

When Do We Die?



A study on the age of death and associated factors.

Conventional wisdom has it that the miracle of drugs and the marvel of surgery is extending our life expectancies as never before. This study suggests such ideas are simply fabricated by the medicos to justify their monopolistic existence.



Editor:

Let us assume that the health-care budget went to the consumers of health care rather than to the suppliers of health care.

Given that there are 3 million Albertans then each breathing individual would receive \$2,333 annually. For myself, having lived over 35 years without the need of a doctor means that I would have a war chest built up of over \$81,000 ... not including 'federal' monies.

There is a growing belief among those who support alternative health practises that doctor-induced iatrogenic disease is becoming the real leading cause of death, over and above any natural causes that have been able to persist. The difficulty in proving such a hypothetical assertion is obvious — how can one system of health care thinking demonstrate an assertion without using controlled data from the antagonistic system of health care thinking? So, just for fun and also because I'm a tad recalcitrant by nature, I thought that I would independently confirm the veracity of today's health care dogma.

Here is my summary analysis of the true marker of health care — death.

Healer J. Mark Taylor, Medical Herbalist

When Do We Die ?

The Alberta Government announces again that the lion's share of its budget will go toward health care -- over \$7 billion. \$6 billion in 1994 were the reported sales of pharmaceuticals in Canada growing to over \$10 billion in 2002. In 1994, 22,000 new drugs are available on the market in Canada. There can be no denying that health care involves huge amounts of money, and the practice of medicine voluminous quantities of drugs.

What consumer group is out there to ask the questions, "Are we any healthier for the trillions of dollars invested in our name?", "Do compulsory methods of health care extend life?"

At the moment we have few consumer-advocacy groups independant of the medico system. One is Citizens for Choice in Health Care, and it isn't asking for any money but is instead demanding that the consumer have the choice not to be a victim of the Standard system of medicine. Citizens for Choice in

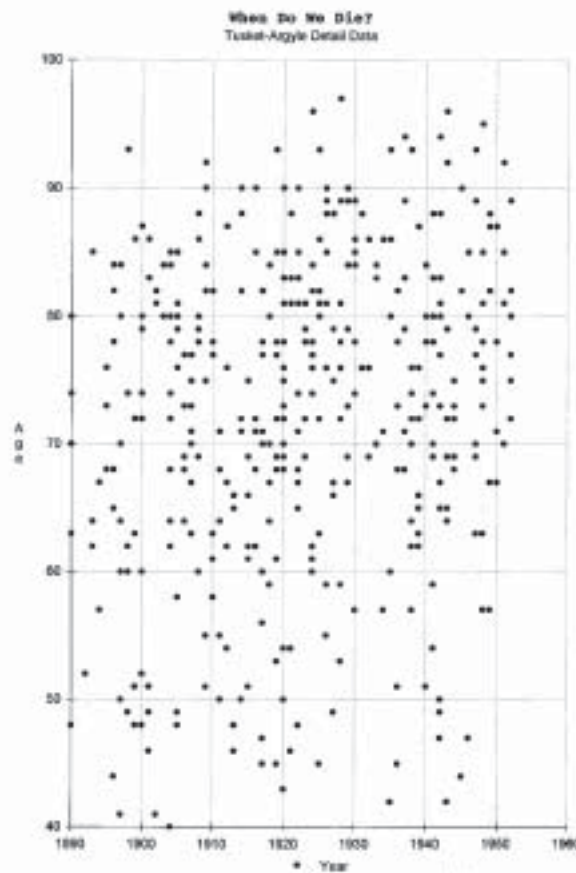
When Do We Die?



Health Care (CCHC) believes that the individual, as a consumer, has the fundamental right to choose appropriate health care. This is not even remotely the case. The whole of the health industry is supplier driven.

Consumer health groups that would refuse or reduce the consumption of certain drugs are portrayed as being composed of religious zealots, fringe elements, or disturbed individuals. Yes, the right to choose alternative religious belief was necessary. Yes, the right to an elected form of government was necessary. But, the right to be responsible for one's own health? — preposterous, we are told. Can you really believe that the suppliers of health services know what is best for us?

We have all been told just how unhealthy our grandparents and greatgrandparents were. Of course in my family history few individuals died before their 80th birthday but that is described as an aberration, a fluke. My neighbours all have stories of long-lived ancestry, too. Perhaps, says medico orthodoxy, it is just easier to remember the aunt who lived to 93 and could spit further than any man. How, prior to the advent of miracle drugs and surgeries, could our ancestors have even come close to living as long as we do now? We have the benefit of trillions (what comes after a trillion?) of medical dollars spent toward our health improvement.



When Do We Die?



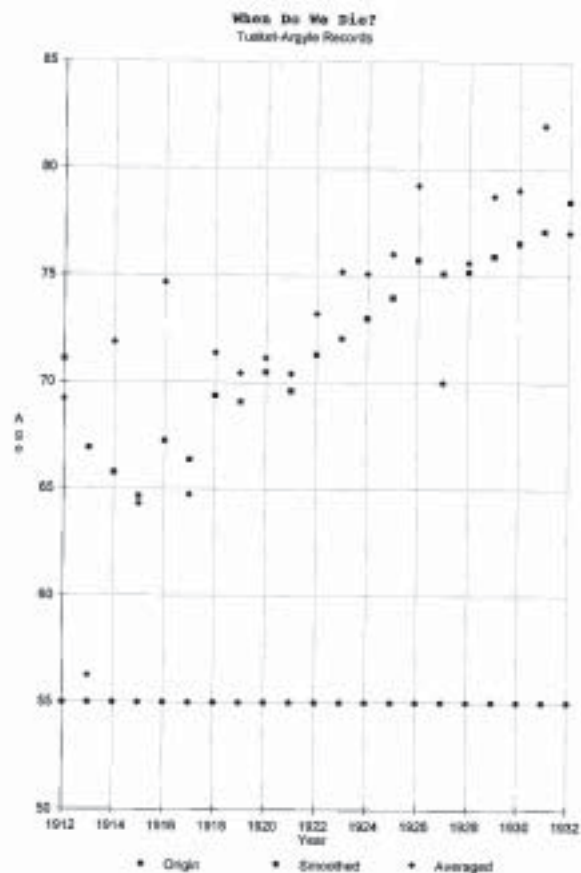
Without asking the “official” health authorities how long our ancestors lived, how does one determine what life expectancy was in “the old days”? We go to the historical archives and graveyards, of course. I went to one of the oldest areas in Canada, the Maritimes, and did my own analysis of just when our distant relatives died. Specifically, the ancient Tusket-Argyle area.

The above graph represents data from the old Tusket and Argyle cemeteries. They were all but shut down in the early 1950’s but it is evident that there was a bit of business for them once the population became established. The data is supposed to be a record of every death over the age of 40 years. You can see that one 40 year old in 1904 managed to get included. The 40 year age cutoff is arbitrary. “When we die,” is a question most relevant to the adult population. Also, stillbirth and premature birth statistics were as dubious then as they are now.

Just by using the eyeball guesstimation technique, we can see that our ancestors managed to live to a fairly good age. I would guess an average of about 75ish?

Was it Mark Twain that said, “there are lies, damned lies, and then there are statistics”? Or was it “liars, damned liars, and then there are politicians”? The graph shows a consistent and steady rising of the life expectancy age. The “origin” marker indicates that the data came from the historical archives. “Averaged” is just that—a straight average of the ages of death. “Smoothed” represents the results of a statistical technique (called a spline) which smooths over statistical peaks and valleys.

From this chart what would you predict life expectancy should be today?





What was the health scene like in the 1920's? During this time people had the choice of three major health care systems: regular, homeopathic, or eclectic (i.e. herbal). These systems of health care had their own schools for teaching. The distinct health care systems also had their own governing bodies with regulations for licensing doctors. The people were happy but the regulars (the medicos) were disgruntled because their system was the least popular and they were doing badly.

Enter a nasty twist of fate. Beginning in early 1920 the Rockefeller foundation showered 100's of millions of dollars into the establishment of regular medical schools. Rockefeller was, after all, a chemical industry giant. Carnegie also poured in similar sums of money.

A billion dollars today is a great deal of money. But in 1920, a billion dollars was enough to buy outright practically the entire medical establishment. By 1926 the last Eclectic medical school closed its doors for lack of sufficient enrollment. The Eclectics simply couldn't offer up the enticing labs and supplies that the Standards could offer. The Homeopaths merged with the Standards but within another decade had been whittled into non-existence through votes of the Standard majority in medical institutions. Standard-trained doctors became the norm and eventually legislated away the Eclectics with anatomy, laboratory, pharmaceutical standards that the Eclectics could not hope to match should they have had the desire to do so.

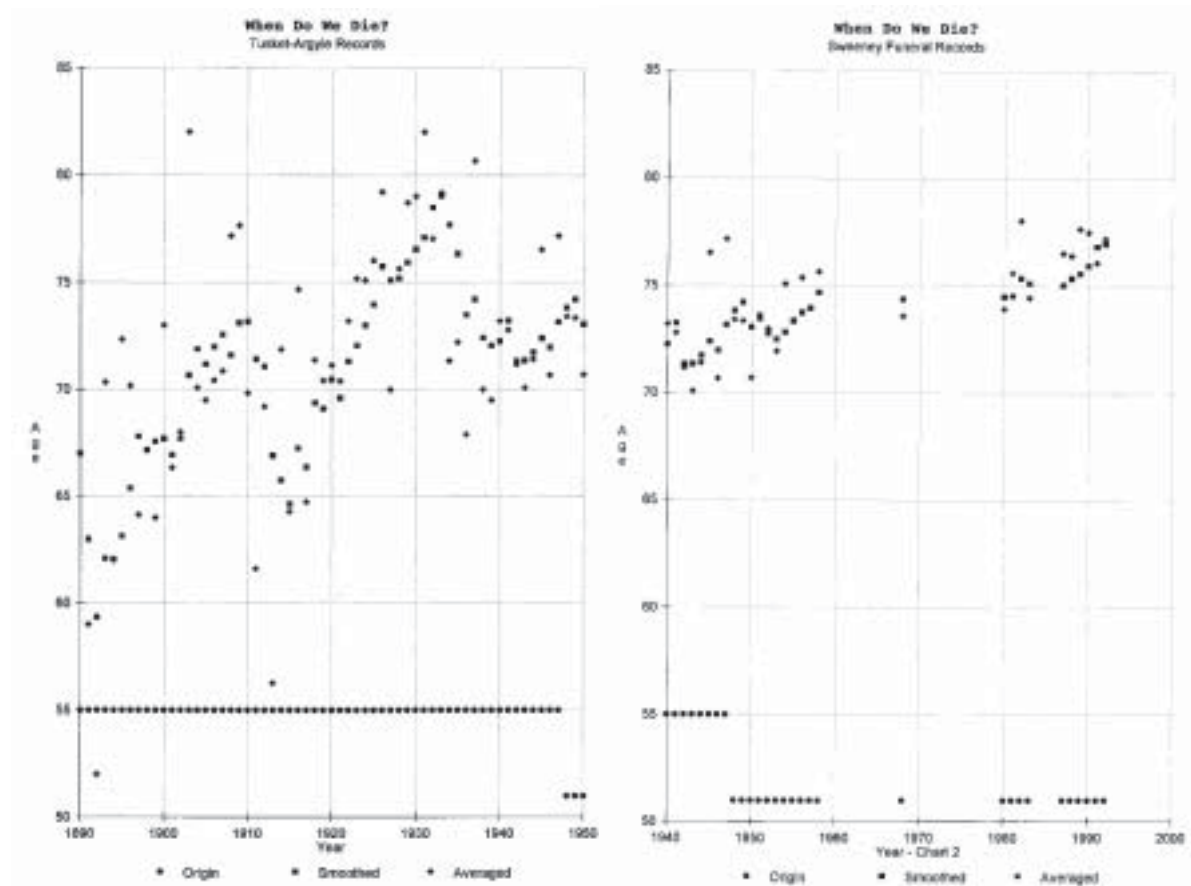
Alternative medical systems exist the world over and even in Europe where science was held in high regard modified forms of the Eclectic and Homeopathic systems still survive and are practiced. The Queen of England's primary physician is a Homeopathic practitioner. Europe is littered with health spas and resorts, and has a history of complementary medical practice (i.e. the different systems working together).

When Do We Die?



For cross-referencing (with the next graph) purposes the following is a history of 'major' medical drugs:

- 1910 '606' dioxy diamino arseno benzol dihydrochloride, a drug for sleeping sickness
- 1921 insulin for diabetes
- 1930's sulphonamide (coal tar) drugs to slow or halt bacterial growth
- 1935 Prontosil antibiotic
- 1939 Penicillin
- 1943 DDT and Streptomycin
- 1948 Tetracyclines
- 1950's tranquilizers, sedatives, stimulants, mood elevators, and immuno-suppressants
- 1960 Thalidomide a sedative



When Do We Die?

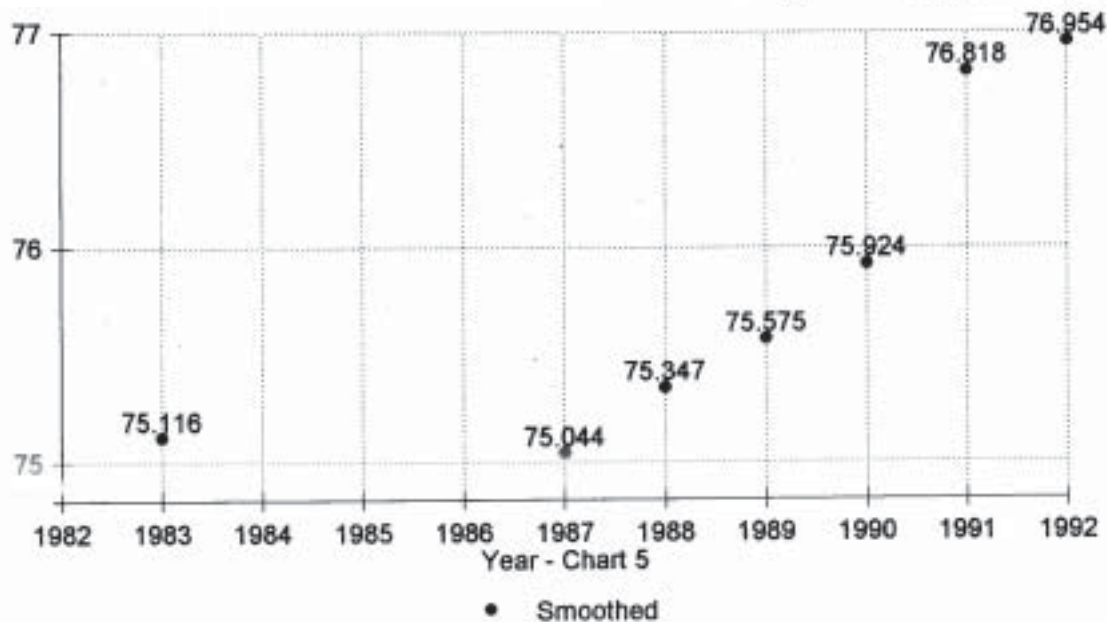
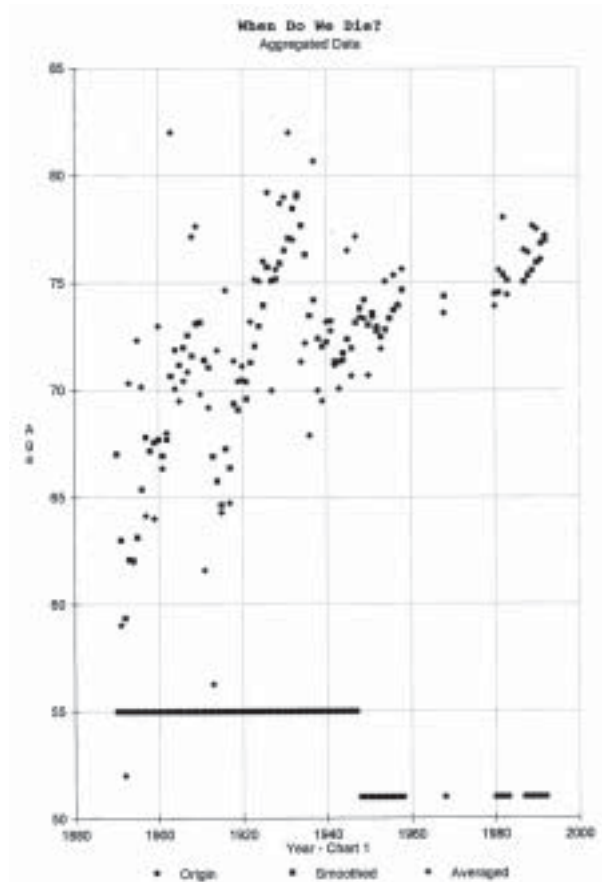


What factors could be inhibiting the life-expectancy age from rebounding back to the late 1920 early 1930 levels?

Thousands of deaths are represented on this graph. They have been averaged and smoothed in a common statistical manner. An expected 'jump' back toward health never materialized.

Perhaps the debate over how best to spend trillions of dollars toward the improvement of health, happiness, and home would be more in the limelight if consumers won control of their health care. Is poverty a factor in health? Education? Pollution?

The supplier-oriented (Standard) medical system states that data is poor and unreliable in the late 1920's. This argument is unacceptable. More to the truth of the matter would be that



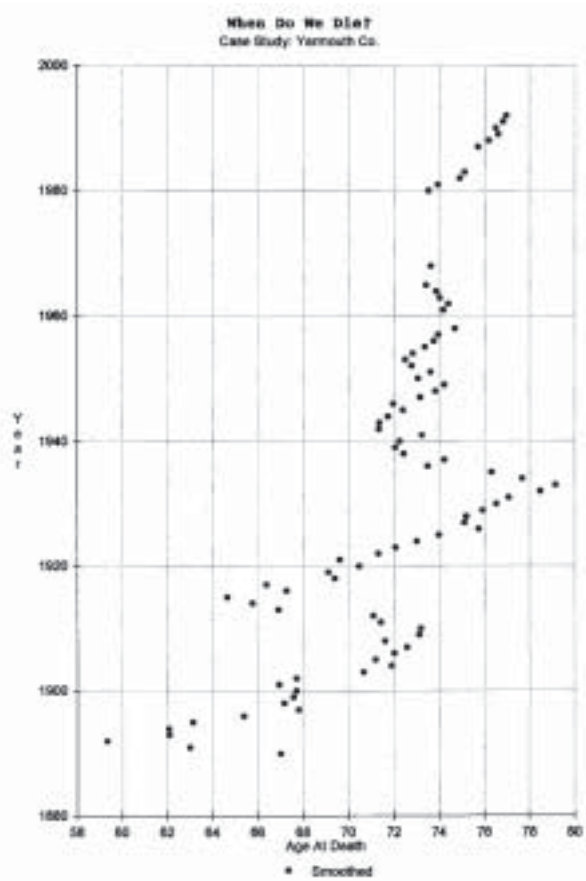
When Do We Die?



evidence undermining established medical thinking is summarily discarded.

What does an evaluation of the life expectancy age tell us about health care since the 1980's?

The only significant increase in life-expectancy age during the past forty years began in 1988 and is continuing according to my data and to government announcements. What is currently happening within our health care system that hadn't happened prior to 1988? Why is life-expectancy age increasing now at a pace almost unheard of before?

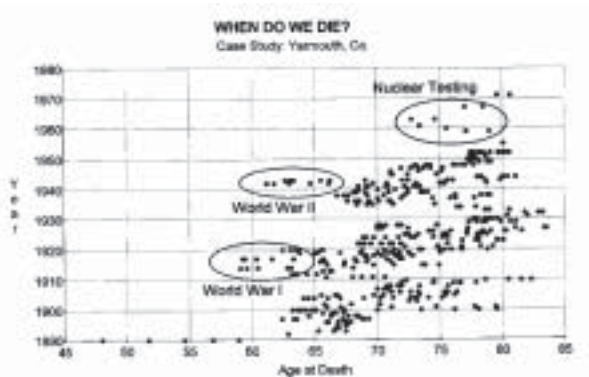


When Do We Die?



Let the case be made that life expectancy increases in an inverse proportion to the number of (Standard) doctor visits. Let the case be made that cutbacks in healthcare are beneficial to one's health. Let the case be made that drugs, antibiotics, and surgery, etc. are deleterious to health in the long term. Let the case be made that forty years of health-care cutbacks are responsible for the overall improvement of life expectancy in Canada. Let the case be made that suppliers of health care do not represent the consumers of health care. Where are the health-care advocates who will not dismiss such questions out-of-hand?

This article was submitted by Healer J. Mark Taylor, Medical Herbalist on behalf of the Arcady Holistic Clinic in Inglewood.



Perhaps we should be looking more at the indirect causes of death; after all, two of the four leading causes of death are medical mistakes and drug side-effects. There are also gross factors such as the environment and human dignity. Alternative health addresses these issues in patient health care. •

ARCADY HOLISTIC
CLINIC

Toxin Elimination
Programs

Phytotherapeutics
Sauna therapy
Colon hydrotherapy
Fasting
Food combining

Living Food Lifestyle Classes
(a diet to regain health)

263-6568

www.arcadyholistic.ca