If it Sounds Like a Quack - New Book by Journalist Matt Holgotz-Hetling Transcript

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Introduction and Guest Welcome

Welcome to the Art of medicine, the program that explores the arts, business and clinical aspects of the practice of medicine. I'm your host, Doctor Andrew Willner.

Today, I'm pleased to welcome Matt Hong. Tattling. Matt is a journalist and the author of the new book. If it sounds like a Quack. In this book, Matt highlights the lucrative field of pseudoscience and pseudo cures that is perplexingly pervasive in American culture.

I learned about Matt from a recent op ed piece he wrote in The New York Times. He discusses the ironically named Medical Friedman's medical freedom movement.

And that really caught my eye. I've read Matt's book, and I'm eager to chat with him. If you're interested in U. S. health policy, please listen in. You won't be disappointed.

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Now to my guest. Welcome, Matt Hong Tat Ling. Thank you very much for having me on Doctor Wilmer. It's an absolute pleasure and honor to speak with you.

Yeah. Matt. I'm thrilled. You know, I read I find out about you in the New York Times. I read the article. I said, boy, this guy, he's he's thoughtful.

And he wrote something interesting. And I love to talk to him. So I tracked you down and you responded. So there you are. It's amazing. So, I got you now, for for those of you, watching YouTube, you see that, Matt is in his, usual office there.

It looks like, maybe a two door or a four door sedan and, but not moving. So, it will be safe to carry out the, the interview. So first, Matt, journalism.

You know, I worked, ten years as a full time medical journalist. I, went primarily to medical conferences to see what was new, you know, breaking news, new discoveries and interviewed, the authors, often colleagues of mine, and made a full time job out of it.

And then I went back into clinical practice. So I'm very partial to, journalists. Tell me a little bit about your typical day. Yeah, absolutely. And first, let me just say, about your history in medical journalism, which I did not know about.

The fact that you had sort of like the degree and the journalistic credentials going for you at the same time must have given you just sort of like a really unique and superior window into that work.

And one of the problems that I sort of highlighted in this book and elsewhere is sort of the inability of those who make the science in medical fields and in other fields to control the interpretation of that science.

Yeah.

Matt Hongoltz-Hetling's Journalism Process

So often we see, sort of like sensationalized news or news that is, presented with sort of like an agenda. What? Whether that's your, medical bias within a news agency or, from just, I don't know.

Again, the driven organization going to report on, the science of what is really underlying our, our medical, evidence for this treatment system. And so hats off to you for doing that.

My typical day is actually. Yeah. What what's your question? My typical day is from parenting. My wife and I, we tried for about 20 years, to to have children, unsuccessfully.

Finally, thanks to the miracle of medical science, we were able to conceive through IVF. Not once, but twice. Now I have two young children at home. I haven't, been processed.

Three year old boy and parent like the bird. And a nine month old daughter named egret. But you have other bird. The three of us spend a lot of time together.

And so, there are days when I'm able to actually devote my time to my writing career, and this is one of them. So I was really, sort of overjoyed that we could connect, and I said, get out of the, you know, school feeding headspace for a little while and come to some talk with an adult.

Well, it it it's my pleasure. So I guess your day very soon. Are you out and about most of the time, or are you, like, researching things on the internet, or are you going out to interview people?

When I'm doing my journalism work, they're really sort of almost like seasons that are associated with the production of a book. So early in the process.

I am sort of, doing a lot of online research. But more importantly, I'm out there talking to those first person, start collecting our first person interviews that are sort of like the the blood and bones of any good book.

Right? So I'm now, calling in this case, a lot of fringe practitioners, who have come into some sort of a conflict with the medical establishment. And I'm talking to experts in the medical establishment and really just sort of trying to fumble my way through, what is at first, very sort of strange terrain.

And then as I get more, familiar and comfortable with it, I'm able to sort of hone my phone calls and zero in on those topics. And once I get to that say, then I'm really, spending much more time writing and doing sort of like online research and writing phone calls to the sort of holes that I've identified in my worldview and knowledge.

And then at the end, it's just all writing, which is sort of when it's quiet ish. In some ways, the nature of, that because I'm really able to sort of own, my own writing and to something that I can keep, yeah.

So I think that's something people don't realize about writing. They say, well, we going to write. You just sit down and write. But actually a lot of the writing is is done before the writing begins, you know that.

And and I find that very hard, because the I, I'm anxious to start writing, but you can't write really, until you know what you're going to at least have a clue what you're going to say.

And that requires, collecting a lot of, information, and which is not an efficient process usually. And my process is actually less efficient than most certainly get them to collect far more information than will actually appear in the book.

Go down a lot of sort of false rabbit holes before I, I started to find my father. And that's, that's got some upsides. But the downside is that it has every, time.

Possibly. Yes. You know, I want to go back to to what you were talking about way, way at the beginning is that I noticed that what you said is exactly true.

When I worked as a medical journalist, and I was often in those days, this was pre, zoom and, sort of everybody was on site. I would go to the press room, excuse me, and I would go to the press room and there'd be, you know, 50 or another 100 journalists in the press room.

And I would ask questions, you know, and journalists are trained to ask, well, what did you do and why did you do it? And how did you do it? And when you know, the sort of, 4 or 5 w questions, but I found that I could read between the lines and so I could ask kind of, you know, deeper, more insightful questions like, well, why didn't you do, you know, X?

And that an untrained, a non-medical journalist, might not be able to ask. And I think it really is. And this is sort of leading into your book that it really is important for the communication of information to kind of everybody be on the same page, if you will.

You know, for the doctor who may or may not be a great communicator, to be talking to a journalist who actually understands what he's talking about, who can then translate it into a way, without another agenda, you know, and I'll give you a great example, a recent example.

It has nothing to do with medicine. I, from for my other channel underwater with Doctor Andrew. I do a lot of scuba diving, and most of that diving is in the Philippines.

And one of the unusual aspects of diving in the Philippines is that dangerous shark encounters are extremely rare. I don't know if the sharks in the Philippines are just very well behaved, but it just it just doesn't happen.

You just never see a shark incident. You know, unlike Florida or Australia or some other places. And there was a recent report of, two divers, who went missing.

And then they found one that had been, bitten by a shark and he was dead. And but the headline was shark attack in the Philippines or something, something like that.

But that wasn't the story at all. What had probably happened, and this was what I explained to my wife just from what I read. And sure enough, there was a news article that followed up a few days later with the same sort of theory is that this diver, both divers, had died, and were out of air and had gotten swept up in some currents and really weren't familiar with the terrain.

And the shark probably had sort of chomped on this guy after he was dead. Is the most likely scenario, but the headline was Shark Attack, and it it's sort of not untrue, right?

The shark did attack, right? But the guy was already dead, so I just thought that was like a glaring example of how the facts can be true, but distorted.

And, you know, as a journal, as a journalist, I'm sure you appreciate that. Yeah. I science, and medical science in particular is a sort of really unusual place in history where, you know, at the first sign of death.

You know, we're talking, like, right around the age of reason. They were doing their work for patients. Right.

How Misinformation Distorts Science

And so they were sort of beholden to the interests, the folks who had the purse strings and only after, you know, more than hundreds of years later did they really sort of like the things that, links inside institutions where they could practice their craft of science objectively.

Right. But only when there were. Yeah, public universities and, research institutions that had capital, but they had results that were largely divorced from the capital or, you know, from where those, funding sources came from, like state the taxpayer, which allowed them to be very, very objective.

But, that also puts them in a position of, that same separation allows for the public to start to mistrust the results of that science. I don't y'all, the average person of the public probably doesn't know a scientist.

And when they try to read the science directly, that, field has become so jargon laden, but they can find it impenetrable. There is sort of like a real cultural difference between the scientist and the lay member of the public.

And all of those factors sort of make it a field that's ripe for misinformation, which I think you just described, which would probably more or less innocuous, you know, shark attack.

I want to get some quotes. But also, you know, generally sort of self interest groups that go on after that, most of them, what in the 1900s, when a scientific report came out, it was reinterpreted.

Actually, this is more like the 1800s, widely interpreted by, special interest groups. So y'all creationists would go out and they would pass all the scientific literature looking for stuff that supported their worldview.

And then, you know, interests would be doing the exact opposite. Right. Sort of putting out a more secular interpretation of the science. Those folks were largely the standard bearers for how the public perceived that information.

So in the early 1900s gave rise to some of these fair broker journalists, organizations like National Geographic and Popular Science, that first sort of brought about nicely, bringing any sort of respectable, way to the public.

And now you. Yeah, the dawn of the internet, and, all these other, things and our, culture that have changed have sort of drowned out those voices. And now we're back in the.

This is, special interest bubbles. Right. So that's one of the justifications for, this podcast, the Art of medicine with Doctor Andrew Wilner is, I like to talk to people who are informed and are going to give us a straight story.

And you're one of them. Now, why this book you wrote really is about snake oil salesmen, right? I mean, there's always been people who have been willing to promote, for their own benefit, really, untested and unproven, treatments and cures.

The classic one being, you know, snake oil. It'll make you feel better. I mean, everybody has ailments. Might be depressed or have an ache or a pain or dying of cancer is a whole range.

But we're all looking for something that's going to make us better. And as much as there's been enormous scientific advances, you know, not the least of which is, antibiotics and vaccinations, there are still many things we can't fix, which leaves a wide opening, right, for people who are going to offer something that is a cure all.

So it's a pretty big topic. How did you decide that you were going to spend a few years of your life trying to sort this out? Well, I started during the pandemic where I thought it was sort of like two treasure of American values that are in conflict with one another, rather like one is the desire to keep the public safe through public health campaigns like vaccination and social distancing, and school closures and those sorts of things.

And the other is sort of this, well, cherished American right to individual choice. And the right of the individual to not get vaccinated or to go out without wearing a mask or, you know, all these other things.

So a lot of people are very affronted by the public health recommendations. And a lot of the public health folks were very affronted by these yahoos who were running around, opposing their, their, recommendations.

And so I thought there's a really interesting nuance that we have here. And I wonder if I were to talk to some of these people who read the extreme fringe of the alternative Health movement for promising that they have brought to Covid, that medical science is not recognizing and that, frankly, seemed very implausible.

What would those folks tell me about? How would you create a system that they can sort of by interview, right? By

like, what what reforms would they recommend be made to the FDA or to the CDC?

And when I start to ask them, started telling me, burn down the CDC, you know, abolish the FDA, the reference have no nuance whatsoever. And so that I sort of change tack a little bit, we have to add into exploring how these people, many of whom seem to have started off with more or less good intentions, about what they thought legitimately was a cure all, into these sort of cultural warriors who were taking up this medical freedom mantle and vowing, you know, to burn down the CDC.

And so I identified some really compelling trends that applied to all sorts of these wacky practitioners that I, spoke to for, for the book. As the guy who thinks he can cure cancer with, baking soda injections, there is a woman who can cure everything with leeches.

The, who retired dentist, from South Dakota, who thinks they can throw everything with lasers. The folks who, sort of solution, bleach based solution, to to their, followers, and on and on.

Right. The one true cure is what you call the one true cure in the book. So I had a few questions about that. And and I don't know if they're even answerable.

I mean, it is not a coincidence that. They were trying to get rich. Okay. Right. One guy was, you know, he had a cure for cancer, and you came and stayed at his estate in California for $2,000 a night, and you got very expensive treatments.

Pseudoscience, Snake Oil, and the Pandemic

That's the one you reference in your New York Times article where the women, later died. Right. And I want to talk about that also. But do you think you think in their hearts that they truly, truly believed in this stuff?

Or do you think they knew they were scam artists? You know, I mean, I think yeah, it's a great question. And it's one that can never be answered with 100% satisfaction because, they deserve some time to reflect on comparisons.

But I do think that for the most part, I think that they either, I think, provide for themselves. Yeah. So I think that for the most part, a lot of these people started off.

Yes, they wanted to make money because they thought that the product they were selling was legit. I think most of them did have intentions at one point where they had what they thought was a medical advance.

They got the dollar signs in their eyes. They bought into this idea, this really wonderful idea that they had come up with something that was going to better humanity.

Right? Or if they started talking about that, well, yeah, we all have egos. Certainly. Doctor will never, when your ego is telling you that you can eradicate cancer, with arms or, or some other, you know, plausible method.

You want to believe that very, very badly. Your brain will help you to cherry pick the information that reinforces that belief. It will screen out the information that, does not reinforce that belief.

And you're not only going to have your personal identity wrapped up in this idea, but, your finances also get wrapped up in this idea, right? Like, if, if, Robert Young can't cure cancer with baking soda injections, then, he has to stop having people with his Miracle ranch, getting $2,000 a month from that.

That was sort of a, of dynamic that describes pretty much all of the healers that I spoke to. So, they were so, shaken by their or. So. I'm sorry they were so deeply attached to their beliefs that will come to them.

Even when things started to go bad for them and they collided with the establishment, began to get sort of legal thing. There's one guy that I spoke to who's the founder of the so-called Church of Breach.

Who? I spoke to him in prison. Well, he's been a Colombian prison for fraudulently selling his miracle mineral supplement. What was the name of his cure?

What's he doing in prison? He's treating fellow inmates with this, right? Yeah. This is Grant. Right. And he. So. Yeah. He's not stopping. There. There's no stopping him. One.

So there's sort of like what, beyond a certain threshold? Yeah. I was going to say, you know, I think it's a strange phenomenon that they believe in themselves.

And normally, you know, that helps make you successful and you believe in yourself. But it gets to the point where, I you alluded to confirmation bias, right?

That, whatever is working, you know, supports your theory and then whatever doesn't support your theory, you don't pay attention to, but they become totally deluded that, in fact, this really does work to the point which also makes them much more effective salespeople.

You know, when you have some some guy knocking on your door and he you can tell he believes down to his core, you know, of the Second Coming is going to be on Wednesday.

You know, you start to give him the benefit of the doubt because, you see, he has no doubt whatsoever. And, and that's what happened to these people. But you know what?

I, what I wanted to emphasize, though, was the other side of this, which are the followers. It's like, why is is anybody paying any attention to these people when what they're selling is clearly fraudulent?

Yeah, that that's a great question. I like, you know, a lot of the blame, actually, on our health care system, and on sort of like the, flaws in the medical profession.

You know, we have a system that is not easily access to some people. We are a system that is sort of, it's a little demeaning. It's a little dehumanizing to go to a hospital and wear a paper gown and answer the same questions about, you know, what your birthdate is over and over again.

But I know that that, our medical professionals recognize this and create a medical order. But there's also sort of like this cultural gap between a lot of the practitioners, who through the active, and successful campaign are Murray.

Form sort of like the most successful salary wise professional, that somebody can hope to bring themselves into in the country. Right. And so the American system is creating a space for its flaws.

Yeah. And we talked about the Byzantine, inference system and all of that as well. And, and, yeah. So some bad actors, and lack of transparency and everything else.

So what all those things do is they drive people into a space where they can fall prey to these hucksters. Right. If we had a perfect health care system, then nobody would need the hucksters, because nobody would be interested in a system.

And something that doesn't work. But what they're selling is they're selling, a promise that they cannot keep. We're selling a fringe to that is based on money, right?

Whether they can afford to spend more personal time with their patients and give them a more human connection than the average, and infirm, because we're not bound by all of the, rules and demands, the force and and to limit we're also baseline for something like, you know, an average of whatever it is, minutes per seconds, 7 to 18 minutes.

So all of those things combined with sort of like, yeah, a general lack of understanding of science and, and a lack

of, scientific literacy and all of that combined to create an environment that is very fertile for these answers.

And it seems like every advance we make in terms of like when or not or, partizanship.

Why People Fall for Alternative Cures

Yeah, this seems to make this even work. Yeah. Very discouraging. Because these people are in a, frankly, unethical they're taking advantage. And, the young woman that you describe in your article was diagnosed with breast cancer. Stage one.

She did have it removed. Her chances of survival were 90%. And plus, if she followed up with radiation and chemotherapy as needed, she didn't follow up.

She wanted some holistic cure, spent a fortune on it. And then when it wasn't working, you know, the answers from the purveyors of it is like, well, you know, you're not doing it right, or you're not taking a big enough dose or you know it.

The blame was on the patient with no with no thought that, well, gee, maybe there's something wrong with the, the treatment. And, and finally she realized, you know, when this, cancer had metastasized to the rest of her body, that this, other treatment, the alternative therapy, was not working, but now it was really too late.

And so she spent, quite a bit of time getting, the treatment she should have had years previously that now failed. And she. You couldn't find her because she was dead?

So, you know, it reminded me of the story. I think it doctor Offit is a pediatric, pediatrician who has written a lot about vaccination. And he starts out one of his book with this mother who is holding her child, who is deathly ill, dying of measles.

This was quite a few years ago. And, and, you know, and he was just sort of tempted to, you know, oh, what can you do? And it's like, unfortunately, there's no treatment for measles, you know, other than supportive care.

And the child died and it was a tragedy. And he sort of, you know, held his tongue and didn't say, well, you know, if his parents had been a little more, A little attentive to the realities of life, you would have vaccinated your child and he wouldn't have died.

You know that, that science has a role. And, you know, it became very trendy recently to attack the FDA, the CDC, you know, these are government agencies that are imperfect, but, have a purpose.

And the purpose is to protect the the public. And, you know, when you get a prescription medication with, there's a little package insert and it shows exactly what the testing was for this, medication, and it had to, the clinical trials and what its side effects are with percentages.

A lot of time and effort went into preparing these and getting them approved. And, when you buy a, a supplement, for example, that is not regulated by the FDA, you don't get any of that.

There might be a label that says, what's in it, what's in it? And when people have tested those, you know, vitamins, for example, they often find that that's not at all what's in them.

You know, there's just no, quality control whatsoever, that there's an important role for the, for agencies like the FDA. And it does not extend to supplements, which I think you agree that that is a gigantic loophole.

Oh, absolutely. Absolutely. Yeah. Changes to the law in the 1990s that allowed for almost total deregulation of the supplement industry have been the biggest thing for quacks and the worst thing for the public health, argument and argument.

Well, because it's a springboard off what you were saying. One guy that I spoke to, was, a vegan activist, and his name was Herb of War was named Legally Trans.

Yeah, I thought that was great. Yeah, yeah, he he sort of embarked on this quest. This really, like a springing from his, like, high principle, doing the same ones, that, led him to sort of, like, pursue natural living and, and avoid the eating of animal products and all that.

Got him obsessed with this idea. That one could find an all natural alternative to Viagra. Right. And so herbivore travels the world chasing down sort of like, traditional folklore.

And so they sort of believe working for that herb. And he's taking a lot of herbs and a lot of places, that will create the same effects that Viagra was looking for.

Herbs in all the wrong places. Okay. Herbs that on their own. Right. And then he's, one guy who's running a a source, and he's also like, a big, like, email, spammer guy and like, like, call center manager entrepreneur.

So he's at a call center in Africa and India, rather, and he gets, an herb from, an acquaintance who says that they found the perfect plant extract when he gives it to his staff.

And then, you know, 20 minutes later, they're all giggling behind their desks, and they want stand up. So two things from standard. This plant extract works, and he paid for it himself.

And sure enough, it's just like fiber. And it's, from a, a quant, that is grown only in China. And so a Chinese supplier is sending it to him, and and he's thrilled.

And he markets under the firm Stiff Nights. And, sells, sells out across the nation and sells millions of these weapons until somebody took it and died, and the FDA got down to it and found out that this one ingredient from China was actually, the sun chemical.

That's the basis of, some Viagra competitors. So it was a drug in other words, I don't know, it was a drug that was in this supposedly all natural product in an amount that was not so, that there was an extract that I have the we know allowable limit.

So it's contaminated. It wasn't natural. It was a contamination of the or of the product. Yeah. The supplier, you know, old herb, what he wanted to hear so that he could get him so he could sell this, the stuff, which was.

Yeah, there's this one. There was a drug, unnerved. Well, bought it and marketed it, and, Yeah. So it shouldn't go very well. And so those regulations protect, you know, not only the public, but also the seller.

Right. Because here's a guy who who actually thought that he was doing something.

Regulation, Supplements, and the FDA Loophole

And so I think that's what needs to do more to sort of, or rather, the government or public policy needs to do more to sort of reward being supplement makers who are actually trying to do it the right way, who have injected a fair amount of effort into what they do, or selling vitamins without, you know, forgoing, blowing up claims or to penalize those who do that.

Yeah. And people don't realize that counterfeit medications, are a huge problem in, in other countries. I mentioned Philippines earlier. People do not want a many people do not want a generic medication in the Philippines because it may well be counterfeit.

It's not that it's an issue with the generics, it's that this may not be the medication at all because their system of, you know, inspecting medications, it's not as rigorous as ours.

So protecting the the public, as much as it sounds paternalistic, can be and goes against a little bit the medical, freedom, ethos is, is very, very important.

Absolutely. Yeah. Yeah. When, when you buy a, supplement in an unregulated industry environment, you're not only trusting the guy who sold it to you when you've got a single supplier who gave it to him, and you're crushing everything along his supply chain, you really have no basis or reason to do so other than that, you know, maybe somebody, you know, took it and didn't get sued.

But those those comments about all sorts of horrific things in there, everything from, you know, rat poison to doctors, to printer ink. So if there's no, no reason to have any faith in the brand or the market, some of these smaller operators, in particular.

So, you know, I say, you know, your book is very thoroughly researched. And if you go into these guys lives like this guy, some in the Colombian prison, and he's, you know, he's still, administering his, miracle cure, to, vulnerable and susceptible, inmates.

A lot of interesting details. And it's a great read, but you know, it all the end of it, it was like, well, now what what are we going to do about this?

I mean, really a huge problem? Yeah. Know that that's a that's a great question. But I actually, I have a forthcoming book that, will have just been published, I think by the time this, podcast from called The Ghost Lab.

And that, I guess, sort of getting to the solution a little bit more to this idea of sort of folks who are not personal situations and instead of repressing individual experiences.

You know, part of it is that, you know, institutions need to address those sort of flaws that I referred to earlier. They they need to, you know, improve transparency even more, improve accountability even more.

And they need to, to serve people, at a higher rate and in a more accessible way than they're currently doing. But, and we really don't seem to be on a track to achieve that, in our current political, environment.

But also, you know, I sort of very reluctantly come to adopt the position that we need to do more to meet patients where they live. I think we need to do more to accommodate, belief systems that you and I, who are your evidence driven, you know, believers in science and and skeptics of the supernatural, I assume Doctor Wilner.

We need to do more to accommodate folks who do not believe in that, who do not believe in science. Well, we we are, humans, right? And who idea of believing in sort of narrative over there was a very human thing.

And right now science has sort of rested on its laurels by being corrupt and by actually producing practical effects. But it hasn't done enough to sort of take all the brain and the way that a huckster can.

Or I think that in order to do that, they can be more welcoming of people with these sorts of anti institutional beliefs by sort of getting off the high horse and, and stopping really sort of aggressive debunking.

Yeah, we, we think that if we are not going to confront, say, a patient who says that he's been abducted by aliens, right. This is sort of like going the fly.

Let me give you an example. Although this comes up in, my most recent book, in the Muslim world, a lot of people believe that they don't possess by Jim.

You know what? What we hear in the U. S sometimes called Moonies, when they will go into a clinical setting reporting symptoms that they attribute to gene possession.

And this is like a very common belief, something like 40 to 60% of university students who are, you know, presumably getting a decent education will believe this, when they go into a clinic in the Muslim world, populations

have all the tools that we have here in the West, but they also have access to a treatment program for gene possession that sort of Trojan horses, some traditional, accepted methods of conventional treatment owing to a window dressing that is, accepting the basic premise that, again, has possessed this patient.

So a rocket holding animal come into the clinic and, take some powerful words out of the Koran and write them, paper that will then be dissolved in water.

Afflicted person drinks it, and there's a whole set of sort of like protocols that spring out of that ritual. Some of which involve sort of like, know providing follow up and peer support and, and some of these other things that we recognize are good for one's mental health in the United States.

But there's the globe in this. Yeah. On the space ridiculous premise that there is a demon inside of this person. And what they find is that that is, an effective treatment for many of the symptoms, that we would treat otherwise in the West.

You know, that that sports comparable, whether it's the combination of sort of like that social support, and follow ups and checking in process, or whether it is the placebo effect or some of a whole host of other similar related effects.

We don't know. But in a practical sense it work.

Meeting Patients Where They Are

So I think, in addition to providing a better health care, menu for their patients, I think practitioners have to do a little bit less, debunking, because I think they, they think that if they embrace the idea that a place in spend abducted by an alien or possessed by a gym, that it will be sort of like sanctioning and building up those beliefs and making them more relevant.

But what I fear happening is that if they don't do that, those beliefs aren't going to get any less relevant. The scientists and the medical practitioners are going to get less relevant.

So so I think in a practical sense, that sort of like the, the same view points of growing. Well, I half embrace of complementary, techniques or complementary medicine can be used to sort of mitigate the harm that these practitioners would otherwise cause, and give them an incentive that allows them to operate within the system in a way that makes them Russian and have a stake and holding the system up.

Yes, but I'm going to call you out on that, because in your book. Yeah, it seemed to me you were critical of the, Cleveland Clinic's and Mayo Clinic's who were incorporating, alternative medicine, that that they were somehow, corrupting their science by allowing these, unproven therapies in their doors, presumably for profit.

You want to enlighten me a little bit? Yeah. Yeah. Yeah, absolutely. Yeah. No, and there is certainly a school of thought, that, I, have recently espoused that this would be sort of like an unalloyed public bad that when you have a hospital that's offering, aromatherapy or sound therapy, or, you know, hypnosis treatments that are not supported by the evidence, that this is your, and facts about them.

My thinking on that has evolved. Okay. Yeah, I basically buy into the idea of debunking on a visceral level because it drives me nuts. I think that the science is correct.

These fringe treatments are wrong. And why would we give the time of day to the fringe treatments? Now I'm more of the kind of, strategically the debunking, is not working or in fact, is is writing worse patient outcomes.

So I now sort of believe that, if you plan to offer certification systems, for some of the more common and we believe, forms of hokum. So that might actually be a good thing.

So, for example, homoeopathy. Right. Ridiculous idea. The idea is right at its core is how to develop beliefs that let

you take something that mimics the symptoms of a disease, but that will be the cure for that disease.

So if, if measles makes you itchy and gives you a fever with this herb that makes you, actually give you a fever, and then you want the measles, right?

Ridiculous idea. Second ridiculous idea is the more deluded, solution of that active ingredient is, the more powerful it is. Which results in a process, production process of diluting it so many thousands of times that often there's not a single molecule of the active ingredient in the bottle of what would you buy, right?

So also ridiculous idea, but at the state of Nevada, they have a board, a state board of homeopathy, where a bunch of homeopathic practitioners, are sort of like pushing certifications to other homeopaths that operate in the state of Nevada.

And on the one hand, that's ridiculous. Well, why is the state holding up this ridiculous practice of homeopathy, when in fact a lot of people buy that stuff, right?

And so if you have a state board of homeopaths, what you can do is you can hold licensed practitioners up to a standard that mitigates their harm. So if you're a state certified homeopath and somebody comes in with cancer, your if you want to keep your license, you have to refer them to a doctor, to an employee.

And you can't sleep with your patients. Right? You can't sleep with your, your, your followers. Because that's an abuse of ethics. And you can put poison as all you have to make sure that the stuff that you're selling them is not poisonous.

Right. And so for all of these reasons, I sort of come around to the idea that, it's more, efficacious, it's more efficient to try to create a space that doesn't instantly deride, practices like homeopathy and instead sort of like creates a path of homeopaths who will actually prop the system up instead of tearing it down.

Then the, the fringe homeopaths who don't want to play by that rule, they get pushed further out to the margins. And now you have homeopathy versus homeopathy, and that is for the good of evidence based practitioners.

You know, there's a phenomenon in medicine where patients may have a very strong belief, that they're ill with a particular, disease. I'm a specialist in epilepsy, and there are people who believe very strongly that they have, epilepsy.

And we'll actually have what appear to be, clinical seizures with jerky movements and foaming at the mouth and biting their tongue, collapsing. But in fact, they don't.

They have, a psychiatric syndrome that has caused this really, strange delusion. So we call those pseudo seizures or we call it functional disease. In that there's a it appears to be a disease, but it actually isn't.

So in the old days when a patient like that would present to a neurologist, we would do our various testing and conclude that and just tell the patient, well, you don't have epilepsy, so you need to go somewhere else because I treat epilepsy and you don't have it.

Well, that didn't work very well because the patient would conclude like, well, that doctor says no. Anything. Obviously I have epilepsy because that was their belief system.

So, we still try and refer these patients to psychiatry, but, take it that it's more successful to say, well, you know, the type of epilepsy you have is a little different.

And, and it doesn't respond to our usual medications, as you know, because you've been taking them and they don't work. So we're going to try, some other treatments, like physical therapy and, and that approach.

Well, it's not 100%, but it does work better because, I was trying to get back to, you know, the belief system that if

you have a strong belief system, like your patients who are possessed and you simply tell them that they're wrong, then you don't get anywhere because you don't have any, you don't have enough credibility for them to go, oh, really?

Doctor? Okay, I guess I'm not possessed, right? That's usually not going to be what happens. They're usually going to say, well, this guy, he doesn't know anything.

Of course I'm possessed, you know, and because that's their culture. So it's a little bit like, you know, it's a little bit on a slippery slope, like a placebo treatment, where, you give something that does not have active ingredients.

And yet, because it's presented in a certain way, it can in fact, have, activity. So, you know, the human brain and mind complicated.

Books, Solutions, and Closing Remarks

But, it is so distressing to me, when I see people who, refuse to accept the scientific method and, and die because of it, there was a really, heartbreaking case in your book of, a family that was very religious and their poor child was getting sicker and sicker by the day and turned out to have a new onset diabetes.

And, glucose was going sky high, and, the patient became chaotic and listless, and they felt that prayer could fix anything. And, they got everybody they knew to throw in some prayers.

But the child continued to get sick until finally somebody called EMS and the child died on the way to the hospital. And it's completely preventable deaths.

You know, that's heartbreaking. So, you know, I think we don't have to say that the scientific method is the only way to look at things. But, it's a good place to start.

Yeah. Yeah, absolutely. You know. Yeah. Well, I remember that from my own life. It was, when my, when my wife and I got pregnant, we were, you know, hearing messaging that, sort of like, was not that favorable towards, sort of like the idea of a medical industrial complex that that, administers C-sections without just cause or sort of frivolously and, and all of that.

But my local hospital has a team of, medical doctors who work alongside a team of midwives. And and it was the same thing. When you go to the hospital, you check a box, you want the doctor, or you want the midwife route, on which the midwife route for all of our care happened in a hospital setting.

The midwives have a very good understanding of what they could and could not do. Yeah, they're they're recommending positioning or they're doing all sorts of, there's just our whole worldview was embracing, sort of more naturalistic form of birth when possible.

Yes. They could, hear the science when a medical intervention was necessary. Help guide us because then we sort of understood that they were following what we wanted.

You know, they came from sort of fundamentally the same place as us. When a medical intervention did become necessary for us. We didn't like to hear it, but we trusted the source.

Right. And, we trusted midwives. So we had built a relationship where our. Then you know, we got a, wonderful surgeon, who instilled us with all the confidence in the world.

And he delivered our beautiful boy, you know, and so, you know, there are ways for medical institutions to create pathways that, sort of lead into the correct notable decision for the patient without, you know, getting into some of those, I don't know what would have brought their religious family into the fold.

They were very friends right over there. Creed over there. We don't come across far out. But I do think that, like, in

many cases, it's sort of nipping those things in the.

Yeah, they're always going to get some hard for institutional, warriors. But before somebody becomes that someone who's persuadable, I just think we gotta work a little bit harder to get them when they're at that point or facilitate ability.

All right, before we wrap up, tell me again the title of the book that we're discussing and then the new book and where we can find them. Actually, thank you so much for asking.

So if it sounds like a quite a journey to the fringes of alternative medicine, that is, the book that you and I have spent most of the last, little bit talking about.

It is some very extreme, very bizarre medical practitioners. It's available, Amazon and in the bookstore column. And any books are so, my forthcoming book, which again, will have been recently published by the time this drops, is called The Ghost Lab.

That is sort of one of the connections between institutional distrust and paranormal belief systems and focuses on a group of, powerful new Hampshire, not normal enthusiasts, who embark on a sort of noble quest on science and do, things like, you know, witchcraft and ghost hunting.

I'm mostly coming up short. But, they are. I think they're both, well worth reading. And I thank you so much for giving me a chance to to talk about, both of those.

Thanks, Matt. Thanks so much for this, free wheeling, conversation. Matt Hong tattling. Thanks for joining me on the Art of medicine. After all, it's been a joy.

And can I just also say that, what you're doing with this podcast is so important and provide such a benefit to the public. Thank you for for the good work that you do, not only in the clinic, but out here in the world.

So it's it's really appreciated and it's really vital. You know, I appreciate that. And now, a final thanks to our sponsor Locum story.com. Locum story.com is a free, unbiased educational resource about locum tenants.

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I'm Doctor Andrew Wheeler. See you next time. This program is hosted, edited and produced by Andrew Wilner, MD, FRCP, FAA, and guests receive no financial compensation for their appearance on the art of medicine.

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