

DEADLY MEDICAL PRACTICES

by Trudy Newman • Sunday September 21, 2003 at 09:16 PM
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Most patients go to their doctor in good faith that they will receive the care and attention that they need. Patients trust that their physician will have their best interests at heart. Many people are not aware that there is a seedy side to medicine.

There is a practice in medicine known as COVERT RATIONING that threatens the doctor-patient relationship. The public should be aware that the medical profession does not treat all patients equally. There are basically two different stratifications with patients being given a designation of either "high priority" or "low priority." Patients with a high priority status will receive the best care available. Patients who, unbeknownst to them, receive a low priority status will get only minimal, rationed or experimental care. Patients are under tested and under treated—if they are treated at all. Alternatively, patients with a low priority status may be over tested, but they will be denied proper care or treatment. The patient may find that he is tested to death with the wrong tests being ordered for his condition. Especially vulnerable are those with chronic illnesses, the elderly, and any others whom physicians deem undesirable. Covert rationing is the same practice that was utilized by German doctors in Nazi Germany.

Patients who dare to question or challenge their doctor's authority, or the medical treatment that they receive, may find that they become BLACKLISTED (i.e. denied specialist care). Physicians demonstrate a stronger allegiance to their colleagues, than they do towards their innocent and trusting patients. Patients with iatrogenic illnesses often become victims of the blacklist. The problems usually start when medical mistakes are made (either intentionally or unintentionally) and denied. Then the lies and cover-up begin. Documents are often modified, falsified, mysteriously disappear, or important information is excluded from the record. Doctors will go to great lengths to avoid being held accountable, and are generally protected by their professional associations. Once the patient is blacklisted he can then expect to be subjected to character assassination from the medical profession. The patient can anticipate being attacked, discredited and demonized. How dare a patient challenge a doctor's authority? To avoid taking any responsibility for their errors, actions or behavior, doctors--and their governing bodies--will often employ the same tactics that communist countries use to quash political dissent. The patient will be labeled "difficult" or "psychiatric." Such pejorative labels are given to divert attention away from the negligent, incompetent or malpracticing doctor. Patients should not take such labels personally, because these labels say more about the physicians than they do about the patients. Blacklisting is not an error. Blacklisting is an intentional act.

Because a patient is dealing with their doctor in good faith, it will often take a patient several years to realize what is happening. Once the veil has been lifted and the trusting patient realizes that he is being blacklisted, and is no longer in denial, he may initially experience a sense of shame questioning what he did wrong to deserve such treatment. This shame is usually transient, because after careful examination and reflection the patient rightfully realizes that he is truly the victim. Sensitive patients may experience shame for the doctor's depravity and lack of moral character. The patient will then move on to experience a righteous indignation. Because of the incredible abuse that a patient endures, he will often experience unbelievable pain and intense anger. Unfortunately, patients are often isolated and left to try to deal with this trauma on their own.

Patients who pursue the complaint process through the College of Physicians and Surgeons--because of the substandard care that they have received--often find that they are victimized a second time, because their complaints are not dealt with honestly, fairly or objectively. In the letter that outlines the conclusions of the review, the patient may find that he is attacked by the very organization he was petitioning for assistance. Patients discover that there isn't an independent outlet to correct and resolve physician error or problems. This additional abuse from the complaint process exacerbates the existing trauma and isolation that the patient is already trying to deal with.

In attempting to pursue justice through the legal system, patients often find that the door is closed to them. Additionally, doctors are protected by the government, as well as by their professional and legal associations. Patients do not have any protection.

Because of the medical profession's CODE OF SILENCE, the public is often unaware of physicians' corrupt practices of covert rationing and blacklisting patients. Many patients are afraid to speak out about these abuses, because they fear RETALIATION by the medical community. Retaliation is a legitimate fear.

Patients will often find emotional healing only when they are able to connect with other patients who are also being abused and bullied by the medical profession.

To receive any meaningful medical treatment, blacklisted patients often turn to alternative medicine.

As a society, Canadians are in desperate need of an independent agency with the mandate to independently investigate, adjudicate and resolve patient complaints in a timely manner. It is imperative that there be legislation requiring full disclosure and mandatory reporting of all medical error, injury and/or harm to patients and that patients be informed of such and receive proper redress. The current complaint system with the College of Physicians and Surgeons must be abolished. The cozy setup of self-regulation within the medical profession has gone on far too long. It is high time that "professionals" be held accountable for their actions and inactions.

We live in dark and dangerous times. These are times that try mens' souls.

PATIENT BEWARE!

RESOURCES

1) The Grand Unification Theory of Health

<http://www.yourdoctorinthefamily.com/grandtheory/default.htm>

2) Why Do We Need Patient Protect

<http://www.patientprotect.org/>

3) Patient Protect

<http://www.patientprotect.com/en/index.html>

4) Pre-MEDitated Medical Malpractice on the Defenseless

http://www.greaterthings.com/News/Medical/premed_malpractice.htm

5) American Doctors, or Nazi Doctors

<http://cuttingedge.org/news/n1006.html>

6) The Nazi Doctors and Nuremberg: Some Moral Lessons Revisited

<http://www.acponline.org/journals/annals/15aug97/naziedit.htm>

7) "Doc Knows Best" (Futile-Care Theory)

<http://www.nationalreview.com/comment/comment-smith010603.asp>

8) Suffers of Iatrogenic Neglect

<http://www.sin-medicalmistakes.org/AboutSIN2.html>

9) American Iatrogenic Association

<http://www.iatrogenic.org/index.html>

10) Iatrogenesis and Misdiagnoses

<http://www.members.shaw.ca/eye-openers/iatrogenesis.htm>

11) MEDICAL: Tips for Detecting Altered Medical Records

http://www.kandsonline.com/art_001.html

12) My "5 Minutes"

<http://www.hepatitisfree.com/messages/2003/march11-2003.htm>

13) Dangerous Minds

<http://www.undercover-medicine.com/s3/s2/article49.shtml>

14) Mediation Considered for Complaints Against Doctors

http://edmonton.cbc.ca/regional/servlet/View?filename=ed_doctors20030210

15) Glasnost Report

http://www.collegeofphysicianswatchdog.com/userfiles/page_attachments/1378647_GLASNOST.pdf

16) How I Am Using "Legal" Remedies to Treat the College of Physicians and Surgeons

http://www.drjerrygreen.com/my_alive_article.htm

17) The College of Physicians and Surgeons of Ontario

http://ontario.indymedia.org/front.php3?article_id=22260&group=webcast

18) In the Doctor's Corner (Canadian Medical Protective Association)

http://www.cbc.ca/disclosure/archives/030211_cmpa/main.html

19) When Nurses, Doctors and Social Workers Keep Silent

<http://www.hospicepatients.org/hospic53.html>

20) The Terri Schindler-Schiavo Foundation

<http://www.terrisfight.org/>

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