

Confronting Magic, Mystical Thinking and Irrational Alternative Therapies

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"I maintain there is much more wonder in science than in pseudoscience. And in addition, to whatever measure this term has any meaning, science has the additional virtue, and it is not an inconsiderable one, of being true."—Carl Sagan, Astronomer, Cosmologist, Scientist, Author of Cosmos, Comet, Pale Blue Dot, Broca's Brain, The Dragons of Eden, The Demon-Haunted World (1934 - 1996)

"Science is nothing but developed perception, interpreted intent, common sense rounded out and minutely articulated."—George Santayana, Philosopher, Author (1863 - 1952)

"In science, 'fact' can only mean 'confirmed to such a degree that it would be perverse to withhold provisional assent'. The most important scientific revolutions all include, as their only common feature, the dethronement of human arrogance from one pedestal after another of previous convictions about our centrality in the cosmos."—Stephen Jay Gould, Harvard Biologist, Author (1941 - 2002)

"In science one tries to tell people, in such a way as to be understood by everyone, something that no one ever knew before. But in poetry, it's the exact opposite."—Paul Dirac, Nobel laureate in Physics (1902 - 1984)

"The effort to understand the universe is one of the very few things that lifts human life a little above the level of farce, and gives it some of the grace of tragedy."—Steven Weinberg, Physicist, Cosmologist, Author of "The First 3 Minutes" (1933 -)

We hear nowadays of many amongst us struggling to survive as family or general practitioners, some barely eking out a living by doing locums here and there. Many now regret having left the secure public sector, to be caught in a realm of 'doc-eat-doc' rivalry.

Even internists and physicians are entrapped in an ever more competitive environment of needing to find a special niche for their dwindling number of patients—with traditional catchment areas becoming more and more constricted year on year.

Many are now wondering if all they have been taught in medical schools, could be so callously reduced to faking a cynically if perpetually smiling façade, with manners so becoming that tension lines prematurely wrinkle and ache at the end of long dreary days.

We have been trying so hard to please and pamper our ever diminishing patients that we have lost some of the objectivity and authority that we have burnished for so many years.

Sometimes, we even let our patients, our clients and customers dictate what they expect of us to do, to test or even to treat. We bend backwards to accommodate silly and nonsensical concepts especially pertaining to alternative therapies, as if we cannot afford to challenge their version of distorted truths—thereby perpetuating the myths that alternative therapies are acceptable, although rationally and scientifically flawed, or worse ludicrous.

True, scientific medicine does not have the answer to every ailment, nor does it purport to cure all, but the rigors with which it is now tested again and again must give us some comfort that we can be corrected, proved right or improved upon.

The rigor of our scientific thinking and method must be that the best acceptable hypothesis be the underlying basis of our de facto system of truths. Not only that, every hypothetical model should regularly meet reality testing and

challenges, and must be capable of being debunked or modified when better hypotheses come to pass. Thus over the centuries, many of these hypotheses have withstood the test of time and experience, that they have become the 'realities' that we have now intuitively accepted as *proven*.

Thus, within modern medicine, misguided concepts and associated therapies can be and have always been discarded because of failure of repeated testing or of causing harm. Within this universally accepted scientific archetype, we have this inbuilt scientific process that self-corrects and improves—oftentimes through some fits and stutters—but always subject to the renewable process of fresh understanding, even more novel paradigms, however revolutionary. Change is inevitable, and we embrace newer, better models of medical and healthcare with a critical eye and rational mind that bespeaks our training and professionalism.

Conversely and unfortunately, this does not apply to complementary or alternative therapies. Alternative therapies seem to have lives on their own, once born or reborn, they self-perpetuate with a cancerous-like tenacity to metastasize and spread through word by credulous word of mouth... Their awesome power unfurled can be staggering, even beguiling, but nevertheless discomfiting.

Dregs of discarded and often long-debunked health or therapeutic techniques or beliefs are curiously re-hatched in newfangled packages to mesmerize the unwary-minded, and even the more educated and susceptible. Electrostatic or electrical stimulation, cupping, colonic washouts (modified from purging methods of old), ear-candling, yes even quasi-scientific mumbo-jumbo such as chelation therapy, ozone therapy, 100% oxygen therapy, etc. have been some of our more egregious examples of rehashing

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unproven and essentially non-beneficial health-related therapeutics!

However, the power of suggestion especially of readily-espoused 'magical' interpretation carries a persuasive charm that often finds their mark with believers who have a more simplistic take on life and health. Misplaced faith can be a very obstinate and unshakable mindset.

Our multifarious and multicultural belief systems in Malaysia also provide a rich haven for impressionable consumers and disingenuous purveyors of alternative thinking no matter how pseudoscientific or absurd. Unfortunately, this is made more acceptable due to the less salutary adoption and sometimes unwitting and inane endorsements by some of our public figures and role models...

Alternative practitioners are often armoured with ingrained denial and steadfast refusal to accept challenges to the contrary. Worse, they keep accumulating and re-hashing only positive testimonials and badly-designed studies of shaky statistical bases, with the unflinching fervour of zealots.

Thus, magical thinking pervades their concept of what is right and useful, with selective borrowings of so-called wisdom of the old and ancient, as if these have been cast in stone.

Inanimate objects, crystals, stones, and other artifacts including pakwas, coins, etc. have now joined the ranks of qi-giving ethereal healing or protective powers in a psychobabble of feng shui or geomancy. Masters of this occult paranormal thinking now flagrantly espouse their 'science' to further confuse us, as to its authenticity and influence, as if these have been proven to be indisputably correct just because they have been used by our forefathers, no matter that they, our forebears would have been too simple-minded to be 'scientific'.

Furthermore, inexplicably for these stalwart adherents, it is no matter that progress has shown these to be fallacious, outrageously impossible, and rightfully forgotten—hence their termed as antiquarian, antediluvian, antiquated, yes obsolete—meaning "no

longer in use or practice; discarded." Such little pockets of entrenched belief systems are the stuff of bigotry and zealotry which many of us are encountering these days—unshakable yet incredulous.

Unfortunately, modern science and medicine has not been helped by the interminable outpouring of Hollywood, Canto pop, or Korean-Japanese films of the supernatural and the fantastical, of demons, angels and ghosts, of mysterious ways, x-files and unexplained phenomena, of miracles, no less.

Dry and staid scientific facts and factoids find much smaller audiences (and then only among the convinced or the already converted!) despite efforts to spice up their delivery and comprehensibility. Our human mind almost always prefers the more extraordinary helpings to make our humdrum lives that little bit more exciting and pulsating.

Factitious needs created by advertising further complicate our cluttered and crowded minds. Our lay public and even some of our doctors sometimes get seduced by the lazy yet alluring attraction of what's newfangled and mystical.

Some of us physicians may be genuinely convinced of the potential benefits of some of these alternative therapeutics or be even persuaded by their anecdotal or pseudo-scientific bases. But more often than not, some physicians who dabble in these unproven and unestablished modes of healthcare are seduced by the power it gives us (medical professionals) to be attuned with what our patients or consumers want to hear or believe.

Some may adopt a loose and simplistic attitude that by being immersed in our potential patients' systems of beliefs; we can understand them better and help them in ways which may alleviate their ailments or sufferings. If we can speak and practise their local jargon, and yet make some money along the way, then our consumers may think us more in sync with their aspirations, so we think...

My personal take on this, is to ask our fellow physician to quit allopathic medicine altogether and revert full time

to these alternative therapies—be that modern day *sangoma* which African witch doctors have evolved, and enjoy the fruits of total immersion into this mystical world which we hear so often—that they do help some people. But please, please don't confuse the general public into equating scientifically proven medicine and healthcare with this arcane mish-mash of confusion and incongruities!

We must honestly ask ourselves whether such an attitude and deviation from our scientific upbringing makes sense or are they simply wishful thinking. In our attempts to placate the lure and simplicity of alternative therapies, are we not shortchanging ourselves and our future generation?

Are we not imperiling our scientific method and sense of becoming the quintessential modern man; that we should always aspire to rise a little at a time above that Weinbergian 'level of farce'? Are we not promoting backsliding into the Dark Ages of magic and mysticism, which beclouded our timorous advance as human beings for several centuries during those senseless epochs of obscurantism, inquisition and socio-religious irrationalism?

Let us take this end of year to reflect upon this and make a conscious effort to re-ignite our faith in modern scientific medicine.

Let's make it our right and responsibility to advance the scientific method and modern medical professionalism, and be courageous enough to stand up to the all-pervasive influences of mystical and magical thinking and start challenging and debunking these quackeries!

Consider what our founding father of medicine, Hippocrates (460 BC - 377 BC), has to say: "*There are in fact two things, science and opinion; the former begets knowledge, the latter ignorance.*"

Let *homo sapiens*—the scientific man, full of knowledge, wise, sagacious, discerning (Webster's Dictionary)—stand up and be counted!

[Dedicated to the memory of Dr. Carl Sagan, an avid advocate against pseudoscience. After a long and difficult fight with myelodysplasia, Sagan died at the age of 62, on December 20, 1996.] ■

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launching of a combined professional indemnity membership package next year is targeted at the new doctors. In this package, besides a significant discount, we want to make much easier for the application process.

One of my projects was to devolve more resources to the branches. This is to ensure that members do get some of the benefits of their subscriptions directly. Council decided that additional grants be given based on member recruitment. This will also change the way we report recruitment of members by the states at Council. Instead of absolute numbers, we will report based on the total number of practicing doctors as registered by the MMC. This will be fairer to the smaller states, since it will reflect the efforts on a proportionate basis.

The secretariat staff has also been instructed to treat members' complaints with greater sensitivity. We have some long serving members who have apparently been peeved at relatively minor issues and Council will make exceptions on a case to case basis.

PPS

During the last AGM in Melaka, FOMEMA was hotly debated and many members spoke of perceived ruthlessness in the manner of enforcing the SOP. The Council was mandated to seek a solution to the endless issues. As President, I undertook the responsibility of communicating with PPS and the management of FOMEMA to bring to the discussion table a fair understanding of each other's positions.

We managed to get an audience with the EPU. This was the first since the formation of FOMEMA in 1998. A slide presentation was given of the grouses of the GPs and the radiologists. At the same meeting, the employers' federation also gave their views in a separate closed door session as did FOMEMA.

Subsequently, I chaired a working meeting with FOMEMA which was held with the PPS. Prior to the meeting, I asked PPS to scrutinize the entire SOP and to indicate where changes were required. FOMEMA gave their feedback on their operations and the expectations of the MOH. Most issues were resolved quite amicably except for a couple which will be taken to a higher court of appeal with the MOH as chair. This meeting has just been scheduled for the 20th of December. Hopefully we will be able to achieve our aims.

The other issue that arose during this past six months is that of the monitoring of commercial drivers medical examination. A company had placed advertisements in the

print media asking for GPs to sign up with their panel. Many of our members rang up for the MMA stand. A press statement was issued in which we deplored the interventions of any third party. We also initiated a dialogue with the company. This was an exploratory meeting to understand their involvement and rationale.

In the meantime, I contacted the BMA and enquired of their role in this issue. I managed to download from their website various formats for the medical examination for commercial drivers. These forms were drafted for the use of the Department of Vehicle Licensing Authority (DVLA – or JPJ equivalent) and for GPs to look at various aspects of medical impairment. The general consensus is the MMA's work must be recognised and perhaps rewarded. We have asked to have a MOU with the company concerned so that we can provide expert technical and professional input.

Lately, many members want to reject this completely and not be involved in any way. However, we have seen how, despite the many protestations, such privatisation monopolies have been awarded regardless. It is also a fact that many doctors have already signed up to on this panel. I feel with us in consultation we can work for a better deal for the doctors, drivers and employers. We are also aware that if the MMA does not go in, there are other medical associations who might jump in and leave us completely out of the equation. I will leave this to the collective majority wisdom but this matter needs careful consideration by each private practitioner. Appropriate feedback to each branch PPS chairperson must be urgently sought.

SCHOMOS

SCHOMOS has been working behind the scenes. The office bearers seem to have a direct line to the top officers in the MOH. This has been due to the close links and cooperation in the past. Some concessions have been announced by the MOH which benefit the doctors. However, there is a realization that these are relatively minor tweaks which are only a short term measure. We need longer term solutions to address the brain drain AND the geographical maldistribution.

On example of the pull factor – Dr J, an anesthetist,

called me to inform me of the resignation of a couple of her cardiac trainees. On the surface it seemed routine. However, she explained that the expansion of IJN had made the situation more acute. The need for more trained staff at the corporatised heart centre has made the head hunters scout further and poach from the public hospitals.

SCHOMOS is planning a national workshop soon to address these and promotional issues for all government doctors. More information will be on the respective pages for these two sections.

Conclusion

Overall, these have been a very hectic six months both within and outside the MMA. There are many issues which however cannot be discussed here, but I can say that generally I am blessed with a hard working team of elected office bearers. These officers have dedicated many hours of their time to critically appraise issues and give fair judgment. In any great vessel, there are those who generate a great deal of noise and heat without much positive output. We need to minimise the interference from such members who seem bent on getting their way without much consideration of the greater silent majority. Much has been done and the ground work has been laid for other projects which I hope to get going soon once we handle some domestic issues.

My best warm greetings for the Festive Season and a Very Happy New Year to all.

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