

Quackery

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With enactment of medical licensure laws in the latter half of the nineteenth century, medical practitioners began an attempt to define and enforce upon the American public our notion of what ought to be orthodox and permissible in healing. The various states granted exclusive privileges to diagnose and treat diseases to certain groups of practitioners who held themselves to be more scientific, more valid, and more effective than others. The century-old maneuver has failed.

Reporting in the January 28, 1993, *New England Journal of Medicine*, Dr. David Eisenberg and others describe a representative survey of a significant portion of the United States population regarding its use of unconventional therapies. Their findings are amazing: (1) One-third of the English-speaking, adult population used unconventional therapies in 1990, (2) Only one in four of those who used unconventional therapies told their doctor about it, (3) Those who used unconventional therapies spent about \$10 billion in the process, comparable to the amount spent out-of-pocket for hospital care, (4) the number of visits to providers of unconventional therapy (425 million) exceeded those to primary care physicians and the average charge per visit was \$27.60.

It would appear that the attempt by mainstream medical practitioners for years to control the healing arts has failed both by means of the legal coercion of medical licensure statutes and by persuasion of the public of the sufficiency of "standard" medicine. Although conventional medicine does dominate the mainstream, the nearly half-billion annual visits to practitioners of other more or less outcast providers can't be thrust aside as insignificant or a quirk of the poor and ignorant. Use of unconventional therapies is significantly more common among those with some college education than without, and among those with higher incomes.

Practitioners of orthodox medicine, on the whole, deserve to have failed in our attempt to abolish alternative practices by means of law. Similarly, our failure to persuade the public more thoroughly of the superiority of our methods has earned the leakage to other types of practices. Medical licensure laws render to Caesar authority God has deposited elsewhere. God places the physical health of individuals into the hands of the individual, the family, and the church (see 1 Cor. 6:15-20). Whether such laws "worked" or not is secondary to their biblical propriety. The civil state figures in only for contagious diseases in which coercive isolation measures are called for. The civil ruler's power is coercive. Except for contagious diseases where coerced measures may be beneficial to the whole community, medical care is a business contract or a ministry of

compassion and mercy -- hardly fit tasks for the hand that bears a sword.

Conventional medicine's inability to thoroughly persuade the public of its superiority has less to do with its public relations perhaps than with its science.¹ Most orthodox medical practices stand on rather little proof, majoring rather in rationale (proposed mechanisms) and groupthink acculturation. Even the positive outcome data we have tends to be narrowly conceived and tested. The fluoride that might have hardened our tooth enamel against decay may also have weakened our cortical bone. Focus on a decrease in dental cavities will miss the increase in hip fractures later in life.

Medical training is as much an acculturation process by which initiates are inculcated in "our" way of thinking about health and illness. The give-and-take argumentation over definitions, theories, logic, and philosophy that more often marks other higher education is less prominent in medical education, where the engulfing of masses of pre-digested "facts" occupies our time.

What makes unconventional therapies thrive?

1. The incurability of many ailments. Dr. Eisenberg and his coworkers found that it was the chronic or recurrent diseases which collected more devotees of alternative medicine -- back pain, allergies, arthritis, insomnia, headache, etc. The natural history of these kinds of problems is commonly one of exacerbations and remissions. Human tendency toward post hoc ergo propter hoc "reasoning" will provide many "proofs" of effectiveness that were only coincidental remissions, even for unconventional therapies of no intrinsic value. Jesus addressed the illogic of post hoc reasoning when He taught the error of imputing a specific sin as the reason for the tragedy of a building collapse (Luke 13:1-5). Some would have believed that since the dead men were sinners, and the tower had fallen on them, that the tower fell because of their particular sin. Not so, He said.

2. Inordinate desire. Americans, in particular, don't take "no" for an answer to their dilemmas. Sarai's desire for children was inordinate, prompting her to offer Hagar to her husband (Gen. 16:1-5). Any therapy, orthodox or unorthodox, should be sought within a biblical set of priorities. We are not free to go to any extent to be rid of a physical ailment. Paul sought three times that his illness be removed (2 Cor. 12:7-10). He could have let his life orbit whatever that thorn in the flesh was. Instead, he boasted in his infirmities and determined to take pleasure in them.

3. Unsatisfying experience with conventional therapies. Orthodox practitioners should be intrigued by the question of why, if our therapies are superior, and theirs are inferior, people continue to pursue the latter. What do they receive elsewhere that they do not receive from us? Could it be, sometimes, that our mechanistic approach omits healing of the spirit? Omits love? Even at our therapeutic best, where we understand mysteries, do we lack love? (1 Cor. 13:2)

¹ Smith, R., Where is the Wisdom...?, British Medical Journal, Vol. 303, 1991, pp. 798-799.

4. Proper locus of control. The success of orthodox therapies has been greatest where patient participation has been least. Great things are accomplished in surgery, where a patient's responsibility is, basically, to sign an op permit and hold still for the anesthetic. Great things are accomplished in pharmacology where the patient has but to take a pill, inhale a puff, or stick on a patch. While many, too many, patients prefer that approach, there are others who wish to retain a sense of control. Unorthodox therapies, accurately or not, may offer this sense, which is one to be encouraged since God did place this responsibility first with the individual (1 Cor. 3:16,17; 7:12,19,20, 2 Cor. 7:1).

5. Simple (simplistic?) rationales.² The rationales of orthodox medicine are exceedingly well-developed, beyond the ordinary practitioners ability or interest to impart to many patients. Unconventional therapies may more often have rationales that are easier to grasp.

6. A conspiracy view of orthodox medicine. Insofar as medical care has become a state-granted monopoly, this view is partly justified. The in-group plays footsie with the political powers-that-be to keep others out. Some people respond to being put out by determining to thrive and be happy on the outside. The more licensed practitioners restrict the allowable practices of others, the further the unlicensed practitioners are driven from the orthodox center toward a periphery that contains ever more bizarre practices. Massaging the sole of the foot to affect various organs or analyzing the fibers of the iris for diagnosis is to a physician with standard training intractably irrational. Even if we grant that some unorthodox therapies may contain a grain of truth, even if we recall the pigheaded blindness of past orthodox medicine, these practices and rationales just can't be swallowed, and we don't want to be associated with them.

Perhaps, occasionally, our scientific formulations do us a disservice by impounding our imaginations. The medical mainstream also does a disservice to the people by seeking to "guard" them from exercising their God-given responsibility to attend to their own health. Even if all of orthodox medicine's worst opinions about quackery are valid, the health effects alone of removing that authority from the public will in the long term be worse. The unorthodox practitioners also have been harmed by the monopoly in that they have been denied legitimate access to the marketplace. There is a way for us to avoid association with them without denying them their desire to sell their services. Title licensure could accomplish that separation, the way that a trademark does. Mainstream physicians can and do acquire legally-enforceable exclusive use of certain titles, such as board-certified obstetrician, to give the public a means to distinguish one school of therapy from another.

Is it hypocritical for the mainstream to characterize unorthodoxy as "quackery?" It is, to the extent that we by law make our treatments the only ones legally available to the public

² Gellert, George A., M.D., M.P.H., [letter] New England Journal of Medicine, Oct. 14, 1993, pp. 1202-1203.

without proof of efficacy. There are very many mainstream therapies which stand on shaky ground. Studies of treatment outcome are not as common as we believe, nor generally that impressive when they do exist. Quackery is often scored for keeping people away from the really effective therapies. No doubt it does at times. So long as it is a choice of the individual to do so, however, the only way to stop it is by using civil police power to prevent it. Such use of the power of the state is not only illegitimate, it is also proving to be impossible according to the revelations of Eisenberg, et al. The millions of units of self-governance embodied in the hearts of individuals are often electing to shop in one of these unorthodox markets. Caesar is not sufficiently omnipotent or omnipresent to prevent it.

"Quackery" practices are also warned against by the mainstream as dangerous in themselves. That is an interesting charge. In particular cases it may be so. Overall, however, quack remedies more likely suffer from a lack of power to achieve anything at all biomedically, one way or the other. By any rationale it strains credulity to see how sitting under a cardboard tetrahedron, or wearing a quartz crystal around the neck, eating a garlic clove daily, or taking chemicals diluted to the point that not one molecule of the original chemical likely remains in the water, could be harmful in itself. It is rather the orthodox therapies that more often contain biological power, but a power that can cut two ways. Many of our orthodox medicines are dangerously poisonous in larger doses or in patients with certain vulnerabilities such as renal insufficiency. Their beneficial effects are secured by dosing low enough to use the biological change as a treatment. Ergotamine, digoxin, vincristine, and quinidine are examples. For intrinsic danger, what has quackery to compare with cutting open the chest, stopping the heart and lungs, sewing in artificial heart valves and vessels, followed by years of waffarin therapy? It would seem that this article should have begun by defining its terms. Surely some listing of what is and what is not quackery is forthcoming! Is chiropractic in or out? What about orthomolecular psychiatry? Colonic irrigation? Chelation therapy?

That no definition of "quackery" has yet been offered is part of the point. The line that would circumscribe quackery would vary according to at least a couple of factors: (1) The rigor of adherence to hard science in understanding mechanism. Considerable areas in conventional medicine would be excluded. We (legitimately) use therapies whose mechanisms we don't understand very well. (2) The rigor of adherence to well-conceived therapeutic outcome analyses. Again, much conventional medicine would fall outside the line. We prefer to judge insiders by our intentions and outsiders by their results. When in conventional medicine the mechanisms are unknown, we plead the empirical results. When the empirical results are against us, we plead the cogency of the mechanisms.

The most honest definition of quackery is that it comprises all those diagnostic and therapeutic approaches that are anathematized by a politically-empowered in-group. As the in-group changes in its views, now incorporating a previously denigrated practice, such as acupuncture, or expelling a previously acceptable approach, such as frequent feeding and cream diets for peptic ulcers, the territory of quackery changes inversely to orthodoxy. What quackery is, ultimately, is traceable more to what the definer believes about epistemology. How

quackery is to be treated is ultimately traceable to what one believes about economic and political freedom. In empirical medicine we would like to hold that we believe what we see. Actually, in considerable measure, we see what we believe.

Christians, especially, should be circumspect in our treatment of quackery, for we as a group are vulnerable to exclusion on grounds that we hold human beings to be a body/spirit unity, materially affected by spiritual events, and that the Bible is pertinent to medical care. Those positions are already formally anathematized by the larger culture of medical orthodoxy.

Whenever Christians in recent centuries have advanced a belief in the potency and pertinency of biblical inputs to understanding, we have been subject to recital of a particular piece of history to put us back into our place. In summary, a piece of revisionist history may be offered as warning.

The doctor sits before the august tribunal to which he has been called. He is nervous. His license has been challenged; with it his livelihood is threatened including his ability to pay back his education loans. He has been called a quack in the news media. He has been charged with malpractice. His error is that he maintains that a patient's behavior follows a track around his core beliefs and that the best way to help some patients is to examine these issues at the center of gravity of the person.

The tribunal represents, however, the overwhelmingly dominant belief in the profession that reality is the other way around. The behavior, they say, is the core and the beliefs, if they exist at all, are an electron cloud orbiting the behavior. Each one of those beliefs dutifully exhibits the Heisenberg uncertainty principle, being ultimately indefinable in precise location or precise velocity. Indeed, the doctor's case is injured by the fact that adherents in his own camp have refused to examine beliefs and behavior with any sort of precision, holding more safely within generalities and platitudes and describing specific biblical application to real life issues as "legalism."

Pressure is applied. Dr. Galileo recants his scientific heresy. He will cease to deal with the patients' core beliefs as controlling aspects of therapy. Reality is as they say it must be. After all, they are licensed physicians. To be anything else in health is to be a quack. Heaven forbid!

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