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The Health Reformer

Many pediatricians don't tell parents to quit smoking

Results of a survey of California doctors:

“Quitting smoking is one of the best things a parent can do for the health of their child. Secondhand smoke can increase a youngster’s risk of respiratory problems, ear infections, and sudden infant death syndrome.

Parents of young children may see their child’s pediatrician more than any other doctor, so pediatricians are in a unique position to counsel these adults to quit smoking, according to Dr. Eliseo J. Perez-Stable and her colleagues at the University of California, San Francisco.

However, pediatricians are less likely to refer smoking parents to smoking cessation programs or to provide self-help material than family physicians are, the researchers report in the January issue of Archives of Pediatrics and Adolescent Medicine.

The survey respondents included 265 pediatricians and 235 family physicians in California. Compared with family physicians, pediatricians were more likely to feel that parents were not interested in quitting smoking, or that parents would ignore their anti-smoking advice.

Pediatricians were also three times more likely than family physicians to say they did not have the proper skills to counsel parents to quit smoking—a perception which prevented them from asking parents about tobacco use in the first place.

Overall, 37% of pediatricians and 41% of family physicians agreed that such referrals and counseling ‘would be time-consuming.’

‘Based on these findings, training pediatric clinicians to assist smoking parents to quit seems feasible and should become a priority for residency programs, the authors conclude. *HealthCentral, January 19, 2001*

“A physician who has the moral courage to imperil his reputation in enlightening the understanding by plain facts, in showing the nature of disease and how to prevent it, ...will have an uphill business, but he will live and let live. ...He will, if a reformer, talk plainly in regard to the false appetites and ruinous self-indulgences, ... (e.g., smoking).” *Medical Ministry, p.222*

Good news: US women prefer female doctors

“(Reuters Health) – Nearly half of US women report a preference for a female obstetrician/gynecologist (ob/gyn) while about 15% say they would choose a male doctor, results of a national survey reveal.

Younger women were slightly more likely to choose a

female doctor, the survey of US women aged 18 to 65 found. Indeed, more than half (53%) of women aged 18 to 29 said they prefer a female doctor, compared with 39% of women aged 55 to 65, according to the results released...by the American College of Obstetricians and Gynecologists (ACOG).

‘A lot of young women, as they transition from a pediatrician to a gynecologist, might feel more comfortable with someone their own gender,’ Dr. Frank Miller, past president of ACOG, told Reuters Health.

Older women, on the other hand, are probably used to seeing a male doctor because women have only recently begun to make substantial inroads into the field, he said.

Indeed, more women are choosing to become ob/gyns than ever before. Women account for more than two thirds of ACOG’s membership and 68% of all ob/gyn residents were female in 1999, according to Miller.” *HealthCentral, May 01, 2001*

Special Note: “...As far as possible lady physicians should care for lady patients, and gentlemen physicians have the care of gentlemen patients. Every physician should respect the delicacy of the patients. Any unnecessary exposure of ladies before male physicians is wrong. Its influence is detrimental.

...Never should a lady patient be alone with a gentleman physician, either for special examination or for treatment. Let the physicians be faithful in preserving delicacy and modesty under all circumstances.

...Women should be educated and qualified just as thoroughly as possible to become practitioners in the delicate diseases which afflict women, that their secret parts should not be exposed to the notice of men...It is a most horrible practice, this revealing the secret parts of women to men, or men being treated by women.

...Women should be thoroughly educated to work for women, and men to work for men...

Some medical men are unfit to act as physicians to women because of the attitude they assume toward them.” *Counsels on Health, pp. 363-365*

X-rated movies linked to risky sex among teens

“(Reuters Health) – ...While there has been much ado about media violence and its impact on young people, less attention has gone to whether

(Over, please)



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sexually explicit material sways teen's behavior, according to Dr. Gina M. Wingood of Emory University in Atlanta, Georgia.

In her team's study of 522 girls between the ages of 14 and 18, 30% said they had seen an X-rated movie in the past 3 months—a rate Wingood called 'really concerning.'

'We were just shocked,' she said in an interview with Reuters Health. The investigators did not ask where the girls had seen the movies, but Wingood said the findings should serve as a warning to parents that, despite age restrictions, many teens have no trouble finding X-rated films.

But more concerning than the number of teens viewing such movies was the real-life sexual behavior linked to it, the study authors report in the May issue of Pediatrics.

Wingood's team found that girls who had seen X-rated movies were more likely to have multiple sex partners and to have sex more often... 'Most important,' the researchers note, these girls were more 70% more likely to be infected with the sexually transmitted disease chlamydia.

...Teenagers are more vulnerable than adults to having their sexual attitudes shaped by the media. 'It's possible they are modeling what they see [in X-rated movies],' (Wingood) said.

X-rated movies are 'just one venue' in which kids are exposed to sexually explicit images, she said." *HealthCentral, May 09, 2001*

What about the impact of Internet X-rated material on teens? "Dr. Stephen Brockway, an audience member and psychiatrist at an addiction treatment center in Wickenburg, Ariz., said he's seen how the easy availability of pornographic photos can hurt some adolescents.

'It becomes a substitute for real interpersonal skills, Brockway said. 'That's scary.'

In an interview after the symposium, Brockway said he has patients who spend 10 hours at a time on the Internet.

'They don't eat, don't sleep,' he said. 'We call the Internet the crack cocaine of sex addiction.'

Brockway and Dr. Renee Lamm of Myrtle Beach, S.C., said they tell such patients to get rid of their Internet connections as the first step toward health." *HealthCentral, May, 09, 2001*

Some doctors are not examples of purity and self-control

The following illustrates how some doctors are not examples of purity and self-control (published in the *Limerick Leader Newspaper*):

"A secret smoking room used by consultants, nurses and doctors in the Regional Hospital is to be closed after the Limerick Leader told the Health Board about its existence.

Smoking is banned in the hospital and grounds yet for months some staff have been using the room in the new theatre complex for smoking.

Embarrassed Health officials admitted...that an 'unauthorized' smoking room existed without their knowledge.

Philip Power, chairman, non-nursing committee at the hospital said that 'consultants, doctors, nurses' were using a smoking room where he claimed noxious fumes were seeping into the corridors of the complex."

Limerick Leader (Online Edition), November 4, 2000

Why should all doctors be examples of purity and self-control? Answer: "Many come under the physician's care who are ruining soul and body by the use of tobacco or intoxicating drink. The physician who is true to his responsibility must point out to these patients the cause of their suffering. But if he

himself is a user of tobacco or intoxicants, what weight will be given to his words? With the consciousness of his own indulgence before him, will he not hesitate to point out the plague spot in the life of his patient? While using these things himself, how can he convince the youth of their injurious effects?

...How can he minister acceptably at the bedside of the sick and the dying, when his very breath is offensive, laden with the odor of liquor or tobacco?

While disordering his nerves and clouding his brain by the use of narcotic poisons, how can one be true to the trust reposed in him as a skillful physician? How impossible for him to discern quickly or to execute with precision!

If he does not observe the laws that govern his own being, if he chooses selfish gratification above soundness of mind and body, does he not thereby declare himself unfit to be entrusted with the responsibility of human lives? *The Ministry of Healing, pp. 133, 134*

Warning: Alcohol and the great outdoors don't mix

"According to a study by Dr. Torrey Goodman and colleagues from the University of Arizona College of Medicine in Tucson and the Southern Arizona Rescue Association in Pima County, half of the deaths that occur in the wilderness over a 13-year period were alcohol-related, Reuters reported...

...Researchers found that drinking increases the risk of death or injury for those in the wilderness. The wilderness was defined as desert, canyons, mountains, lakes, waterfalls, rivers, and caves.

'Many wilderness deaths are related to incidents, especially falls, involving alcohol use. Once the accident or injury occurred, the majority of deaths are immediate, or at least before the arrival of medical personnel,' said the researchers."

Join Together Online, March 12, 2001

Yes, alcohol and the great outdoors don't mix. Unfortunately, our society allows the liquor industry to influence our world in the opposite direction. Beer advertisements are constantly associating a good time in the great outdoors with alcoholic drinks. In other words, liquor propaganda unceasingly tells us: "If you want to really enjoy nature, make sure you take some beer with you."

"Let the danger from the liquor traffic be made plain and a public sentiment be created that shall demand its prohibition."

The Ministry of Healing, p. 364

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