

Death by Medicine

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Natural medicine is under siege, as pharmaceutical company lobbyists urge lawmakers to deprive Americans of the benefits of dietary supplements. Drug-company front groups have launched slanderous media campaigns to discredit the value of healthy lifestyles. The FDA continues to interfere with those who offer natural products that compete with prescription drugs.

These attacks against natural medicine obscure a lethal problem that until now was buried in thousands of pages of scientific text. In response to these baseless challenges to natural medicine, the Nutrition Institute of America commissioned an independent review of the quality of “government-approved” medicine. The startling findings from this meticulous study indicate that conventional medicine is “the leading cause of death” in the United States .

The Nutrition Institute of America is a nonprofit organization that has sponsored independent research for the past 30 years. To support its bold claim that conventional medicine is America 's number-one killer, the Nutritional Institute of America mandated that every “count” in this “indictment” of US medicine be validated by published, peer-reviewed scientific studies.

What you are about to read is a stunning compilation of facts that documents that those who seek to abolish consumer access to natural therapies are misleading the public. Over 700,000 Americans die each year at the hands of government-sanctioned medicine, while the FDA and other government agencies pretend to protect the public by harassing those who offer safe alternatives.

A definitive review of medical peer-reviewed journals and government health statistics shows that American medicine frequently causes more harm than good.

Each year approximately 2.2 million US hospital patients experience adverse drug reactions (ADRs) to prescribed medications.(1) In 1995, Dr. Richard Besser of the federal Centers for Disease Control and Prevention (CDC) estimated the number of unnecessary antibiotics prescribed annually for viral infections to be 20 million; in 2003, Dr. Besser spoke in terms of tens of millions of unnecessary antibiotics prescribed annually.(2, 2a) Approximately 7.5 million unnecessary medical and surgical procedures are performed annually in the US,(3) while approximately 8.9 million Americans are hospitalized unnecessarily.(4)

As shown in the following table, the estimated total number of iatrogenic deaths—that is, deaths induced inadvertently by a physician or surgeon or by medical treatment or diagnostic procedures— in the US annually is 783,936. It is evident that the American

medical system is itself the leading cause of death and injury in the US . By comparison, approximately 699,697 Americans died of heart in 2001, while 553,251 died of cancer.(5)

Table 1: Estimated Annual Mortality and Economic Cost of Medical Intervention

Condition	Deaths	Cost	Author
Adverse Drug Reactions	106,000	\$12 billion	Lazarou(1), Suh (49)
Medical error	98,000	\$2 billion	IOM(6)
Bedsore	115,000	\$55 billion	Xakellis(7), Barczak (8)
Infection	88,000	\$5 billion	Weinstein(9), MMWR (10)
Malnutrition	108,800	-----	Nurses Coalition(11)
Outpatients	199,000	\$77 billion	Starfield(12), Weingart(112)
Unnecessary Procedures	37,136	\$122 billion	HCUP(3,13)
Surgery-Related	32,000	\$9 billion	AHRQ(85)
Total	783,936	\$282 billion	

Using Leape's 1997 medical and drug error rate of 3 million(14) multiplied by the 14% fatality rate he used in 1994(16) produces an annual death rate of 420,000 for drug errors and medical errors combined. Using this number instead of Lazarou's 106,000 drug errors and the Institute of Medicine 's (IOM) estimated 98,000 annual medical errors would add another 216,000 deaths, for a total of 999,936 deaths annually.

Table 2: Estimated Annual Mortality and Economic Cost of Medical Intervention

Condition	Deaths	Cost	Author
ADR/med error	420,000	\$200 billion	Leape(14)
Bedsore	115,000	\$55 billion	Xakellis(7), Barczak (8)
Infection	88,000	\$5 billion	Weinstein(9), MMWR (10)
Malnutrition	108,800	-----	Nurses Coalition(11)
Outpatients	199,000	\$77 billion	Starfield(12), Weingart(112)
Unnecessary Procedures	37,136	\$122 billion	HCUP(3,13)
Surgery-Related	32,000	\$9 billion	AHRQ(85)
Total	999,936		

The enumerating of unnecessary medical events is very important in our analysis. Any invasive, unnecessary medical procedure must be considered as part of the larger iatrogenic picture. Unfortunately, cause and effect go unmonitored. The figures on unnecessary events represent people who are thrust into a dangerous health care system. Each of these 16.4 million lives is being affected in ways that could have fatal consequences. Simply entering a hospital could result in the following:

- In 16.4 million people, a 2.1% chance (affecting 186,000) of a serious adverse drug reaction(1)
- In 16.4 million people, a 5-6% chance (affecting 489,500) of acquiring a nosocomial infection(9)
- In 16.4 million people, a 4-36% chance (affecting 1.78 million) of having an iatrogenic injury (medical error and adverse drug reactions).(16)
- In 16.4 million people, a 17% chance (affecting 1.3 million) of a procedure error.(40)

These statistics represent a one-year time span. Working with the most conservative figures from our statistics, we project the following 10-year death rates.

Table 3: Estimated 10-Year Death Rates from Medical Intervention

Condition	10-Year Deaths	Author
Adverse Drug Reaction	1.06 million	(1)
Medical error	0.98 million	(6)
Bedsore	1.15 million	(7,8)
Nosocomial Infection	0.88 million	(9,10)
Malnutrition	1.09 million	(11)
Outpatients	1.99 million	(12, 112)
Unnecessary Procedures	371,360	(3,13)
Surgery-related	320,000	(85)
Total	7,841,360	

Our estimated 10-year total of 7.8 million iatrogenic deaths is more than all the casualties from all the wars fought by the US throughout its entire history.

Our projected figures for unnecessary medical events occurring over a 10-year period also are dramatic.

Table 4: Estimated 10-Year Unnecessary Medical Events

Unnecessary Events	10-year Number	Iatrogenic Events
Hospitalization	89 million(4)	17 million
Procedures	75 million(3)	15 million
Total	164 million	

These figures show that an estimated 164 million people—more than half of the total US population—receive unneeded medical treatment over the course of a decade.

INTRODUCTION

Never before have the complete statistics on the multiple causes of iatrogenesis been combined in one article. Medical science amasses tens of thousands of papers annually, each representing a tiny fragment of the whole picture. To look at only one piece and try to understand the benefits and risks is like standing an inch away from an elephant and trying to describe everything about it. You have to step back to see the big picture, as we have done here. Each specialty, each division of medicine keeps its own records and data on morbidity and mortality. We have now completed the painstaking work of reviewing thousands of studies and putting pieces of the puzzle together.

Is American Medicine Working?

US health care spending reached \$1.6 trillion in 2003, representing 14% of the nation's gross national product.⁽¹⁵⁾ Considering this enormous expenditure, we should have the best medicine in the world. We should be preventing and reversing disease, and doing minimal harm. Careful and objective review, however, shows we are doing the opposite. Because of the extraordinarily narrow, technologically driven context in which contemporary medicine examines the human condition, we are completely missing the larger picture.

Medicine is not taking into consideration the following critically important aspects of a healthy human organism: (a) stress and how it adversely affects the immune system and life processes; (b) insufficient exercise; (c) excessive caloric intake; (d) highly processed and denatured foods grown in denatured and chemically damaged soil; and (e) exposure to tens of thousands of environmental toxins. Instead of minimizing these disease-causing factors, we cause more illness through medical technology, diagnostic testing, overuse of medical and surgical procedures, and overuse of pharmaceutical drugs. The huge disservice of this therapeutic strategy is the result of little effort or money being spent on preventing disease.

Underreporting of Iatrogenic Events

As few as 5% and no more than 20% of iatrogenic acts are ever reported.^(16,24,25,33,34) This implies that if medical errors were completely and accurately reported, we would

have an annual iatrogenic death toll much higher than 783,936. In 1994, Leape said his figure of 180,000 medical mistakes resulting in death annually was equivalent to three jumbo-jet crashes every two days.(16) Our considerably higher figure is equivalent to six jumbo jets are falling out of the sky each day.

What we must deduce from this report is that medicine is in need of complete and total reform—from the curriculum in medical schools to protecting patients from excessive medical intervention. It is obvious that we cannot change anything if we are not honest about what needs to be changed. This report simply shows the degree to which change is required.

We are fully aware of what stands in the way of change: powerful pharmaceutical and medical technology companies, along with other powerful groups with enormous vested interests in the business of medicine. They fund medical research, support medical schools and hospitals, and advertise in medical journals. With deep pockets, they entice scientists and academics to support their efforts. Such funding can sway the balance of opinion from professional caution to uncritical acceptance of new therapies and drugs. You have only to look at the people who make up the hospital, medical, and government health advisory boards to see conflicts of interest. The public is mostly unaware of these interlocking interests.

For example, a 2003 study found that nearly half of medical school faculty who serve on institutional review boards (IRB) to advise on clinical trial research also serve as consultants to the pharmaceutical industry.(17) The study authors were concerned that such representation could cause potential conflicts of interest. A news release by Dr. Erik Campbell, the lead author, said, "Our previous research with faculty has shown us that ties to industry can affect scientific behavior, leading to such things as trade secrecy and delays in publishing research. It's possible that similar relationships with companies could affect IRB members' activities and attitudes."(18)

Medical Ethics and Conflict of Interest in Scientific Medicine

Jonathan Quick, director of essential drugs and medicines policy for the World Health Organization (WHO), wrote in a recent WHO bulletin: "If clinical trials become a commercial venture in which self-interest overrules public interest and desire overrules science, then the social contract which allows research on human subjects in return for medical advances is broken."(19)

As former editor of the *New England Journal of Medicine*, Dr. Marcia Angell struggled to bring greater attention to the problem of commercializing scientific research. In her outgoing editorial entitled "Is Academic Medicine for Sale?" Angell said that growing conflicts of interest are tainting science and called for stronger restrictions on pharmaceutical stock ownership and other financial incentives for researchers:(20) "When the boundaries between industry and academic medicine become as blurred as they are now, the business goals of industry influence the mission of medical schools in

multiple ways.” She did not discount the benefits of research but said a Faustian bargain now existed between medical schools and the pharmaceutical industry.

Angell left the *New England Journal* in June 2000. In June 2002, the *New England Journal of Medicine* announced that it would accept journalists who accept money from drug companies because it was too difficult to find ones who have no ties. Another former editor of the journal, Dr. Jerome Kassirer, said that was not the case and that plenty of researchers are available who do not work for drug companies.(21) According to an ABC news report, pharmaceutical companies spend over \$2 billion a year on over 314,000 events attended by doctors.

The ABC news report also noted that a survey of clinical trials revealed that when a drug company funds a study, there is a 90% chance that the drug will be perceived as effective whereas a non-drug-company-funded study will show favorable results only 50% of the time. It appears that money can't buy you love but it can buy any "scientific" result desired.

Cynthia Crossen, a staffer for the Wall Street Journal, in 1996 published *Tainted Truth : The Manipulation of Fact in America* , a book about the widespread practice of lying with statistics.(22) Commenting on the state of scientific research, she wrote: “The road to hell was paved with the flood of corporate research dollars that eagerly filled gaps left by slashed government research funding.” Her data on financial involvement showed that in 1981 the drug industry “gave” \$292 million to colleges and universities for research. By 1991, this figure had risen to \$2.1 billion.