

MEDICAL MYTHS
THAT CAN
KILL YOU

Nancy L. Snyderman, M.D.



Medical Myths That Can Kill You

**And the
101 Truths That
Will Save, Extend,
and Improve
Your Life**

Nancy L. Snyderman, M.D., F.A.C.S.

Chief Medical Editor, NBC News

CROWN PUBLISHERS  NEW YORK

[Home Page](#)

[Education](#)

[Acknowledgments](#)

[Introduction](#)

[Myth #1...](#)

[Annual Checkups Are Obsolete](#)

[Myth #2...](#)

[Vaccinations Are Just for Kids](#)

[Myth #3...](#)

[Doctors Don't Play Favorites](#)

[Myth #4...](#)

[Only Old People Get Heart Disease and Stroke](#)

[Myth #5...](#)

[We're Losing the War on Cancer](#)

[Myth #6...](#)

[Natural Means "Safe"](#)

[Myth #7...](#)

[You Can Just Snap Out of Mental Illness](#)

[Today's Gift](#)

[Sources](#)

[References](#)

[Cause for Medical Myths That Can Kill You](#)

[Copyright](#)

To my parents, Joy and Sandy,
who have taught me that good food, good exercise, and
good health all go together.

To my children, Kate, Rachel, and Charlie,
who have already learned how to embrace life, and
to my husband, Doug,
who always gives me the time and space to be me.

Acknowledgments

It's one thing to conceive an idea. It's quite another to turn it into something, and to do that you need a nucleus of great people around you. Any project is as much about the people who surround you as it is about you. The easiest and worst thing to do is gather folks who are unimaginative, unchallenging, and not invested in the project. In this case, I couldn't have been luckier.

I had a kernel of an idea and had three brilliant women help me take it from there. Working relationships and friendships were forged from New Jersey to San Francisco to New York to Texas, real cross-country collaboration. Brief meetings, phone conversations, e-mails, and fax accomplished the technical parts of pulling the book together; friendships and camaraderie cemented the rest.

Amy Rennert and I didn't need a contract to start working together. She is a woman who speaks from the heart and confirms a deal with a handshake. Ours was a friendship forged instantly. Amy is my agent and friend who "got it" even when I lost sight and meandered. She has been a constant sounding board and advocate every step of the way.

Maggie Greenwood-Robinson was the next part of the equation. Maggie steered, organized, researched, and helped me put my thoughts into cohesive sentences. She kept me honest and on time. She poked and prodded and kept this surgeon-author on track. Her inquisitive mind and passion for challenging the status quo helped me reframe questions from the patient's point of view.

Heather Jackson is an extraordinary editor who immersed herself in every part of this book. She brainstormed, suggested, and challenged the entire team to think and create beyond the obvious. She is passionate about the process, as well as the final product, and is a wonderfully constructive critic. Heather guided us with class and encouragement, showing us on every page how to do it even better.

Two women who would not expect to find themselves acknowledged here are Ami Schmitz and Kerri Zimmer. Ami was my producer at ABC News and is again my producer at NBC News. We have worked together for fifteen years and counting now. She has the keenest news sense, able to pinpoint what is newsworthy and, just as important, what is not. She continues to keep me honest and always has her eye on the ball. Kerri Zimmer has been invaluable in the preparation of this book, keeping briefing notes from our segments on the *Today* show and tracking down contacts and stray journal articles. These women are trustworthy and smart and make my life as a television journalist great fun.

Andrea Alstrup and I met during my tenure at Johnson & Johnson. As a woman who started her

career as an assistant to an assistant and who retired as one of Johnson & Johnson's top executives she is a stunning example that we can all carve out the lives we dream about through hard work, honesty, generosity, and avoiding the naysayers. She and her husband, Ken, befriended me when I knew no one in my new position at Johnson & Johnson. Our friendships deepened during Ken's illness and death. I cannot thank her enough for her bravery and decision to share his story.

Occasionally patients truly change how a doctor practices medicine. This was the case with Lindsay Nohr Beck, my young patient who viewed her cancer as a hurdle and me as a necessary ally in her quest to reclaim her life. Because of her, I listen to my patients differently and no longer embrace "trickle-down medicine" as a good model. She defines patient advocacy and has proven that patients can change their doctors and stagnant medical bureaucracies. I adore her and the passion she has for living.

The Bozof family opened their home and hearts to me at an agonizing time in their lives. Their bravery and steadfastness following the death of their son, Evan, from meningococcal meningitis helped change immunization policy nationwide. Every parent in this country is indebted to them.

I have been a physician for thirty years and have been quite fortunate to weave the professions of pediatrics, surgery, and medical reporting together. During these decades I have met the most extraordinary everyday people who have shared their stories, illnesses, families, and homes. I have met world-class physicians from a multitude of countries who have taken the time to explain medical breakthroughs and advances that have truly made patients' lives better. Without patients and doctor viewers, and friends, this project could not have come to fruition. My heartfelt thanks to all.

I don't know about you, but I like it here. Sure, life can get complicated, hard to get through, and it's not always fun, but I don't want to be shown the door anytime soon. If there are ways I can enhance my health and longevity with healthy habits, if there are appropriate screening measures for my age group, if there are new lifesaving treatments I can access, then I want to know about them so that I can stay around and be kicking up my heels when I'm ninety.

But there is a challenge you and I face: to stay healthy and live longer we need to understand and evaluate "medical myths" and learn to act on the truths behind them. Dictionaries define *myths* as widely held but mistaken beliefs, misconceptions, or misrepresentations of the truth, or exaggerated conceptions of people and institutions. Myths are like smokescreens. They prevent us from focusing clearly on the real issues and options, and most of the time we are unaware of the degree to which they shape our thoughts and guide our actions. In *Medical Myths That Can Kill You—And the 101 Truths That Will Save, Extend, and Improve Your Life*, I'll help you figure out what is true, what isn't, and how to punch holes in myths you've come to believe.

Perhaps you have been told to not go outside without wearing a coat because you'll catch pneumonia, or that you can catch a sexually transmitted disease from a toilet seat, or you'll swallow your tongue if you have a seizure. Or, more seriously, perhaps you have an elderly relative who suffered a debilitating stroke, and at thirty-something you tell yourself, "Thank God, I'm young. That can't happen to me."

Myths like these have been passed down through the ages, told and retold to us by our parents and other family members. Some were born from ancient, observed associations between the forces of nature and bodily conditions (colds and flu are more common in cold weather, for example); others are cherry-picked from the Internet. My favorite Internet myth is the one claiming that swilling cold water after a meal promotes cancer. According to this myth, the cold beverage congeals any fat you've just eaten, slowing down your digestion. This "sludge" supposedly mixes with stomach acid, is dismantled, then absorbed by the intestines where, inexplicably, it triggers cancer.

Some myths are of our own making. Human nature demands an explanation, so when the timing seems right we assume the cause of an ailment is whatever preceded it. This probably explains why so many people with achy joints chalk up their pain to humidity, storms, and any change in atmospheric pressure. This medical myth arises from our tendency to look for patterns in random events. If it rains and our joints hurt, we attribute the pain to the weather, forgetting about all the times it rained and nothing ached.

Myths are often a fusion of common sense and half-truths, which makes the truth harder to suss out. Sure, it's a good idea to bundle up before going out in the cold, but this has nothing to do with catching a cold or pneumonia, since a cold is caused by a virus and most pneumonia by bacteria. (And to answer the earlier myths: Anatomically, it's impossible to swallow your tongue if you have a seizure, since it is fastened to the floor of your mouth. And you can't catch a sexually transmitted disease from a toilet seat. The chances of this happening are zilch, since these diseases are spread mostly through sexual intercourse.)

Some myths are more true than false. For instance, we've all heard that women's menstrual cycles echo the cycles of the moon. Is this true or false? This one is mostly true, with the walls of the uterus waxing and waning in the same rhythm as that of the celestial body in the sky. We also know that women today, as well as those in ancient times, who live and work in close proximity cycle together. It happens in the home with mothers and daughters and in the workplace with co-workers.

The fact of our bodily rhythms, whether hourly, monthly, or daily, has ushered in the exciting field of "chronotherapy"—the practice of giving a drug to a patient, according to the time of day, month, and year, as well as to phases of the sleep or menstrual cycles, in order to boost its power. Chronotherapy considers a person's biological rhythms in determining the timing—and often the dosage—of a drug to maximize its benefits and minimize its side effects. It is being studied in many different diseases, including asthma, arthritis, heart disease, and cancer.

Some myths are downright silly, others are quite harmful, with a decidedly dark side, but all are worth our examination. Why? Knowing the difference between the reality and the myth can make your life better and even save it; there's just no doubt about it. When was the last time you heard, and maybe believed, that a heart attack can be survived by "coughing repeatedly and very vigorously" until the paramedics arrive? That you can't exercise if you have diabetes? That just because something is natural means it's safe and free of side effects? That medicines for cholesterol will damage your liver, so you shouldn't take them? Or that only women need to be concerned about bone health?

Fortunately, some medical myths just fade away when they are refuted with incontrovertible proof that shows us how to effectively treat or in some cases cure a disease. For example, when I was a resident we believed that if a kid got a fever it was a sign of a healthy immune system. The body was "cooking" the virus or the bacteria out of the body. We lived by the myth that it was better to let the fever just "run its course."

That was then. Today, an overwhelming body of medical evidence suggests that inflammatory processes like fevers, swelling, sunburn, lingering infections, or obvious inflammation-related conditions, such as asthma or rheumatoid arthritis, may be laying the groundwork for brutal illnesses never previously associated with inflammation—such as heart disease, Alzheimer's, diabetes, even cancer. Although inflammation is the body's attempt to heal, every time you have an inflammatory process going on, there is some wear and tear also occurring, not unlike having a little rusting happening inside your body. Over the long haul, that rust is harmful. So it just makes sense to manage the inflammation—which you can do not only with medicine but also through specific lifestyle changes involving exercise and diet that have been shown to keep your body as inflammation-free as possible.

Medical myths—and there are thousands of them—are alive and well in our culture. In writing this book, I distilled medical mythology down to seven of the most common—and dangerous—myths regarding our health, medical care, and longevity.

On the flip side of this, I'll give you 101 medical truths—tips, advice, and the latest scoop on how to enhance your health and save your life. These are sprinkled throughout the text, and many of them came as questions my patients have brought to me for explanation during my more than thirty years as a doctor. I will also give you “news you can use”—vital medical information straight from the headlines that will help you chart and steer your own course to a healthier life.

I will explain all these myths, truths, and news to you as I have to my patients and to the viewers I reach through my job as a television medical correspondent. In this book I promise that you'll receive vital medical information in a plain, practical, and straightforward manner. When you need things simplified, or when you're inundated with too much information, this book can serve as your translation guide to the now-complicated world of medicine, and I'll be your interpreter. You'll also get an insider's view of how doctors think and talk, so you can understand our language and what it means to you. Knowing this information is one vital way to keep yourself on a healthy course—for a lifetime.

Two of our greatest enemies in the battle against life-threatening diseases are ignorance and the personal beliefs we bring into the doctor's office. Are there myths you believe and hold dear? Are there old wives' tales you trust? Being willing to shift your thinking and embrace new ideas may not completely eradicate your disease risk, but they may be the first steps toward making changes in your life that will. This book will give you the medical information you need to help you make informed decisions about how to:

- Get connected to the process of your own health care (yes, there is a process)—what tests, screenings, and vaccinations you need to stay healthy—and make health decisions that will benefit you most.
- Demand respect and appropriate treatment from a health-care system that isn't always fair.
- Prevent and treat the three leading causes of death in men and women—heart disease, cancer, and stroke—through awareness, self-care, prevention, and treatment.
- Learn to reverse controllable risk factors and potentially add seven years of healthy living to your life.
- Discover how a healthy mind influences a healthy body, so that you can stay well, remain active, and get the most out of your life.

Understanding medical myths clears the way to the truth and helps you see what you need to do for

yourself to live a healthier, happier, and more fulfilled life. Along the way, you'll discover there are plenty of health issues over which you have a lot more control than you think. The more you know, the more prepared you are, and the better your underlying health—the better your chances of surviving *any* medical challenge thrown your way.

This book isn't a big essay or opinion piece on medical myths—on every page, there's advice and a plan of action to help you get the most out of the life you are living. It will help you treat your body like a loving friend, with enough information to help you change the habits that have plagued you up to now and correct any misinformation that inadvertently may have kept you from living up to your full health potential. However you choose to use the information in this book, my intention is that you use it as an encouraging and reassuring reminder of what's important to our health—and what's not. It is my hope that what I have to say brings renewed health and energy to your life, extends it, and possibly even saves it.

Myth #1...

Annual Checkups Are Obsolete

When I talk to people around the country, I'm always surprised to find that so many men and women believe that annual physical examinations are unnecessary. Very few see their physicians on a regular basis. I realize there are some things we would just as soon not find out, like your boyfriend's or girlfriend's entire sexual history before you met them, but having ourselves checked on a regular basis is a vital step we must take. If all of us did this, diseases could be prevented or detected at an early stage when treatment is most effective—and lives would be saved. I know this from medical experience, but I also know it from personal experience.

In 1986, while a surgeon at the University of Arkansas, I was awakened very late at night by a telephone call from my father. The minute I heard his voice, I knew something was wrong. No one in my family makes calls after 9 P.M., so this was already unsettling. Age sixty-three at the time, my father—a doctor who inspired me to become one—had just had his annual physical, which he steadfastly undergoes every year. He believed that he was at risk for colon cancer, since his father had died from it in his sixties. So every year at his annual exam, Dad insisted that he get a sigmoidoscopy, the standard test back then that allowed a doctor to look at the lower part of the colon. But this time he told his doctor he wanted a colonoscopy instead, a more thorough test that was just coming into its own. My father was convinced that this was the new standard of care and the best tool for investigation.

Today, the colonoscopy is familiar to us. With this procedure, a doctor can view the entire length of the bowel using a special telescope-like instrument called a colonoscope. For the clearest view possible, the patient flushes out the bowel the evening before using a “colon prep” of special laxative. (I admit that the prep is no picnic, but there is no part of this test that hurts.) As it snakes its way through the bowel, the colonoscope can snare small polyps (pre-malignant growths) and remove them, or obtain a part of a tumor for biopsy.

Although being a doctor brings me in close proximity to life-threatening diseases, my mind went numb when Dad told me that the colonoscopy had revealed a mass, just beyond the area where the sigmoidoscopy would have stopped. There was a tumor in the wall of the colon that had eaten through it and spread to two neighboring lymph nodes. A biopsy had confirmed that the mass was malignant. My dad had cancer. Because it had pierced the colon wall, I knew the situation was grim. I was stunned at how unprepared I was to deal with my father's getting a diagnosis like this. The fact that my brother and I are both surgeons didn't make this reality any easier.

But fortunately there was a happy ending. The tumor had not spread any farther than the two lymph nodes. ~~Because radiation and chemotherapy weren't very effective for colon cancer back then, my~~ father decided that surgery was the best treatment, and so he underwent a resection of the colon. It was right—and lucky. He has had a couple of scares since then, but twenty-one years later he has beaten cancer. Ever since it happened, he has had regular colonoscopies, every year for a while, then every two years, and now every three years. Colonoscopies aren't necessary that often for everyone, but his testing schedule reveals how individualistic exams must be. If you have had cancer, or have a strong family history of it, you and your doctor may decide that an annual look is worth it.

What happened to my friend Ken tells a different story. I first met Ken a decade ago through his wife, Andrea, with whom I had worked at Johnson & Johnson. Ken and Andrea were high school sweethearts. Retired from work, Ken was 5 feet 10 inches tall, low key in his demeanor, and a handsome man with kind eyes behind rimless glasses. His business was sales and marketing; his hobbies were rose gardening, bicycle riding, train collecting, woodworking, and Civil War history. When we shook hands, his grip was gentle but his skin rough, a casualty of his hobbies.

Ken was good about seeing his doctor but not so good about following up on required tests. He was of the mindset that if you don't do it, then the worst couldn't and wouldn't happen. By age fifty-eight he had not had a colonoscopy. Either it went undiscussed between Ken and his doctor or Ken refused to have one—Andrea doesn't know. But when his doctor discovered through a routine blood test that Ken was anemic, the issue was forced.

TRUTH

Bone density tests may be relatively worthless.

Introduced in 1988, dual-energy X-ray absorptiometry (DEXA) technology has become a widely used tool for measuring bone density, the amount of mineral in any given area of bone. Results from bone density tests are used to diagnose osteopenia, low bone mineral density (which is in reality a sign of normal aging), and osteoporosis, in which bone density is so low that bones are prone to fracture.

You're diagnosed with osteopenia if your T-score deviates 1.0 to 2.4 points below the norm, which is the bone status of a healthy thirty-year-old. Anywhere below 2.5 standard deviations is considered osteoporosis. When you are measured against the average bone mineral density for your age group, sex, weight, and ethnic or racial origin, it is called a Z-score. However, T-scores are the gold standard for diagnosis. This means that eventually everyone's T-scores will stray from the norm, and a person with natural, age-related bone loss might appear to be suffering from osteoporosis.

There are a number of limitations to DEXA scans. One is that although these machines measure bone mineral, DEXAs do not capture information on something known as the collagen-to-mineral ratio. Too much mineral makes bones brittle; too much collagen makes them weak. Having this information would give us a better clue as to the quality of a person's bones.

DEXA scanners are not all the same, either. Bone mineral density measurements may vary markedly among machines made by different manufacturers. This means you might have normal bone density according to one machine and osteopenia according to another.

Another problem with bone density tests is that no two people are alike, even though the test holds them to the same norm. A larger-boned person may have more bone mass, thus more minerals, and may score a higher bone density than a smaller-boned person. Other variables like your genetics and your peak bone mass when you were in your twenties affect your ideal bone density. The spectrum of normal bone density is wider than this test would have you believe—which can make the test results misleading.

What concerns many of us doctors is that people are too quick to change their behavior when they think their bones are weak and porous. When a scan indicates low bone density, they feel alarmed and fragile. Often people stop lifting weights and exercising for fear of a fracture—when that's just what they need to be doing to strengthen their bones! They also may be prescribed a course of osteoporosis drugs when they don't really need them.

I approach bone density testing with a healthy dose of skepticism. For these tests to be precise, you would need to know your own baseline bone density at age twenty-five to thirty and compare it thirty years later with a reading from the same machine.

Until bone density tests become more reliable, follow your doctor's advice. Most medical experts agree that women over age sixty-five are at the highest risk for bone loss and should be tested. Your doctor may advise testing if you are younger than sixty-five and

have risk factors for osteoporosis, including family history, cigarette smoking, menopause, and long-term use of medications such as steroids, thyroid medication, diuretics, and antacids containing aluminum, among others.

Ken was suffering from iron-deficiency anemia—a form of anemia that occurs when the blood does not have enough red blood cells or does not have enough hemoglobin, a pigment in red blood cells that carries oxygen. One cause of this anemia can be slow, persistent bleeding inside the body, sometimes from tumors in the colon or elsewhere. Anemia, never a condition to be taken lightly, prompted Ken's physician to order a colonoscopy.

Ken and Andrea were on vacation when they received the news: the test uncovered colon cancer.

In the worst possible turn of events, Ken was told that his cancer was advanced. It had metastasized and set up shop in other organs. The cloud of cancer hung over Ken and Andrea for a few more years despite multiple surgeries, chemotherapy, and radiation to try to hold it at bay. I remember being at their home, observing how painful it was for him to see the roses in his garden and not have the energy to tend to them. "Maybe I'll get to see them bloom this spring. Maybe I won't," he said quietly. Toward the end, Ken wanted only to be at home with his wife and children in a place he loved, a charming town in the Pacific Northwest tucked between snowcapped mountains and a shimmering serene lake. Ken died at age sixty-one, three years after his diagnosis, on a February afternoon, with Andrea and his children at his bedside.

When I heard the news, I kept replaying the sequence of events in my mind. What if Ken had undergone a screening colonoscopy at age fifty? What difference would that eight years have made? If there had been a tumor, would it have been a tiny polyp—something that could have been snipped off? Would he still be here today, tending to his roses and to his family?

I have told these contrasting stories many times to many people—to my friends and loved ones, to my patients, to my students, and to my colleagues. The details that distinguished one man's experience from another's unveil an important truth: screenings and tests can mean the difference between life and death. The annual checkup is by no means obsolete. It is an important step we must all take, if for no other reason than to make decisions with our doctors about what screenings and tests are right for us. The appropriate scenario for screening depends on our age, risk factors, or symptoms. Whether we take the next step and follow through on those recommendations is our choice, but it is a choice that may set our compass toward living or dying.

TRUTH

Full-body scans are not worth the price.

First, let me explain what a full-body scan is. This fifteen-minute, noninvasive procedure uses high-speed computed tomography (CT) to provide detailed three-dimensional images of all the major organs, including the heart, lungs, spine, and liver. It is generally available only to those willing to pay the cost: \$650 to \$1,500 out of their own pockets. Insurers don't routinely cover this type of screening unless it's ordered to investigate specific symptoms.

Even if you have enough money to undergo one of these scans, should you?

Probably not. In all likelihood, the scan will find an abnormality, which may actually be a "normality" for you or something quite benign—but over which you are likely to experience significant trepidation and anxiety. You will rush your report to your doctor, who will then be charged with interpreting whether the abnormality is serious or inconsequential. You'll be subjected to further tests—and further anxiety.

Even if the scan finds you in the clear, this may give you a false sense of security and possibly prevent you from seeking appropriate care from your doctor or beginning beneficial lifestyle changes. Someone who smokes, for example, and gets a clear lung scan may decide that it's okay to keep on smoking. Also, full-body scans are not a substitute for an annual checkup or appropriate screening tests.

Nor does a full-body scan find everything. For instance, it cannot pick up many debilitating and deadly conditions—like elevated blood pressure, high blood sugar, hormonal disturbances, leukemias, or abnormal cholesterol levels. Please note, too, that full-body scans are performed without intravenous dye or "contrast" injections, thereby providing limited information about the abdomen and pelvis, so small lesions in the liver, pancreas, and kidneys can be missed.

Some professional organizations, including the American College of Radiology, oppose full-body scanning as a screening tool for people with no disease symptoms or family history of a diagnosable problem. Further, the U.S. Food and Drug Administration has raised concerns about radiation levels.

There's no doubt that CT scans offer great potential as screening tools. But they do expose you to radiation that far exceeds that of a routine chest X-ray. They provide useful snapshots of the coronary arteries, and for heavy smokers, lung scans are excellent at pinpointing tumors. Someday they may even replace more invasive tests. But in my opinion we're just not there yet. Other medical tests are much more conclusive.

ANATOMY OF A MYTH

Why has the annual physical become such a debatable issue? For most of the twentieth century, the annual “head-to-toe” checkup for adults was the standard of care. Its purpose: to find disease early and reduce a person's risk of death. Then, as now, it involved blood tests, urinalysis, and screenings like chest X-rays and sometimes electrocardiograms. With the evolution of medical technology came bigger price tags, cost/benefit ratios, and public discussion of who will pay for what. Somewhere in the middle of all this, the patient—you and me—got lost. So by the late seventies, we found ourselves living in a new world of medicine. The costs of health care had skyrocketed, and in response there was a nationwide shift to managed care, in which insurers and HMOs (health maintenance organizations) began to figure out what services they could afford to offer and which ones had to go. The growing pressure on doctors to economize dictated that fewer tests be given and the cheapest treatments be offered. The yearly checkup fell under scrutiny, and several authoritative medical groups felt that healthy people didn't need physicals every year. One of these groups, the U.S. Preventive Services Task Force, an expert panel set up by Congress, feels that there isn't enough evidence that annual checkups prevent disease. Instead, these experts advise that doctors do less extensive exams in the course of a patient's care and tailor them to a person's age, sex, family background, clinical history, habits like smoking and drinking, and other risk factors. They also maintain that procedures and tests be limited to those of proven preventive value, including mammography, Pap smears, cholesterol screening, and colon cancer screening.

What do we, the doctors on the front line who are treating the healthy and those in the grip of illness, say to all this? Our response has been summed up handily in a survey published in the *Archives of Internal Medicine* in 2005. It revealed that 65 percent of all primary care doctors in the United States believe that such checkups *are* necessary. So you see, wherever ambiguity, controversy, or disagreement stews, a myth brews.

TRUTH

It's not okay to lie to your doctor.

Are you still smoking? How much do you drink? Are you having risky sex?

When doctors ask these questions, patients often lie because they're embarrassed, don't want to disappoint their physician, and fear being judged. Or they might rationalize their lie, promising themselves to fix the problem in the interim, so that the next time they're queried, they won't be lying. As doctors, we often know the truth anyway, because we're trained to be alert to symptoms and abnormalities, or we can run tests. If someone tells me she's stopped drinking but has tremors, or I smell alcohol on her breath, or elevated liver enzymes appear on a blood test, well, I know she's tried to pull one over on me.

There are two people you don't lie to, as an old but still-applicable saying goes: your priest and your doctor. If you can't be honest with your health-care provider, you're putting your health on the line. I once had a patient who was diagnosed with tongue cancer. After this occurred, he told me he had stopped smoking. He was shading the truth, and I knew it. (I can always tell because nicotine gets deposited on nose hairs, and I can smell the residue.) Sadly, he got another cancer in a different part of his mouth. I do not tell this story to lecture anyone; instead, it should serve as a reminder to you of how health problems can worsen if you lie to your doctor.

From time to time, you may have a health issue or medical problem that you'd rather not talk about to anyone, not even your doctor. Some questions, even when you're asking a doctor to answer them, can just feel too personal. Or you may be afraid that your doctor will judge you or dismiss you and not give you good treatment. From my years of working in the medical field, I can tell you that doctors are not judgmental; we've seen it all and one nude body is, well, just another nude body. We live in a very puritanical society that keeps us muffled in shame and secrecy and stigmatizes certain behaviors like smoking. But it is better to not keep these issues bottled up, especially since a frank discussion with your doctor may bring to light a positive solution. Remember your doctor is there to help you get better, so don't hold back on uncomfortable topics. Forget your shame or embarrassment and be honest. Being truthful just may save your life.

I side with the expert panel that it is vitally important to have regular screening procedures tailored for you. The important word here is *tailored*. Some tests are to be done routinely, such as blood sugar and blood pressure testing. But other tests are meant specifically for you and not necessarily for your spouse, your best friend, or your neighbor. I would hate to see the annual checkup go the way of the dinosaur. I join ranks with the many physicians in this country who find it vitally important—for many reasons, with benefits that are sometimes hard to quantify in this number-crunching era of managed care.

WHY YOU SHOULD DO IT

For one, the annual checkup affords a chance to establish and build a relationship with a doctor—connection that can prove vital if you are ever ill. I firmly believe this relationship is one of the most important you can have in your life. In a lot of ways, this relationship is very much like a good marriage, with the intimacy of trust, respect, chemistry, and communication. Meeting annually gives you the feeling that your doctor will be more than a temporary presence in your life, not a casual drop-in. We each deserve a relationship like this. How long we live, as well as how well we live, depends on it.

The doctor–patient relationship is a sensitive one, requiring respect and openness on both sides. I believe that most physicians try to do their jobs well and that most people understand that their M.D.s are human. When I was a young doctor, I was given an inside look into the world of a patient: I was misdiagnosed with a rare cancer. My physicians weren't at fault. An unusual infection from a tick bite masqueraded as a terminal illness. But none of us had figured out the mystery before I was on the receiving end of painful needles, cold hands, skimpy hospital gowns, a surgeon's scalpel, and anxiety-filled hours of waiting for lab reports. How I was treated, and the inevitable lapses that occurred, changed forever the way I take care of my patients.

To build a good relationship with our doctors, we must insist on clear, nonarrogant, and sensitive communication. Should you find that your doctor seems disinterested in you and doesn't seem to care about the details of your life, talks in language you can't decode, or is cold and insensitive, find another doctor. You deserve someone who is passionate about your care and whose answers and explanations make sense to you. It is your body and your life, after all.

Second, your annual physical gives your doctor a sense of where your health stands from year to year. This yearly conversation can also be used as a form of self-monitoring regarding your habits and lifestyle and is one of the most important talks you can have. You may be queried about eating habits, exercise, smoking, alcohol or drug use, past health problems or symptoms, and concerns you may have. A headache, nagging cough, or diarrhea may signify nothing more than stress, a seasonal allergy, or food that didn't agree with you, but then again it could indicate something more serious. Talking to your doctor about symptoms at your annual checkup and during other appointments is better than a visit to the emergency room for a complaint that you might have been able to avoid by dealing with the problem earlier. While an annual physical does not turn over every stone—many conditions can escape detection—at least your doctor can investigate and identify a problem before it reaches crisis proportions and treat it early.

TRUTH

The secret to a long life is to stay in school.

We've all heard the theories on what it takes to live a long life: a healthy lifestyle, good genes, lack of stress, having lots of family and friends around, churchgoing, even wealth—and these things do make a difference. But what researchers have discovered, including those at the National Institute of Aging, is that the one consistent longevity variable among the population of every nation is education. The more educated people are, the longer—and healthier—are their lives, across the board. Education trumps race, and it trumps income in study after study when it comes to health and longevity. My parents are a good example. Now into their eighties and retired, they moved last year to my town, Princeton, N.J., where they are not only closer to three of their ten grandchildren but are also a part of a community that will continue to nurture their insatiable intellectual curiosity. The lesson: stay in school, and if you're older, never stop learning.

One last thought about the necessity of an annual checkup: it is an important time for revisiting family history. If you have a strong family history of certain conditions, say, heart disease, diabetes, or cancer, you are at risk for those diseases and should take precautions before you develop symptoms. Should you be possibly programmed to some disease by hereditary factors, your physician can guide you toward preventive measures, monitor you for complications, advise you on which screening tests you need—and when—and quite possibly keep the illness in question from ever darkening your life.

The admonishment to get an annual physical, followed by recommended screening procedures for your age, sex, and risk factors, is one bandwagon I know is worth jumping on. Despite the many reasons in its corner, I know it can be scary to undergo tests, but remember, having ourselves checked on a regular basis is the first line of defense in terms of early detection and monitoring of disease. If every person in the United States did this, more than one half of the heart disease and nearly 90 percent of many cancers in this country could be prevented or cured.

Why are we so reticent about seeing our doctors? Most of us avoid going to the physician because we can't seem to carve out the time. And when we get the time, we worry about what the doctor might find. We all hate bad news. And for some of us, the fear of worst-case scenarios is enough to make us stay away.

DON'T BE LIKE ME

On a leisurely Saturday a short while ago, I developed the worst headache, my heart started racing, and I felt like I could not catch my breath. Bone weary and pooped, I had that can't-get-out-of-bed exhaustion. No pain pills would make the headache go away. I decided to just lie down for a nap (something I rarely do) and ended up staying in bed for almost three days. My heart would race, but when I checked my pulse, my heart rate was only 66. I found myself lying there, waging an internal argument with myself.

“You're having a heart attack.”

“Don’t be stupid. You don’t have any chest pain, and there isn’t a family history.”

“You know you don’t have to have classic chest pain to be in trouble. Call someone.”

“Wow. Look at those cobwebs on the ceiling fan.”

It wasn’t until the following week, when I was short of breath running up some steps, that I fully admitted something was wrong. It was my father who insisted that I see a doctor. I can still hear his words: “You know, you’re over fifty. Things can happen.”

But...could there really be a problem with my heart? Should I see a doctor? Right now? Next week? What would happen if I waited?

There were two people warring inside me: One thought nothing of the symptoms; of course I was tired—after all, I had too much crammed on my plate, and on some days the long hours I kept blurring the transition from day to night. The other—the doctor in me—said, “I think you are having some kind of vascular crisis.” Ordinarily, I would scoff at any medical person who was so wishy-washy. But I just couldn’t find it in me to think that something could be wrong with my heart. No, no, no...I am not having a heart attack because there is no history of heart disease in my family. I’m just tired. I’ll be fine. This will go away.

TRUTH

You do not need to drink eight glasses of water every day.

I used to try to drink eight glasses of water a day—I even recommended it to my patients—but ultimately ended up losing count or spent all my time in the bathroom. So I was happy to discover in 2002 when reading the *American Journal of Physiology* that there’s no scientific study to support this recommendation. Researchers performed an exhaustive literature search and discovered that large quantities of water are not needed and that thirst regulates our water intake quite well. Our hydration needs can be met through a variety of sources in addition to drinking water. For example, we get water from juice, milk, coffee, tea, fruits, vegetables, and other foods and beverages as well. (Coffee, incidentally, is not really a diuretic. The stimulant effect of coffee produces a very slight amount of water loss. The overall volume of water you take in from your cup of coffee more than makes up for the small amount lost in your urine.)

There’s no question that water is important. It transports nutrients, hormones, and oxygen to your cells and takes away waste products via the bloodstream and lymphatic system. Water also lubricates your joints and makes you feel better. That said, how much

water should you drink? Let your thirst guide you. Then look at your urine from time to time. If it's dark yellow or brown, you're dehydrated. You want to take in enough fluid each day to keep your urine looking clear like...water.

But the doctor-me kept up a relentless monologue, so I turned to Mary Ann, a friend and colleague who is an acclaimed internal medicine specialist and cardiologist, for help. I went in to her office sheepishly and almost apologetically (sound familiar?) and described my symptoms. Intuitively, I knew that if I hesitated any further in seeking help, I ran the risk of causing irreparable damage to my heart, if this was a heart problem at all. I kept remembering that heart disease is more often fatal in women than in men because it is frequently diagnosed at an advanced stage.

After reminding me that I knew all the warning signs of heart disease in women and scolding me for not coming in sooner, Mary Ann scheduled me for a stress test and an ultrasound of the heart. Those test results turned out normal. She believed that I likely had had a virus, which could have caused the headache and exhaustion, but to play it safe she recommended a CT angiogram, an exquisite sensitive test for coronary heart disease that allows physicians to noninvasively capture images of the heart in just five heartbeats.

But here my plan diverted from hers. I was feeling better. I was buoyed by my normal results. And so I canceled the test. I gave some lame excuse about having to be home for my son, Charlie, and a snowstorm predicted to come our way. On some toddler level, I thought I would get away with it. Why? Deep down, I just wanted all of this to go away. I was scared.

Well, I had picked the wrong doctor for that nonsense. Mary Ann sat me down and bluntly challenged me about canceling the test. "So what you're telling me is that you don't love yourself enough to get this checked out? Don't you see how destructive, not to mention stupid, this decision is?"

I should confess right now that I have a problem with authority figures, and at this time there was only one authority figure in the room, and it wasn't me. I backpedaled so fast that before I knew it, I was in the CT machine having my heart scanned.

It turned out that a routine virus probably did cause the symptoms. But I was in for a big surprise. My heart was not pumping blood through nonstick arteries. To the contrary. There were a couple of spots that looked like Velcro with some unfriendly plaque clinging on. I was fascinated by the images but wanted to throw up at the same time.

Pictures don't lie, however, and even a relatively untrained eye could see the problem: three tiny lesions in my coronary arteries. I also had a high "calcium score," a way of measuring how hard the plaque is. A high score meant I had flunked the exam, and I took it personally.

I confess, I was upset. Heart disease? I've never smoked. I'm not overweight (except for the ten extra pounds that I packed on ten years ago), and my body mass index (BMI) is normal. I'm not

genetically inclined toward heart disease. This was unthinkable and nearly impossible to absorb. Heart disease doesn't just spring up overnight out of nowhere, however. Through a thousand flashbacks, I remembered how I ate in college and medical school, and the big picture suddenly made sense. All those years of subsisting on burgers and french fries, and now I'm paying for the nutritional sins of my youth. I remember feeling both angry and astonished that my own heart was quite possibly ticking time bomb. In my brain I'm still a seventeen-year-old, but my arteries told a different story. Whatever idea I had of my own immortality was rudely, painfully adjusted. I had no choice but to take on greater responsibility for myself and start treating my body like a loving friend, and do so more resolutely.

TRUTH

Wearing a copper bracelet does not cure arthritis.

The marketers of copper bracelets for treating arthritis claim that the copper is absorbed through the skin and thus helps repair joint cartilage deterioration. This has never been proven, and most of us get enough copper through our diets. One thing to beware of if you have arthritis is the notion that there is a miracle cure. There are no miracle cures for arthritis. All so-called miracle remedies rely on the nature of this disease, which almost always includes periods of remission, in which the pain vanishes. Put another way, with arthritis, the pain comes and goes. Take the copper bracelet, for example. You wear it. You have no flare-ups. You may attribute this to the bracelet, as the purveyor of this miracle cure would want you to do, but in fact this period of pain-free living is due to remission. It's better to spend your money on a lightweight, removable splint that you can use to immobilize the joint when you have a flare-up, and spend your time engaging in physical activities you enjoy when you don't.

Fortunately, my heart condition is easily, eminently fixable. I am now taking a cholesterol-lowering drug, joining the ranks of millions of Americans who are on statins. I said good-bye to fatty meat, resolved to get more exercise, and embraced vegetables as a formal religion. Doing this, I expect my heart condition to reverse itself.

With a DVD of my heart exam in hand (yes, you now can get DVDs of the inner workings of your body), I trotted home. It was family movie night at our house, and I insisted that everyone indulge me by watching my DVD. My family already knew I had a big heart metaphorically speaking. Now I wanted them to see the literal one, albeit a little banged up.

NEWS YOU CAN USE

The Ornish diet may be the best plan for heart health, say researchers at the University of Massachusetts who compared eight popular diets. Dr. Dean Ornish suggests that if you stick with a nonfat vegetarian diet, you'll lower your risk of not only heart disease but also stroke and cancer. The only problem: it's strict and can be hard to stick to long term.

When I talk to my patients, I often recount this experience. It levels the playing field and lets them know that I've been a patient, too—a reluctant one at that, caught up in the same gale of fear and anxiety, likely to avoid making an appointment or keeping it.

Sure, a symptom may be nothing, but then again it may be serious. Avoidance doesn't help and may even worsen a problem. Some of us snub physicians because we've been conscientious, had clean checkups for a couple of years, feel healthy, and see this year's checkup as a waste of time. When you find yourself thinking this way, think about your car. Consider how you remember to rotate the tires and check the oil. Then think about yourself. Think of your annual physical as your forty-thousand-mile tune-up. Time consuming as it may be, having a yearly check under the hood gives your doctor the most information regarding your health and the greatest chance of diagnosing any condition as early as possible.

To stay healthy—and possibly save your life—you have to take responsibility for your body maintenance. This includes the obvious and the boring: Watch what you eat. Don't smoke. Stop abusing alcohol or drugs. Listen to your body when it's tired, and get enough rest. Minimize stress. Exercise. In short, practice prevention before prescriptive medical measures are necessary. The other part to prevention is surveillance, which includes your annual checkup and screening for the health issues you suspect will be part of your life's road map. Take measures for your age group and risk factors. Getting in the habit of scheduling—and keeping—your medical appointments, including your annual checkup, requires some conscious effort, so here is my advice on how to do it.

RESPECT YOUR BODY

Reframe your view of the annual checkup, not as something to be feared or dismissed, but as a gift you give to yourself. Consider it a way to respect yourself and your body and take what responsibility you can for it. Think of the times you have wasted money on something frivolous, and then consider this the opposite—a deposit in the bank of better health.

NEWS YOU CAN USE

Lift weights and call me in the morning! Regular strength training not only firms muscles, but it also boosts your immune system and creates a faster metabolism. Stronger muscles also make your bones stronger.

Pick a special date for your annual checkup—it can be your birthday, anniversary, or any date you choose, and consider it carved in stone. This is an easy way for you to remember when to have the necessary tests done, and there's no excuse for missing them. Then, on the day you have the exam, immediately schedule next year's appointment and put it on your calendar. That way, no muss, no fuss.

TRUTH

We're turning into a nation of cyberchondriacs.

Do you know what cyberchondriacs are?

They're people who are convinced they've caught every disease on the Web. They feel a symptom, look it up on the Internet, and diagnose themselves. Let's say your ankles are swelling. You use Google to search for "ankle swelling." Your search produces roughly 136,000 matches. An experienced cyberchondriac can make a diagnosis on the basis of just a few matching symptoms, but here you've got more matches than you could dream up illnesses to correspond. You ignore benign causes like "poorly fitting clothes" or "ankle injury" and zero in on scary stuff like heart failure instead. The symptom list for heart failure numbers at least twenty-two. Among them: fatigue, tiredness, abnormal weight gain, and of course, your swollen ankles. You decide you have all these symptoms, so you conclude you have heart failure. You then start feeling anxious and short of breath, yet another symptom of heart failure.

I reported on a Harris Interactive Poll recently and learned that more than 160 million of us now search for health information on the Web. Of these, 84 percent of us are cyberchondriacs, people who search for medical information on the Web at least six times a month and try to diagnose a disease prior to consulting a doctor.

- [**download online Greed: A Dictionary for the Selfish \(Deadly Dictionaries\) pdf**](#)
- [download The Berenstain Bears in Maniac Mansion book](#)
- [click The Latin Deli: Prose and Poetry](#)
- [Deadman's Bluff \(Tony Valentine, Book 7\) book](#)
- [Teaching the World's Children: ESL for Ages Three to Seven \(2nd Edition\) pdf](#)

- <http://anvilpr.com/library/Monologue--What-Makes-America-Laugh-Before-Bed.pdf>
- <http://flog.co.id/library/The-Berenstain-Bears-in-Maniac-Mansion.pdf>
- <http://transtrade.cz/?ebooks/Jamaican-Christmas-Recipes--21-Most-Wanted-Jamaican-Christmas-Recipes.pdf>
- <http://korplast.gr/lib/Deadman-s-Bluff--Tony-Valentine--Book-7-.pdf>
- <http://jaythebody.com/freebooks/Physiology-of-the-Gastrointestinal-Tract.pdf>