospital and lost my gall-bladder because of the abuse I inflicted upon my body.

Now, years later I am fantastic! My new cholesterol check was 112!!! I used to weigh 247 1/2 pounds and now I weigh 125. I follow a total vegan diet and eat 5% protein, 5% fat, 90% complex carbs. I eat only 2 fruits a day because I had a triglyceride problem previously.

In the past 4 years I have been your best fan and promoter. I have bought so many of your books to give as gifts and presents I have lost count. Where ever I go I promote your teachings. My whole family has benefited by what you say. I tell someone new about you every day. I know you have the best lifestyle program around. The best thing of all is how I feel. For the first time in my life I don't worry about my weight. At 35 I'm better now than I've ever been.

I grew up in an atmosphere of illness. For as far back as I can remember my father was ill. He suffered heart disease, diabetes, obesity (300+ pounds), lung damage and chronic coughing and wheezing. He smoked 3 packs a day. Drank 20 cups of coffee and was an alcoholic. I can hardly believe it myself! I thought I was doomed for sure to die the way he did from a massive heart attack. He died at 58 and on his death bed he told me please don't die like me. It hit home because I was already way over 200 pounds at age 25.

Last month I treated myself to ordering your tapes. I love them and can hardly turn off the cassette. L.S. Milpitas, CA

\*\*Thank you so much for the new life I am leading. I've always had terrible problems with allergies--take a lot of pills over half of my 44 years to no avail. Also a weight problem--as in your book I've spent years being hungry--so most diets didn't help.

I've only been eating as you show in your "plan" book for 5 months. The weight is slowly falling off. G.T., Boise, Idaho

### DONATIONS TO THE MCDUGALL PROGRAM

The McDougall Lifestyle Change Research Fund--2574.1040 will be money I personally manage for research and education. The McDougall Program Fund--2574.1039 will be money managed by The McDougall Program administrative staff, and used for research and education. Send to The McDougall Program, c/o St. Helena Hospital, Deer Park, CA 94576. ALL TAX DEDUCTIBLE.

### MORE HELP

Books and Audio Cassettes: The McDougall Plan--\$8.95; McDougall's Medicine--A Challenging Second Opinion--\$10.00 (Hardcover); Volume I & II of the Cookbooks--\$7.95 each, add postage (\$3 first book--\$2 each additional)--McDougall Program Audio Cassette Album--\$59.95, add \$5 postage. The McDougall Program at St. Helena Hospital, Deer Park, CA. Two weeks of physician supervised live-in care designed to get people off medication, out of surgery and living again--call 1-800-358-9195 (outside California) or 1-800-862-7575 (California). The McDougall Newsletter is published bimonthly. Send \$8/yr. Previous issues available at \$1.50 per copy (Vol. 1, No. 1-8; Vol. 2, No. 1-6; Vol.3, No. 1-5).

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