

Blame the Patient

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Michael Cheikin MD
Holistic Medicine and Physiatry
www.cheikin.com 610-239-9901

The blame game is played out daily in the news, in politics, in advertising (blame Uncle Joe's genes for your need to take a medication for the rest of your life), and in our personal lives. "Scapegoating" is a transparently dishonest assigning of accountability.

The blame game is a way escaping responsibility. If it's someone or something else's fault, then we don't have to do the work. However, when we don't feel well, when our minds, bodies and spirits tell us that something has to change, blaming others doesn't really help.

Blame has two parts: 1) that something went wrong, and 2) that it's someone or something's fault—such as "Blame the bad weather" or "Blame your genetics". It's a strange verb in that it only indirectly places responsibility—can we really hold the weather or your genes responsible? Blame is like "accused", in that until there is a trial and a jury's decision, responsibility is not yet awarded.

Following blame comes "shame", which is both an action and an emotion, that someone did something wrong. Shame requires consciousness—shaming a baby or a pet has limited enforceability. Shame implies guilt. Due to the vagueness of blame, it's hard to escape the guilt that follows.

Blame and shame are used to "justify", which means "to prove or show to be just, right, or reasonable". In other words, in order for me to feel right, I have to prove someone or something else wrong.

The Blame Game in Medicine

In the early days of Medicine, the doctor was paid to keep the patient healthy; implying that if the patient got sick, the doctor was to blame. In the current system, especially with the malpractice situation, all efforts are to minimize responsibility. Patients sign documents that absolve their caregivers of as much responsibility as legally feasible; practitioners are required to clearly document the instructions that are given to patient, and when things don't go right, the patient, judged by the practitioner, to be "non-compliant". George Bernard Shaw wrote a play in the 1800's called the "Doctors Dilemma". In an accompanying essay, he pointed out the inherent illogic of the doctor acting as both the judge and the jury. If the patient improves, the doctor gets the credit, if the patient gets worse, then the patient is to blame!

The majority of our health care costs are spent on chronic diseases, including obesity, diabetes, thyroid, pain, heart disease, depression, anxiety, addictions (sugar, alcohol, gambling, cannabis, sex), and gastro-intestinal diseases. While the science is clear that up to 80% of these conditions can be significantly altered by change in lifestyle (nutrition, sleep, exercise, stress reduction, love, community), somehow we are failing to make significant dents in this trend, which has become global.

However, rather than blaming, or holding accountable, the corporations that benefit from these chronically "managed" conditions, which include the food, pharmaceutical, insurance, media and "healthcare" industries, we blame the patient, i.e. ourselves, for our failures. As compliant patients, we accept the judgment that we are at fault, and therefore must gratefully accept what little comfort is doled out in the form of genetic explanations, pharmaceuticals, and sick time.

"Collusion" is defined as "working with others secretly,

especially in order to do something illegal or dishonest". There is an implied collusion in our way of doing things, in that if we all agree to blame the patient, ourselves, then there is no conflict. We accept our guilt, take our pill and shut up.

Changing the Paradigm from Blame to Partnership

The first step in correcting this situation is to get honest about it. We have to recognize that much of our economy is fed by a huge health care machine. If we were to reduce this expenditure by 30%, we would have lots of funds to do other good things, but 30% of the industry would need to find other things to do.

Second, we need to get real about chronic disease. To blame a patient for not exercising enough willpower to quit smoking, eating or drinking is just bad science. There is NO data that shows that willpower alone is sufficient to achieve successful, long-term changes. 95% of weight loss is followed by a greater gain within 5 years. This is not a failure of willpower; it is an incompleteness of the model to explain why these behaviors occur in the first place. The recidivism rate for smoking, drinking and other addictions is similar, for similar reasons.

The third and most important and difficult thing to do is break out of the blame game. The way to do this is to catch ourselves blaming. The minute we find ourselves blaming someone, something, or ourselves, we need to STOP and ask the question: "What can I do to better understand and change the situation". 200 years ago, we blamed the gods for infection; now we understand that bacteria are a cause. The difference between blame and true scientific causality is that the latter is devoid of shame, of the attachment of "badness". No patient seeks help just to waste time or co-pays. We all have an inner voice that tells us that we can do or be better. We need to partner with ourselves, and our caregivers, to move forward, not to remain stuck in our ruts.

Other versions of "Blame the Patient" are "Blame the Doctor", or "Blame the Diagnosis", which are similar in their attempts to avoid responsibility. The current medical malpractice crisis is in part due to these games.

"Epigenetics" help us understand that genes are not that powerful⁴. Teaming up with the right partners and utilizing the right philosophy (similar to what is done in many of the successful 12 step programs) can enable us to move to a healing paradigm for ourselves as individuals, families, communities, and hopefully the planet.

IMPORTANT NOTES:

1. **This educational material may not be used to influence medical care without supervision by a licensed practitioner.**
2. These contents are ©2014 by Michael Cheikin MD and may not be reproduced in any form without express written permission.
3. Dr. Cheikin's website has related articles and references such as "Stress", "Baskets of Emotion", "Disconnected", and others.
4. Epigenes are the software that controls our genetic hardware.

Michael Cheikin MD is a holistic physician, Board Certified in Physical Medicine and Rehabilitation ("Physiatry"), Pain Management, Spinal Cord Medicine and Electrodiagnostic Medicine and licensed in Medical Acupuncture. Dr. Cheikin has extensively studied yoga, diet and metabolism, Ayurvedic, Chinese and energy medicine and other alternative modalities for over 30 years. He specializes in obscure, chronic and severe problems that have not responded satisfactorily to other methods of healing.

www.cheikin.com

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