

The Health Hazards Of Disease Prevention

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All medicinal drugs and interventions are capable of causing harm as well as good, and form a significant percentage of the total load of toxins and allergens that we carry. The food we eat, the water we drink, the very air we breathe, are all increasingly polluted as part of the price of progress. Addressing the resultant problems is the mission of the British Society for Ecological Medicine (BSEM), and in this we frequently find ourselves in opposition to conventional medical thinking which all too often seeks to deny the existence of those problems. Some of our members, most notably Dr Sarah Myhill, have indeed been pursued by the General Medical Council (GMC) because of the self-righteous indignation of fellow doctors.

When I offered to organise a Scientific Conference for the BSEM on the above theme I had in mind that we would talk about all long-term medical interventions including antibiotics, proton-pump inhibitors, statins, antihypertensives, asthma controllers and vaccinations, not to mention dietary and lifestyle advice (if the experts could only agree on any). In the event the day was largely devoted to the dangers of vaccinations and I was pleased, as this is a topic in urgent need of *informed* public airing.

But there's the problem. No-one, not even the most distinguished of doctors, can make informed decisions about his patients unless he has reliable information. Doctors are expected to gather reliable information from robust, unbiased, scientific research truthfully reported, and for that we rely on our peer-reviewed scientific publications, our Royal Colleges and our official committees. But suppose those sources of information have themselves been subverted by commercial or other interests?

In my 43 years of medical practice I have never given much credence to conspiracy theories, but my curiosity was piqued when I read about the tribulations of Dr Andrew Wakefield at the hands of the GMC and his further public humiliation by the *British Medical Journal*. I had never met the man or concerned myself much with his work, but this was unique in my experience - transparently a character-assassination, imposed from on high by *someone* with overwhelming coercive power. Coupled with the shabby treatment of our member Dr Myhill I found it hard to resist the conclusion that at least some of our trusted medical authorities are indeed corruptible - a lesson confirmed by several of the contributors to this publication and not confined to vaccines.

When I was a medical student in the 1960's we were taught how to give smallpox vaccinations, and we were also taught in passing that 2-5 children out of 100,000 thus vaccinated would die from disseminated vaccinosis and a further unquantified percentage would suffer longterm consequences. That was considered an acceptable trade-off for freedom from smallpox. Of course we never mentioned this fact to the mothers because who cared what *they* thought in those far-off days? Some ten years later the WHO announced "the day of victory" over smallpox - now allegedly eradicated from the planet - and smallpox vaccine was immediately withdrawn, mission accomplished.

It seems to me that the ethical background to vaccination - giving potentially harmful medications to *healthy* individuals in the hope of keeping them that way - has never been clearly addressed. In the implicit contract between doctor and patient, the latter initiates the relationship because he wants to be cured of an existing illness, and is assumed to understand and accept the element of risk involved. Elaborate "informed consent" procedures are now required before a doctor can treat so much as an ingrowing toenail, lest we be accused of assault.

But no such consent rituals accompany vaccination. Who gave us the right (a) to invade the bodies of healthy people who never asked us to, and (b) to do it not only without explanation of the possible risks, but in some countries even applying coercive pressures, denying the *existence* of the risks, and suppressing relevant information?

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Of course fully “informed consent” is rarely achieved even in normal medical contexts - it is easy to overload patients with information which might, even if entirely truthful, hinder rather than help them in making a rational risk assessment. And vaccination is also different, say the pundits, because we need maximum uptake to achieve “herd immunity” - a concept well worked-out in veterinary science. If I render (say) 85% of my cattle immune, that will suffice to prevent outbreaks of that disease as there won't be enough susceptible individuals left to pass on the infection. If that phenomenon is true for humans too, then it is clearly my patriotic duty, is it not, to get myself and my children vaccinated against everything. Even leaving aside any possible commercial pressure from the pharmaceutical industry, these considerations are enough, apparently, to abrogate the doctor's normal duty of care to the patient in front of him and justify keeping the masses (and their doctors) ignorant.

But is that true? At the very least it needs open discussion. Besides, as Tomljenovic points out in her contribution, it is by no means clear that “herd immunity” even works in humans.

Although the BSEM is not responsible for the views expressed in this collection of essays, which remain the authors' sole responsibility, we are committed to truthful debate and it is our hope that this publication may go some way towards encouraging it.

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