

Death by Health Screening

The Risks and Dangers of Free Health Screening

TO MY READERS: *I found this article, reprinted with permission from the December 2006 edition of "HEALTH ALERT," to be of such importance and so significant for our everyday lives that I obtained permission to reprint it so you would have the benefit of its contents.*

Health screenings can be a good tool when they catch something that can be treated early to avoid a catastrophe. Unfortunately, these are the rare instances. For the most part, screenings are money-making promotional efforts. They benefit doctors, nurses, medical equipment makers, hospitals, surgeons, and, most of all, the pharmaceutical companies.

Health screenings in and of themselves are not too hazardous to your health. But when the findings are false, or when a non-disease is diagnosed as a real disease, dangers abound. If this happens, you will be referred to your doctor or some other professional for more aggressive testing, followed too frequently by surgery, and/or a lifetime of toxic drugs. Therein lies the danger.

No Such Thing as "Free"—Paid for by...

One of our patients wrote me a note saying, "Dear Doctor, my 80-year old mother wants to go to a free health screening sponsored by our church. Is there any danger to her?" My answer? There are no free health screenings. Rather, these are promotional endeavors paid for by the drug companies, medical equipment makers, doctor's unions, and others—who then pass on the cost to you based on the increase in business they garner through these screenings.

"As for your mom," I answered, "it is probably safe as long as she isn't shuffled into some unnecessary and dangerous follow-up testing and treatment." I put his note and my answer out of my mind until a few months later when I heard once again from our patient. The following is what happened:

From Health Screening to Death in Two Weeks

Mrs. Mom was an active, healthy, jovial, loving grandmother who had a close relationship with her family, church, and even the hospital where she eventually died. She was not taking any prescription drugs—a miracle for an 80-year old. The health screening would end that miracle quickly. During the screening she was told that she had high cholesterol at 265 (total), and high blood pressure at 140/90. She was referred to her family physician for further testing. Despite the fact that after age 80, the higher your cholesterol, the longer you live, she was placed on the cholesterol lowering drug Lipitor.

And despite the fact that 140/90 is normal at her age, and that taking blood pressure drugs daily

for 30 years will statistically only increase your longevity by a couple of weeks, she was put on the blood pressure drug Toprol.

Within days she became completely weak, somnolent (having trance-like sleepiness), depressed, and dizzy. She began to suffer from dyspnea (labored breathing) and lost all interest in life. Alarmed, our patient brought his mom to see another doctor. This doctor did not even ask what drugs she was taking. When our patient informed the doctor of her prescriptions, he made no change. Rather, he added a prescription for Zoloft to help with her “depression.”

A Downward Spiral

The following day, Mrs. Mom was so weak and dizzy that she fainted, fell, and broke her hip. Off to the hospital. She was admitted and x-rays revealed that she also had osteoporosis. She was further prescribed the osteoporosis drug Fosamax. This drug was prescribed despite the fact that these biophosphonate drugs do not help older women maintain and build strong bones—that they are, in fact, implicated in causing irreversible, horrifying cases of necrosis of the mandible (rotting of the jawbone).

Now Mrs. Mom was in a life-threatening situation. She struggled along in the hospital, made it through hip replacement surgery, and ended up in excruciating pain. Pain medications were started, and she was in the final stages of a downward medical spiral.

Barely able to breathe, she was put on oxygen, later ventilated (helped to breathe), and finally intubated (had a tube inserted for breathing). That night, less than 14 days after this still spry, healthy grandma with a twinkle in her eye had the medical screening, she died. Her blood pressure just before death was 80/40.

So Many Lessons

It almost seems like this is made up. Unfortunately, over 30 years, I have been witness to hundreds of such cases. Across the country, the numbers are absolutely mind-numbing. And very, very few of these cases are ever statistically recorded as medical errors. After all, everyone did everything medically right—right out of the textbook. In the end, the doctors told the family that “they did everything they could, but she was just too weak.”

In truth, this represents the dangers of health screenings for people who are uninformed. How could our grandma have known that her cholesterol was really normal? That her blood pressure was really normal? That the prescription drugs that took her life were not even needed? The following facts are glaring and painful to examine in cases like this:

1. First and foremost, her screenings were normal, and she required no further testing or treatment of any kind.
2. Next, cholesterol has little to do with anything, including heart disease. And after 75 to 80, statistically speaking, the higher your cholesterol, the longer you will live.

3. Our grandma's bones were normal for her age. And biophosphonate drugs like Fosamax do not build strong bone; they actually interfere with the normal removal of diseased, aging, and brittle bone. That is why when women on these drugs undergo dental procedures like extractions, dental implants, and even bridges, they can develop incurable jawbone rot.
4. Virtually all of our grandma's symptoms were a direct result of the side effects from her prescription medicines. These prescriptions were given because the pharmaceutical industry has convinced physicians to believe its skewed and slanted "research" that is too often headed up by researchers on the pharmaceutical companies' payroll. The whole free health screening scam ties in with the new medical mantra that says cholesterol must be below 150, and blood pressure must be below 110/70! All, of course, can be accomplished with prescription drugs for life.
5. Not recognizing the side effects of drugs is one of the most glaring problems in medicine. In this case, it was inexcusable and deadly. Everything our grandma was prescribed should have been flushed.
6. Prescribing drugs without examining the patient's current prescriptions is all too common for busy physicians. Treating the side effects of exhaustion and depression from blood pressure drugs with Zoloft is simple malpractice.
7. It is likely that none of the culprits in this disaster will ever be charged with malpractice. None will face a medical board for culpability. Although I can't be in their heads, it is in my experience that none will be affected much by the entire affair. In fact, all of these people, doling out "scientific" medicine are continuing to do the exact same thing—right now, today.
8. The more than \$100,000 in medical expenses will be paid in full—even to the doctor who was most responsible for our grandma's death. And it will all be paid by you and me (Medicare).

The Family is in mourning. The grandkids are crying. And new free health screenings are being set up all across America as you read this.

Cancer Screenings—Also Dangerous

Medical "science" tells us that early diagnosis is the key to beating cancer. This dictate is directly connected to the use of medical imaging techniques. You probably know about these. Your body is scanned. The results can show whether there are calcifications in your blood vessels (common after age 65). These techniques can also show if you have "suspicious spots" that could be cancer. Typically, medical imaging test result in a finding of, for example, a "spot on the pancreas" or a "spot on the lungs."

After receiving this medical information, your life is turned upside down—even though real cancer experts know that "spots" are statistically extremely prevalent. They are mostly benign and inconsequential. Of those that are cancer, most will lay dormant, regress, and /or never affect your life. A percentage of these "spots" may have significance, but there is no test to determine what small fraction of these lesions actually merits aggressive treatment.

Does the Test Result Mean Disease? Does It Require Treatment?

Even if the spot does merit aggressive treatment, the odds of real success with chemotherapy (the main medical weapon against cancer) are not great. After more than 30 years, the war on cancer has produced more and more toxic, dangerous and obscenely expensive cancer drugs. All too little avail. And thanks to screening and imaging techniques, tens of thousands of healthy people are transformed into patients partaking of these drugs, sometimes for life.

So where have three decades and billions of dollars gotten us? Not very far, according to cancer expert and medical professor Guy Faguet, MD: "Three decades later, the process of anticancer drug development remains mostly anchored on this century-old conceptually antiquated, technically inefficient, labor intensive, costly, and low-yield 'hit and miss' (mostly miss) screening approach engineered and sponsored by the National Cancer Institute (NCI)."

Proceed with Caution

So tread very, very lightly with medical screening, and especially medical imaging. If something is found, you and your doctor can opt for a "watchful waiting" course of action. This will have no significant negative effect on your outcome, and it can save you from serious side effects and even death.

I Want to Protect You

I don't want what happened to our grandma to happen to you. This is the reason I write Health Alert. These painful truths are not being published anywhere else. And, you need to know. You deserve to know. You must stay informed to avoid medical disasters like death from a free health screening.

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Yours in Health,

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