

## DOC MARTIN AND STAYING ALIVE

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**Bulletin quotations:** "If you think you are beaten, you are. If you think that you dare not, you don't. If you'd like to win, but you think you can't, it's almost a cinch that you won't. If you think you'll lose, you're lost, for out in the world you'll find success begins with a person's will. Life's battles don't always go to the stronger or faster ones. But sooner or later the one who wins is the one who thinks she can. It's all in the state of mind." Anon.

Hope is believing in spite of the evidence, then watching the evidence change." Jim Wallis of the Christian social justice magazine, *Sojourner*.

### **Chalice Lighting:**

At times our own light goes out and is rekindled by a spark from another person.

Each of us has cause to think with deep gratitude

Of those who have lighted the flame within us.

--Albert Schweitzer

**Reading:** I presume most of know the story of the little engine that could. It huffed and it puffed, "I think I can, I think I can", I think I can, (to the tempo of a steam engine) and topped the mountain. Shel Silverstein, as is his style, did a different take on the story that is framed on the wall of my garage. [Read Silverstein's *Little Blue Engine* which ends in failure and a train wreck.] What Silverstein doesn't address is what we all likely have seen. Mountain climbing trains usually have two, three, or four engines. What we have achieved here, this building, this fellowship, our impact on the community, these seemingly mountains we have climbed and will climb in the future are the result of a group effort, multiple engines, all recognizing that what we think we can, we think we can, think we can....can be achieved. We've proven that optimism works.

**Main talk:** Altho this presentation was written mostly about a year ago, Alane Cameron Miles in her talk early April said two things that really teed up today's talk. First, she said that our minds do best when we are learning something new. And our surveys have certainly stated that we favor talks where we have learned something beyond just religiosity and feel good. And Alane also said that she's a questioner. I can identify with that as I tend to question as well. And have been frequently criticized for answering a question with a further question. Questioning and learning is a never ending process, a mark of both old timers and new UU's. So let's question and maybe learn a little.

You may be familiar with Doc Martin, the outlandishly rude but absolute brilliant British surgeon of the BBC serial of the same name. Martin develops a phobia for blood so becomes a GP in beautifully quaint tiny harbor village in Cornwall full of characters that he must routinely

diagnose and save medically. We are not TV watchers in Virginia, but bought the BBC's Doc Martin's Seven Surly Seasons this year in our Winter Texas haunt on a recommendation of some Canadian friends. There are some similarities with the series "House", another doctor, Dr. House, a brilliant diagnostician but severely socially challenged. Both series pride themselves on being medically accurate in an effort to help better educate the public, but are of no help at all for those of us susceptible to being much too surly, judgmental, and over-the-top intolerant of the self-destructive habits of others. We'll hear a bit from Doc Martin in a minute or two.

Staying alive in the title has two connotations; physical health and visible energy. A serious threat to both is pessimism, an all too common UU affliction I have worried about ever since I became a UU back in 1976. Mr. Stupi has said my earlier talk titled "The Good News is the Bad News is Wrong", an anecdote to the too prevalent pessimism, drew him to return after his first visit years ago, much to our benefit since. Optimism is infectious. Pessimism is a downer. Do we really need as much pessimism that is floating around nowadays? There I go--asking a question as an answer? My hope today is to add a touch of optimism to both your health and physical energy to give all of us something to take home and think about. So let's start with health:

A University of Chicago anxiety survey in 2014 solicited written responses from a random group that revealed half believed at least one of the following six statements:

1. Companies knowingly dump large quantities of bad chemicals into our water supply.
2. A US spy agency infected African Americans with HIV with some saying that high mortality viruses such as Ebola have been used for population control.
3. The government tells parents to give vaccines to their children even though that could increase their risk of developing autism.
4. US health officials withhold information about natural cures for cancer so pharmaceutical companies can continue to profit.
5. Government and health officials pretend they don't know that cell phones cause cancer.
6. Genetically modified foods are a plot to shrink populations by foods that can be toxic.

Dr. David Agus, head of USC's Cancer and Applied Molecular Medicine Center, is only one among many high caliber individuals campaigning toward helping the general public understand that each one of these pessimistic beliefs of corrupt practices and the anxiety they produce is wrong. Health myths are not new. They come and go. At the time the vaccine against smallpox, cultured in cows, was first being given, cartoons appeared showing crowds of people with cow heads, horns, and hooves growing from their body. The concern was getting "cow pox" from the vaccine.

Myths rise out of anecdotes like, "I went on a paleo diet and lost 40 pounds." Or, "I switched to gluten-free products and felt amazing". The gluten-free subject is especially interesting having grown to a \$15 billion business in 2016. Researchers were puzzled as to how such a ubiquitous compound in any diet today could be the cause for serious concern outside of the 1% of the population with celiac disease, an autoimmune disorder. So they ran a trial selecting people who claimed to be gluten sensitive and suffered from irritable bowel syndrome. Researchers eliminated ingredients from their diets that trigger gastro-intestinal disease like excessive lactose, poorly absorbed short-chain carbohydrates, etc. The individuals cycled through different diets—high-gluten, low-gluten, and no gluten without knowing which

diet plan they were on at any given time. Each caused gas, bloating, pain, and nausea to a similar degree. No impact from the level of gluten. The anxiety over and paying overly close attention to their tummies was the suspected cause. The scientists humorously labeled the results the “Nocebo” effect, a play on placebo, the very real favorable results from thinking toward wellness. The implication, of course, is thinking toward unwellness creates a similar effect upon health. A large study later confirmed these results.

Many people don’t know where to turn to get trustworthy information so these dangerous mythologies persist. And , as Dr. Agus observes, “some merchants of doubt and fear keep these ideas alive.”

Medical Doctors worry about Americans odd view of vitamins vs. drugs. We seem wary of taking medicines, but not wary of taking supplements. Seems reversed from what one would expect. Why? Because we believe, according to surveys, pharmaceutical companies promote drugs for **their** financial interests whereas vitamin promoters are motivated altruistically by concern for **our** health. Yet supplements, unlike medicines, are almost entirely unregulated, so one doesn’t know what they are really getting. Sampling and analysis has shown 40% of supplements and foreign-sourced drugs that evade regulation are not what they are labeled to be. And their side effects and potential dangers could be hidden or, worse, unknown. Supplements may be natural, but so are arsenic, mercury, anthrax, and the many defensive poisons a plant generates to protect itself. Of course one's internist or general practitioner recommends quality supplements if tests and analysis shows a person's body and eating habits result in a critical deficiency. And it is obviously important that we respond promptly to those deficiencies. Some supplements are great-- when needed. But more of something is not necessarily better--and can be worse. Our bodies can effectively process only so much.

So where do some of these supplement myths come from? A friend uses me as his researcher, his pet science guy. At one time he asked about staying alive and health and, in the process, revealing that he subscribes to a multitude of health newsletters, most under some doctors name, and takes a plethora of supplements. He recommended I do the same. I guess I showed some skepticism so he gave me a stack of newsletters with the words "check these out." Some were truly full-fledged M.D.s, fully certified to write prescriptions for pharmaceuticals which is the acid test of really being a medical doctor. However, others are alternatives under the broader category of doctor or maybe just "doctor" tagged on. My friend did not fully realize that supplement companies are forbidden to tout their wares as preventatives thus they use newsletters as “health advisers” to promote products, one step removed, but legal. Interestingly, the majority of these newsletters are edited and published by the same Baltimore-based operation. I shared with him that the newsletters he subscribed to were actually supplement advertisements from which the doctors profited. My friend resisted saying that in at least one of these newsletter, the doctor stated he received no benefits from selling the supplements mentioned in the newsletter. I promised to check all those doctors.

With very little effort, I was able to help him learn that each and every one of the newsletter “doctors” actually did have his finger in the supplement pie and, in some cases, his whole hand. More than one was the principal individual behind the manufacture and sales of the product he promoted through his newsletter. Another had the newsletter ghost-written for him. Yet another claimed an impressively titled management role in a hospital in Connecticut but does not appear in the staff listing for that hospital. And another newsletter doctor had

been jailed in Florida for previous supplement violations, and a warehouse full of his product confiscated. In yet one more, a married doctor had run away to Alabama with his girlfriend to set up a small local clinic, apparently hiding from either previous misdeeds or loss of reputation due to his own drug abuse. In the last case where the doctor's newsletter claimed his supplement's advantages had been confirmed in clinical trials that were reported in an international journal of medicine. Although true for certain contents of some supplements where an individual's health problem included a deficiency, that is an unusual and rather impressive claim for a supplement. It turned out that the Toronto-based doctor / supplement salesman created and published his own journal whose articles lacked any peer review and the editor is ---- his son. It's always good to check your sources.

As an aside, an operator of a porta-potti company once told me (I forget the circumstances as to why I was talking in depth with this gentleman about the details of his business) that his pump-out filters load up with undissolved supplement pills that need to be removed separately—a supposed fact that I was not interested in confirming independently of his claim. I presume he makes no attempt to recycle those supplement pills.

A Doc Martin episode reinforces this message of caution to his primarily UK base. The episode's focus is an over-the-top self-assured son of a local woman, the mother being a patient of Doc Martins under medication. The son, at the very beginning of his formal medical education, believes his internet-gained brilliance provides sufficient wisdom to add a supplement to ease his mother's ailments. He nearly kills her in the process. Of course, Doc Martin rides his silver Mercedes sedan to the last minute rescue. He severely chastises the well-meaning son about not knowing the true content, dosage, side effects, and interactions leading to her near death. The dual message being that fully qualified medical doctors are the result of a filtering process over many years of education and internship, a process that is highly successful at discouraging those who just can't make the grade. And that certain supplements may be needed where normal diet and testing identifies a serious deficiency, but only under a qualified internist or general practitioner's direction.

All that science doesn't mean supplements do not give us any gain. Usually, just taking some kind of pill to address a concern kicks in the placebo effect. And thinking you are feeling better is a plus even though it's just the chemicals in your brain making that difference--regardless of what's in the pill. And that may be why some folks swear by whatever the dose did for them.

Let's step back and take a look at the big picture of the health side of staying alive before we go on to the visible energy side. It may up your optimistic outlook yet another step. We likely all have read that life expectancy in the U.S. falls short of life expectancy in many other wealthy and industrialized countries. That's certainly a downer. Why is that?

Researchers have determined the primary difference is what they broadly classify as our high rate of deaths due to injury, to which the young are considerably more vulnerable. A death at age 20 takes away more expected years of life than does a death at 75. Thus young deaths disproportionately reduce the overall age expectancy. A look at the 2008 research of life expectancy with these deaths due to injury deleted has the U.S. moving into first place. More on that injury stuff in a moment. A sample of the health care data set is the percent survivors of the average of breast, colon, and prostate cancer five years after diagnosis. The U.S. again ranks #1 at 74% survival after five years with Canada #2. Japan brings up the bottom

of the top 10 at only 63%, not an insignificant difference. The all cancer 5-year survival numbers are 66% for the U.S. vs. 47% for Europe.

Interestingly reputable and unbiased studies show health care is not a negative in the U.S. life expectancy in spite of our shortage of primary care physicians. We rank closer to the bottom of the 18 best countries in how many people each primary care physician must serve. At the top in many health care outcomes is Switzerland with its private-sector, market-based, universal coverage.

This topic is not complete without describing what the NIH and the researchers classify as deaths due to injury as their term includes self-inflicted injury. These primarily include deaths from traffic accidents. The mix of substance abuse, very weak dui laws and lax enforcement, fast cars, lots of driving is characteristic in the U.S. and runs up this death rate. Add to that the self-inflicted damage due to alcohol, drug poisonings, violence (mostly urban centered), and smoking. Weighted toward the young. Collectively, they knock down our overall life expectancy numbers compared to other developed countries. In the block of time covering the last 50 years, the U.S. had the highest per capita of smokers compared to any other country. We all know that has improved. Premature deaths due to obesity and lack of exercise are up and comers in our country.

From a health perspective, we indeed live in what some of our most knowledgeable doctors call, the "lucky years". Our diagnostic and treatment capabilities are at an all-time high with more new and coming advances every day. We now have a centralized data base of patients that allows mega-data processing to further improve our knowledge of correlations finding the best cures. Proteomics, a new word I recently learned, the study of the body's proteins. Your proteins can tell minute by minute what is going on in your body; whether you just had a cocktail, what kinds of foods you ate last night, when you last did some serious exercise, how well and when you last slept, and what level of stress you are feeling. Things like Virscan can lay out your whole history of exposure to viruses based upon the presence of various antibodies in your system. Virscan is in clinical trials at a cost of \$25 but not quite ready for prime time. And I won't even get into the expanding technology in growing and installing replacement parts, such as your mechanic does on your aging car.

You may think, "Yes, but all that's going to be put in place too late for me." If that is your blanket reaction, there are too many metal, plastic, and electronic body components that currently occupy these chairs for you to believe that. And I doubt very much that the brains above those metal, plastic, and electronic body components thought 15 years ago that the body below it would contain those parts.

Definitely, we can all say in the health arena "well, how about this or that situation?" We can even rant and rave about those who have fallen through the cracks of the current level of care. However, no one can seriously claim with unbiased supporting data that either the average level of successful outcomes has deteriorated over the last 20 years or that the percentage of people with access to quality health care has decreased. That's just not so. If you find such a person, I would suggest you immediately send them to volunteer at the Free Health Clinic where they can turn their talk into action, no excuses. When we all gathered in the Lancaster Middle School auditorium a little over 20 years ago, we had no such facility serving the Northern Neck and Middle Peninsula. UUFR has been supporting that facility ever

since our Fellowship existed. That's a bringing together, uniting, which is what we should be about. Not emphasizing our differences--driving wedges between people.

Let's move on to talk about the other component of How to Stay Alive, the component of energetic living.

The following might be one of your "take homes" for today. Many of the battles we need to take on seem like David vs. Goliath situations. And if we persist long enough, sometimes David will win. But as progressive activist Van Jones points out, that model doesn't always fit the challenges we face. "If you're an activist", Jones writes, "that has a positive side: you want to confront what you may perceive as unjust authority, fight against the odds, hold out the possibility of miraculous outcomes. And that's a good thing. But there's a shadow side to David and Goliath, which is that there's got to be some big mean other. You've got to be the small underdog all the time and there's got to be some confrontation between absolute good (you) and absolute evil (the other). Jones suggests, "it could be that you're just in the wrong book of the Bible altogether. It could be that it's not really about David and Goliath; it's really about Noah." It's not enough to say that there are evil Goliaths who are letting bad things happen to good people. There may be new ways to win. We may need help to build that ark, with help from those Goliaths. Sounds like another version of multiple train engines, doesn't it?

Toward one another, the different religious communities and individuals sometimes behave no better than rival street gangs. Do we build unity or fuel factionalism? Do we build bridges or burn bridges? Do we promote "US" versus "Them"? Faith is not something we possess but rather something we practice. We have to put it into action or it really doesn't mean anything. Faith changes things. It's the energy of transformation, both for individuals and for society. And it is faith in ourselves. Even the Bible preaches, "Faith without works is dead." Bible stories emphasize it took faith to build that ark, faith to recruit its occupants. Moments of doubt are inevitable, especially in a culture that embraces cynicism and mocks idealism as a fool's errand. But if we look at life through a historical lens, we find that the proverbial rock can be rolled, if not to the top of the mountain, then at least to successive UUFR plateaus.

As participants, we gain something profound when we stand up for our beliefs, just as part of us dies when we know that something is wrong but do nothing. Dr. Benjamin Mays, president of Morehouse College, writes, "The tragedy in life is not reaching your goal. The tragedy lies in having no goal to reach. It isn't a calamity to die with dreams unfilled, but it is a calamity not to dream. It is not a disgrace not to reach the stars, but is a disgrace not to have stars to reach for. Not failure, but low aim, is the sin." Where would our Fellowship be today if we had suffered the tragedy of not dreaming or setting goals for ourselves? We are entering the year where our Fellowship again dreams about what 5 years, 10 years ahead can bring. It's our next round of Vision and Planning. A survey is out there asking for your input.

The point is to be lively, imaginative, consistent, and persistent--not just noisy. Any congenial crowd can get together in a party atmosphere and be noisy. By knowing what you want whomever you are trying to influence to do, specifically and measurably to do, and to know specifically that they are able to do it, provides both sides the opportunity to get in the same ark and work together toward a specific goal. Knowing specifically what we want done

gives something of substance by which to measure progress. Seeing that unequivocal measured progress happen is the elixir that keeps the level of optimism high. And that obvious progress makes all the people on the ark feel alive. Our Noahs are our Fellowship's leaders, our cheer-leaders to radiate optimism as we together achieve our goals and dreams progressing to new heights. We have a fellowship retreat in the works for Sunday through Tuesday of Columbus Day weekend. Come radiate optimism and cheer each other along.

You know that physicians quickly pick up on the vast difference between people who seem aged before their time and those younger-appearing individuals. And what they report in many different ways that is most striking is that nine times out of ten, the younger-appearing individual has something else not present in the older person: positivity. Optimism. An upbeat outlook on life, a perspective that sees the glass half full rather than dwelling on the down side of life. Optimism helps us choose how we age and to take control of our lives including taking control of our own health care...and energy level...and staying alive,...alive in both ways. And we need to not forget to encourage others to do the same. That's hooking our engines together.

Closing Circle Words:

A ship in port is safe, but that's not what ships are built for. And the same applies to us. Go do good things.