The Key to Reducing Quackery Lies in Healing Patients and Treating Their Experience

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If doctors were trained in communication skills, then quackery would diminish greatly. When you are told what day you are going to die and all hope is taken away, why not seek alternative therapies?

I can agree with several of the points made in this review; however, it does not deal with the reality of having cancer. I doubt very much that the authors have had either cancer or any other life-threatening illness, and so do not understand what “the natives” are experiencing. If doctors were trained in communication skills, then quackery would diminish greatly. We need to reparent our patients so that they feel loved and cared about and are, in turn, able to love and care for themselves. When you are told what day you are going to die and all hope is taken away, why not seek alternative therapies?

I am the Yale surgeon cited in the article who started support groups—something I did when one of my patients asked me to help her because she needed to know how to live between office visits. What I discovered was that when you helped people to live you added to their survival time. Our emotions govern our internal chemistry, and hope is therapeutic. We know that laughter enhances survival time in cancer patients, while loneliness has a negative effect. When a Yale graduate student did a study on our support group members and it showed increased survival time for the group’s members, his professor told him that couldn’t be true and made him change the control group so that everything came out equal. Doctors don’t study survival and the power of the mind. Instead of saying to patients “you are doing well so keep on doing whatever you’re doing,” I learned to ask them why they were doing well and didn’t die when they were supposed to. They all had a story to tell me, and I have letters that end with “I didn’t die, and now I am so busy I’m killing myself.” A millionaire from Florida, when he learned he had just a few months to live, bought a house on the beach and listened to my meditation tapes. He cancelled the dress code at his company because he felt there was no point in wearing a suit and tie if he only had 2 months to live. He lived for over 5 years.

The mind and energy will be therapies of the future. I know of patients who were not irradiated because the therapy machine was being repaired and no radioactive material was reinserted. The radiation therapist told me about it because he was feeling terrible. I told him he didn’t know what he was saying to me. “You’d have to be an idiot to not know you weren’t treating people for a month—so obviously they had side effects and shrinking tumors, which was why you assumed they were being treated.” He said, “Oh my God, you’re right.” I couldn’t get him to write an article about it. I also have patients who have no side effects because they get out of the way and let the radiation go to their tumor.

Read my book Love, Medicine & Miracles, as well as The Energy Cure: Unraveling the Mystery of Hands-On Healing by William Bengston, The Biology of Belief: Unleashing the Power of Consciousness, Matter & Miracles by Bruce Lipton, and The Psychobiology of Gene Expression by Ernest Rossi. Bengston cured mice of cancer in a controlled study with the energy conducted through his hands. I was healed of an injury in the same way by healer Olga Worral many years ago. We definitely need to test potential therapies to verify whether or not they are useful, but we also have to keep an open mind to what might be possible, and we must understand that we are treating a patient’s experience and not just a disease.

Prior to the time of our present cancer therapies, the role of emotions in illness and health was seen as very significant. I did not make patients feel guilty by asking them what meaningful events had occurred in their life that might have made them vulnerable to illness. Even the poet W. H. Auden wrote about cancer in his poem “Miss Gee”: “Childless women get it and men when they retire. It’s as if there had to be some outlet for their foiled creative fire.”

I have chronic Lyme disease and have been helped by homeopathic remedies. I know they work because of my experience of having the symptoms of the disease alleviated. I also have had doctors...
apologize to me for what they thought of me after they or their loved ones developed cancer and I and my work became an important resource. On my website (www.berniesiegelmd.com) there is a page entitled “Immune Competent Personality Test,” which was created by psychiatrist George Solomon based on his experience with AIDS patients; he used the test to help identify who was likely to be a long-term survivor based on personality characteristics as determined by the test questions.

And why do women live longer than men with the same cancers and married men longer than single men? It isn’t female hormones or sleeping with them that prolongs survival, it is relationships. There is survival behavior—and there is guilt, shame, and blame inculcated into us by parents, clergy, and other authority figures.

I was a pediatric surgeon and a general surgeon, and I know how powerful my words were to the children—and adults—who believed in me. I had no problem deceiving children into health by labeling vitamin pills as medications to prevent nausea and hair loss, or telling them the alcohol sponge would numb their skin (and of course, sharing this with their parents, who helped empower their child’s belief). The mind and attitude are powerful healing forces. The mind and body do communicate, so I work with patients’ dreams and drawings and have diagnosed illnesses from them. I have yet to meet a physician who was told in medical school that Carl Jung correctly diagnosed a brain tumor by interpreting a patient’s dream.

This may not seem related to the subject of quackery, but it is—because it is about how to train doctors so that they know how to provide hope and potential to patients and how to use the mind and placebo effects. Doctors’ “wordswordswords” can become “swordswordswords” and kill or cure patients. I know a man who had cancer and needed cataract surgery so he could enjoy the life that remained to him with restored vision. His health plan denied the surgery because they expected him to die within 6 months and didn’t want to spend the money. He died in a week. The Lockerbie Bomber was released by the Scottish authorities because he was dying of cancer. He went back home to the Middle East and survived for over 3 years—and that is no coincidence.

Let me close with the words of Solzhenitsyn, from his book Cancer Ward. Solzhenitsyn had cancer and knew the truth intuitively. One of the characters in the book—a patient in the cancer ward—is excited to share with his fellow patients what he finds in a medical textbook: “‘It happens rarely, but there are cases of self-induced healing.’ You see how it’s worded? Not recovery through treatment, but actual healing. See?” There was a stir throughout the ward. It was as though “self-induced healing” had fluttered out of the great open book like a rainbow-colored butterfly for everyone to see, and they all held up their foreheads and cheeks for its healing touch as it flew past.[1]

There is the essence of it all. When you have transformation (the butterfly) and the creation of a life of harmony and order (the rainbow), and when you love your life and body, then amazing things happen. When medicine incorporates these things into truly caring for patients, quackery will cease and medicine will expand its horizons. I haven’t been able to persuade them yet, but I would love to see the American College of Surgery change its pledge from “I will deal with my patients . . . .” to “I will care for my patients . . . .”

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