

SB608
TESTIMONY

**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2013

Friday, February 8, 2013
2:30 p.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON SENATE BILL NO. 608, RELATING TO MEDICINE.

TO THE HONORABLE JOSH GREEN, CHAIR,
AND MEMBERS OF THE COMMITTEES:

My name is Danny Takanishi, M.D. and I am the Chairperson of the Hawaii Medical Board ("Board"). The Board has not had the opportunity to review this bill but will be discussing it at the next Board meeting on February 14, 2013. Therefore, it is not able to take a position at this time.

Thank you for the opportunity to provide written testimony on S.B. No. 608.

Testimony of John McDougall, MD

RE: Supporting SB 608

Aloha Chair Green and members of the Senate Health Committee, my name is John McDougall, MD and I'm testifying in support of SB 608. 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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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: HARRISMDW001@hawaii.rr.com
Subject: Submitted testimony for SB608 on Feb 8, 2013 14:30PM
Date: Thursday, February 07, 2013 9:21:04 AM

SB608

Submitted on: 2/7/2013

Testimony for HTH on Feb 8, 2013 14:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
William Harris, M.D.	Individual	Support	No

Comments: Our 3-4 trillion dollar US medical budget is generated primarily by chronic, preventable and even regressible disease, not by accidents and trauma. Since there is a now a massive scientific literature supporting a plant based diet as the solution to chronic disease, and since many health practitioners are barely aware of it, Continuing Medical Education should set at least minimum requirements for the study of that literature.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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