

SB 608, SD1

Measure Title: RELATING TO MEDICINE.

Report Title: Physicians; Continuing Education; Nutrition and Lifestyle Behavior

Description: Requires the Hawaii medical board to set content standards for physician continuing education regarding prevention and treatment of chronic disease through changes in nutrition and lifestyle. Requires the board to disseminate information on the subject to physicians and hospitals in the State. Directs the board to assemble a working group to discuss nutrition and lifestyle behavior for the treatment and prevention of chronic disease at a board meeting before July 1, 2016. Effective January 1, 2050. (SD1)

Companion:

Package: None

Current Referral: HTH, CPN

Introducer(s): GABBARD, CHUN OAKLAND, SHIMABUKURO, Baker, Keith-Agaran, Ruderman, Slom, Tokuda

<u>Sort by Date</u>		Status Text
1/18/2013	S	Introduced.
1/22/2013	S	Passed First Reading.
1/22/2013	S	Referred to HTH, CPN.
2/5/2013	S	The committee(s) on HTH has scheduled a public hearing on 02-08-13 2:30PM in conference room 229.
2/8/2013	S	The committee(s) on HTH deferred the measure until 02-11-13 2:00PM in conference room 229.
2/11/2013	S	The committee(s) on HTH recommend(s) that the measure be PASSED, WITH AMENDMENTS. The votes in HTH were as follows: 5 Aye(s): Senator(s) Green, Baker, Chun Oakland, Nishihara, Slom; Aye(s) with reservations: none ; 0 No(es): none; and 0 Excused: none.
2/14/2013	S	Reported from HTH (Stand. Com. Rep. No. 318) with recommendation of passage on Second Reading, as amended (SD 1) and referral to CPN.
2/14/2013	S	Report adopted; Passed Second Reading, as amended (SD 1) and referred to CPN.
2/15/2013	S	The committee(s) on CPN will hold a public decision making on 02-20-13 9:30AM in conference room 229.

Testimony of John McDougall, MD

RE: Supporting SB 608, SD1

Aloha Chair Baker and members of the Senate Commerce and Consumer Protection Committee, my name is John McDougall, MD and I'm testifying in support of SB 608, SD1. I was trained at The Queen's Medical Center in Honolulu, Hawaii between 1972 and 1973. I worked as a sugar plantation doctor in Honokaa, Hawaii between 1973 and 1976 caring for 5000 workers and their families. I became a board certified Internist at the John Burn's School of Medicine at the University of Hawaii (1978). I practiced in Kailua and Honolulu until 1986. I currently hold an active Hawaii medical license (HA2297). I am also the author of a similar bill, SB 380, passed unanimously by both houses of the legislature in California in 2011 and signed by Governor Brown.

Thank you for allowing me to share with you my concerns about the lack of basic education on the subject of human nutrition by medical doctors and how this healthcare debacle can be fixed with the help of the legislative action.

Medical Doctors in the US (including Hawaii) know very little useful information about the diets of their patients. This is an extremely important paradox because over 80% of our chronic diseases are due to the foods we eat and almost all of these expensive troubles are benefited, and most times cured, with a change in diet. For example, coronary heart disease is due to the effects of consuming artery-clogging meat and dairy foods. Over 100 years of scientific research shows that changing to a traditional low-fat diet, like the rice and vegetable meals consumed everyday by Japanese and Filipino grandparents living in Hawaii today, will stop the chest pains (angina) and reverse the underlying atherosclerosis. However, all medical doctors in Hawaii recommend and many perform heart surgery at a cost of \$85,000 for angioplasty and \$105,000 for bypass surgery without recommending a serious remedy for their suffering patients. To compound the problems, heart surgery rarely saves lives, and every honest cardiologist will divulge this scientific truth to you, if asked.

The raging epidemic of type 2 diabetes in Hawaii is due to obesity, which is the result of switching from traditional rice- and taro- based diets of their ancestors to foods bought at Zippy's and McDonalds. Scientific research proves this condition is nearly 100% curable when people switch back to the traditional diets of the Japanese, Filipinos, and Chinese or the first inhabitants of Hawaii, the Polynesians (taro and breadfruit). In Hawaii these days the cost of treating a single case of type-2 diabetes with shots and pills is \$3000 annually, until the blindness, heart disease, and kidney failure develop, then the medical bills exceed hundreds of thousands of dollars each year. Worse yet, all the best intentions of medical doctors to help their patients by making the blood sugars lower with medication increase obesity, heart disease, hypoglycemia and death. There is something seriously wrong.

Honestly, the cause and cure of chronic disease is no more complicated than the easily observable fact that people thrive on diets of potatoes, rice, corn and beans; and when they switch to the diet of Kings and Queens (from poi to pigs), they become fat and sick. Furthermore, the expensive drugs and surgeries do not prolong or improve people's lives in almost all cases. Most doctors know the latter: the failure of modern medicine, but they do not know the simple solution – how to fix for the problem.

The reason for this lack of basic medical knowledge is that human nutrition is not taught in medical schools. Even the progressive John Burn's School of Medicine at the University of Hawaii fails to address diet therapy for all practical purposes. Why such an obvious oversight? Economics.

The money is in procedures, pills, and hospitalizations. This is not a conspiracy. Medicine is a business. Students have no financial reason to learn how to push better eating. Under the current set of medical insurance reimbursement rules few doctors could keep their office doors open teaching people how to eat well. During the typical 7-minute office visit the doctor has barely enough time to write a prescription. There is no economic incentive to change. And that is why the Hawaii state legislators must act.

You all personally know I am not exaggerating the problems. How many of you have visited your doctor with dietary diseases like obesity, type-2 diabetes, elevated cholesterol, hypertension, arthritis, gout, multiple sclerosis, and/or chronic constipation and received strong encouragement and an effective education on changing your diet? My guess is none. You received a handful of pills and a few flimsy excuses. We can do better.

I recommend the following be considered to remedy a situation that is causing unnecessary human suffering and bankrupting the economy of Hawaii:

First, legislation that requires John Burns School of Medicine to teach courses in diet-therapy would be required. Any nutrition education now taught at this highly respected medical school is so irrelevant and superficial that no student can help his or her patients by better eating.

Second, legislation requiring continuing education classes on diet-therapy must be passed for relicensing of all current doctors. (A 14-hour course seems practical). This relicensing requirement has precedent. In many states deficits in doctor's knowledge are fixed by legislative action requiring continuing medical education for relicensing on subjects of HIV infection, pain management, and end-of-life care. All these problems pale in economic impact and suffering compared to what is caused by bad diets.

Third, reimbursement by medical insurance companies would be changed with legislation so that the doctors who teach healthy diets and lifestyles are financially rewarded for their time-intensive efforts.

Fourth, an expert committee consisting of doctors, scientists, attorneys, educators and members of the general public would be formed in order to evaluate the effectiveness of current therapies. The findings of this committee would be widely disseminated to the public and professionals. Furthermore, when practices of prescribing dangerous and ineffective treatments are discovered, financial disincentives would be enacted.

Thank you for your attention. I would have attended this important meeting in person except for prior commitments that could not be changed.

John McDougall, MD

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