

# PROBE

David Zimmerman's newsletter on science, media, policy and health.

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\$5

## Was New England Journal Snookered?

# Media Blitz for Mind/Body Malarkey

A campaign has been launched to radically change and spiritualize America's science-based medicine.

This campaign is very sophisticated. It is not aimed at the hoi polloi. Rather, this blitz targets educated, upscale people.

Widely respected media outlets have been drawn into this effort. They include the Public Broadcasting Service (PBS), the *New England Journal of Medicine*, and the product-rating magazine *Consumer Reports*.

### Analysis

The campaign's stated purpose is to improve public health, and save money. Billions of dollars in products and services certainly are at issue. But we think the critical issue is that this effort is directed *against* the rational scientific bases that have shaped American medical training and practice since early this century.

A major manifestation of this anti-rational attack was Bill Moyers' "Healing and the Mind" series last month on PBS, which was boosted by an elaborate promotional campaign; we critiqued "Healing" last month. A very similar exposition of "mind/body medicine" — but without "Healing's" dried lizard soup, acupuncture and other Chinese materia medica — appeared in the February *Consumer Reports*, under the title "Can

Your Mind Heal Your Body?" The February 22 *Newsweek* carries a 12-page ad supplement for "Healing."

The cost of it all must run in the millions.

Meanwhile, the *New England Journal of Medicine* (NEJM) (Jan. 28) published a special article on "unconventional medicine" in the United States. Two days later, the *New York Times* published an op-ed piece "Mind vs. Medicine" that extended and distorted key information in the NEJM piece and in the then-upcoming "Healing" special.

These efforts all are closely entwined:

The NEJM article was "supported by a contract with the John E. Fetzer Institute and a grant from the Nathan Cummings Foundation" according to an NEJM footnote. Fetzer and Cummings also are funders of "Healing," and Fetzer and another "Healing" sponsor, Mutual of America, have ads in the *Newsweek* supplement.

### Internist Is Guide

The *Times* op-ed piece was written by Cummings president, Charles R. Halpern.

The lead author of the NEJM article is Harvard internist  
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## Sponsor Knew 'Healing' Innuendo Was Misleading

The Fetzer Institute, primary funder for Bill Moyers' "Healing," knew that a key statement, in a segment on China, was misleading before the series aired, a spokeswoman said last month.

In a key scene, in a Chinese hospital, a woman is being prepped for brain surgery to remove a tumor. "What they're going to do," internist David Eisenberg, M.D., tells Bill Moyers on camera, "is to use a combination of some Western medicine and acupuncture anesthesia to perform the whole surgery, while the patient is conscious, awake, and able to talk to us ..."

As the operation progresses, he says: "Bill, I'm going to ask her some questions ..."

Moyers: "... She's talking to you ..."

The viewer is left with the clear impression that acupuncture reduced the need for Western drugs, which in turn allowed the patient to be conscious and awake during the operation. But

this is not so:

In U.S. hospitals, which don't use acupuncture anesthesia, brain surgery patients are *routinely* kept awake, on low doses of drugs, so surgeons can gauge their progress by the patient's response to questions. The insinuation that acupuncture is required to facilitate this wakeful state thus is wrong.

In the course of a long phone interview last month, Fetzer public relations woman Carol Hegedus said of the suggestion that acupuncture allowed the woman to remain awake:

"I knew that that isn't true."

Asked if she thought the "Healing" scene was deceptive, Hegedus said:

"The detail didn't matter, because a larger point was being made. And the larger point was that this is a different culture

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# Clinton Health Watch

The new Administration's health legislation is being examined at length in many public forums — and we do not plan to do so here. Delivery of health care, what is more, differs, trickily, from medicine and science, which we know more about. We will comment, briefly, on initiatives in areas where we have some understanding:

**Universal Vaccination:** The proposal that the Federal government pay for universal vaccination of kids makes excellent health sense. Private practitioners and local and state governments, even with existing federal subsidies, have been failing in the effort to immunize all children against communicable — but preventable — diseases.

Universal coverage of course will protect individuals who are fully vaccinated against measles, whooping cough, and other such ills. But vaccines are not perfect; they do not provide full protection to each and every vaccinated person. Hence, there is added protective benefit in *herd immunity* — in vaccinating as many children in a community as possible. This dries up the pool of susceptible individuals who may catch, carry, and transmit a disease organism to others whose vaccinations have failed to take.

A second reason for universal coverage is money: One credible estimate presented to Congress is that every dollar spent on vaccines saves ten dollars in the medical costs of treating preventable illnesses.

What also is needed is a federal R&D fund to develop and test new vaccines. Because of lawsuits, low profit margins, and distribution problems, most U.S. drug companies got out of the vaccine market years ago — they should be encouraged to return.

**Drug Company Profits:** The drug makers may be rolling in money, though they claim they are not. On the other hand, pharmaceuticals have been the one bright spot in U.S. manufacturing in recent years; the companies pay taxes, make profit, and have retained most of their employees. Wouldn't the President be better advised to jawbone auto makers, IBM, and other weakened or failing companies instead? Why knock the one thing that works! (In health care, what is more, it appears to us that the real rip-offs come from insurance companies and care providers like hospitals and extended care facilities — not from the drug manufacturers.)

**Universal Health Care:** There is no doubt that universal access is critically needed. We favor it strongly.

What we find worrisome are current cost-capping and rationing proposals. Good care often is both long and costly — and insurance clerks with rule books and cost-containment guidelines tend to be poor arbiters of professional service or patient care. We think there are other, better ways to save money and health — particularly through long-neglected preventive care measures.

Stamping out smoking, to the extent possible, would be a good start.

# Animal Activists Seek Advantage Under Democrats

The Animal Rights Movement had little or no access to power under the Republicans. Its constituents hope to do better now that the Democrats have taken over.

Ingrid Newkirk, the national director of People for the Ethical Treatment of Animals (PETA), was invited to talk with the Clinton transition team, according to a report in *New York Newsday* (Jan. 19). An all-vegetarian Animals Ball during the inauguration was sold out at \$250 a ticket, the paper said.

The *Chronicle of Higher Education* reported (Feb. 10) that PETA is pleased, and the pro-research National Association for Biomedical Research is displeased by disclosures in the confirmation hearings for John H. Gibbons as director of the White House Office of Science and Technology Policy — the president's chief science advisor. (Gibbons had been head of the Congressional Office of Technology Assessment.)

The *Chronicle* said Gibbons "may be soft on animal-rights activists," and alleged that his wife, Mary Ann, is a member of PETA. (It is alleged that she has had a PETA bumper sticker on her car.)

A Washington journalist who knows the Gibbons laughs off these allegations, noting that Ms. Gibbons makes it abundantly clear that it is her husband, not she, who is a high government official — and that she does what she wishes.

When Gibbons was asked his views of using animals for research, *Science* (Feb. 5) reports, he said he was not opposed to it, but suggested that there may be alternatives to animal testing. He added that scientists might give more thought to the ethical questions of using animals for science.

"The Native American concept of the use of animals" was  
continued on next page

## Note to Subscribers

A few readers report they did not receive our February issue, which had a front page story on female genital mutilation. If your issue did not come, drop us a note, or phone (212) 545-0088, and we'll send a replacement copy in the next mail.

# PROBE

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# Wall Street Journal Hits Tobacco For Raising False Doubts on Risk

In a long, page one investigative story — “Smoke and Mirrors: How Cigarette Makers Keep Health Question ‘Open’ Year After Year” — the *Wall Street Journal* (Feb. 11) has provided as clear an account as we have seen on how the tobacco industry, through a front group called the Council for Tobacco Research (CTR), has kept alive doubts about smoking’s hazards.

The doubts are false, reporters Alix M. Freedman and Laurie P. Cohen write; the scientific case against smoking is made. But, they emphasize, these doubts have been extremely valuable to the tobacco industry in winning lawsuits and protecting product sales. The *Journal*, a business newspaper, deserves

## Activists . . .

continued from preceding page

particularly admirable, Gibbons said. When they killed, for food, they said a prayer thanking the animal for making the ultimate sacrifice to sustain human life.

Washington lobbyists for science are taking a wait-and-see stance. One noted by phone that Gibbons’ attitude toward research, at OTA, had been challenging but fair.

“Based on past performance, there is no concrete reason to be concerned,” the lobbyist said. Besides, she added:

“I don’t want to see him pissed off!”

# # #

Gibbons’ comments about Native Americans’ reverence for the animals they killed is disquieting, because it implies that animal researchers are cruel and indifferent. This is PETA’s — and the Animal Rights Movement’s — allegation. But it well may not be true.

In Boston last month, *Sacramento Bee* science writer Deborah Blum won a prestigious American Association for the Advancement of Science-Westinghouse Science Journalism Award for a series called “The Monkey Wars” (Nov. 24-27, ’91); it already had won her a Pulitzer Prize. Blum opens the series with comments by a University of California-Davis Medical Center neonatology researcher as he prepares an experiment on two tiny, newborn rhesus monkeys:

“On the days when he’s scheduled to kill, Allen Merritt [M.D.] summons up his ghosts,” Blum reports.

“They come to him from the shadows of a 20-year-old memory. Eleven human babies, from his first year out of medical school. All born prematurely. All lost within one week when their lungs failed ...

“The experiment he’s doing is ... a test of a new chemical to help premature babies breathe .... At the end ... he plans to cut the [anesthetized monkeys’] lungs apart, to see how it worked...”

“Even his ghosts don’t make it easy, Merritt said. ‘The link between people and monkeys is very close .... There’s a real sense of sadness, that we can only get the information we need if we kill them.’”

enormous credit for publishing this exposé of the tobacco business. It is too bad the *New York Times* and other papers that reach large numbers of consumers don’t publish comparable accounts.

The *Journal* rarely if ever runs cigarette ads. The *Times*, of course, runs lots of them.

## Truth Not Told

The CTR was set up (under a different name) almost 40 years ago, the *Journal* recounts, and promised to search out the truth, independently, about tobacco and health — and then tell the public its findings. Instead, as the *Journal* documents, the Council was used in several legal and promotional guises to hide and distort the growing — and soon overwhelming — evidence that smoking is deadly.

The *Journal* piece shows how each side — tobacco and anti-smoking — created a major weapon that then was co-opted by the other side, and turned against it:

On the anti-smoking side, the mandatory warning on cigarette packs may have dissuaded some smokers (or it may not have). But in subsequent product liability cases, such as *Cipollone*, tobacco lawyers have been able to argue successfully that smokers knew the risks they were taking. The tobacco companies thus far have not lost a case.

## Plan May Backfire

Tobacco’s booby-trapped weapon may be the CTR:

A number of the Council’s documents that already have come to light reveal its devious practices (PROBE, July ’92). But there is a mother lode of 1500 additional documents now sealed in a court vault in New Jersey. A federal judge has indicated that they show beyond doubt that CTR knew or discovered tobacco’s hazards, and then helped to conceal this knowledge from the public. But tobacco lawyers thus far have kept these papers off the public record.

## Documents Sought

The U.S. Attorney in Brooklyn has been after these documents for at least a year now — and has failed to obtain them. The *Wall Street Journal* reporters appear not to have seen them either, since most of the evidence they cite comes from open court records and interviews.

Last year, anti-tobacco litigants scored a major advance when the Supreme Court ruled that the label warnings do *not* protect cigarette companies from claims that they deceived the public. But in the first case to be tried after the ruling, a state court in Illinois ruled for the cigarette companies, finding that they did not conspire to hide smoking’s hazards.

The presently sealed 1500 CTR documents thus could prove to be crucial in subsequent product liability cases — as well as in efforts to further control smoking.

# *U.S. Gassed GI's in WW II Tests; Ethical Issues Starting to Emerge*

In a Congressional hearing set for March 10, public accountability will be sought — for the first time — for a series of devastating human experiments:

During World War II, U.S. military doctors deliberately exposed thousands of American soldiers and sailors to poison gases in gas chambers and out-of-doors tests. The ostensible purpose was to evaluate gas masks, protective clothing, and other gear for use in case of enemy gas attack.

Mustard gas and an arsenic-based gas called *lewisite* were used. The pre-set endpoint for all of these “man-break” exposures was gas-induced skin burns that sometimes took a month to heal (See Box, p. 5).

No follow-up medical care was provided to participating servicemen; yet it already was known that these lethal gases had lasting residual effects, including scarring. Psychological ill effects were not monitored either.

## **Exposures Miscalculated**

The experimental doses, of course, were calculated to be sub-lethal. But many of the men now are believed to have received more gas — and more severe injury — than planned.

The existence of the tests, and the subjects’ physical and psychological suffering thereafter, came to light only in the mid-1980s. Then, an inquiry conducted by the Institute of Medicine (IOM), an arm of the National Academy of Sciences, in Washington, D.C., led to the publication, in January, of a thick report titled *Veterans at Risk: The Health Effects of Mustard Gas and Lewisite*; it was edited by environmental medicine specialist David P. Rall, M.D., who chaired the panel, and neuroscientist Constance M. Pechura, Ph.D., who directed the study.

The IOM report honors the 4,000 to 5,000 volunteers who “served our country twice with honor,” but were “mistreated” twice, first in the tests, and then by decades of “official denials.” The panel found “a causal relationship” between test gas exposure and later nasal, throat and lung cancers, skin cancer, leukemia, emphysema, asthma, eye diseases, anxiety, depression, post-traumatic stress, and sexual dysfunction:

“Scrotal and penile scarring” the IOM report says, “may prevent or inhibit normal sexual performance or activity.”

The IOM panel castigates the Department of Defense (DOD) and the Department of Veterans Affairs (VA) for denying the men follow-up care and concern.

## **Abuses Found**

In unusual prefatory comments, the 15 IOM panelists note that they “sought to maintain an appropriate balance of their scientific responsibilities in assessing the available literature and their ethical responsibilities as physicians and scientists.” They then label the men’s treatment as abusive, and express “dismay” at their lack of follow-up care — all very strong language for a federal fact-finding report. The panelists raise,

but do not resolve the issue of the military doctors’ responsibility for conducting the tests. There is no recommendation that anyone be called to task.

An estimated two-thirds of the test subjects still survive the 1940’s tests, Dr. Rall said recently by phone from Washington. Some of the officers who planned and conducted the tests also survive, the IOM document indicates.

## **VA Sought Study**

The IOM report was commissioned by the VA. The panelists were tasked narrowly with determining the relationship between exposure to the gases and later injuries, and with finding and suggesting ways to fill gaps in the scientific literature.

The document itself, and Dr. Pechura, in a phone interview, make it clear that the panelists went beyond their original charge in dealing critically with ethical issues raised by the experiments. But one expert on the ethics of human experiments, psychiatrist Jay Katz, M.D., J.D., of Yale Law School, told the panel, in a letter that was published with the

continued on next page

## **White Men, Too!**

Ironically, the revelation of unethical U.S. military poison gas tests may help torpedo one malevolent conspiracy theory: That the U.S. government uses medicine to commit genocide against blacks.

This myth grew out of public discovery of the Tuskegee Study, in which black Alabamians with syphilis were recruited and monitored through the years, but were *not* given contemporary curative drug treatments. U.S. Public Health Service doctors thus could study the natural course of their illnesses.

The Tuskegee Study started in 1932, and continued for thirty years until it was brought to public light, stopped, and criticized; some restitution then was offered to the aging survivors. But as Dr. Katz, who served on a federal investigatory panel notes, the government has never officially condemned the Tuskegee Study.

The World War II gas chamber tests that started a decade later are a comparable abuse. They involved many more men, most but not all of whom, according to IOM prober Dr. Rall, were white.

So while the Tuskegee Study well may have been racist, other government studies of that era also seem to have been “conducted in the spirit of cheap availability of human beings,” and “without regard” for their future well-being, says Dr. Katz.

In other words, both abuses bespeak a disdain for powerless and poorly informed human subjects that is far wider even than racism.

# 'Man-break' Tests Vividly Remembered

"Men who participated in the [gas] chamber tests commonly reported that they had originally volunteered to 'test summer clothing' in exchange for extra leave time before being sent overseas. It was not until they arrived at the test location that they were told about the gas chamber tests, and, even then, many were not told what agent they would be exposed to.

"Those who became sick during the 'man-break tests' reported being threatened with court martial if they did not continue the test and re-enter the gas chambers. Some even reported that they saw other subjects collapse in the cham-

ber, and ... never saw these men again after they were removed .... In all such cases, the men ... assumed the person had died. Other men recalled that the chamber door could not be opened from the inside ... making them feel trapped ....

"All the man ... vividly recalled being told they would be sent to prison if they ever revealed ... these tests. Some were even shown pictures of Fort Leavenworth [in Kansas, where some tests were conducted] to reinforce the threat of prosecution .... This ... prevented them from telling their wives, parents, family doctors, or anyone else about what had happened."

— *Veterans at Risk* IOM Report, p. 65

## Gassed . . .

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report, that theirs was an "unenviable" task:

Against the background of an unethically conducted series of experiments, you are charged to contemplate, on the basis of cold scientific knowledge, the relationship between exposure to mustard gas and subsequent physical illness. Should you do more?

This to me is a crucial question. If you attend only to this limited scientific task, you may be abdicating your responsibility to condemn such studies for 1992 and beyond, even if you wish to excuse them for 1943-45, when supposedly our ethical sensitivities were less developed.

Dr. Katz lists these unanswered issues raised by the gas tests:

- The "excuse" of "military discipline" and "wartime necessity" does not justify the deceptive methods used to recruit the volunteers. No effort was made to recruit volunteers who were fully informed about what they faced.

- The men "had every expectation that they would be treated fairly by their officers and surely by the physicians who superintended the experiments." Dr. Katz notes that U.S. doctors testified at the Nuremberg trial of Nazi physicians that voluntary consent is the "customary practice" in American research. But it had not been obtained for the gas tests. "Our soldiers expected better of doctors," writes Dr. Katz, "but instead they were treated as guinea pigs."

- All who may have been injured need to be identified and notified, and offered remediation. "Doing otherwise is an abdication of medical responsibility." (The IOM report has recommended this follow-up action.)

- While much may have changed since 1945, research subjects' "dignitary interests" still are not wholly safeguarded against "the interests of science (acquisition of knowledge) and society (wartime emergencies)." The medical and scientific establishment still is "reluctant to pass judgment on past transgressions because at least preconsciously we know [that these transgressions] are still with us in today's world."

Having now read the IOM report, Dr. Katz said, in a phone interview from Yale, that he "commends" the panelists for expressing their ethical concerns. But, he added: "They could have gone to greater lengths," albeit that would have been

"beyond the scope of the task assigned them."

Congress will begin to assess the IOM report and the government's response to it on March 10. A subcommittee of the House Committee on Veterans Affairs, chaired by Rep. James Slattery (D-Kansas) thus far has asked the IOM, DOD, and VA to send representatives to testify, according to a staff member, Jean Richardson.

No outside experts like Dr. Katz have been called thus far. This suggests that the subcommittee, for now, will focus on the gassed survivors' particular medical and psychiatric problems, rather than on wider issues of human experimentation.

## Problem Persists

Wider Congressional scrutiny is needed, Dr. Katz said by phone, because the armed forces and other agencies — and particularly the VA — continue to be deeply involved in human experimentation. While subjects are better protected now than during World War II, the federal regulations still could be tightened up considerably, he said.

In experiments conducted by civilian agencies, neuroscientist Pechura concurs, research subjects are better protected — in terms of informed consent and institutional monitors — than they were forty years ago.

"Mechanisms have been [created] that provide a level of oversight that we never had in WW II," Dr. Pechura said. "We are in much better shape than we ever were."

## Civilians Better Protected

The military is a different story. The IOM report describes a continuing "atmosphere of secrecy," and Pechura indicated, by phone, that she has less confidence in military safeguards than she does in the rules in place to protect subjects in civilian tests. "There's a great deal of interest" in DOD's present position, Pechura said. "We just haven't heard much yet from DOD."

Panel chairman Rall agrees. Asked if a similar violation could occur now, he replied: "I just don't know ... DOD has rules in place. Whether they are followed, no one knows."

Could gas chamber poisonings, involving thousands of servicemen and women, or a similar unethical set of tests be conducted today? Dr. Rall thinks past bad experiences and today's more questioning society would mitigate against it.

"Today, the men wouldn't stand for it," he said. "They might undergo the tests. But they wouldn't stand for the secrecy — someone would talk about it!"

# Blitz . . .

continued from page 1

David M. Eisenberg, M.D., who is Bill Moyers' guide to Chinese medicine in "Healing." Dr. Eisenberg is a fellow of the Fetzer Institute, *USA Today* reports (Feb. 16). The "Healing" promotional material contains a copyrighted interview, owned by the Fetzer Institute, in which series producer David Grubin and Dr. Eisenberg are interviewed by Joel Gurin, the science editor of *Consumer Reports*. Gurin also has been a Fetzer fellow, on a *pro bono* basis, he said last month by phone. He is co-editor of a new \$25 *Consumer Reports* book, called *Mind/Body Medicine*, on which the *Consumer Reports* magazine piece is in part based.

The use of Gurin's name and employer on a puff piece for "Healing" — which also has a \$25 book of its own (Doubleday) — is curious, given the ferocity with which *Consumer Reports'* non-profit publisher, Consumers Union, of Yonkers, N.Y., resists others' attempts to use its name for promotional purposes.

Gurin said the interview was used in the "Healing" press kit "without my knowledge." He added:

"We didn't make a formal complaint. Maybe we should have."

The *Consumer Reports* book acknowledges "the cooperation and support" of the Fetzer Institute, and goes on to say that Fetzer "facilitated the planning and development of the book." But in the much more widely circulated *Consumer Reports* magazine article, Fetzer's role is not disclosed.

Gurin said *CR* approached Fetzer initially for support. But the book was produced "entirely independently — there was no

editorial review whatsoever" by Fetzer. Ruth Turner, director of CR Books, explained that the Fetzer provided "seed money" through a grant, under *CR's* "very, very tight conditions" for such outside funding. Telling *CR* magazine readers about Fetzer's support was not "a relevant issue," Gurin added, since it was a "hands off" editorial arrangement, and the article was vetted internally and externally by *CR* in its usual way.

## Support Detailed

The links between the various entities nevertheless are quite tight: Fetzer supported "Healing" as TV and so as a spin-off book, and in ads, and it supported the *Consumer Reports* book and hence the spin-off article, and Dr. Eisenberg's *NEJM* study. Cummings supported two of the three ("Healing" and *NEJM*).

This media blitz was planned and coordinated in advance, according Fetzer's director of institutional relations, Carol L. Hegedus, in Kalamazoo, Mich., where the Institute is located. The "synchronicity of it all is not random," she said in a phone interview last month. It's "quite purposeful in creating attention" for the mind/body movement and the unconventional methods it includes, which, she said, are "deeply embedded in our culture."

As in Fetzer's printed material, Hegedus was clear that the Institute's aim is to change the basis of science, and hence the foundations of American medical practice. "We'd like to broaden the view of science to include ways of knowing that are beyond the analytical and experimental models," she said, and we want "to incorporate ancient wisdom and subjective and intuitive and appreciative ways of knowing."

These four techniques are directly antithetical to science — though of course they have great value in other realms.

The Fetzer agenda thus is anti-scientific and anti-rational.

## 'Unconventional' May Not Mean *Far Out*

To assess the 'unconventional' therapies described in the *NEJM* paper, we consulted the American Medical Association's just published *Reader's Guide to Alternative Health Methods*; it is by psychiatrist Stephen Barrett, M.D., and three colleagues. They briefly evaluate some of these methods; others, with which the medical establishment presumably has no *a priori* quarrel, are not listed in the *Guide*. The unconventional therapies are on the left, the AMA judgments on the right. Dr. Barrett helped us, by phone, with these interpretations.

relaxation techniques  
chiropractic

massage  
imagery  
spiritual healing  
commercial weight-loss programs  
lifestyle diets (e.g., macrobiotics)  
herbal medicine  
megavitamin therapy  
self-help groups  
energy healing  
biofeedback  
hypnosis  
homeopathy  
acupuncture

folk remedies

no *a priori* quarrel; may be okay  
may include variety of dubious measures in addition to appropriate or inappropriate spinal manipulation  
no *a priori* quarrel; may well be okay  
questionable  
quackery  
no *a priori* quarrel; may be okay  
quackery  
quackery  
quackery  
no *a priori* quarrel; may well be okay  
quackery  
may help  
no *a priori* quarrel; may be okay  
quackery  
can relieve pain, but not change course of organic illness; mostly useless  
may be okay, but often ineffective, sometimes dangerous

The campaign Fetzer and its associates have launched is fuzzy about medicine and health, at best.

One way to make sense of it is to start with the most solid rock, the *NEJM* article. The manuscript was critically reviewed — and accepted — by Dr. Eisenberg's medical peers, who it can be assumed were skeptical, at the least, of the "alternative" or "unconventional" therapies he studied. So they must have been impressed by his methods and findings.

In the article, he and his *NEJM* co-authors define unconventional therapies as "medical interventions not taught widely at U.S. medical schools or generally available at U.S. hospitals," such as acupuncture, chiropractic, and massage therapy. But these methods also include support groups like Weight Watchers and A.A., which, while not taught, certainly are not frowned on in medical circles. Vitamins and diets also are listed as "unconventional" (See Box, previous page).

The Harvard researchers chose 16 of these popular therapies. They asked 1539 randomly-chosen Americans, by phone, about their medical conditions and their uses of both conventional and the 16 nonconventional therapies.

A third of the respondents had used an unconventional therapy in the last year, and a third of this third (or one-ninth) of the total had visited practitioners of such methods in that year. They averaged 19 visits, at \$27.60 per — which Eisenberg and his associates extrapolate to 425 million visits and \$13.7 billion in costs for all Americans. They say this is more visits, at more cost, than all visits to U.S. primary care physicians. Unconventional medicine has an "enormous presence" in U.S. health care, they conclude.

## Interpretations Offered

The "Healing" public relations representative, Michael Shepley, of New York City, interprets this report as "demonstrating that more and more American adults are seeking alternative medical therapies for serious medical conditions." Cummings president Charles Halpern, in the *Times*, interprets the study to mean that "traditional [here meaning *mainstream*] medicine is failing its patients," as indicated by the fact that "a third of Americans are turning to alternative medical therapies."

But the Eisenberg *NEJM* report does not support either of these provocative allegations:

- The paper does not say, anywhere, that more and more people — an *increasing* number — are turning to unconventional methods.

- Those who use these methods are not turning away from conventional methods. Indeed, quite the contrary!

"[A]mong those who used unconventional therapy for serious medical conditions," Eisenberg and his associates write, "the vast majority (83%) also sought treatment for the same condition from a medical doctor." Among those with major illnesses, only 4% saw an unconventional healer without also seeing a conventional doctor, and *no one* with cancer, diabetes or hypertension sought alternative care without also seeing regular doctors. In short, the unconventional methods mostly were used as *supplements*, rather than as an "alternative" to conventional medical care.

The heaviest users of unconventional methods, it turns out,

## Fetzer's 'Wider View':

**"The Institute believes that the body ... contains a powerful system of energy, which is a key to physical health. The Institute partly derives this view from the accomplishments of Eastern medicine, which for thousands of years has used healing practices based on the manipulation of the body's energies .... [T]he Institute hopes to bring together the biochemical knowledge of the West and the energetic knowledge of the East."**

— Fetzer Institute Report, 1991

were higher income, college-educated people, particularly Californians and other Westerners. The most commonly reported conditions for which unconventional help was sought were anxiety, depression, and back problems. The unconventional therapies that were most commonly used for major conditions were relaxation techniques, chiropractic and massage.

## No Endorsement Given

The Harvard researchers do not endorse any of the 16 unconventional methods.

Commenting on the paper, a *NEJM* editorialist asks, "Has the American public forsaken medicine for herbs and crystal healing? Not exactly ...

"Some of these treatments are probably quackery; some of them are just the American version of the health spa. Many of the relaxation techniques, massage therapies, special diets, and self-help groups could be considered to be lifestyle choices more than therapeutic interventions."

# # #

We wonder whether this ambiguity was foreordained, since the study of "unconventional" methods was cast so widely that it includes back rubs, Weight Watchers, and chamomile tea.

In accepting a research study with such loose definitions of "unconventional" therapy, we think *NEJM* editors may have been snookered into publishing conclusions that could be handily — but inaccurately — turned into criticism of the *NEJM*'s sponsors (the Massachusetts Medical Society) and the clinical care they provide their patients.

*CR* has been fiercely independent for as long as we can remember. We can't imagine them going to the Pharmaceutical Manufacturers Association (PMA) for seed money for a health report — and we can't see why the Fetzer Institute is any different. True, Fetzer is non-profit. But it has a definite point of view on health care — just as PMA does.

## Sponsor . . .

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— and this is being done differently."

"Healing" producer David Grubin said, by phone, that we read the scene wrong. "The point of the scene is not that she's conscious," Grubin said. "The point is that they used half the amount of drugs we use in the West."

But the *New York Times* TV reviewer, for one, seems to have swallowed the innuendo (Feb. 22), saying the shot of Dr. Eisenberg chatting with the patient was "remarkable."

# Louis Pasteur Flunks Ethics

Boston

The discoveries of the French chemist and bacteriologist Louis Pasteur (1822-95) — which include heat treatment of milk and of wine, and vaccines against anthrax and rabies — have saved millions of lives. But a Princeton historian, Gerald Geison, who has been studying Pasteur's notebooks, reports that the inventor was not a nice man.

Worse, Pasteur violated ethical rules that the U.S. Congress and some scientific leaders now want to impose on current researchers. Historian Geison told the American Association for the Advancement of Science meeting here last month that Pasteur:

• “borrowed” a competitor's method in order to trip him up

in the race for the anthrax vaccine

• lied in a published paper about the material used in the vaccine

• used a rabies vaccine that he had not tested in animals on a human patient, and lied about this, too, when he published his results

But, at a critical moment, he acted:

“Here's a boy in front of him, badly mauled by a dog,” Geison recounted. “The boy is probably going to die of rabies. It was a decision he made face to face with the boy.”

The vaccine saved the child. But Geison said Pasteur violated both contemporary and current ethical standards.

# # #

It's the old *ends* and *means* question. Society has to decide: Does it favor standards that would force unprincipled geniuses like Pasteur out of science?

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