THE TRUE EXTENT OF IATROGENIC DISEASE

Part One

Stephen Harrod Buhner

Iatrogenic disease refers to adverse events caused by the western medical system. There are two forms of iatrogenesis though only the first form is acknowledged, despite its being significantly downplayed. (The second, far worse, is covered in Part Two, which will be on the blog as soon as it is complete.)

Iatrogenesis is well known within the medical system, however such adverse events are far more extensive than most people realize. In fact, it is the number one cause of death in the United States. Before I get too deeply into it, it's important to understand that the public face of the western medical system and its reality are very different things. The public face is the altruistic one where physicians and medical system work tirelessly to understand and heal human disease. From this perspective medical workers and the system serve the ill as their primary duty. While there is some vestige of this still in place, it is by far the least common, or influential, aspect of the western medical system. Things have changed a great deal in the past half century, the reality is quite different.

The western medical system is now one of the largest industries in the western world. It is in fact the largest employer in the United States (Thompson, 2018). Pharmaceutical, medical industry, and hospital revenues are now near two trillion dollars per year. (Bannow, 2019; Statista1764, 2019; Statista248676, 2019). In contrast total tech industry revenue is only around 400 billion dollars per year (Hatfield, 2019). The financial power of the health care industry is immense. And like all powerful corporate systems (such as the tobacco industry), it has a vested interest in minimizing data about its negative effects.

Health care, especially in the United States, is also very political. Health care interests spent eight billion dollars on lobbying between 1998 and 2018 (Frankenfield, 2018). Politicians and highly placed appointees in government (such as FDA commissioners) commonly go to work for the health care industry as CEOs and lobbyists after their terms in office come to an end. Health care (not including the insurance industry which is number two on the list) spends more in aggregate on lobbying than any other sector of the economy.

However, as powerful is the underlying belief in the reductionist, mechanicalist paradigm that gave rise to western medicine. Facts that conflict with that paradigm being the best approach to health care are rarely publicized for they undermine the entire rationale for the form of medicine that is now dominant in the western world. Nevertheless, any deep exploration of the outcomes of western medicine, as well as the rationale for many of its treatments, reveals that its proponents' belief in their eventual control over disease, and even of death, is misplaced. For the main thing that the reductive, rationalist approach ignores is the inescapable nature of human beings, which includes, among other things: greed, arrogance, irremovable error, occasional stupidity, fatigue from overwork, poor science, and attachment to belief systems even when it becomes clear they have little relation to the real world. We humans don't know as much as we like to think we do and every time we forget that, significant problems occur.

These three factors (the public face, political and financial power, and adherence to the reductionist system) are why figures from the Centers for Disease Control (CDC), for example those that refer to deaths from resistant bacterial infections or infections from the Lyme

spirochete, are consistently inaccurate. The institution carefully avoids keeping accurate figures on iatrogenic disease, when it bothers to keep them at all.

Iatrogenic impacts include at the most obvious: physician and hospital error, i.e., medical error. The CDC does not list deaths from medical error however a recent study at Johns Hopkins put deaths from medical error in the U.S. at a bit over 250,000 per year though to be clear they note that their figures are conservative (Sipherd, 2018). Other studies put the deaths from medical error at more than 400,000 per year which I believe to be the more accurate number (James, 2013). Direct medical error does not include deaths from antibiotic resistant pathogens, themselves a consequence of medical technology and intervention. The CDC estimates such deaths to be 23,000 in the U.S. however there are no specific codes in the medical reporting system for these deaths and no requirement to report them. A recent study that examined this issue found that such deaths, as of 2010, are more accurately 162,000 per year (Burnham, Olsen, Kollef, 2019). Seventy-five percent of these deaths occur from organisms patients pick up during hospital visits (Cassella, 2018).

None of these figures include deaths (or side effects) that occur from properly prescribed drugs, that is when no medical errors occur. A 1998 paper in the *Journal of the American Medical Association* (reviewing data from 1994) found that deaths from properly prescribed pharmaceuticals to be (at minimum) 100,000 per year with over two million people severely damaged or permanently disabled (Lazarou, Pomeranz, Corey, 1998). However the CDC has never listed these figures in any of their annual causes of death in the United States. A more recent article in *US News* puts deaths from properly prescribed pharmaceuticals at 128,000 per year or around 2,500 deaths per day (Schroeder, 2016). (I believe the number is far higher simply

from looking at population and prescription increases since 1994.) This number does not include deaths from over the counter (OTC) medications such as Tylenol which can destroy the liver (aggregate figures for OTC deaths are far harder to find, I am not sure anyone has looked for them). And then of course, there are deaths from medical devices (which are unregulated by the FDA). A recent report by *The New York Times*, citing research studies, puts yearly deaths from medical devices at 80,000 with more than two million injuries per year. (The Editorial Board, 2019). (The pervasiveness of lack of regulation and oversight within the conventional medical community makes the common media hysteria about herbal medicines and supplements, and the insistence they be more strongly regulated, ludicrous.)

Using these figures to come up with an annual death rate from medical interventions reveals an astonishing number: 400,000 deaths per year from medical error, 162,000 from antibiotic resistant organisms, 128,000 deaths from properly prescribed pharmaceuticals, and 80,000 from medical devices puts the yearly iatrogenic death toll at 760,000. By comparison heart disease, currently listed by the CDC as the leading cause of death, kills 615,000 in the U.S. per year. (This is a cause of death that is required to be reported.) While medical professionals continue to argue over the exact numbers it is highly likely that direct iatrogenic deaths from western medicine are the leading cause of death in the United States. (And at minimum, there are over four million people seriously harmed or permanently disabled by properly prescribed pharmaceuticals and surgically implanted medical devices.)

Whenever I see the billboards scattered around my town as well as the advertisements in various media showing the faces of happy, smiling people next to a white coated physician with a stethoscope around the neck and all that advertising copy urging people to enter the medical

system or use a particular drug what I generally think of are the dead, the damaged, and the bankrupt – and, of course, the betrayal of trust that, to the system, is irrelevant. The system, as far too many people know, is broken, is not held accountable, and from a certain perspective, is a massive pyramid scheme designed only for one thing: profit. It's primary goal is not helping those in need.

There is far more to the problems of the western medical system of course than this short picture can capture: the rudeness and dismissiveness of physicians, poor diagnostics, the numbers of the bankrupt, the aggressive collection practices of the medical system, the testing of pharmaceutical drugs in third world countries where few protections exist, and horrors such as the Tuskegee syphilis experiment (which are more common than people realize and in which my great-uncle, Surgeon General of the United States, Leroy Burney was peripherally involved). The system as it is, is not salvageable, is tremendously corrupt, and does not produce the good it continually claims for itself. (As a health care lobbyist once told me, "The reductive medical system is judged by its successes, all other approaches by their failures.)

This is not to say that conventional medicine is not useful in many ways, especially in the treatment of acute trauma. In fact, the more acute the situation, especially with physical trauma, the better it performs. Nevertheless, the further from an acute condition it gets, especially in the treatment of chronic disease, the worse it becomes.

The only way the system will change, and possibly become what it purports to be, is through continual and never-ending transparency and oversight, the breaking of its monopoly on treatment of disease via a reductive, mechanicalistic orientation, and acknowledgment of the importance of human attributes (such as empathy) while supporting and developing those capacities during the training of its practitioners.

Whenever any system gains as much power as this one has over cultures, countries, and people, history is plain, corruption and terrible damage always ensues.

In part two of this series I will be looking at the shadow side of western medicine, what is more properly called its indirect introgenic effects rather than the direct effects explored in this article. Such effects are far worse and even more carefully hidden.

References:

1. Bannow, Tara. "AA data show hospitals' outpatient revenue nearing inpatient," www.modernhealthcare.com, January 3, 2019, accessed 5/20/2019.

2. Burnham, Olsen, Kolief, Re-estimating annual deaths due to multi-drug resistant organism infections, *Infection Control & Hospital Epidemiology* 40:7, 112-113, 2019.

3. Cassella, Carly. "A Lost More People Are Already Dying From Superbugts Than You

Realize," <u>www.sciencealert.com</u>, November 8, 2018, accessed 5/20/2019.

4. The Editorial Board, "80,000 Deaths. 2 Million Injuries. It's Time for a Reckoning on Medical Devices," *The New York Times*, May 4, 2019.

5. Frankenfield, Jake. "Which Industry Spends the Most on Lobbying?" Oct 19, 2018, www.investopedia.com/investing/ accessed 5/22/2019.

6. Hatfield, Morgan. "Total Consumer Tech Revenue Will Reach Record \$398 Billion in 2019,"

January 22, 2019, www.cta.tech/News/Blog/Articles/2019/January/, accessed 5/20/2019.

7. James, John. "A New Evidence-based Estimate of Patient Harms Associated with Hospital

Care," Sept, 2013. Journal of Patient Safety: September 2013, Volume 9, Issue 3, 122-128.

8. Lazarou, Pomeranz, Corey, "Incidence of adverse drug reactions in hospitalized patients: a meta-analysis of prospective studies," *JAMA*, 1998; 279(15): 1200-5.

9. Schroeder, Michael. "Death By Prescription, USNews, September 27, 2016.

10. Sipherd, Ray. "Thhe third-leading cause of death in US most doctors don't want you to know about," February 22, 2018, www.cnbc.com, accessed 5/20/2019.

11. Statista1764, Global Pharmaceutical Industry - Statistics & Facts,

www.statista.com/topics/1764/ accessed 5/20/2019.

12. Statista248676, Projected market size of the U.S. medical device industry in 2015 and 2017

(in billion U.S. dollars), <u>www.statista.com/statistics/248676/</u> accessed 5/20/2019.

13. Thompson, Derek. "Health Care Just Became the U.S.'s Largest Employer," *The Atlantic*, Jan 9, 2018.

https://www.theatlantic.com/magazine/archive/2019/05/pharmaceutical-pollution/586006/

https://www.statista.com/statistics/248676/projected-size-of-the-us-medical-device-industry/;