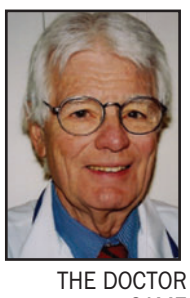
People unwittingly put in dangerous experiment

BY W. GIFFORD-JONES, MD

TO DREAM of what might be is a good thing.

Martin Luther King had a great dream but only some of his dream has been realized.



THE DOCTOR GAME

The U.S. now has a black president, Jackie Robinson became a great baseball star and a friend of mine became professor of medicine at the Harvard Medical School.

So, this week marks the 40th year I've written this column and I too have a dream. But it's far from reality.

For 40 years I've hoped that by passing along medical information I've helped people live a healthier lifestyle and longer life.

I believe one of my most important messages is that high doses of vitamin C and lysine can prevent and reverse atherosclerosis (hardening of arteries).

Like King, I've encountered major opposition. But I'm convinced that several thousand milligrams (mg) of vitamin C and lysine has kept me alive following a severe heart attack 17 years ago.

Cardiologists thought at that time, and still do, that I was a damn fool to deny cholesterol-lowering drugs (CLDs).

Initially, I worried they might be right, as I had no definite proof that vitamin C would work.

So why take such a gamble?

Primarily my decision was due to my interview of Dr. Linus Pauling, Nobel Prize winner. He warned that, due to a genetic mutation, humans, unlike animals, lost the ability to manufacture vitamin C.

Pauling said we consumed enough vitamin C, one sixth of an orange, to prevent scurvy, but not enough to prevent heart attack and other cardiovascular diseases. He knew that vitamin C is needed in quantity to manufacture collagen, the glue that holds cells together. The lack of large amounts sets the stage for atherosclerosis.

At the time I was also seeing patients on CLDs complaining of several side-effects. And I believed that interfering with cholesterol metabolism was a dangerous decision.

Besides, pharmaceutical companies were making billions of dollars promoting CLDs and I believe they had seduced cardiologists with questionable science. Some researchers agree with me.

Since that time Dr. Sydney Bush, an English researcher, has reported his dramatic photos to show that high doses of C and lysine prevent and reverse hardening of arteries. His research convinced me that I made the right decision.

Besides, C is a natural remedy that is safe, less expensive and effective. See the photos at www.docgiff.com.

Will the medical establishment ever look at this research? Highly unlikely. During the past three years I've tried to get medical journals, university health publications and deans of major medical schools to publish this information without success.

Yet, no cardiologist has ever explained why this research is wrong.

So I continue to believe that history will prove that the use of CLDs is an unethical and dangerous medical experiment conducted by big pharma and the medical profession on millions of unsuspecting people.

I know of no contraindication that prevents high doses of vitamin C (4,000 — 6,000 mg and lysine (3,000 - 4,000 milligrams) along with CLDs.

These high doses in powder or capsules are available in health food stores. But remember, I am not your doctor who must make such medical decisions for you.

So, like Martin Luther King, I too can dream that good sense will eventually prevail. But so far the medical establishment maintains a closed mind on this research.

I would like to thank the many readers who have said they have benefited from the column over the last 40 years.

The Doctor Game runs each Tuesday in The Chronicle-Journal.

End-of-life care plan has many benefits

BY KEVIN WILLISON
LAKEHEAD UNIVERSITY, ORILLIA CAMPUS

WHEN illness strikes, there is a certain comfort in knowing that one has planned ahead by letting someone they trust know what to do regarding personal care and medical treatments, if in the event we are unable to make decisions for ourselves.

AGING WELL

This is what advanced care planning is about — making clear how one wishes to be cared for, and giving someone the authority to act on those wishes, if the need arises.

It includes reflection, deliberation, and determination of a person's values and wishes or preferences for treatments at such times as one's end of life.

This often includes communication with one's loved ones, future substitute decision-makers, and health-care providers.

One should never assume that others know what one's wishes are.

Everyone who is able to do so should seriously consider taking the time to have an advanced care plan not only written down and updated now and then, but also easily accessible and discussed among one's family members and closest friends.

Taking on the responsibility of making one's own advanced care plan becomes even more important as we come to realize that hospitals in Canada often lack standardized procedures on this issue.

As well, many hospitals in Canada lack consistent or standardized end-of-life care documentation procedures, plus, medical staff may lack training of what documentation and procedures need to be in place and carried out.

These situations, and what may be done about such, have been of great interest to organizations like the Canadian Researchers at the End of Life Network (CARENET).

CARENET has recently engaged in a cross-Canada project that has resulted in the development of 34 performance indicators that could be used to measure and improve end-of-life communication and decision-making in hospitals.

Their goal is not to judge but to improve upon existing guidelines and procedures.

They defined end-of-life communication and decision-making as a clinical interaction which includes discussions about death and dying.

It is not limited to the terminal stages of dying and may include discussions about care with patients who have advanced chronic disease as well as discussions with healthy people who are planning for care related to unexpected illnesses.

Overall, end-of-life communication and decision-making often consists of the following:

• Advance care planning.

• Goals of care discussions and related decisions.

• Documentation of these discussions and decisions/plans.

A goal of end-of-life communication and decision-making is to deliver high-quality care that is consistent with a person's values and goals. Indeed, as medical personnel often do not know what a patient's values and/or goals are, having in place an updated, accessible and written down advance care plan can be of great benefit, particularly when a person is unable to speak for themselves.

To help get started, A Guide to Advanced Care Planning is freely available from the Government of Ontario at www.ontario.ca/seniors or by calling 1-888-910-1999.

Editor's Note: This article is one in a series related to age research being conducted within Lakehead University's Centre for Education and Research on Aging and Health (CERAH).