

Part II of TOP SCREWUPS DOCTORS MAKE, by Terry and Joe Graedon,  
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Top screw-ups pharmacists make:

1. Not counseling patients. Years ago, pharmacists usually had time to talk to people and to give simple health advice. Now people seldom talk directly to pharmacists. The rate of counseling has dropped in the last 14 years from 43% to 27 %, according to one study. Ask to speak to the pharmacist about how to take medications and what to look out for. Good luck with “mail order pharmacies,” which sadly, are taking over a lot of the business from small hometown pharmacies (my comment).
2. Dispensing the wrong drug. Never assume your pills are the right ones. Many drug names have “look-alikes.” Just as you count the money that a bank teller gives you, check that everything on the bottle is what your doctor wrote. Keep a copy of the prescription. If a generic refill is a different color, ask about it to be sure.
3. Dispensing the wrong dose. The dose could vary by a factor of 10.
4. Ignoring interactions. The pharmacy tech may ignore a computer warning, and it may be days before the pharmacist can reach the doctor, and if so, the doctor may be defensive. Secret shoppers went to 245 pharmacies in 7 cities with 2 incompatible prescriptions, and 1/3 of the time they were given the drugs without warnings.
5. Not standing up to doctors. A pharmacist who calls a doctor’s office about a problem often can’t get past the receptionist, and if getting through, she or he can be chastised by an offended doctor.
6. Trusting all generic drugs. Not investigating when a patient says the drug does not work. The FDA does not have the resources to monitor all drugs’ manufacturing, and the generics are not identical in all aspects.
7. Relying on inadequate labels and leaflets. One study found that 4/5 of the leaflets did not have specific instructions, and ¼ had hard-to-read print.
8. Not reporting errors. Pharmacists are not required to report serious mistakes, except in North Carolina.
9. Not supervising techs carefully. Sometimes pharmacy technicians fill and dispense prescriptions with little oversight.

Generic drug screw-ups: Even though the FDA states that generic drugs brands are equivalent to the original brand, there are many differences in fillers, binders, colors, to which some people can be allergic, and the delivery system to release the active ingredient varies with the brand. They are not identical in the strict form of definition. Fifty inspectors can’t visit all manufacturing facilities in the U.S. every 2 years, as required by law. And then the foreign manufacturers get only a fraction of those inspections. Many generics and some brand name drugs are “manufactured” here, the pills and capsules put together, but the active ingredients are manufactured in China, India, or another country. See China Rx, in the archives, and my interview with the

author, a scathing report on how patients often have no idea that their medications came from China, with poor inspection and monitoring of the process. Several angiotensin receptor blocking blood pressure drugs were recently recalled due to toxic contaminants.

Top Tips for taking generic drugs:

1. Make no assumptions. Be aware if something is different with a new Rx refill. Keep records so you will know if your B.P. or blood sugar changes markedly. Keep records of lab reports. Listen to your body.
2. Keep track of the manufacturer. Ask the pharmacist to put the manufacturer's name on the bottles.
3. Challenge and re-challenge. If a new brand is suspected to cause a new symptom, Switch to the old brand and then switch back.
4. Be assertive. Ask pharmacist to read this chapter if he or she insists that all generics are identical.
5. Seek allies. Ask pharmacist or doctor to counter an insurance company that requires a specific generic.
6. Report problems to the FDA – [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

The foul-ups that occur with senior citizens: According to Shannon Brownlee, author of Overtreated, speaking on The People's Pharmacy, 40% of older people are on 5 Rx medications/day, 25% are on 10 per day, and 750 elders are hospitalized per day from Rx drugs. Geriatricians, doctors who specialize in older people, are scarce. They make a lot less money than other specialties, they are held in less esteem by the profession, and most medical schools in this country do not even have a geriatrics department. The segment of the population that gets prescribed the most drugs are treated by doctors without adequate training to do so. Geriatricians are less likely to prescribe inappropriate drugs, can coordinate care among many specialists who are prescribing many of the drugs, and so they can be the "last line of defense" for older patients. A referral system for finding one is at [www.americangeriatrics.org](http://www.americangeriatrics.org).

An older person can ask her or his regular physician if there are special precautions about a particular medication for the elderly. Specifically, if it is on the Beer's list, established 20 years ago by Dr. Mark Beers, and updated in 2003. This tool lists medications that are inappropriate for elderly patients, on pp 154-155 of this book. Many of these drugs can cause dizziness, drowsiness, confusion, falls, fractures, and increased risk for dementia.

Top 10 tips:

1. Make sure your doctor likes older people.
2. Find a good geriatrician.
3. Ask about special dosing requirements.
4. Beware of bad drugs, check the Beer's List.
5. Avoid cholinergic drugs if possible.
6. Minimize the number of drugs you take.
7. Seek non-drug treatment when practical.

8. Be assertive.
9. Have an advocate.
10. Stay active.

Top screw-ups patients make:

1. Not telling your story. Bring a list of concerns to your appointment.
2. Relying on memory. Bring a recording device if OK with the doctor.
3. Not doing your homework. Learn what you can about your diagnosis from reputable sources. Google can get you to Daily Med or Pub Med. Also Best Choices from the People's Pharmacy rates treatments for several conditions.
4. Skipping instructions. Doctor-patient partnership requires your doing your part.
5. Not checking the prescription. Read it before you leave the office. Keep a copy for your records. Compare it with the bottle you get from the pharmacy.
6. Trusting all generic drugs. As above, listen to your body. If you suspect problems, contact pharmacy and doctor.
7. Overlooking lifestyle opportunities. Know all the natural approaches for healing your problems and act on them, so you depend less on drugs. That's doing your part, and it empowers your side of the health care partnership.
8. Not seeking a second opinion. Especially for long-term treatment or for a procedure that has lasting effects. You are entitled to more than one estimate, just as when you have house repairs done.
9. Not reading the fine print. "...most people don't read the forms they sign before undergoing surgery..." Often the doctor rushes through explanations. Most doctors don't know the % of effectiveness or the incidence of common adverse effects of common drugs. Ask questions, and tell back to the doctor what you understand about the explanation.
10. Not asking for help. Never go to the hospital without a family member or a friend to double check what happens and to help you remember afterward what transacted. Remember that at least one mistake will be made every day you are hospitalized.

Questions to ask before agreeing to surgery:

What will be done? Why is it recommended? What alternatives are there to this surgery?  
What kind of anesthesia? What are the pros and cons of the surgery and the anesthesia?  
What if I don't get the surgery? What is the name of the doctor who will be doing the actual surgery? Who will be doing the anesthesia? Will there be other doctors or students present? What will they be doing? What are the pros and cons of any medications I will be given at surgery?

The common conditions that often lead to screw-ups are: Acne, Alzheimer's, Arthritis, Asthma, ADD, Breast cancer, Celiac disease, Deep vein thrombosis, Depression, Diabetes, Fibromyalgia, Heartburn, Hypothyroidism, Migraine, Osteoporosis, Prostate cancer, and Tick-borne diseases.

Top 10 list of potentially problematic pills: Anticoagulants, digoxin, anti-inflammatory drugs (NSAIDs), acetaminophen, opioids, corticosteroids, anti-arrhythmic drugs, anti-psychotics, antidepressants, and quinolone antibiotics (Cipro, Levaquin, etc.) The book goes into considerable detail about why these drugs are vulnerable to misuse and mis-prescribing, and also they describe in detail why the above common conditions lead to problems and dangers.

This is an excellent reference book for every home to have available to consult with, in the case of health problems that may come up.

My perspective on this whole topic is that it is important to know the details of how to navigate the medical system more safely, which this book does. The authors are to be commended for their excellent and thorough coverage of the situation, and very practical details about what people can do.

The other overview I take on the situation is that it is all too much! Too much medicine, too much surgery, too many drugs, too much reliance on these systems, when using more natural methods, or even no treatment at all, more often, would be safer and have more successful outcomes. Shannon Brownlee's Overtreated describes this excess. An American Sickness, by Elizabeth Rosenthal (my report in the archives) spells out the excesses of the capitalistic, money driven, medical, hospital, pharmaceutical, insurance system that does not put the healing and well being of patients as the first priority. When the primary purpose is to make more and more money, it is on an obvious collision course with disasters that make people more sick, and this is then an opportunity to make more money on their sickness.

My advice is that if your symptoms or your lab results are not likely to cause serious disability or loss of life or limb, you may be better off not seeking medical help at all, and you may be safer exploring natural methods, "alternative" medicine, naturopathic, functional, and herbal medicine, etc. Tierona Low Dog's Healthy At Home (see my article in the archives) gives excellent tips on how to assess when to do home treatments and when to seek medical help.

Often the natural methods are called "quackery," people are warned that doing these things may delay needed treatments that are FDA approved. Actually going to the medical system for help may delay other much needed natural treatments, that are safer, and more effective in the long run, even though they may not be sanctioned by the FDA. Drugs and surgery should actually be the "alternative" medicine, and natural treatments should be conventional and mainstream, as it is in some parts of Europe. The conditions for quackery are generally, 1. profit motive as primary, 2. unproven treatments 3. potentially harmful effects. Now consider which is really quackery? One and 3 obviously characterize the pharmaceutical industry, and for 2, many FDA approved treatments have minimal benefit, and effectiveness may be proclaimed from selective, skewed, and manipulated data. FDA sanction does not prove practical clinical effectiveness to a truly significant extent.

Blindly assuming that treatments approved by the FDA are safe can get you killed. Unfortunately people have been seduced by the pervading culture that lauds medical science as the thing that has helped people be healthier and live longer, when in fact it has been sanitation, indoor plumbing, more availability of food year round, and environmental protection, like the Clean Air Act. The prevailing paradigm seems to be to trust the doctors and the drugs and the hospitals for health.

It's time to wake up! You need to trust your own intuitions about your overall health and the choices you make. This book is about patients taking on more responsibility in the health care process. It's unfortunate that patients have to be so suspicious of everything that is going on, to "watch it like a hawk," but given the out-of-control, money driven medicine machine, I say, "Hang on to your hat" for this wild ride! Be alert!