

Confessions of a Medical Heretic - The Temples of Doom (76-79)

I still don't like to make rounds through hospitals at night: too many crying babies. I always have a lot of trouble with crying babies - I can't ignore them. When I used to make night rounds regularly I would pick up the crying babies or the little kids and carry them out to the nurses' station. If they could sit on the nurses' laps or on the edge of the desk they wouldn't cry.

Adults and the elderly also suffer from a hospital stay. Dr. David Green has called hospitals "the worst place in the world for aged people." I don't disagree with him, except that I would say that hospitals are the worst place in the world for *everybody*. I don't know how we can expect children not to be harmed by the super stresses of a hospital stay when those stresses are so hard on adults. Ironically, we expect the kids to act like super adults in the hospital and adjust to the separation and the fear - while we expect the adults to adjust to being treated like helpless children. Hospital procedures have absolutely no respect for a person's dignity. You have to take off your own clothes and wear a hospital gown that leaves you immodestly vulnerable to inspection and attack by innumerable doctors, nurses, and technicians. You have to lie down most of the time. You can't come and go as you please. And you have to eat what they serve you - if there's time. Then, to top it off, you have to sleep in a room with strangers - *sick* strangers at that!

Hospitalization degrades you. In my twenty-five years of practicing and witnessing the practice of medicine, I've never seen a degrading experience that did anybody's health any good. But remember, hospitals are the temples of Modern Medicine. When you enter the temple of another religion, you enter the presence of that religion's deities. No gods will allow you to take rival gods into their house, so you leave behind your old gods and all that they taught you before you enter. Since the Church views *all* aspects of life that contribute to health as rival gods, you must leave your identity, your family, your confidence, and your dignity at the temple door. Only when you've been purified of your real life can you be eligible for the sinister rewards of the Church of Death's sacraments.

I'm always fascinated when one kind of epidemic or another spreads through a hospital so fast that everybody has to be sent home or transferred to another hospital. Usually, very few people have to be transferred to other hospitals. We always manage to send nine out of ten patients *home* with no problems.

About twenty-five years ago, I decided to conduct a little experiment to find out just how necessary hospitalization really is. I was in charge of a hospital ward that had about twenty-eight beds. I decided that none of the twenty-four patients already there would stay unless they absolutely required hospitalization. I also had control of admissions. So when someone came to be admitted, we decided whether or not they really had to be. We had special procedures available to allow people to be treated at home. We could, for example, pay their taxi fare for outpatient visits, and we had a truck we could use to go out to adjust patients' devices if they were in traction.

I kept this up until we got down to three or four patients. I figured I had pretty well proved that hospitals weren't necessary. I found out afterwards that *I* was the one who wasn't necessary. The nursing office started to complain because the nurses in my ward had nothing to do and were in danger of being transferred. The interns and residents complained that they did not have enough teaching material. That was the end of my experiment on hospital utilization.

Hospitals exist in such aggressive abundance for the convenience of the medical profession, not for the good of the people they're supposed to serve. Hospitals started out as "poor houses" where doctors could send patients who didn't have the money to pay for their services. After awhile, doctors realized that it was much easier for them to have *all* their patients in one place, with all the machinery right there. Naturally, as medicine becomes less personal and more mechanical, it becomes increasingly convenient for the doctor to manage patients in the hospital. It's a well-known fact that a doctor has to be *sharper* and more skillful if he treats people on an outpatient basis. As talent and consideration have become rare commodities among doctors, hospitals have burgeoned. Insurance companies drive people into hospitals by refusing to pay for outpatient treatments. If we didn't recognize that hospital and medical insurance payments were really indulgences to keep a corrupt Church solvent, we would bridle at the absurdity of an insurance company preferring to pay thousands of dollars for treatment in the hospital that could be performed out of hospital for hundreds.

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Hospital costs are the biggest single element in the country's total bill for medical "care." That bill is rapidly overtaking defense, the Number One item on the country's total bill for everything. When medicine *exceeds* defense, the Inquisition will really be unstoppable. No one seriously challenges whatever institution is the first item on the budget. Whatever costs more than anything else gathers bureaucratic inertia of such immense proportions that it controls the destiny of the country. Then the dream of Modern Medicine will be fulfilled: the whole country will become a hospital. We'll all be patients in the Temple of Doom.

Confessions of a Medical Heretic - If This Is Preventive Medicine I'll Take My Chances with Disease (141-143)

We've already seen what a disaster curative medicine has become, but so-called preventive medicine is just as dangerous. In fact, the juggernaut of Modern Medicine's drive for power over our lives is preventive medicine. It's no secret what mayhem power-hungry institutions - including governments - can get away with hiding behind the intention of "preventing" trouble. Modern Medicine gets away with even *more*. For example, the Defense Department explains the billions it spends by forwarding the old "we're protecting you from camels" routine. Though a great portion of those billions is no doubt wasted money, at least the Defense Department can point to the virtual absence of camels as evidence that *some* of the money is spent on worthwhile activities.

Modern Medicine can't even make that claim. There's no way anybody can justify the billions of dollars we spend every year on "health care." We're not getting healthier as the bill gets higher, we're getting sicker. Whether or not we have national health insurance is, at best, irrelevant and, at worst, one of the most dangerous decisions facing us in the years ahead. Because even if all doctors services were free, disease and disability would not decrease.

I wonder if we can really expect anyone to ask whether more of what we already have too much of will do us any good. Modern Medicine has succeeded in teaching us to equate *medical care* with *health*. It is that equation which has the potential to destroy our bodies, our families, our communities, and our world.

We've already seen how much of what Modern Medicine describes as "preventive" medicine is not only ineffective but dangerous. The sacrament of the regular physical exam exposes you to the whole

range of dangerous and ineffective procedures. From this "act of faith" you receive the absolution of the priest - if you're lucky. First you have to give him a full confession, a complete and honest history including things your wife and best friends don't even know. Then he'll pass the ceremonial stethoscope over your vital parts - a stethoscope that has a good chance of not working properly. The doctor will check your orifices, further the humiliation by having you give a bottle of urine to the nurse, hit you ceremoniously on the knee with a rubber hammer, and pronounce you saved!

Or write out your penance in Latin.

Or - if your sins have been legion - send you to a specialist for really sophisticated punishments.

Screening programs could be called a Comedy of Errors if the results weren't so often less than funny. The tuberculin test, for example, was originally very valuable as a method of identifying people who required further investigation for tuberculosis. But the current very low incidence of tuberculosis means that the test has instead become used as a method of "preventive management." This means that in order to prevent the possible one case out of 10,000 or more, potent and dangerous drugs such as INH are given for months and months to people who are so-called "primary reactors." There is also considerable psychological damage that can result when a person becomes a social pariah because friends and neighbors find out that he or she is a positive reactor. Doctors now have to caution mothers against letting neighbors and even relatives know that a child has had a positive tuberculin test, since the test doesn't usually indicate communicability in a child.

If you follow the sounds of medical-governmental drum-beating in favor of a "preventive" procedure, you'll more often than not find yourself in the midst of one of the Church's least safe and effective sacraments. For instance, with some immunizations the danger in *taking* the shot may outweigh that of not taking it!

Diphtheria, once an important cause of disease and death, has all but disappeared. Yet immunizations continue. Even when a rare outbreak of diphtheria does occur, the immunization can be of questionable value. During a 1969 outbreak of diphtheria in Chicago, four of the sixteen victims had been "fully immunized against the disease," according to the Chicago Board of Health. Five others had received one or more doses of the vaccine, and two of these people had tested at full immunity. In another report of diphtheria cases, three of which were fatal, one person who died and fourteen out of twenty-three carriers had been fully immunized.

The effectiveness of the whooping cough vaccine is hotly debated all over the world. Only about half of its recipients benefit, and the possibility of high fevers, convulsions, and brain damage is too high to ignore. So great are the dangers that many public health authorities now prohibit the use of the vaccine after age six. Meanwhile, whooping cough itself has almost completely disappeared.

Whether or not the mumps vaccine is advisable is also in doubt. While the vaccine definitely lowers the incidence of mumps in those who receive it, it does so at the risk of exposing them to the dangers of mumps later on after the immunity has worn off. Furthermore, diseases such as mumps, measles, and German measles - for which vaccines have been developed over the past few years - don't have the dread implications of smallpox, tetanus, and diphtheria. Contrary to popular belief, measles cannot cause blindness. Photophobia, which is merely a *sensitivity* to light, can be treated as parents years ago did: by pulling down the windowshades.

Confessions of a Medical Heretic - Epilog - In Search of the New Doctor (171-183)

Health neither begins nor ends with the doctor. The doctor's role is somewhere in the middle. And still crucial. If doctors weren't important, the Church of Modern Medicine could never have gained the power it has.

This simultaneous process of destroying Medicine and rebuilding Medicine is, by nature, a political process. *At all levels*, the Medical Revolution involves the participant in politics: If you keep your children out of public school to avoid immunizing them, that is a political act. If you have your baby at home when state laws discourage it or health insurance refuses to pay for it, that's a political act. If you decide to have *another baby*, that's a political act. While we turn our backs on the Inquisition, we turn towards and embrace the New Medicine *as we need to in order to survive and prosper*. That is going to require action which is *explicitly* political, too.

As John McKnight has said in his essay, "The Medicalization of Politics," "Politics is the act of citizens pooling their intelligence to achieve the maximum human good. Medicalized politics is the disavowal of that common intelligence. Politics is the art of the possible - a process that recognizes limits and grapples with the questions of equity imposed by those limits. Medicalized politics is the art of the impossible - the process by which an unlimited promise is substituted for justice. Politics is the art of reallocating power. Medicalized politics mystifies control so that power is no longer an issue. The central political issue becomes the right to more control. Politics is *the act of citizens*. Medicalized politics is the *control of clients*. Only the hands of citizens can cure medicine. Medicine cannot cure itself because its prescriptions come from its own system of values."

If your community is considering fluoridating the water - or if it already has fluoridated water - you may have to fight it. You may take political action and work against the enactment of national health insurance, or work for the inclusion of "revolutionary clauses" which will prevent the Inquisition from getting a death grip on our society. You may work politically for laws which will effectively remove poisons from our air, food, and water. Or for changes in the Social Security and tax laws that will favor keeping families together and strong.

I recently was asked by a group of Latin-American mothers in Chicago to help promote breastfeeding among the members of their organization for better child raising. They knew their biggest problem was that the community hospitals these women were using sanctioned the use of formula. The mothers decided to do something with their organization. They visited the heads of the hospitals and tried to persuade them to stop encouraging bottle-feeding by handing out free six-packs of formula and special "supplementary feeding packs" to mothers who already were breastfeeding. They said that if the hospital heads did not respond to their requests, they were going to picket the hospitals.

It seems to me that the New Doctor has to be in the front lines of these struggles. He or she will have to be involved politically if only in response to his patients' needs. He or she will be visible through the newspapers and other media when these issues come to the fore. And if they *don't* come there, he'll make sure they *do*.

This is one of the major differences between the ethics of Modern Medicine and those of the New Medicine. Modern Medicine tells doctors to stay out of politics. Of course, this is merely to hide the fact that doctors are already into politics in an immensely powerful way. The Church likes the status

quo, since it is in control, so it wants to be able to scare away potential troublemakers and blacken the reputations of those who can't be scared away, by labeling them "politicians."

The New Medicine says that the doctor is not a monastic priest sitting in his monastery, but is a participant in the life of the community. Doctors will be community leaders active in politics because concern for the health of the community demands it. When the water company wants to fluoridate the public water, the New Doctor will be right there to make sure people know the biological consequences. When the power company wants to build a nuclear power plant, the New Doctor will not stand by and let the health of the community be threatened. Rather than allow political issues to become medicalized - and thus defused - the New Doctor will acknowledge the need for political power to be applied to matters of health and disease. He or she will not shrink from identifying "bad" politics as factors in disease.

Community involvement of this nature implies a certain type of doctor with the *sensitivities*, *skills*, and *motivation* to help build the New Medicine. Any collection of ideas-for-action can be subverted by the people who do the acting.

The New Doctor is comfortable with people from all walks of life - not only in the doctor-patient relationship, but in social relationships as well. The New Doctor considers his or her service as an agent of social improvement, so he or she will need to understand and be aware of the social and ethical foundations of medicine.

The New Doctor will be conversant not only in the language of science, but in the language of *people* as well. He or she is going to be constantly *informing* patients: informing them of the risks and benefits of prospective treatments, informing them of the ways they can stay healthy, informing them of how certain activities and circumstances affect health. The doctor-patient relationship is democratic in the sense that both doctor and patient share information equally. But that "democracy" must necessarily break down when the doctor has to exercise his or her authority. The "perfect" example of this is when the patient is unconscious. Obviously, under those circumstances the doctor must accept responsibility and make choices in the best interests of the patient - without the patient's consent. When the patient is conscious, however, the doctor must still recognize that there might be a point at which the patient's knowledge ends and the doctor's keeps going. That's why the patient is seeing the doctor, after all, to depend - however much - on that knowledge and training. I don't care whether the doctor wears blue jeans or a three-piece suit, whether his or her hair is short or long, whether he works out of a brand-new clinic or a used van - the patient is there for the benefit of the doctor's knowledge. The doctor must inform the patient of how the patient's choices will affect him, but he or she must not shrink from making a judgment based on his or her knowledge and talents. That's what the patient is paying for.

When the New Doctor is faced with a patient who has just had a baby, that patient is going to be informed of what her alternatives are for feeding and caring for that baby. The New Doctor is going to tell her that bottle feeding is not as safe or healthy as breastfeeding, and that the difference in benefit and risk is great enough so that if she chooses to bottle feed, she is going to have to find another doctor.

The New Doctor is not afraid to act on evidence that's available *today*. He or she has enough confidence in his or her knowledge, training, and instincts to avoid the cop out: "We don't know enough. All the evidence isn't in. We need more research."

Because the New Doctor admits up front that these choices are necessary, he or she must be aware and responsive to the ethics of the doctor-patient relationship. To what extent do people have stewardship over life, death, and health? How far can medicine increase our control over life and death? What issues are involved in the choices to use artificial organs, transplanted organs, and artificial life-extending machinery? It's not enough for the New Doctor to know *how* to do things, but *why*. Just because something *can* be done, does that mean it *should* be done? The ethic that will permeate the New Doctor's practice and training is regard for the rights and dignity of human beings.

As maker of health, the New Doctor is aware that the patient and nature are the ingredients, not merely the medium for the expression of technique. Aware of the limits of human competence, the New Doctor knows when to intervene in natural processes, when to encourage natural processes, and when to let natural processes run their course. Implied in this knowledge is awareness of the harm that can be done by doctors.

"The art of medicine," according to a colleague and good friend of mine, Leo I. Jacobs, M.D., Medical Director of Forest Hospital, Des Plaines, Illinois, "flows from the physician's ability to be introspective and to understand the patient as a human being with certain feelings, thoughts, attitudes, interpersonal relationships, aspirations, and expectations rather than a mere symptom carrier. Such a physician tends to see the patient, and not himself, as the primary person responsible for maintaining health, by leading a meaningful life in which proper nutrition, exercise, and stress management combine with an appropriate balance of love, play, and work within a harmonious family. Such a physician will resort to drugs or surgery only after his understanding of the patient's predicament has ruled out non-invasive or educational, psychological, or social approaches."

The New Doctor acknowledges nature as the prime healer, and so regards natural supports of health, such as the family, as having supreme importance in the healing process. The family is the unit of health and disease, so the New Doctor treats the whole person in the context of family as well as religion and social system. The New Doctor makes house calls and meets the family on its own turf. He or she disregards professional language and advice that tends to split families into warring factions. Proper avoidance of hospitalization will be a key goal, so the New Doctor delivers babies at home and scorns the idea that people must come into and leave this world under conditions of intensive care.

The New Doctor is a *lifeguard*. He or she stands by ready to intervene in life-threatening situations. At the beginning of life he lets the mother deliver the baby and stands by for the tiny percentage of cases in which he is needed.

As soon as we assign the role of lifeguard to the doctor, we define what he does and does not do throughout his career. He or she does not play the central role. The central roles are played by the individual, the family, and the community.

And in "guarding" the health of his patients, the New Doctor establishes priorities according to their promise of safety and effectiveness. The Hippocratic order of treatment placed *regimen* before medicine and surgery. So will the New Doctor. What a patient does every day with and to the body and soul have a greater effect on health than what the doctor can do in a small fraction of that time. The New Doctor must teach the patient what to do during the mass of time he is living his life on his own, away from the doctor, to maintain and maximize health.

The one rule I give to all my medical students is that I don't care what you do to the patient as long as he or she feels better when leaving the office than when coming in. The New Doctor heals with *himself*. If the doctor has enthusiasm and hope, and can communicate this to the patient, then the patient is going to feel better. A healer is a healer no matter what techniques he uses. Conscious of this, the New Doctor prescribes "himself" in generous doses, meaning he or she uses whatever resources of personality and human caring possible.

The New Doctor still will be a priest in the sense that he or she will officiate or mediate at the absolution or cleansing of the patient's "sins." You'll still have to confess to the New Doctor, in the sense that you will give your "history" and the doctor will identify what is health-producing and health-destroying in your life. The New Doctor doesn't presume you're never going to do anything unhealthy, but he's going to make sure you're aware of it when you do. We know that the body has its own powers of absolution in its incredible ability to adapt and make up for "mistakes." You still have to do penance, but there's a difference. The New Doctor doesn't sprinkle you with holy water and pronounce you saved if you take this drug or let him mutilate you. The New Doctor doesn't sacrifice you to any vengeful gods. Your penance is biological, it's the price you have to pay to get back in balance. You have to overcompensate for a while to make up for going too far.

Naturally, the New Doctor tries to motivate people to *avoid* disease, too. I believe guilt is one of the strongest motives for changing one's behavior. The New Doctor, being concerned with *causes* of disease rather than superficial symptoms, is going to ascribe guilt in a more rational and ethical fashion than Modern Medicine. The guilt will be personal, but not exclusively personal, and it will be *relievable* through *action*, not symbolic rituals. In the case of lead poisoning, the guilt will be ascribed to whoever is responsible for the lack of food in the refrigerator, whoever is responsible for the lead in the air, in infant formula, and in food. If a woman opts for analgesia and anesthesia during childbirth, she deserves some guilt because these things are not good for the baby. If a mother tells the New Doctor she's planning to bottle feed her baby, the New Doctor is going to tell her she's threatening the baby's health. New Doctors will try to make people feel guilty about eating refined sugar and flour and over-processed foods, about smoking, and about not exercising.

The New Doctor's use of guilt will motivate people to healthy habits rather than frustration and fear because there won't be any double-think involved. Something is either good for you or bad for you and the New Doctor will make sure you know the difference. That difference will be determined *biologically* rather than politically or religiously. If bottle-feeding is wrong, it's wrong because it exposes mother and baby to a number of unhealthy conditions, such as gastroenteritis, allergies, infections, and inadequate bonding between mother and child. The New Doctor may believe that a woman's body is her own, but *biologically* he or she knows that abortion causes a higher rate of sterility and other complications that a properly informed woman would not choose to expose herself to. A doctor should tell a woman that an abortion will increase the chances of her delivering a premature infant in the future by fifty percent. He should tell her about the Israeli study of more than 11,000 pregnancies in which women who had previous induced abortions "were subsequently less likely to have a normal delivery. In the births following induced abortions, the relative risk of early neonatal death was doubled, while late neonatal deaths showed a three- to four-fold increase. There was a significant increase in the frequency of low birthweight, compared to births in which there was no history of previous abortion. There were increases in major and minor congenital malformations." (*American Journal of Epidemiology*, September, 1975)

The New Doctor's honesty will extend to denying Modern Medicine's mythical claim that everything can be cured, that no matter how you mess yourself up the skills of the doctor can put you back together. The New Doctor informs his or her patients that real cures are hard to come by and that even miracle cures fade fast. Patients are thus cautioned against straying too far away from the balance that will insure them a long and healthy life.

The New Doctor will be skeptical of the promised benefits of drugs and surgery. One of his or her major areas of responsibility is to protect people against the excesses of surgeons and drug companies in foisting off their wares. Nevertheless, the New Doctor does not abandon useful technology, but rather discriminates between useful machinery and machinery for-the-sake-of-machinery. He's trained in the use of scientific equipment, but he's also taught the risks and the deficiencies of it. Most of all, the New Doctor doesn't rely on machinery unless absolutely necessary. He's aware of the dangers of letting technology rule over common sense and instinct.

Since he will reject much of Modern Medicine's machinery, the New Doctor is knowledgeable in unorthodox methods of treating disease, including nutritional therapy, acupuncture, kinesiology, chiropractic, homeopathy, and others.

One of the primary activities of the New Doctor is to protect patients against the excesses of specialists. New Doctors will be antagonists to the specialists: they'll make their patients feel *guilty* about going to a specialist and endangering themselves without justification. Instead of viewing the patient as a collection of symptoms localized in a single spot, the New Doctor will see the whole person as the context and possible cause for disease.

Eventually, in the light of ethics, iatrogenic considerations and exposure, and generalist education of doctors, the specialties will largely disappear. If the hospital addiction can be licked early in life - at birth - it will not become a habit later in life. Home delivery of babies will cause the disappearance of ninety-five percent of obstetrics and gynecology. As the failure of psychiatric chemotherapy, psychosurgery, electroshock therapy, analysis, and most counseling is exposed - in favor of strong familial, friendship, self-esteem support networks - most of psychiatry will disappear. Internal medicine will go under with its highly lucrative recruiting practices: annual exams, screening for hypertension, and drug therapies for diseases that can be treated naturally. Surgery will mostly disappear as people learn to refuse to let doctors mutilate them for no particularly good reason - and as they are able to find more and more New Doctors who will treat them without surgery. The entire field of orthodox oncology will disappear as chemotherapy, surgery, and radiation for cancer are revealed as fundamentally irrational and scientifically unsupportable. Pediatrics, of course, will disappear as more and more mothers are encouraged to breastfeed their babies.

The New Doctor is committed not only to putting the specialists out of business, but to putting himself out of business as well. Doctors used to say they were in business to put themselves out of business, but it was only a slogan. Now you don't even hear them saying it anymore. But the New Doctor will back up his commitment with action. He or she will teach people how to keep themselves healthy and how to restore health and balance without the aid of a professional. While the New Doctor knows there will always be a need for doctors, the doctor's role in the person's health will diminish to the point where it might not be a bad idea if doctors had another way to earn a living besides practicing medicine. One thing is certain, if every doctor were a New Doctor, we would need far fewer doctors and medical care would not be the outsized behemoth in people's lives that it is today.

The New Doctor must be prepared for courageous behavior, which means doing what has to be done even though it means giving up the wealth, power, and status associated with being a conventional physician. I don't think we'll have any trouble instilling courage in New Doctors. The ones I've met - as both doctors and doctors-to-be - seem to come equipped with both courage and the cunning to defend themselves. I met a young doctor recently who had quit his formal medical education as soon as he was eligible for a license - immediately after his internship. I asked him where he was licensed, and he told me in *five* states. He said he anticipated having trouble with the medical establishment, so he's prepared if they start taking his license away. Smartest fellow I've met in a long time. The New Doctor knows what he has to do to survive long enough to work himself out of business.

Obviously, the New Doctor exists *despite* his or her medical education rather than because of it. With this in mind, I and a number of my colleagues have created a blueprint for the New Medical School, which is now actively seeking state approval and looking forward to taking on its first class of New Doctors-to-be.

The education of the New Doctor will include not only medical and clinical sciences but ethics and literature as well. All students in the New Medical School will be shown how human behavior relates to health and disease. New Doctors will be trained to communicate by means of the written as well as the spoken word. They also will learn the basic techniques and social implications of other media, such as television. New Doctors must not only be able to communicate effectively with the community, but they must be aware of the processes by which they and their patients are influenced. Since legal procedures are important not only to the doctor's protection of his practice but to the protection of his patients as well, New Doctors will learn to deal with lawyers and the law.

The New Medical School will have a Department of Ethics and Justice. A community's concept of justice determines the health of its members in terms of life expectancy, infant mortality, morbidity statistics, and quality of medical care. Theoretical economic structures are irrelevant. A free enterprise system saturated with justice can provide good medical care, while a socialized medical system devoid of justice can provide deadly medical care. An immoral society that sets arbitrary limits on technological achievements can be harmful, while a moral society that strives for the best that technology has to offer can produce healthy people. In our Department of Ethics, the traditional medical disciplines will be required to expose their material to the light of various ethical systems: Jewish, Christian, Hindu, Islamic, utilitarian, situational, etc.

The New Medical School will have a very strong Department of Iatrogenic Disease. In this department all medical disciplines and specialties will be required to demonstrate how their methods can produce disease and disability. Doctors and professors will be paid to find out how medical care does more harm than good, and how proposed new treatments might prove harmful.

Instead of the New Medical School providing the same specialist-encouraging instruction and role models that conventional schools do, it will stress generalism. The New Medical School will be an open forum of ideas on healing. Students will be taught not only by medical doctors, but by osteopaths and chiropractors and naturopaths and nutritionists. We don't want the New Doctors to learn about these ideas and practices as if they were abstract academic principles. We want them to see them practiced firsthand.

The New Doctor will be educated in methods and principles that do not become obsolete every few years. Once the fifty-to-ninety percent of what is now being taught is rejected as either wrong, outdated

or irrelevant, we will have enough time to teach what has to be taught, such as fundamentals of diagnosis and prognosis.

The New Medical School will begin producing New Doctors by selecting a different kind of person to be a student. Students who score highly on traditional medical school entrance exams tend to be too compulsively achievement-oriented. They lose contact with the genuine goals of medicine and become wrapped up in competition and in the application of technology to *subdue* rather than restore the balance of Nature. The New Medical School will downplay quantitative tests and look for people who are comfortable being with people rather than doing something for or to them. We don't want insecure people with so little self-esteem that they always need to be proving themselves by challenging their peers and defending their status. Such characters are unhealthy to those around them as well as to themselves.

To help avoid the social pathology that seems to affect physicians as a group, the New Medical School will concern itself with supporting and strengthening the family life of each New Doctor. We will encourage students to marry and have families, because we want them to experience their profession from both sides, as real people. The New Doctor will also have strong roots in the community, since the local culture of a people is always a factor in health and disease.

I remember some years back I was asked to give the speech to incoming medical students at a medical school. The title of my talk was 'How To Survive Medical School.'" I gave them a number of rules, one of which was to stay close to your family and to people you knew before medical school. Stay close to people who are not doctors and not studying to be doctors. Don't work too hard. Don't try for A's. It's almost impossible to get kicked out of medical school, so you might as well just slide through. Make a major investment in your education, but not an exclusive one. Not an investment to the exclusion of the rest of your life.

After I finished, the dean of the school got up and said he agreed with everything I said, but that the students should always remember that when you enter medicine you are entering a *new life!*

Students at the New Medical School will be taught in a different manner, too. Their relationship to the faculty will be as graduate students actively involved in the study of a discipline rather than as passive recipients of trade school training. The New Medical School will not be a research institution or a hospital. It will be a *school*. Students will be assigned to teachers, not to hospitals. The teaching format will be by preceptorship or professional apprenticeship. Students will take responsibility for their own education.

When those young men and women are graduated, you won't have any trouble distinguishing them from the rest of the pack. For in preparing the state application form for our New Medical School, we visited a number of other medical schools. One of them was a new school in a small community in southern Illinois. After they had finished showing us all they had accomplished, we asked the directors one question: If you were to mix your graduates with a bunch of Harvard Medical School graduates, would you be able to tell them apart? The answer was "No, you wouldn't, because our students are indistinguishable from those at Harvard."

We then decided that we wanted nothing further to do with that school. Our students are going to be easily identifiable: Their first rule is going to be *First, Do No Harm*.