DON'T LET YOUR DOCTOR KILL YOU

HOW TO BEAT PHYSICIAN ARROGANCE, CORPORATE GREED AND A BROKEN SYSTEM

NEW YORK TIMES BEST SELLING AUTHOR

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with MELISSA JO PELTIER
INTRODUCTION

Do you have as much faith in your physician as you did twenty years ago? Do you respect him or her as much as your parents or grandparents respected their doctors? If you have to go into the hospital, do you fear you will come out sicker than when you went in? Is your medicine cabinet full of prescription bottles? Do you spend your days going from one medical test to another? Is the fear of being diagnosed with a deadly disease dominating your life? Does the never-ending stream of conflicting scientific studies that come out almost daily make you wonder if there is anything or anyone in medicine you can trust?

If you answered yes to any of these questions, you are part of a loud yet totally ignored majority.

More and more people are finding that the medical establishment has gone from Health Care to Health Scare, and they want to know how to protect themselves. Many have tried to tame the unruly beast our healthcare system has become, yet nothing seems to improve the mess. I am just one doctor who has been pondering these problems and found sustainable solutions that are working in the world my patients and I have inhabited for decades. That is why I wrote this book.

In 1998, before my first book Natural Energy was published by G.P. Putnam, I had written an outline for a book called Don't Let Your
Don’t Let Your Doctor Kill You. It was my attempt to raise public awareness of the runaway train our healthcare system was becoming. As I saw it then, medical care was shifting to a focus on disease, and the rapid rise in subspecialties and technological modalities was encouraging this shift. From my perspective it was clear that in order to see real progress we needed to develop an integrated, preventive care medicine model.

The plummeting quality of care I saw was a direct consequence of the trend toward depersonalization and over-specialization that was taking hold of conventional medicine in late twentieth century America. It was crystal clear to me that, with the decline in a solid doctor-patient relationship, things were only going to get worse. I predicted that the system would spin out of control and, tragically, I was right.

My most important insight was that, unless patients took responsibility for their own outcomes, we were heading for a major healthcare crisis. To be able to effectively take responsibility, they needed a physician as a partner, not a patriarchal automaton—the model of doctor medical schools were continuously churning out. I could say this because I was trained to be one of those doctors.

I am a conventionally trained and practicing internist subspecializing in critical care, with five years experience as Medical Director of a tertiary academic trauma center north of New York City. Following that, I spent almost two decades in private practice in internal medicine, a branch of medicine that deals with the diagnosis and treatment of diseases that do not require surgery. My patients were a mix of blue collar, educated middle and upper middle class—a representative slice of the American population at large.

Unequivocally, acute care is an essential part of the healthcare system. When trauma happens—broken bones, heart attacks, strokes—acute care does save people who would otherwise statistically have no chance of survival. But once the life is saved, then what? Once you no longer needed acute care, there was no focus on preventive follow-up.
The only thing we were trained to do was to find something else wrong and eventually get the patient back into the hospital, back into acute care. Oddly, the goal is to give you medications, tests, biopsies, and procedures, keeping you sick and terrified of missing an illness.

The way I saw it, the demise of primary care and the rise in subspecialties were trends that created even more confusion. I foresaw the new focus on technological advances and the rise in specialization—breaking down of people into individual body parts—as a surefire path to at worst life-threatening mistakes, and at best disjointed care.

I saw communication skills among doctors and between doctors and patients deteriorating in the hospitals in which I worked. Priorities slowly shifted from how the patient was doing with the treatments ordered by a growing parade of subspecialists to how accurately and legally bulletproof the medical record was kept. Departments of quality assurance and compliance grew exponentially in hospitals, while patient advocacy dropped to the bottom of priorities.

I watched doctors stop communicating with their patients. They just wrote their notes and orders, and rarely read what other doctors on the same case did. In the intensive care units there were systems with one physician supervising the entire care of the individual patient. But that was not where most hospitalized patients got their care and, as a result of the lack of coordinating physicians in general medical wards, patient care suffered.

This trend was taking shape in the 1980s and 1990s. At the time, I was working out of both academic and private hospitals and saw little difference in terms of the growing disconnect between doctors and patients. In fact, the competition for patients, cutthroat politics, and behind-the-scenes power struggles between doctors was the same in both milieus.

I became disillusioned with the reality of medicine and sad because medicine is the career of my dreams. I became a physician because I
wanted to help people. Politics and competition for money, patients, accolades, or status turned me off. My parents escaped communist Romania and brought me to New York via Rome in the late 1960s. Theirs was a clear message: if I worked hard and delivered the best I could, with kindness and care, I would become a good doctor.

When I started making notes for this book back in the ’90s, I was outraged. I was ready to expose the countless careless mistakes I saw on a daily basis. I wanted to sound the alarm that, if this trend continued, we were going to wind up with a disastrous healthcare system that would hurt millions.

But that was not the right time. My agent told me in no uncertain terms to forget about writing this book. It was too controversial. I was too young and inexperienced. She said I was too idealistic and most likely exaggerating a problem that time would solve. So I listened.

Instead of writing Don't Let Your Doctor Kill You, I focused on becoming a better doctor. I decided to move away from acute and critical care. I decided not to follow the diseases and labels craze. Instead, I started focusing on the entire patient, doing research that would give me a broader and deeper education of the individual as a whole. I came across the nascent fields of prevention and wellness medicine. In those days, no one had heard of them.

I stopped focusing exclusively on test results when seeing a patient. Instead, I delved into my patients’ lives. I listened to their stories and learned to pay close attention to what was said between the lines—how their marriages were going, what was going on in the family and with friends, how their sex life was, what was happening at work, what stressed them and how they dealt with the stressors, what they ate and drank, if they exercised, and if they slept well. Soon, I found myself offering more commonsense advice and fewer prescriptions for medications. Many of my colleagues asked me if I was becoming a psychiatrist. My answer was always, “No, I’m becoming a better doctor.”
The outcomes of this shift in focus were transformational. By helping raise my patients’ self-awareness, by helping them integrate their lives with their health, my patients began to make connections between their health and lifestyles. Every life is a unique, complex puzzle, and I was helping people find some of their own missing pieces. It was an exciting and inspirational time. As my confidence grew, I watched my patients take more control of their own health and their outcomes were consistently nothing short of miraculous.

To my amazement, this transition hinged on telling the truth.

- The truth is that doctors have no idea how you feel and will never know how you feel because the doctor does not live inside your body—you do.
- The truth is that to get the correct healthcare for you, you have to understand how you feel and express it in everyday language without fear of being judged. You have to stop using the medical jargon doctors use.
- The truth is you have no real choice but to seek a doctor who listens to you and is going to protect you with sound advice that resonates with you. That doctor must be committed to you and work only for you. To truly represent you the doctor cannot have other masters—not malpractice fears, pressure from drug companies, insurance companies, equipment companies, or any other “invisible presence” in the examination rooms.
- The truth is that if you don’t feel right about a doctor’s advice, but accept it out of fear, you are risking your health and potentially your life.
- The truth is that not every doctor is right for you. The doctor-patient relationship isn’t different from any other human
relationship. If it’s a good fit, stay with it. If it’s not right and you choose to stay it might kill you.

• The truth is that every word a doctor speaks to a patient has tremendous impact. In medical school, there is no training in sensitivity or how to speak to a patient. If your doctor is not impeccable with his words and care, no matter how adept he is in his field, this deficiency may be devastating to your life and health.

Most doctors have huge egos, which directly impact the outcome of your treatment. I was once no different. I’m still direct and opinionated, but I’m no longer judgmental. During my personal transformation I learned to remove my own ego from every interaction with a patient. I learned to only speak to patients in a respectful, kind, and non-alarmist manner. The result was better outcomes for my patients.

Between 1997 and 2007 I saw patients in my clinical practice and did research in the newly developing field of prevention. I became knowledgeable in diet, exercise, lifestyle, hormones and supplements, and wrote books about my clinical experiences to help people lead healthier lives.

In 2004 I had my own PBS pledge special and, as I became exposed to the media, I began to understand how powerful its impact is on society. I was amazed at the power of the sound bite. I learned to communicate simply and succinctly and eliminated medical jargon from my language. In the process, my mind became clearer and I stopped scaring people with big useless terms.

Today, I have been in clinical practice for nearly forty years and have the experience and the credibility to back up my statements and concerns. It’s time for me to dust off my old notes, bring to you the newest research, bring patient stories to light, and write the book I should’ve written a very long time ago.
The cautionary stories in this book are a mix of cases (I’ve changed all pertinent details to protect my patients’ privacy). Some are stories shared with me by other professionals; others are stories from some who wanted me to use their real names. Some of you may find these cases extreme; many of you will recognize yourself in them.

This book tells you the truth and will help you realize your power. It is about how only you, the patient, can change the paradigm of health from disease-centered medicine to prevention by affecting that change in your own lives. Change has to come from those of us in the trenches: doctors, who need to come clean and return to caring, and above all, from you, the patient, who needs to banish fear and know that you deserve excellent healthcare in your life.

Thank you for reading.

Erika Schwartz, MD
New York, June 2015
PROLOGUE
THE PERFECT PATIENT
Despite the quiet of the stark white waiting room in Dr. A’s office, Ruth can’t get comfortable. No matter how hard she tries. She spent a sleepless night fearfully anticipating this appointment. As she counts the passing minutes, she can feel her heart beating so hard it may burst out of her chest. For the past eight months, fifty-two-year-old Ruth has been experiencing shortness of breath, fatigue, and a gnawing lower abdominal ache.

Her journey to Dr. A’s waiting room began with an internist (her primary care doctor), who ran blood tests that showed anemia. He thought this could be due to blood loss, so he referred her to Dr. B, a specialist in hematology and oncology. Just hearing the word “oncology” filled Ruth with terror. Everybody knows oncology means cancer, so Ruth assumed that’s what she had, though she was too scared to ask. She faithfully made the appointment to see Dr. B, who—over the course of about five weeks—sent her for more blood tests and performed a painful bone marrow biopsy (even though he assured her it wouldn’t hurt), but still did not tell her what was wrong with her. He did, however, refer her to Dr. C, a gastroenterologist, for a colonoscopy and further testing to see if the blood loss was possibly from her bowel.

She spent two days drinking a vile-tasting liquid, which explosively emptied her bowels so completely she almost passed out right before the
procedure. After Dr. C performed the colonoscopy, Ruth spent the entire week in panic mode because no one called her with the results until Friday. She was told the colonoscopy was “inconclusive,” but Ruth suspected that something must have been wrong because Dr. C’s next step was to refer her to Dr. A, a gynecological oncologist.

Ruth had been a reasonably healthy woman her entire life, so this experience was the first of its kind. She never missed her annual physicals and pap smears, her yearly mammograms, and anything else her internist recommended. For decades, she had annual flu shots and, when she turned fifty, took pneumonia and shingles shots as well. This is the first time Ruth is really scared. She has no idea what is going on and fears upsetting her doctors by asking stupid questions, so she just follows their instructions. Her symptoms haven’t changed, yet no one has said anything about what’s wrong with her or what she should do.

When she arrived at Dr. A’s office, she filled out the usual forms and questionnaires, signed all the release forms, and handed over her insurance card for the fourth time in so many weeks. After more than two hours of waiting, Ruth is finally escorted into an examination room where she changes into a blue paper gown. Dr. A comes in a few minutes later. Though he isn’t particularly friendly, he exudes an air of rushed confidence and expertise, which makes her feel more secure. Acknowledging her only with a nod, he goes to his computer and opens her EMR (electronic medical record). He starts to read and makes a couple of notes in silence for what seems like forever, though only a few minutes pass. Ruth feels so tiny, sitting quietly facing the doctor who is deeply immersed in the computer screen. She clenches her fists and starts to fidget like a little child. She is so nervous sweat is dripping down the back of her neck. The sound of her own breathing is deafening. She’s waiting, but she has no idea for what.

“Mrs. Y——”

“It’s Mrs. Z,” Ruth is embarrassed to have corrected him. It just came out of her mouth before she could think it through.
Dr. A goes on without apologizing. Well-rehearsed and unflappable, he explains, “The MRI you had last week showed you have a fibroid in the wall of the uterus (your womb), which may have been bleeding inside your uterine wall, causing your anemia. You need to have a hysterectomy. Since you already had your children and are in menopause, I will also take out your ovaries to protect you from getting cancer. You don’t need them anymore anyway.”

“You want to do a hysterectomy?” Ruth whispers. It sounds so extreme. The thought of losing her womb comes as a total shock, but she doesn’t have time to process it, as Dr. A continues.

“You are at the age where you are at risk for cancer, and your chances increase every year as you get older. There is an almost ten percent likelihood you may already have cancer so let’s get it all out and see where we go from there.”

Ruth feels tears welling up in the back of her throat and eyes. But I’m still young, she thinks. She has two grown children and a new grandchild. A few years after her divorce five years ago, she started seeing a widower who is kind and thoughtful and is already becoming part of her family. She’s been thinking about retiring from her office job of twenty years and taking up her real passion—garden design—as a second career. Now she is terrified. The doctor just told her she’s about to lose it all. What if it is cancer? What happens after the surgery? Radiation, chemotherapy? Her life as she knows it is over. All these thoughts and questions are running through her head at supersonic speed, yet nothing comes out of her mouth. Before she even has a moment to catch her breath the doctor speaks again.

“Fortunately, you’re in luck. I have an opening for surgery next week,” Dr. A speaks evenly. “Let’s just do this right away. You’ll need to talk to Sue in the front office and schedule it today, to make sure you don’t lose the spot. She’ll tell you everything you need to know. In the meantime, I’m going to prescribe iron, for the anemia, and an anti-inflammatory, to keep you comfortable.”
Ruth is speechless. As she leaves the room, tears streaming down her face, she thanks the doctor profusely. For the first time, Dr. A smiles at her warmly and says, “It’s going to be fine, honey. Don’t you worry, you’ll be back to helping with your grandkids in no time.”

The receptionist, Sue, seems sympathetic as she schedules Ruth’s surgery, reassuring her that Dr. A is the very best and Ruth’s insurance will cover mostly everything. She hands Ruth a standard hysterectomy and oophorectomy pre-surgical patient checklist: “How To Prepare for Your Surgery.” Ruth can’t quite bring the words into focus, but it doesn’t really matter since Sue has already picked up the phone and moved onto the next task. Ruth leaves the doctor’s office, walks down the long, hollow hallway, and barely finds her car in the parking lot. This is a nightmare. She’s having surgery next week… but…it will save her life.

Ruth has always prided herself on being the perfect patient. Even during minor illnesses and the complications of a difficult childbirth with her first son, she never asked questions or complained. She’s always followed her doctors’ orders to the letter. She was raised to trust doctors, she believes in her heart of hearts that “the doctor knows best.” Now that her life is in jeopardy, she feels totally helpless and dependent on Dr. A to save her. As she leaves the building and gets into her car, her mind is trying to figure out what, if anything, she should tell her children and boyfriend.

Ruth’s story will resonate with many who have been the “perfect patient” at various times in their lives. Too many people listen, without a question or complaint, to anyone in a white coat and the “MD” degree after their name. They accept the doctor’s treatment without hesitation. They put up with arrogance and rudeness in doctors who don’t even take the time to learn their names. They undergo invasive tests whose purpose and outcomes are never clearly explained. As with Ruth, many have been herded like cattle into surgeries they were convinced were life-saving without a second or third opinion, or even thinking they
could consider other options. They never want to upset the doctor and that horrifying stance has led many of these “perfect patients” to complications and terrible outcomes. Worst of all, this blind obedience has enabled our broken healthcare system to thrive.

While many have barely survived and many have died, they never rocked the boat or lost faith in the time-honored tenet of “doctor knows best.”

As a doctor myself, I want you to hear this loud and clear: No doctor knows best. We may have the education, experience, and expertise—some of us have published papers and given speeches, and have impressive-looking awards and plaques on our walls—but we can never truly know more than you do about what is going on inside YOUR body. Our advice and recommendations are no more than an educated guess that may or may not apply to your situation. Unless you take an active role in your own care, you will always be at the mercy of our educated assumptions.

My goal is to help you never be a perfect patient again. This is your life. You must put yourself first and stop worrying about what the doctor thinks. By the time you finish reading this book, you will have the tools you need to change your role in your healthcare. You will learn to ask questions; reject physician arrogance; and fully understand the potential downsides of every test, procedure, surgery, or treatment your doctor recommends. You will have the strength to refuse being pushed into treatments without being afraid you’ll miss a deadly disease. You will go from being a passive observer in your own healthcare to actively being in charge of your life. You will have all the tools to own your care and your interactions with doctors and the system.

I will do my best to give you useful information and tools to help you leave the “perfect patient” behind and become “the empowered patient.” The empowered patient is still the same you. It’s you owning your life.
This way you can easily and fearlessly choose to walk away rather than submit to medical care that doesn't make sense to you. When you allow your decisions to come from fear, you put your life in danger. When you are intimidated by doctors, you set yourself up for bad medical care.

Our broken healthcare system has conditioned us to live in constant fear of a deadly disease going undiagnosed. We are conditioned to believe we must listen to the alarmist bullying of doctors who don't know us or anything specific about our lives. I want to help protect you from becoming a statistic, yet another victim. The tools and information, now yours, that I have gathered over decades of medical practice will enable you to consistently and courageously make choices that are right for you. After all, it's your life.

No doctor, system, or company owns your life. Doctors, no matter how well intentioned, can only make recommendations, and the only way to accept those recommendations is if they come from kindness, empathy, and caring—not from arrogance, intimidation, and bullying. It's your body and your life, but the medical establishment doesn't care about you as an individual. Sadly, to the present system you are simply a moneymaking opportunity, one source of income adding up to the billions of dollars that go to hospitals, big pharmaceuticals, insurance, and medical equipment companies, and—though, as an MD I hate to admit this—to some greedy and uncaring doctors. To maintain the hugely profitable industry that healthcare has become in our country, you, the patient, your family and friends—in fact, our entire society—must exist in a perpetual state of terror and dependency in the search for something wrong. Constantly terrified of missing a cancer, a heart problem, diabetes, Lyme disease, fibromyalgia, or parasitic infestation, we miss living our lives. In our panic to avoid dying, we become moneymakers for the ruthless special interest corporations.

In short, you are the fulcrum of a system you have been led to believe you have no control over. Paradoxically, you are simultaneously
the most important and the most irrelevant member of this system. The system that revolves AROUND you is not ABOUT you.

On the other hand, to healthcare professionals who are appalled and deeply saddened by the current situation, you, the patient, are our only reason to be. Not only are you, as a living, breathing human being deserving of compassionate care, you are the only hope to save this deeply flawed healthcare system. Change is a joint responsibility that begins, not just with doctors, medical institutions, or government policy—it begins with you. You must become brave enough to demand that healthcare become a customer service industry with you as the jewel in the crown. There’s no room for the “perfect patient” anymore.

Pre-order the full book on amazon.com or bn.com