

DO WE REALLY BELIEVE IN PREVENTION?

In some areas we do. Most business owners look carefully at cash flow regularly and have business plans with measurable goals. Sports teams don't wait to practice until the day before the game, and they don't wait to try to win until the last quarter or the 9th inning.

Our health? We are blessed with these marvelous bodies at birth and tremendous potential for intellectual, emotional, and spiritual development and useful contribution to our world. What do we do with that potential?

I feel very disappointed when I look at the outcomes for a very large number of our brothers and sisters, with immense suffering and disability in a huge part of our society. This would not have to be so.

It is appalling to see so many relatively young people with cancer now. One hundred years ago this was not so. Many people with cancer can be treated successfully by a combination of conventional and natural treatments, but both are very costly in time and money. Chemotherapy is outrageously expensive, and natural treatments, when done properly, take almost a full time job for supplements, juicing, enemas, detoxification, and constant monitoring of metabolism, immune function, nutrition, etc. over a long period of time. Many times even with the best of these efforts, the disease still progresses and leaves many orphans, widows and widowers to suffer the loss of life of much loved family members who had had such great potential for long life of joyful service before the cancer appeared. I think, "Oh, if only this could have been prevented!"

Well, the good news is, that much of this can be prevented! Well, we already knew that and didn't do much about it. Not only cancer, but a host of other conditions are mostly preventable – cardiovascular disease, autoimmune diseases, Alzheimer's dementia, depression, psychoses, endocrine, digestive, and musculo-skeletal disorders, addictions, chronic pain, and many others. Before we knew what contributed to these disorders, we had an excuse, but now with much more research and new information, we understand so much more, and now we have the responsibility to act.

The question is, are we willing to look at the long view, to be proactive, to design programs that are sustainable over the long term? We eventually pay the cost, either paying forward or later, that later being the extreme cost. Are we willing to pay forward the goal setting, effort, discipline, and financial costs? It means delayed gratification that we learn to accept in our other life plans and activities, such as employment, education, and financial planning. Why don't we do it for our health, our most valuable resource?

The medical profession looks at prevention mostly in terms of screening, early detection, and early treatment (secondary prevention). We need primary prevention, going farther upstream, where problems have their beginnings.

The first things I think of for preventive public health are economic opportunity and a good financial safety net. In my article on “Questioning the Benefits of Medical Care,” I cited the article in JAMA, which proposed that money would be better spent and would create better public health, if devoted to job opportunities, education, and a safer, cleaner environment, rather than being used up first by medical care. Maybe we could have both, but much less of the latter, instead of the mushrooming monster-like medical pharmaceutical hospital insurance industrial complex whose purpose is becoming increasingly first and foremost to make more profits. Sickness is profitable for the industry but not profitable for the sick, and prevention is profitable for the whole society, but not so much for medical system.

If resources were devoted to the economic well being of the poor and middle classes, together we would win. When people have to each work two low wage jobs in order to stay out of homelessness, and even then sometimes end up homeless; can you ask them to cook healthful food, exercise, sleep, manage stress, cultivate functional relationships and community connections, overcome addictions, seek out natural treatments for secondary prevention, and to nurture their children in healthful lifestyle, to give them the attention they deserve, and to offer them good preschool education? (And the politicians who don't have a clue about what these people's lives are like, tell them they should get a job.) With a poor educational system that lacks funding for teachers and resources, when teachers don't have time to truly educate and inspire children, but have to teach to the test scores, children lose interest in education and don't envision goals or put creativity and effort into their future careers. They end up in the same rat race that their parents run and never focus on their future health.

With rampant pollution of food, water, and air, due to plutocratic paralyzing of regulatory agencies and purchased legislators; with the collusion of voters who are influenced by the spin of the plutocrats who alarm the public with paranoia about big government (never mind big corporations); and with passive non-voters, how are we to prevent cancer, which is basically an environmental disease? Read Sandra Steingraber's book, Living Downstream. If we want preventive public health, we must become health activists.

Another aspect of public health policy is the payment system for health care. See my article on An American Sickness, by Elizabeth Rosenthal. If we want the disease care system and the insurance industry to have some “skin in the game” for prevention, there needs to be either price controls, a public option for insurance, or both. For insurance companies to benefit from prevention, there has to be health care for the same person over a lifetime covered by the same payer, so that early prevention results in long term cost savings to the payer. Currently one insurance company's efforts at prevention may accrue benefits to a different company when the patient/subscriber changes insurance companies.

If a certain percent of payouts is mandated for real prevention, not just screening, and if prices are controlled for sickness care, providers can be more focused on prevention, wellness, and quality personalized care, and the focus for hospitals could shift away from

high volume, high priced procedures that are driven primarily by financial gain. Nonprofit hospitals with curbs on CEO compensation could also shift the focus away from higher and higher profits based on procedures on sick people, and toward quality of care and prevention.

Shifting from profit-driven, high priced, procedure-based care, to a more humane health care would be a major change in our system. It would likely be resisted by the entrenched interests who would “pull out all the stops” to propagandize to the public that the “sky is falling,” would take court actions against it, and would exercise whatever efforts they could muster, legal or illegal. Only a massive political activism by a large number of voters is likely to bring this about.

Shifting from the public to the personal, we need to recognize that even if all the economic and political systems support prevention, there is still a large arena in which personal discipline, motivation, and proactive commitments are necessary. Health care programs that teach healthful lifestyle, food, exercise, etc., can do a lot to enroll people into committing to healthier lives. Education can accomplish a lot. School gardens can enroll children in eating vegetables. They eat what they grow. But in the end, it comes down to responsible individual choices that have to be made to accomplish prevention.

We all need to recognize that health and being well are not in the domain of doctors and hospitals. Too many people have the concept of health as a matter of good luck or genes, and that disease just attacks from out of nowhere. We need to disavow ourselves of that perspective. Most of our health results from individual choices. If we want to be happy, healthy, vibrant, and alive, the power is in our hands. We may not decide when we die, but we can decide how we live, so that our lives are well to a great extent, right up until close to the time we die. We need to educate people in the realities about how health happens, starting with young children, establishing good habits.

Let me remind you of some of my earlier writings about specific areas of health behaviors that can reduce the risks of illness and disability. The Disease Delusion by Jeffrey Bland, Ph.D. shows how many physiologic systems in the body have to work in harmony to maintain good health. Checking on these systems and supporting them when they are dysfunctional can bring them back in line, with foods, other lifestyle methods, and supplements. Radical Remission, by Kelly Turner, outlines characteristics and behaviors of people who made “spontaneous remission” from cancer: Taking charge of one’s health and health care, dietary changes and supplements, releasing suppressed emotions and letting go of resentments, increasing positive emotions, social support, spiritual connections, and having a strong purpose for being here. Dr. Tieraona Low Dog, M.D., wrote 2 books, Healthy At Home, and Fortify Your Life, about home remedies, when to use them and when to seek professional help, and how to use supplements safely and to strengthen defenses against getting sick. Dr. Dale Bredesen’s The End of Alzheimer’s showed how lifestyle measures and supplements reversed Alzheimer’s dementia in hundreds of patients, something drugs cannot do. Dr. Dean Ornish’s program (which I have not written about so far) to reverse heart disease with lifestyle only has been successful since the 1990’s. Daphne Miller’s Farmacology and

Michael Pollan's Food Rules (in a nutshell, "Eat [real] food, mostly vegetables, not too much.") are excellent sources of general nutritional advice. Nature Fix tells of the great salutary effect on health of being in contact with the natural environment. My article on "Detoxification, A Vital Imperative" shows the importance of constantly purifying our systems due to massive poisoning of our food, water, and air. Fasting periodically, if done properly, can be a preventive tool, and has been a part of almost every religious tradition. My other articles related to prevention are: The Upside of Stress, "Laugh Until it Helps," Mindfulness For Beginners, "Fed Up," "The Health Benefits of Hatha Yoga," "Where To Invade Next," "Sleeping Better," and "The Secret Language of the Heart."

One source of nutritional controversy is the role of alcoholic beverages. Ethanol is basically a toxin and an intoxicant and is avoided by many religious traditions, yet almost universal recommendations by both the conventional and alternative health professional communities say, "alcohol in moderation." This is a large topic in itself, which I plan to address in a future article.

In JAMA July 3, 2013, Harvey Fineberg M.D., Ph.D wrote a Special Communication called "the Paradox of Disease Prevention, Celebrated in Principle, Resisted in Practice," outlining the obstacles to prevention, and some strategies to overcome them.

The author states that the prevention of disease is, in the words of Shakespeare's Hamlet, "a custom more honoured in the breach than the observance."

In contrast to treating or curing a specific problem, prevention is more complex, working at the population level to reduce risks. He outlines several obstacles to prevention, some of which are that: 1. Success is invisible. It works quietly. The absence of a disease is not seen. When would we notice that someone did not get cancer? In the case of any individual, the healthful behaviors may produce the desired result, or it may not. We deal with probabilities, not certainties. 2. Lack of drama. Curative interventions are exciting. Would a T.V. drama show a heart attack not happening, allowing a fulfilled life of service, because someone decided 10 years prior, to stop smoking, to eat good food, and to exercise regularly? 3. The long delay before rewards occur. People want quick fixes. 4. We measure success of preventive programs with statistics, which have little emotional effect, while every life saved has a huge unsung emotional impact. 5. Benefits often do not accrue to the payer. Providers are paid a lot more for interventions and disease management than for counseling and patient education. As I mentioned before, one insurance company's payment for prevention may provide financial benefits in reduced claims for a different company if the subscriber/patient changes companies. 6. Changing or inconsistent preventive advice – Fats are bad, fats are good, coffee's harmful, coffee's a health food, etc. Start doing mammograms at age 40, then change that to 50. BP- Treat at 140/90, then 150/90, then 130/80. The guidelines keep changing with new data. 7. Persistent behaviors are required. You can't just exercise occasionally, or eat good food once a week. It requires daily attention. 8. Accepting avoidable harm as normal. Auto crashes, murders, etc., heart attacks are common, so tolerance toward them prevail. We would not have to accept that. 9. A double standard for prevention vs. treatment. Treatment only has to

result in a marginally better outcome than not treating, and occasional adverse effects are acceptable. But prevention not only has to be safe, but also cost effective, and no uncomfortable side effects. 10. Commercial conflicts of interest. The tobacco, junk food, pesticide and GMO, petrochemical, pharmaceutical, and military (including international arms and chemical weapons sales) industries, all damage public health. Yet they advertise to the public and lobby governments with misinformation that their products are beneficial. These latter are my own comments. The article was careful to only mention the tobacco industry as an example. 11. Conflicts with personal, cultural, and religious beliefs. Some examples are objections to education about condom use, and taboos that worrying about diseases of the future may increase the likelihood that those diseases will occur.

He proposes strategies for overcoming some of these obstacles: 1. Pay for prevention. Reimburse providers at a higher level for preventive actions. 2. Pay individuals for healthful behavior with reduced insurance rates. Mexico pays cash to low-income families for getting checkups. 3. Encourage employers to provide workplace wellness programs, which reduce absenteeism and medical costs. 4. Re-engineering: Airbags in cars and intoxication screens to enable starting a car are some examples. 5. Public policy: taxing tobacco, banning smoking in public places, reducing sugar in foods, taxing sugared beverages, etc. 6. Use multiple media channels to educate and encourage healthful behavior, establish a culture that celebrates healthy choices, humanize statistics to put a face on successes in prevention. Connect prevention to things that people already value, when advertising it. I commend this author for a very thoughtful and thorough study of this issue.

So we need personal responsibility and proactive commitment to being well, and public actions to put incentives into preventive measures to make them more palatable and inviting, using both “carrot and stick.”

Think of preventing problems in the future, but also see healthful food, physical activity, and clean living as values in themselves, and just be well now, decide to experience happiness and joy in the golden present.