

Members' Newsletter

August 2015

Migration & Health

BHMA
British Holistic Medical Association

Chair: Dr William House

www.bhma.org



The press coverage of migrants in Calais and crossing the Mediterranean is nearly all focused on the human stories of men, women and children, their determination, the tragedy of their situation and the security and political response. This is important but what about the root causes?

If you look back into our origins as a species, moving on when we are struggling to survive is in our blood. Before we began to make permanent settlements around 10,000 years ago we were a nomadic species more likely to be confronted in our wanderings by other animals than other humans.

“The whole point of justice consists precisely in providing for others....”

But now our planet is crowded with people like us, so moving on means moving into somebody else's place. Then, being also possessive and tribal creatures we tend to fight off incursions of migrants by erecting barricades, walls, fences, gated communities. But at the same time we are cooperative creatures so we look for ways of getting on together. We are deeply conflicted. It's a complex story to tell.

Part of our cooperative side is our concern with justice. Living close together doesn't work without a moral framework. In his BBC Radio 4 Thought for the Day on 3rd August, Bishop James Jones put the Christian perspective on migration. He quoted the 4th century Christian philosopher, Lactantius: “The whole point of justice consists precisely in providing for others, through humanity, what we provide for our own family through

affection.” There are moving examples of such cooperation amongst migrants in the ‘Jungle’, the growing shanty town in Calais. Whilst grass-roots humanitarian support groups in UK and France collect funds and provisions, the UK in particular admits far fewer migrants than Germany, Sweden, Italy and even France. However, the UK does generously fund the construction of fences.

But my focus here is why these people-like-us are so desperate, in particular those from Africa. This is from a Guardian Editorial in May 2015:

“Perhaps the biggest flaw of all is that none of the EU gatherings have focused on the root causes of this migration. No one expects a quick fix in the Middle East, but it is staggering that EU officials have been silent about the way sub-Saharan African countries – who are bleeding their youth to Europe – have let such a situation develop. The governance of these countries must be looked at.”

So what's the problem with the governance of these African countries? Fundamentally, they are in a vicious circle driven by poverty. An info-graphic film from the School for Life* says that of the 20 poorest countries in the world (average per capita income < \$3/day) all but one are in Sub Saharan and Southern Africa. The film lists three reasons for this: weak and corrupt institutions, a culture of acceptance promoted by religion, and geography (climate, infectious disease, poor connectivity). According to the film made by The Rules, this global inequality in wealth is historically recent and rapidly increasing. They say that 200 years ago rich countries were three times richer than poor countries. By the end of colonialism in 1960s they were five times richer. Today they are eighty times richer!. If this is true, of course people will migrate.

Why wouldn't they? It's in their blood, and in ours too. The poor are voting with their feet and the survivors turn up on our (relatively) rich doorsteps. If we believe in the brotherhood of man, such gross inequality is clearly unjust.

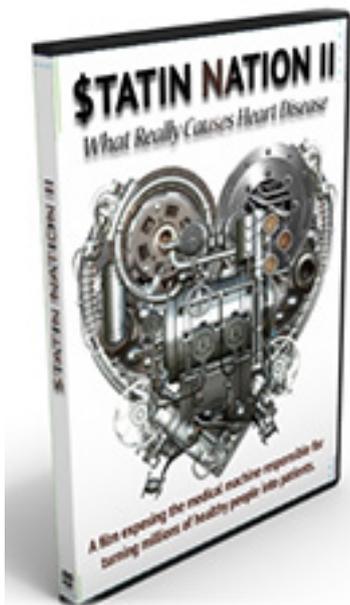
“Crucially, it means we share responsibility for the trouble in Calais.”

What has changed in the past 50 years to cause such huge and increasing inequality? The film by The Rules claims that in our post-colonial world we continue to leach wealth from poor countries at an ever greater rate. They say that, although a total of \$130 billion is given in international aid, \$2 trillion is channeled unjustly from poor countries to rich countries – 15 times more than the aid budget. I find this entirely believable because much the same is happening within most rich countries, producing the same result – inequality and the illness and suffering it brings in its wake through persistent social stress. These self-similar patterns at different scales, or fractals, are easily explained through complexity theory. Crucially, it means we share responsibility for the trouble in Calais, and as I write, also on the island of KOS. Europe boasts being democratic: all this happens in our name.

Why did the film by the School for Life omit this crucial cause for poverty altogether? Why do most of the mainstream media ignore it? Is it because readers prefer human interest stories? Yes, but there's more. Why do the EU gatherings also ignore it? Would it have something to do with corporate lobbying? The Rules is a global network of activists working to build citizen power and foster radical thought. The School for Life, on the other hand, is an educational business aimed at casualties of our high speed pursuit of wealth. The Rules has reason to point fingers at corporations and politicians, whilst The School for Life, most of the media and EU officials have interests that encourage them, let's say, to smooth our troubled minds and collective conscience, and reassure us that the causes are comfortably beyond our control. But we, the people, end up not with hope, but with confusion, and stuck in our own vicious circle driven by (relative) wealth and ignorance. Thereby our own illness and the migration of desperate people from Africa goes on worsening because (so it seems) the root causes are being hidden from us and by us. So we reinforce the fences and keep taking the pills.

* The School for Life film has just been taken down from their website following many complaints!

William House August 2015



\$TATIN NATION II

As an NHS general practitioner I was bribed through performance related pay into being a retailer for the pharmaceutical industry. It is almost impossible in such a busy job to find the truth behind the marketing. Those who did have the time and expertise seemed strangely disinclined to speak out. At last, this conspiracy of silence is breaking down as part of the grass roots Preventing Overdiagnosis movement.

WH

“Statin Nation exposes the \$29billion cholesterol-lowering industry and explains how more than 40 million people have ended up taking a medication that almost certainly causes them more harm than good. Statin Nation II completes the picture and explains what *really* causes heart disease.”
[from Statin Nation website]

A Review by Dr Antonia Wrigley

The release of this documentary comes at a time of almost daily headlines about statin medication in the popular and GP press. A change in guidelines on statin prescribing has caused much controversy especially since it has been proposed that GP's should be rewarded for prescribing statins to more of the population. The majority of GP's are against 'over-medicalising' and GP leaders have objected to this proposal put forward by the NICE committee on QOF indicator

development*.

Statins are the most commonly prescribed medications in the UK. They effectively reduce blood cholesterol levels. Many doctors and scientists believe in the link between high fat intake, high cholesterol levels and heart disease, and that lowering cholesterol reduces heart disease.

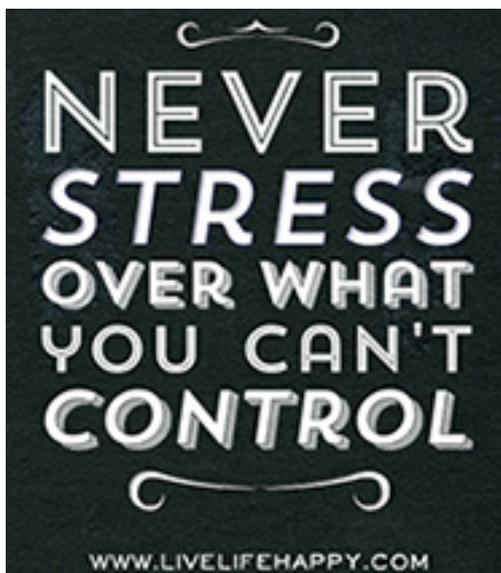
The film starts by unraveling this belief that fat is bad for us and lowering cholesterol is good. We are introduced to many paradoxes such as how

come the French have 1/3rd less heart disease than us but eat more fat – is it the wine? Why does Lithuania have an excessively high death rate from heart disease with similar cholesterol levels etc. Putting all these studies together it becomes clear that on a population level neither a diet high in fat nor having high cholesterol levels make you more likely to die of a heart attack, in fact the reverse seems to be true!

Then the film introduces studies such as the Women’s Health Initiative Study, which shows no benefit for statins in primary prevention (using the medication to prevent a heart attack in someone who has not already had one). And yet many fiercely hold the position that statins work and should be used in this situation - is that because the studies that seem to show benefit are skewed by the interest of the pharmaceutical corporations? There are many studies where the raw data held by the pharmaceutical industry is not available for us to see, and there are bodies forming guidelines where many of the expert panel are being paid by the corporations.

The next part of the film goes on to explore what many now believe to be the ‘real’ cause of heart disease (and other modern diseases such as diabetes) – STRESS. Or more accurately - chronic negative stress. We don’t yet fully understand all the mechanisms, however there seems to be a strong relationship between stress, loss of heart rate variability and heart attacks. (There is growing

interest in measuring heart rate variability and using this as a form of biofeedback to improve heart health – often called ‘Heart Math’). It is also thought that stress increases blood clotting, and this is a factor in heart attacks. Hence many patients are put on medication, such as aspirin, to reduce clotting. There may also be a link between stress, a deranged immune system and an infectious cause for heart attacks. The film also explores a major cause of stress in peoples lives – lack of control, or perceived lack of control, over their circumstances.



This may go a long way to explaining why people from lower socio-economic groups, for instance in Lithuania, have the highest rate of heart attacks.

I found this documentary fascinating. It certainly opens up the debate on statins further and points to the need to question the ‘evidence’ for the guidelines provided to doctors. We also need to call for transparency in pharmaceutical research including access to all their data. I think more research needs to be done but none of this has altered my common

sense, holistic model of health.

I will finish with the quotation at the start of the opening of the film:

“Science is the acceptance of what works and the rejection of what does not. That needs more courage than we might think.”

Jacob Bronowski, *The Common Sense of Science*.

*National Institute for Health and Clinical Excellence committee on the Quality and Outcomes Framework. This latter is the performance related pay system for GPs.

Speak up for the love of



On June 17th, over nine thousand people from across the UK took part in the Climate Coalition’s ‘Speak Up’ event to meet with their politicians and show how much action on climate change matters to people for a wide range of reasons. Over 330 MPs attended meetings with constituents on the day, and heard why people want the government to take bold action to protect our climate, including phasing out coal by 2023.

With the theme, ‘For The Love Of ...’ it highlighted how climate change threatens the

things that matter most, from people’s health to our coasts and wildlife. Doctors, nurses, students and other health professionals went along to the Speak Up to meet their MPs and highlight the risks to health and the health benefits of action on climate change, as described in this short MP briefing from the

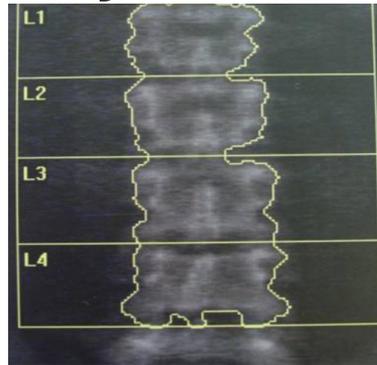
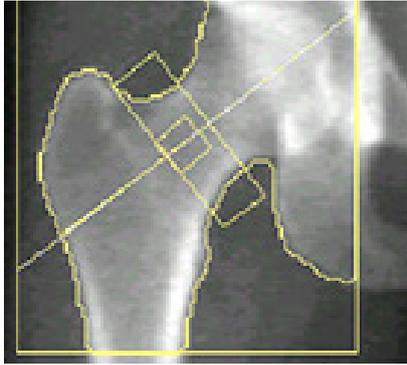
Climate and Health Council which you can also print and send to your MP by post. See more pictures of day.

Isobel Braithwaite

Holistic Book Launch: 1st October, London

Dr David Zigmond, BHMA founder member, veteran Bermondsey GP, psychiatrist and prolific writer, has published his remarkable & wide-ranging anthology. Booking essential. See BHMA website.

The Anatomy of



of overdiagnosis

Osteoporosis

by Peter Donebauer

& William House

This article is based on the personal experience of Peter Donebauer, BHMA trustee and ‘just a well-educated lay person’. In 2014 he wrote about his own diagnosis of osteoporosis and how he managed it without medications. Then in May 2015 the British Medical Journal (BMJ) published a definitive analysis of drug treatment to prevent osteoporotic hip fracture, concluding: “evidence for stratifying risk of fracture and subsequent drug therapy to prevent hip fracture is insufficient to warrant our current approach”.

Peter: I am a “healthy” 67 year old man who four years ago was diagnosed with osteoporosis in the spine and osteopenia in the hip following an accident. I have a genetic link on the female side with my sister, aunt and grandmother, and I had previously cracked a rib and broken toes twice. Following my Dexa scan I quickly accepted that my bones were less dense, strong and healthy than was ideal, but what I couldn't accept were the various drug treatments prescribed.

William: This is OVERDIAGNOSIS: the culmination of years of work and planning by a pharmaceutical company: the patient has an accident, has predispositions, has some tests, and is offered long term medications to prevent fractures. But this patient was wary!

Peter: Even a quick trawl on the internet revealed that osteoporosis is a very much a statistical “disease”. A ‘standard deviation’ of -1.0 in bone density is defined as osteopenia and one of -2.5 as osteoporosis. The ‘normal’ being an average of healthy 25 year olds. These are categories of risk of bone fracture as a result of this lower bone density. This is surely a very odd way to define a disease and a very odd basis for prescribing drugs? Is it a disease at all?

William: This is the beginning of MEDICALISATION. The key to the process is devising a measurement that allows the drawing of a curve with ‘normal’ at one end and ‘diseased’ at the other and shifting risks in the middle, and the birth of a new diagnosis: ‘osteopenia’.

Peter: Well, the drugs prescribed are invariably bisphosphonates of some kind and they don't actually increase the bone density! They just stop bone loss by inhibiting the natural mechanism for dissolving bone back into the blood, which is normally balanced by new bone being built.

William: the next piece of the MEDICALISATION jigsaw is to devise a drug that might modify the measurement and thereby shift the curve a little. This is hard to do.

William: the final element of overdiagnosis and overtreatment is COMMODIFICATION. The new treatment is packaged and marketed so that it seems to be a triumph of medical R&D. BUT the proof of the pudding comes from long-term trials, in this case, to see whether fractures are prevented. This takes a few years.

Peter:...and wait for it, the drugs do not in fact seem to decrease the risk of future fracture...in some studies they have increased it!

We are back with the BMJ article. Amongst the many lessons from this, it shows that, of course, a ‘well-educated lay person’ can be wise enough to decline a specialist's advice! There is also a close parallel with the film, *Statin Nation II*, and the failure of statins to live up to their promise. But Peter's story tells of the same deeper foolishness as does both the film and the article on migration: ignoring root causes, especially stress. Stress adds to osteoporosis in several ways including through chronic overbreathing.

So what did Peter do about his fragile bones? He took more exercise, relaxed more and ate a healthier diet. After two years his bone density had increased by 7%! It's simple really!