

“There are only a few stupid reasons people die—  
they just happen to kill a whole lot of people.”



## Chapter 1

### Rumors, Tumors and Baby Boomers

Ed was having a *very* good night. It may have been a freezing Michigan evening in the dead of winter, but Ed was glowing. He had just bowled a perfect 300 for the benefit of his team, the third perfect game of his life.

He had been bowling for decades, but *these* three scores were all hallmarks of the past two years, as was his induction into the Kalamazoo Bowling Hall of Fame. Life was great. Ed was at his peak.

Ten more pins went their separate ways as he nailed another strike on the fourth frame of the next game. Returning to his chair, he suddenly knew something was terribly wrong. Then, nothing.

Friends and family watched their Kalamazoo hero clutch his chest and collapse. A tiny blood clot had suddenly formed in Ed’s heart. His life simply stopped.



John Ritter’s darling daughter was celebrating her 5th birthday, just a few days prior to her dad’s 55th. Her famous father was busy, preparing to tape the latest episode of his hit television series, *8 Simple Rules for Dating My Teenage Daughter*.

While working on the set, he began to feel ill. Things quickly went from bad to worse and Mr. Ritter was rushed to St. Joseph’s, the same Burbank hospital where he was born. Several hours later, as a team of surgeons struggled to repair his torn aorta, he died on the operating table.

The sudden tear that ended John Ritter’s life was reportedly due to a heart defect, an undetected problem Mr. Ritter may have had since birth.

Ed's story made the national news because in the midst of personal glory he dropped dead. John received even greater coverage because he was well known to most Americans.

Every day, the lives of average, healthy-looking folks come to an abrupt end, sending shock waves of misery through the lives of their loved ones. Their stories may lack the tragic irony or celebrity status to make them newsworthy, but for every John Ritter, there are a thousand John Does.

As I write this, the first baby boomers are just hitting 60, and the average life span in America is up to 78 years. And that's great, since life expectancy was only 40 years just a century ago.

Yet it's a harsh statistical fact that in every group, *somebody* has to fall below the average. This means that for all the spry characters who make it to their 80s and 90s, an equivalent number of unlucky souls die long before Medicare ever kicks in.

We've all seen it. A father dies suddenly of a massive heart attack. A mother wastes away from cancer. End of story. No more holidays, soccer games, or school plays to share with the family. Someone else must walk their daughters down the aisle. Show up to your next high school reunion, and you're sure to hear about a few more.

Here's the tragedy: Many of these people die in the prime of life from common medical conditions *we already know* how to find and fix.

How could this happen? In most cases, it happens because no one looked for or treated the problem the right way, in the right place, at the right time.

Devastated friends and relatives, watching a loved one die, can't help asking if something could have prevented this life from ending so soon. Whether the patient is suffocating from congestive heart failure or battling a cancer consuming their body, the answer is often a heart-breaking "yes." It's terrible to realize that someone you loved might still have been with you.

Every year, tens of thousands of people "slip through the cracks" and pay the ultimate price. And it's not that we don't care! Both the health-conscious and the "worried well" in America spend billions of dollars on products that promise to keep them healthy or ensure a long life.

***No-Fat! • All-Natural! • Lite-Lite-Lite!***

If a fraction of this energy and money was applied to truly effective screening, prevention, and treatment, death could be postponed for tens of thousands of men and women.

There are countless "stay healthy" books to guide you through myriad dietary and lifestyle changes, herbal and vitamin cures, and other instant miracles to ensure your health and longevity. This is not one of them.

Even the books with good advice on healthy living don't seem to inspire and sustain meaningful changes. They just leave most readers feeling guilty. Often, it seems impossible for busy people with too many demands and not enough time to redesign their lifestyle.

Not that cutting back on junk food or taking time to exercise are bad ideas; they're not. But here's the irony. Even if you pull it off—exercise every day, eat only salad, fish and tofu, take vitamins, meditate, and grow your own organic vegetables, you will only increase your chances of avoiding a preventable early death by a tiny percentage.

In fact, if every citizen in this country ran five miles a day and never again ate cholesterol-laden food, there would still be millions of people like Ed, dying for stupid reasons, dying because of heart attacks, strokes, cancers, and other diseases that could have been detected and stopped.

This book is about *real* results. And real results for living longer don't come from good intentions and superhuman discipline. They come from being smart about identifying and treating the things most likely to kill *you*.

It's not difficult to avoid the most common killers if you accept that reducing your chances of dying young is worth a little effort and money. That is what this book will help you do. Minimal scare tactics, no false promises, and no reasons to feel guilty.

When people die prematurely, it's rarely because they're lazy, simple-minded, or have a death wish. It's because they're misled. But while it may not be their fault, they *are* part of the problem. If you are an average, forty-plus American, you're most likely focusing your efforts to be healthy on the wrong things. Most of us plow headlong into harm's way because of some basic things we fail to do and because of one thing we should never have allowed in the first place. I will bet that:

- ▶ **You are not getting all the right tests to see if you have a life-threatening medical time bomb waiting to go off.**
- ▶ **You are not taking the medicine, supplements, or other treatments that can defuse that bomb.**
- ▶ **You are not separating useful health information from the hype, partial facts, and plain nonsense you get from the news media.**
- ▶ **But you *are* allowing accountants, bureaucrats, policy makers, and politicians to make major healthcare decisions for you, perhaps unknowingly.**

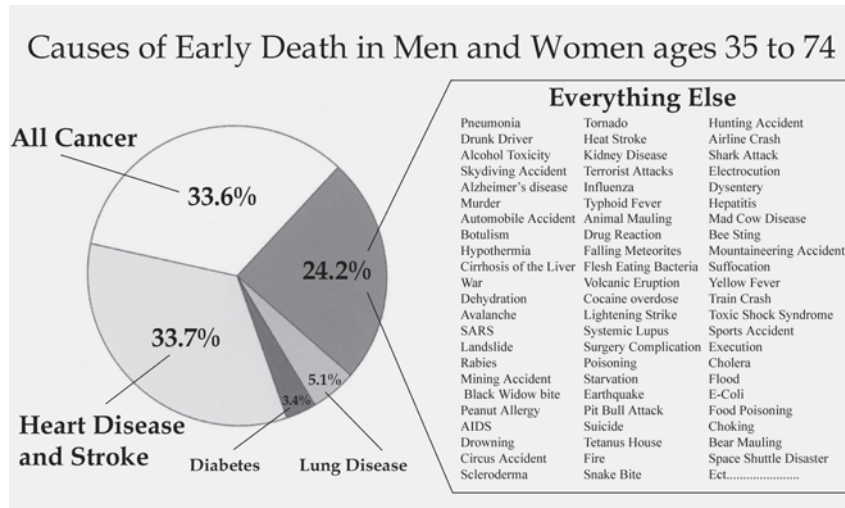
Medical issues fascinate many of us and affect the health of all of us. They also make juicy headlines, whether it's Mad Cow prime rib, the dangers of Phen-Fen, or the latest Avian Flu scare. Yet *this* simple fact never makes the daily news:

**Your number one, greatest risk of dying is from a disease that can be prevented or successfully treated.**

Apparently, this crucial message isn't considered newsworthy. Of course, there are a million ways to die. A meteorite could fall from the sky and end my life in an instant. An inoperable brain tumor could kill me in a few months, or I might just get onto the wrong plane at the wrong time. I hope to avoid all three, but I don't worry about them. These possibilities and thousands like them are unavoidable, incurable, or random tragedies.

Most of the time, however, death is a dreary, predictable intruder. It comes in the guise of some health condition that can be detected and arrested before it claims its victim. Yet, it slips in easily and frequently, picking off friends and family *because we aren't paying attention!*

If there were hundreds of complicated things we need to do to avoid such disaster, there might be an excuse for not taking action. But, here's the frustration: There are only a few stupid reasons people die; they just happen to kill a whole lot of people.



*The largest percentage of untimely deaths are due to a very small gang of diseases—each of which can now be identified earlier than ever with new technology. If we take advantage of this technology now, today, we can overcome the greatest threats to a long, healthy life.*

Bad things do happen and everyone dies. Freak accidents, toxic shock, pancreatic cancer, unexpected asthma, Lou Gehrig's disease, all tragic causes of death—but for unavoidable reasons. What makes dying stupid is when it *could* have been avoided.

Academy Award winner George C. Scott, best known for his famous portrayal of General George Patton, died in 1999 of a ruptured aortic aneurysm. This is a defect that can be easily detected and repaired *before* it takes a life. An ultrasound machine screens for an enlarged area of the aorta with almost 100 percent accuracy.

I don't know the details, but I doubt Mr. Scott's perfectly competent physicians thought to look for an aneurysm as part of his plan of care. After all, have you and your physician ever discussed screening for an aneurysm? It's painless, harmless, and dirt cheap. There are a lot of aneurysms out there. Some are time bombs, and most can be defused. But if your physician is not aware of your risk or options, where does that leave you? I'd say that leaves you in the driver's seat; it is, after all, your life.

I'm not suggesting you obsess about your health—just the opposite. I want you to address it effectively once or twice a year and move on, secure in the knowledge that you are not slipping through the ever-expanding cracks in America's healthcare system.

The best that modern medicine has for keeping you alive and healthy is almost certainly not on the menu of your health benefits. I want you to know what's available and how to get it. Here, you will find practical information that is not complicated or time-consuming to put into action with the help of your physician.

I will focus on the big-ticket killers, the few diseases that are most likely to cut your life short. They have become too mundane to make the late night news, too ordinary to get the attention they deserve. This is not about scaring you. It's about empowering you.

Our life expectancy is 30 years longer than our great-grandparent's. We live in a country with the world's most advanced medical knowledge and technology. When they fall ill, people from all over the world flock to the United States to obtain the most effective treatments available. Something, then, is terribly wrong when millions are dying from preventable diseases when, in fact, their prevention is a straightforward and manageable process.

Why are we failing? It's not from a lack of desire, effort, or access to powerful medical tools, but from our human tendency to ignore "potential" problems plus our individual and collective investment in misinformed, wasted efforts.

Subtle traps lurk in human nature that lead both doctors and patients to bad choices. Decisions, made with the best of intentions and for all the right reasons, can and do kill. These medical “wrong turns” often stem from outdated belief systems, misleading information from the media, or from our amazing, but terribly flawed, healthcare system. In other words: *Bogus Beliefs*, *Bad Data* and a *Broken Bureaucracy*.

## Bogus Beliefs

History is constantly rubbing our nose in the facts. When a long-held belief is completely disproved, convincing the public to change its collective mindset is a huge undertaking and usually requires a fall guy. Take poor Galileo. He was imprisoned for arguing that the sun, not the Earth, is the center of our solar system.

We all have a hard time letting go of what we’ve accepted to be true. We cling to the beliefs we acquired as children, even when faced with undeniable proof that they are false.

Usually, being wrong is no big deal. One can believe the earth is flat and go right on living. Being wrong about science and our health, on the other hand, can be fatal.

Madame Curie’s pioneering work with radioactive elements like radium led to her fame and the honor of a Nobel Prize. It also caused the leukemia that killed her. Today, we recognize that radiation is nothing to play with. We *do* learn. We don’t expose our kids to lead paint or second-hand smoke. We buckle our seat belts and, when



*Dr. Ignaz Semmelweis discovered the primary reason for the extremely high maternal death rate 1847 and proved his theory in two different hospital settings. Unbelievably, his colleagues ridiculed and disregarded his findings. One simple, cost-free step could have saved the vast majority of lives lost after childbirth. History reveals that sometimes inertia in the healthcare community contributes to the stupid reasons people die.*

necessary, get flu shots. We know how to run away from danger.

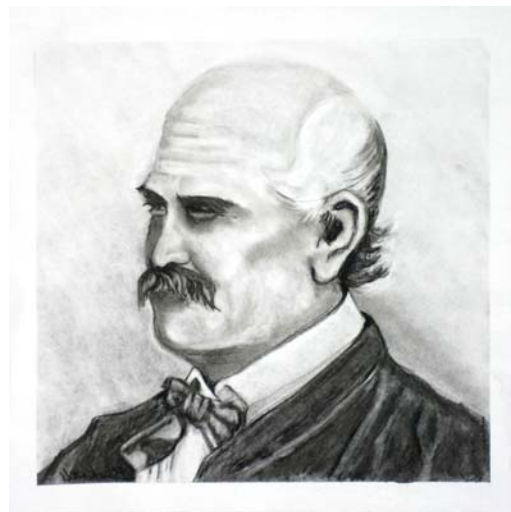
Unfortunately, we don't move so fast to eliminate threats of a different kind. I'm talking about our failure to quickly implement life-saving discoveries. When a new way to prolong life or prevent disease is discovered, it is often either rejected or treated apathetically for years before its benefits become widely accepted.

Consider this: In the 1840s, 30 years before Louie Pasteur developed his "germ theory" of disease, 20 percent of new mothers in the hospitals of Vienna, Austria died a few days after giving birth. The cause, "childbed fever," was three times more common in hospital deliveries than in women giving birth with midwives. Yet Vienna physician, Ignaz Semmelweis, had clearly demonstrated an astounding drop in the maternal death rate of hospital deliveries, down to less than 1 percent of mothers, simply by requiring one thing of his staff: that they wash their hands with water and a bit of chlorine.

Hand washing brought the safety of giving birth to an unprecedented level, possibly the lowest maternal death rate that human childbirth had yet seen. Dr. Semmelweis pleaded with the other doctors and students to do the same, especially after coming from their autopsy class, before delivering babies.

Yet his message was ignored and often disdained by his colleagues. After all, they "knew" disease came from an imbalance of the body's four humours, not dirty hands. In frustration, Dr. Semmelweis resigned and moved to another maternity clinic. There, he showed the same benefits from hand washing, an admittedly inconvenient practice at the time, but again faced ridicule and scorn. Even after his death, he was the object of derision in his field.

*Ignaz Philipp  
Semmelweis  
1818 - 1865*



Doing things “the way they were always done” cost the lives of countless new mothers even when the facts about infection were undeniable. Decades passed before hand washing became the standard of care in medicine. Clearly, our natural resistance to change can cost society dearly.

So can language. This essential tool is a double-edged sword. Humans are unique in how we use language to communicate, understand our world, organize, categorize, and share experiences.

But in the process, we attach emotion to words in ways that attract or repel us. We back away from suggestions of pain or fear. We race toward what we interpret as pleasure, comfort, and security. These categorizations help keep us from harm. Would anyone you know touch the pretty blue flame on a stove more than once?

Unfortunately, the emotions we attach to words do not always serve us well. Many people associate medicine with poison, chemical, or something artificial. They may also believe any food or remedy labeled “All Natural” is good for their health. The fact is, *natural* has very little to do with better health, and sometimes a *chemical* isn’t half bad.

“Drug” is another emotionally charged label. What is a drug, anyway? Is a woman on estrogen therapy taking a drug or a natural substance that replaces what she’s lost? Music alters one’s mental state. Does that make it a drug? What makes a drug “good” or “bad”? We will explore these issues and examine widespread prejudices and misconceptions, exposing how our views become distorted, with serious consequences for our health and well-being.

## Bad Data

Information that *seems* to make sense influences our opinions and decisions but may be only partly accurate or incomplete. The military knows all too well that almost, but not totally accurate information is usually much more dangerous than *no* information.

Every day, we are at the mercy of an avalanche of external and internal messages. The information we act upon, *often inaccurate*, comes from the outside world—the media, the government, advertisers, the Internet, friends and family. Errors also originate from within the fascinating workings of our own human minds.

Most of us, while intelligent and educated, operate from an incomplete understanding of how medical knowledge actually becomes *known*. This is different from just being wrong. It amounts to taking

accurate information, processing it through our individual mental and emotional software to come up with skewed interpretations and incorrect conclusions.

Health information is uniquely susceptible to distortion by this usually reliable process. The way we naturally think and the way most medical information is organized DO NOT MATCH. Medical facts exist mostly in *statistical* form and only have meaning when they are interpreted and applied in this form. It's all about probabilities.

For example, *statistically*, a popular blood pressure medicine may carry a risk of serious kidney damage. An alarmed patient, hearing this report on the evening news, tosses his bottle of the drug into the garbage. What he is missing is that the risk only applies to patients with a specific medical condition, something his doctor *knows* he does not have. For most people, the kidney risk does not exist at all, while taking the medicine can mean a substantially longer life. Heard the right story—got the wrong message. On the other hand, the newest life-saving miracle cholesterol drug might be worthless for certain patients, offer no benefit at all, and put them at needless risk for side-effects.

Anyone can learn what statistical information on a subject means *for them*, but it doesn't come naturally. Our minds decipher information in terms of cause and effect, filtering everything new through our past experiences. Our emotionally colored "this-means-that" way of interpreting the world serves us well in many cases, but it is a huge disadvantage when trying to apply scientific findings to our individual situation.

Let's face it, if everyone made choices independent of emotions like greed, fear, or lust, and became instinctively good at probability and statistics, every casino in the world would close overnight. Don't hold your breath.

The news media and advertising industry, fully aware of how we respond to new information, give us brief, intriguing, and oversimplified sound bytes to get the results they're looking for: high ratings or big sales. Even if you're blessed (or cursed) with a statistical mind, you must go beyond the hype and the partial, condensed reporting to get the facts that affect you personally.

This wouldn't be a big deal if the worst that happened were unnecessary purchases due to slick advertising. But when it comes to your health, reacting to misleading information is dangerous.

Fortunately, we can train our minds to use the best available information in the most useful way. It involves asking a few simple

questions whenever you hear an alarming news report about a medication or other health issue.

Let's say the news of the day is, "Woman dies after taking an anti-depressant." Before flushing away an effective medication or lining up for the class-action lawsuit, an alarmed viewer, taking the same medication, might ask:

- ▶ **Is there evidence her death was *directly* caused by the drug, or were other medical conditions or emotional problems the cause?**
- ▶ **How many similar patients might commit suicide because they are *not* on this medication?**
- ▶ **What are the risks to me of stopping this medicine, especially if I do it abruptly?**

The answers to simple questions like these help clear away the confusion for patients who hear something scary about medication or a medical procedure.

A heartfelt warning: Never stop taking a prescribed medication because of something you hear or read *until* you talk to your doctor.

## Broken Bureaucracy

Again, people who can afford it come from all over the world to take advantage of our country's medical services—and for good reason! Medical miracles are performed more often in the U.S. than anywhere else. Yet our healthcare system is also the party most responsible for the failure to prevent unnecessary death. It's a safety net with gaping holes.

Despite criticisms I offer in this book, I wouldn't trade the quality and content of medical care in the United States for any other in the world. But why does our healthcare system fail to stop diseases that are, in fact, stoppable?

Because our healthcare system reflects our human nature: we react to a disaster *after* it happens far better than we anticipate and act upon an impending crisis. Experts and government officials *knew* a major hurricane in New Orleans was likely and would be devastating. Yet the necessary preventive measures were not taken. We are now paying the price for a predictable catastrophe in terms of lost, uprooted families, destroyed property, the long-term impact on a unique

culture, and billions of taxpayer dollars. New Orleans will never be the same.

That directly parallels our healthcare system. It is absolutely clear what can be done to save tens of thousands of lives every year. We just don't do it.

Consider our major killers: heart disease, stroke, and cancer. We don't practice the very best medicine, the "state of the art," when it comes to preventing these diseases or screening to find them in time to disarm them. Instead, physicians are *encouraged* to practice what's called the "standard of care," a level of care based on information that is typically five to ten years out of date. Medical science moves extremely fast, and this creates an enormous gap in quality between providing the *status quo* and providing the best available care in preventing disease.

Most patients and many doctors are not aware the gap exists. Why? Many factors influence how physicians practice, but high on the list of barriers is this: patients *and* physicians have bought into a system where the insurance industry dictates what physicians "can" and "can't" do. Control has been turned over to entities that have a glaring conflict of interest.

They are measured first and foremost by their profits or, for government-funded programs, by how well they manage money. They are not measured by the success of their policies in preserving health and life. They choose the care they will "cover" based on how little it costs to provide what is considered "standard." Insurers rigorously resist paying for new tests, procedures, and treatments for as long as possible, even if they are a major improvement over current standards. The widespread use of medical advancements can be stalled for decades—yes, decades—based on the industry's arbitrary claim that they are still "experimental."

I'm not suggesting there is a conspiracy against patients by the medical community or insurance industry. They are victims as well, victims of a healthcare system that has taken on a life of its own that limits and disables the content and scope of our preventive medical care.

Remember the response when Dr. Semmelweis demonstrated to his colleagues that clean hands save lives? Thousands more women died needlessly, because no one wanted to change the standard of care. How can patients advocate for their own healthcare if physicians are pressured to maintain, or voluntarily cling to, the *status quo*?

Intellectual inertia is part of human nature, but the world of medicine carries the consequences to a new level. Combined with the

financial interests of government and insurance agencies and with our own passivity as patients, we have created a “perfect storm” for failure.

Now, back to you, the individual. As long as you rely on someone else to ensure you get the care you think you deserve and to pay the entire bill on your behalf, you will wind up with the *least* that modern medicine is willing to offer. Not because healthcare providers don’t want you to have the best, but because our healthcare system can barely afford your annual check-up.

If you want the best modern medicine has to give, it’s going to take a little time and money—yours. It will also require you to have some fresh insights and solid facts to enable you to be your own best advocate. Ready to start?