



**EPISODE 826**

# **ATTENTION: Medical Error is a Leading Cause of Death in the U.S.**

**With Guest Dr. Marty Makary**

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**SHAWN STEVENSON:** This is one of the most important studies of our lifetime, but most people have never heard about it. A study published in the BMJ, one of our most prestigious medical journals, was titled "Medical Error, the Third Leading Cause of Death in the United States", and the author of this study is our guest today. Dr. Marty McCary is a professor at the Johns Hopkins School of Medicine and two time New York Times best selling author. He's a leading voice for physicians in the Wall Street Journal, the New York Times, and the Washington Post. Dr. McCary has been a visiting professor at over 25 medical schools and has published over 300 scientific peer reviewed articles.

As a public health researcher, he served in leadership. at the World Health Organization and currently leads the evidence based medicine and public health research group at Johns Hopkins. In this conversation, we're going to be discussing some of the biggest blind spots in modern healthcare so that you can know when medicine gets it wrong and what it means for our health. And most importantly, how to be empowered And making decisions for your health and for your family's health moving forward. Let's dive into this conversation with the incredible. Dr. Marty Makary.

**DR. MARTY MAKARY:** Great to see you Shawn.

**SHAWN STEVENSON:** Thank you for coming to hang out with us.

**DR. MARTY MAKARY:** Thank you, man. This is great.

**SHAWN STEVENSON:** I'm so excited to talk to you as we've already been talking before we got started, but you are addressing some of the biggest blind spots in our modern healthcare system. And some of these things are so blatant once you realize them, but they're called blind spots for a reason. And I'd love to just get an overview of what inspired you to create this new project.

**DR. MARTY MAKARY:** I think we all see things in medicine that don't look right. questions that are not asked that should be asked. We see cancer rates doubling, chronic diseases expanding every day. We see the cost skyrocketing. We see patients get price gouged and even predatory billing when they come in. We see the average age of puberty going down. We see comments like opioids are not addictive for 30 years and then a sudden reversal. And we're not asking the questions. We're kinda taught in the culture of medicine. Look, I love being a doc. I love being a surgeon. I love being a public health researcher, but we're kinda

taught in subtle ways to put your head down. And just do your job and we're stamping out disease. We're playing whack a mole.

That's our job. Yes, there are these bigger questions, but a new generation of doctors now are saying, I'm not doing this. The system's broken. I'm done. Why aren't we talking about treating more diabetes with cooking classes instead of just throwing insulin at people? We got the most over medicated generation in the history of the world. Why aren't we talking about sleep quality instead of just throwing antihypertensives at people when they come in with high blood pressure? Maybe we need to treat more obesity in children with talking about school lunch programs, not just throwing, putting everybody on Ozempic. So there's a movement now to talk about food is medicine and general body inflammation, and how connected the body is. And instead of having all these silos of little whack a mole reflexes on the back end to treat diseases, there's enough people now saying, this is not working. Maybe we need to talk about environmental exposures that cause cancer, not just the chemo to treat it. There is this exciting revolution, and there's incredible new research.

In these so-called blind spots, of what I call the blind spots of medicine, amazing research that's solid, but it's not getting primetime attention. Even among doctors, when I tell them, Hey, did you see this new study out of the Mayo Clinic? They're blown away by it and just, how did I not hear about this? We all live in these little subspecialties. At some point, we have to look at the whole person, the entire body.

**SHAWN STEVENSON:** Yeah. It was just two years ago, the CDC published the most recent data on chronic disease in the United States. And they denoted 60 % or 6 out of every 10 American adults now have at least one chronic disease, right? So again, the rates of chronic diseases just continues to go up and the paradox is that we spend far more money on healthcare than anybody else on the planet. There's something that is not matching up here and that's really what I saw in your book again, and again, and again. You were like, Filling in those holes.

Like, how is that happening? How is that happening? And not only are you sharing the big picture, but you're sharing individual stories. And so those really hit me hard as well. Now, before we dig into some of that, I want to talk about a study that you actually had published. It was published in the BMJ, and this was around 2016. And this was looking at the leading causes of death in the United States. And a lot of people are simply not aware that, again, We have some, we have an amazing healthcare system for certain things.

**DR. MARTY MAKARY:** Yeah.

**SHAWN STEVENSON:** But there are also certain things that are not, as we already talked about, that are not lining up as they should be. And there's also what we would call sometimes, unfortunately, collateral damage. That's being done because of the treatments and not addressing the underlying cause of this epidemic of chronic diseases. Can you talk a little bit about that study and also just unpack what we need to know about in regards to this new data?

**DR. MARTY MAKARY:** Yeah. First of all, you're absolutely right. We have this incredible healthcare system that has gotten tunnel vision and is now become tribal to the point where for certain things were amazing. If you get shot in the chest, you want to be by an amazing American hospital and you will see a tour de force of scientific might and responsiveness and altruism, like it'll blow you away. But if you come in saying your belly hurts chronically, we don't know what to do. We're scratching our heads. If you say what foods are better for your microbiome or to reduce low inflammation in your body. We don't know what to tell you. We're come are all of our sophistication has a monkey wrench and we're stalled.

And there are these big topics we're not talking about that we need to be talking about. And one of the things our research focuses on, because I've done everything you're supposed to do in academic medicine. You get the promotions, you get tenure, you go to the conferences, you publish the articles, you get the awards, you go to the, get admitted to the National Academy of Medicine and all the accolades and you realize, It's meaningless. What's important is what has an impact on the health of the population. The questions they're asking are not the questions we're talking about in our little medical circles. They're asking, how do I prevent cancer? How do I feel better? How do I get of, what's the alternative to these op medications that you're putting me on?

That's what people are thinking about. So there's this disconnect. So we repivoted our research effort at Johns Hopkins. My team focuses on people say, why is it you're working on opioids and now you're working on COVID and you work on costs and billing, and you know what? We work on the big topics in medicine that we're not talking about that we need to talk about.

And one of those has been people who are harmed, not from the illness that brings them to care, but by the care itself. Falling through the cracks, medical errors, people not being properly informed about their options, medical mistakes. And it's not that doctors are bad people. Every doctor I know is trying to do the right thing. We're always trying to do the right thing. It's a broken system. We have good people working in this bad system. It's not a system we designed. It's a system we inherited and it's broken. It's a joke. Healthcare is a joke. And so we've got to take a step back. In that study, the BMJ study, we actually reviewed the literature

to find out what is the best estimate of people dying, not from the disease or illness that brings them to care, but from the care itself.

And we found that the estimate was somewhere around it being people dying of, let's call it, medical error. The third leading cause of death down to the ninth leading cause of death. It's somewhere in that range. The estimate at the time put it closer to three. We don't know where it really is because we don't have great studies, but we don't do any research on this topic. We don't talk about it. We ignore it. It results in mistrust. People don't trust us. And so we had a debate in the medical field and I think there was a survey that was done nationally after our study because it created a bit of a discussion. We like to push the field. It's good. It's healthy. Controversy can be good. And so a third of U. S. physicians said yes, they believe this from their own observation. I absolutely believe medical error could be the third leading cause of death. A third of doctors said they just don't know. And a third said they were skeptical. That debate was going on and on.

And then, a year later, it comes out that the number one cause of death in the United States for people under 50 is an opioid prescription from a doctor. And that kind of ended the controversy, right? Because there are all these unmeasured things that can actually harm patients. And it's again, dogma. The dogma that opioids were non addictive ignited the opioid crisis. The dogma that you had to avoid peanuts in the first few years of life ignited the peanut allergy epidemic. The dogma that the food pyramid, coauthored by the food industry, was healthy, helped usher in this refined carbohydrate addiction. So we got to take a step back and actually ask one big question sometimes in medicine we don't ask. Could it be that many of our major health crises have been caused by or hastened by the hubris of the medical establishment itself? Putting things out there with such absolutism, when it's just an opinion or a gut feeling of a small group of people at the top.

And so we're starting to see that change now. It used to be the medical elites, a small group of people at the top could make the decisions for everybody. Everybody needs to do this and you must obey. Now we're seeing smart doctors on podcasts. They're out there. They've got Vinay Prasad, Peter Atiyah, Casey Means. We're seeing other people now saying, "hey, wait a minute. You're saying this. I got another opinion." Here's a blind spot that hasn't been in your calculation. And that's healthy, right? That this is good. This is the civil discourse we've needed and people are starting to see it. After COVID, some people feel like they've been lied to by public health officials. And so now they have some distrust and other docs are saying, no, look, I'm proud of the profession. It's a great profession. You heard one opinion. Turns out there were two opinions.

**SHAWN STEVENSON:** Yeah. Yeah.

It's very interesting because there are other researchers that were finding it difficult as well to track what are the leading causes of death because it's not accounted for in the same way that other things are, right? And one that jumps to my mind was the EJS Center for Ethics at Harvard, they again, the researchers disclosed. It was very difficult to come upon these estimates, but they found it was somewhere around 100, 000 to 128, 000 deaths per year, largely from properly prescribed medications, right?

And of course, there were errors sometimes, there were overdoses, but Largely from properly prescribed medications. And that should even if the estimate is just an estimate. If it's even in that ballpark, it should immediately raise some eyebrows, and for us to let's look into this. And that's what you're doing saying, we just can't sit by and let something like this happen without looking into it. And so can you talk a little bit about why it's so difficult to track deaths if they result from medical care?

**DR. MARTY MAKARY:** First of all, the NIH in their wisdom has decided what's important for medical science to study and what's by default not important. Food is not important. Sleep quality not important. It's just not on their radar the old school belts and suspenders professors at the NIH established these silos of kidney research and coronary artery lipid research. And we have not had good studies on these big topics that we need research on. So we're using estimates. We're using a survey of physicians, asking them what they think. It's very hard to do research around some of these big issues. We did a study asking 2000 U. S. physicians nationwide, what % of medical care is unnecessary in your opinion? The average number, average response was 21 % of, it was like 26 % of the prescriptions, 24 % of the diagnostic testing, 11 % of the operations that we do.

Now, when you have people on the front lines of the biggest business in America telling you that one in five services are entirely unnecessary, that is a, that's a signal. That is, they're sounding the alarm. But again, you're told, put your head down, do your job. In subtle ways, right? And we got too many people picking up their paycheck every two weeks not speaking up. And that's starting to change. And that's good. That's healthy, right? We've got to start to examine, what are we doing? If by any metric, we're failing. And we've blamed it on patients telling the public, you're not complying, you're not listening! Like the peanut allergy, you're not complying with our guidance. You know what? No. Maybe we've been giving them the wrong information.

**SHAWN STEVENSON:** I want to talk about peanuts but first, in that research from the EGS, Center for ethics at Harvard. They did note after they had that estimate of how many folks unfortunately lose their lives from largely properly prescribed medications that the FDA does not acknowledge this number because of how things are coded in the billing. Can you talk just so share that particular piece?

**DR. MARTY MAKARY:** So here's the deal with the coding is that when you fill out a death certificate. You probably don't, you haven't done this but I've done this probably more times than I care to admit. You fill out a death Certificate and it asks you what is the primary and underlying cause of death? You use your best judgment and whatever you put in that line has to peg to a billing code so it gets tracked in the national system, the National Center for Vital Statistics. If you trip over the cord to the ventilator and the patient dies, what do you put in that line? So medical mistakes, and I'm not saying that's the primary form of mistake, but we have all forms of medical mistakes, undertreatment, overtreatment, normal complications from things that should have never been happening in the first place.

People falling through the cracks. The opioid epidemic was a little peak, and that was a hundred thousand people a year dying mostly from getting a prescription they should have never gotten, or a dose too high. I was part, I'm guilty. I did that during the period of that dogma. The problem with our national vital statistics and that rank order list of the most common causes of death is That's using billing codes to populate those causes and not everything has a billing code. And the reason that's important is that the national list of vital statistics every year that's published, informs all of our funding and research and public health priorities. So if it doesn't have a code, it's not getting the research dollars it may deserve.

**SHAWN STEVENSON:** So a physician can't easily say it was something that I did wrong, potentially, or a colleague did, the billing for that isn't something that's easy to do.

**DR. MARTY MAKARY:** What if, what if you feel, and I've felt this in the past, this patient had a terrible complication looking back. They probably never should have had that operation. They were too high risk. The indication was borderline and they were pushing for it, but we should have been firmer and saying, no, you don't need this. Antibiotics are given out like candy in the healthcare field. We're creating a massive superbug resistance epidemic. It's already started. And we're carpet bombing the microbiome. It's having all kinds of effects that we can talk about. But we have to recognize that sometimes the right answer to the public is, we don't know. And that's good. That's okay. That's humility. That's what people are hungry for right now.

**SHAWN STEVENSON:** Speaking of hungry, peanut butter is pretty delicious. And you talk about this crazy thing that again is a very recent occurrence in the human story that suddenly peanuts are a very big threat to a lot of people's lives. And you break down what happened because again, if we jump into DeLorean and go back, a hundred years, this just wasn't so. Something happened along the way. And can you talk a little bit about this explosion in peanut allergies?

**DR. MARTY MAKARY:** The DeLorean thing's got me cracked up a little bit because my name's Marty and people always said, ah, you got that Marty.

**SHAWN STEVENSON:** Of course! I immediately thought that.

**DR. MARTY MAKARY:** So I knew you got good instincts. So here's the thing. A good example of when we put out the wrong information, then blamed the public for not complying with our guidance, and then failed to apologize when we realized we had it totally backwards. Was the guidance 24 years ago from the American Academy of Pediatrics that kids should avoid peanut butter or peanut products in the first 3 years of life in order to prevent peanut allergies.

But they got it perfectly backwards. They forgot about immune tolerance. Kids need to be around these allergens and other substances, so their immune system recognizes them and they tolerate them later in life. And so the peanut abstinence dogma went on for 15 to 17 years. It was only corrected about eight years ago with a proper study that should have been done back when they put out the recommendation. If you're going to put out a big recommendation with such absolutism, do the study first. Don't just shoot from the hip and give the public your opinion, suggesting that it's scientific evidence. That's a big problem. By the way, it's a theme in medicine, not just in peanut allergies. So the U. S. Has a peanut allergy epidemic that was ignited by this bad recommendation. And as the peanut allergy rates went up in the years following the recommendation, what was their response? People are not complying. We got to get more moms to avoid peanut, total peanut abstinence. No peanuts for your kids.

And this little 1, 2, 3 thing got read off to every mom in the country by their pediatrician. Hey, here's an easy way for you to remember it. At age 1, you can introduce a little bit of milk. At age 2, a little bit of eggs. And at age 3, they can start Maybe having a little bit of peanut butter. You know what? They got it totally backwards. They sensitized the immune systems of a generation. We have an epidemic. We started seeing these severe reactions. People showing up in the emergency room just because they're near a peanut. They didn't even consume it. Their immune system is that sensitized. We'd blame them.

We'd mock these people. Their life is hell because of this Man made manufactured crisis. Now, there were peanut allergies before, but it took off, it ignited with this dogma. And it took them 15 to 17 years to really correct it, and they didn't really come out with the same vigor and absolutism to say, we got it wrong, we feel terrible, we gotta correct the record, people need to know the right thing. No. It faded out. Like after they put out the broken food pyramid, it just faded out, hopefully nobody changed the subject. People deserve an apology.



This is a problem that does not exist in Africa. They have a little bit of peanut that they put in the soup that they feed to infants and people need to know the truth because the truth is.

Now it's emerging with new studies. You want to introduce a little bit of peanut butter as soon as a kid can eat at four months, five months, six months, seven months. As soon as the kid can eat, not to replace breast milk or whatever oral intake there they have, but introduce it on the side. And the smart pediatricians that I trust, the, those who understand immunology say, they also recommend a little bit of milk, a little bit of eggs, a little bit of, Get them around dogs and cats. Parents had known about this for centuries as the dirt theory. And there was actually wisdom in that. And so that's what people need to know about. It's a good example of where when things started going wrong, essentially from a bad medical dogma from the medical establishment, They beat on people to be more compliant and the reality was they were being given misinformation.

**SHAWN STEVENSON:** Got a quick break coming up. We'll be right back.

It's time to get your metabolic oil changed. There's a specific oil that's been found to positively alter your metabolism. And researchers at Yale university published data reporting that medium chain triglycerides MCTs can readily cross the blood brain barrier and be utilized by our brain cells. So this translates to more energy, but also MCTs are absorbed more easily by other cells of our bodies as well. Medium chain triglycerides are smaller, so they can permeate our cell membranes. And don't require the use of special enzymes in order for our bodies to utilize them. The result is more efficient energy.

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This is something we talked about before the show, the opportunistic angle of a lot of these things. And you shared how there was like price gouging taking place with the pharmaceutical industry with these EpiPens, for example. Can you talk a little bit about that?

**DR. MARTY MAKARY:** First of all, pharma is controlling research. They're deciding what we're allowed to do as doctors in terms of our research studies, because there's no money in some of these other questions. Who's going to fund whether or not we should be cutting the frenulum under the tongue of newborns, either routinely or in select for kids with foreshortened tongue. It's the wild west right now. You've got some people are cutting the tongue, the frenulum under the upper lip and they're saying, Oh, it helps with speech and sleep apnea and breastfeeding.

You don't know. Okay. This is an opinion. You're putting it out there in front of people representing a misrepresenting it as scientific based. We need a randomized trial where if you're going to start cutting a kid's mouth. Which by the way, some kids don't breastfeed because they're in pain afterwards, so it goes both ways. I'm not saying there's not an indication for it. The doctors I respect say there is a rare indication for it. But this desperately needs a randomized control trial. Who's going to do it? Pharma? Fat chance. The American Academy of Pediatrics? Nope, not in their scope. NIH? Nah, not in one of their big silos.

And so you have these practices in modern medicine that linger for decades. In this Bermuda Triangle of science where there's no evidence to support it and we do it and the dogma takes on a life of its own. So you were asking about the role of pharma and price gouging. When the peanut algae epidemic got bad, there were price gouging on the EpiPens, and every school had to have it. You had a point where 1 in 18 kids had a peanut allergy in America. Some so severe, they had to ban peanuts in the school altogether. You had world health organizations trying to, non profit groups, trying to address world hunger with peanuts, which are an amazing source of protein, they're cheap, they store well, you can transport them.

But the dogma from the American medical establishment, and that of the UK, basically was like, you can't do this. They did it anyway. To this day, a modern day scandal is the WIC program in the United States does not cover peanut butter for infants, a remnant of this old dogma. So people need to know the truth and they need to know that a lot of the research is driven by pharma and it's not in your best interest. It's in their best interest.

**SHAWN STEVENSON:** Yeah. Yeah. Thank you for sharing that because a lot of people still unfortunately don't realize this. And I'm so grateful that we have these systems of checks and balances, but sometimes things can get distorted. And one of those that we're seeing right now is the FDA is largely funded by pharmaceutical companies. You know, and this is disclosed I even when I learned some of these things I go to the source. And it's right there in plain as day on their own website, the FDA, that about 75 % of their scientific review budget is from drug companies about 50 % of their budget overall. So we're talking the tune of billions of dollars have been given from pharmaceutical companies to the FDA.

Now, this was under the guise of, we need more funding so that we can get more things reviewed, and we can get more drugs out to the population who needs them. And so there's this thread of Altruism.

**DR. MARTY MAKARY:** Yeah.

**SHAWN STEVENSON:** But then again, what happens is these things get distorted and it becomes so profit driven. And also there's been this remarkable revolving door of people who are running the FDA or working at the FDA that are working for drug companies and just sharing this insider knowledge. It's just and so much money is just getting funneled into things that, and here's one of the most shocking things, is that a lot of the new drugs. The vast majority of them are not better than the drugs that already exist, you know. They just go out of that's right, their patents or whatever the case might be. And it's just like this revolving door of money going into the hands of people that we don't even know.

**DR. MARTY MAKARY:** Right, and we don't, it's not like people ask me is the FDA too lax or are they too strict with their approvals? I would say they're too erratic And they're vindictive. The FDA was caught spying on some of their own staff with spyware after they got fired. And it was a big scandal and it went away in a day, but the FDA is known to be vindictive. They've got, I think it's 18, 000 employees. Do we need 18, 000 employees at the FDA? The forever cry of the bloated administrative state is to say, we need more funding, more funding, more funding. We'd heard this from the CDC recently. I testified next to the CDC director during COVID and they said, we need more funding. I was, you know what I said? You had one Johns Hopkins grad student create a website to track COVID for the world.

The Johns Hopkins COVID tracker. You've got nearly 20, 000 employees and you couldn't do that? What's it take to put up a website? 40, 000? 50, 000 employees. And so sometimes we don't need more hiring power. We need firing power and we need accountability and transparency. We don't see that this cozy relationship between pharma and the regulators of pharma has gotten a little out of hand. And I think people see that. I don't really have to make that case.

**SHAWN STEVENSON:** Yeah. Yeah. But these things are very difficult to change, the fortunate thing though, with the last couple of years is that. Things have, there's been so much flux and, things are just, a lot of turbulence. I think things are easier to change when those things happen, but at the same time, there's a lot of people profiting from our collective sickness and also our collective illness. Illness in our awareness, let me put it like that. And that's why a book like this is so remarkable because those blind spots like you don't know what you don't know.

**DR. MARTY MAKARY:** Yeah.

**SHAWN STEVENSON:** And a lot of times you don't know what you don't know that's killing you. And so I want to ask you about this phenomenon going back to the NIH you talked about this in the book as well. And this like, it is just it really like it I had to sit there for a moment and just think about all the lives that were lost. Unnecessarily when AIDS hit the scene and in particular you share the story of blood transfusions and how. Just if you could share that story and what you talked about in the book regarding AIDS and blood transfusions.

**DR. MARTY MAKARY:** I think the NIH forgets that the H in NIH stands for health. It doesn't stand for new pharma products to block pathways. It stands for health. And if you show up in the medical field, and this was my experience, but I see it all the time. Creative, intelligent, bright, young, big thinkers go into medicine. We attract some amazing kids. 90 % of them want to do missions, if not full time, as a part of their practice or charity work. Amazing kids. And they come in and we beat them down. We do this forced memorizing regurgitation. We show them an atlas of anatomy and say, you got to pick one organ and that's going to be your focus.

If they start thinking big or multidisciplinary or talk about the broad impact of insulin resistance or inflammation or mitochondrial health, or food as medicine. They're told no, you got to get an NIH grant. You got to focus on one little thing. And so we've got good people working in this bad system and we've got to challenge it. Now the NIH during the HIV epidemic was so blinded. And the group think was so powerful that a doctor who I met in 1981 been practicing and he told me, yeah, it's so obvious this constellation of symptoms that soon became known as AIDS. This is so early, when they were just starting to recognize this AIDS disease. He was like, yeah, people in my clinic in San Diego, they've got IV drug use, or they're engaging in promiscuity and gay sex. And so he, it was so obvious to him, yeah, it's probably, whatever it is, probably blood borne, probably blood borne. And then he sees some of his patients from this AIDS clinic donating blood at the blood bank, which was where he used to go for a run.

And he's, I don't, I'm not a virologist, but this, it cannot be right. This is messed up and the politically correct police said we can't exclude people because of their lifestyles. This went on it really almost for six years. The blood bank was significantly contaminated. Until there was a broad requirement for all blood banks to test for HIV. Even when though there were preliminary tests available much earlier and we could have screened based on risk factors. And so you saw the medical establishment at work. You cannot challenge the institution of blood banking. You cannot create hesitancy around getting a transfusion. Hesitancy around blood transfusions can kill people. And so you can't question what's going on.

We killed a generation of Americans with severe hemophilia. You didn't even see him in the hospital. They were like all died for a generation because of the hubris of this establishment to protect the brand and sure, try to stay on message. And so it's an amazing story really of how the medical establishment locked arms and walked off a cliff together.

**SHAWN STEVENSON:** Yeah, you mentioned of course the contributions or lack thereof of the American Red Cross, the American Association of Blood Banks, and everybody's just no, that's not the case. And in particular, you shared a quote from Anthony Fauci at the time working with the NIH. And he issued a statement, this is a direct quote that you put in here in the book, co-signed from other government officials. "AIDS is transmitted sexually, less frequently through blood or blood products. The risk of acquiring AIDS through a blood transfusion is extremely small."

Right? And so that, again, that was what was shared with the public. Do not be afraid. The thing is, they didn't test for it. You saw these indications. You saw these red flags, but you have this whole system built a certain way, and you don't want to ruffle these feathers. So you end up killing all these people, and it wasn't just people with disorders where they needed frequent blood transfusions. Thousands of other people died just from different routine surgeries and different issues.

**DR. MARTY MAKARY:** Arthur Ashe. The tennis player Arthur Ashe died that way. Got a blood transfusion after surgery, had HIV in it he didn't have risk factors for developing AIDS, yeah. Tens of thousands of Americans died from the arrogance, the hubris. The shutting out of these doctors on the front lines who said, listen to us, no, it's gotta be blood borne, and there are ways you can start screening for it. And so this was a saga. of American medicine where you saw the medical culture come out. One, there was a study that came out that could have saved lives, but the researchers waited until the New England Journal of Medicine would put it through their review process. And they didn't want to share it with the public because the tradition is the journals have to publish it. It was already accepted, but it has to go in their publishing queue.

And you see this sort of culture of medicine, a very paternalistic culture. When home pregnancy tests became available. Medical establishment fought to block it. Women can't handle this information on their own. And then a HIV test was about available for individuals. And you saw the same paternalism come out. People can't get their test results. on their own. We have to have them come in for their appointment, and we tell them the result after they get tested. And you were not allowed to get your test results unless you came in.

And we saw during COVID, we saw home COVID testing, something that Dr. Shantanu Nandy and I wrote about in the Washington Post early in the COVID pandemic. Hey, people should be able to test themselves. It's not early enough where you've got seating and a few places where you can contain it. No, it's at large. We've got broad community transmission, allow people to do their own home COVID testing. And guess what the response was we got for a year. People can't handle this information on their own. We have to test them at the official testing centers. Eventually they wrecked that argument and fell apart and we did get home COVID test. But you see this medical paternalism play out and it is part of the culture of medicine.

**SHAWN STEVENSON:** Yeah. Yeah. When you talked a little bit earlier about, and you spent so much of your time and energy in your life, putting this information out there for people to learn and for your colleagues to learn. And just having the revelation that our treatment today for our epidemics of chronic diseases in particular. Of course, their acute issues and things like that. But just to know that it can be as high as the third leading cause of death in the United States. The treatment for these things, it should be something that again, we're just like, just shaking ourselves awake. And now I'm saying this because I would argue that it's much higher than that because of unconscious negligence on the part of our healthcare practitioners, not addressing the root cause of the issue, right? Not helping that person that's going to die from heart disease. Not helping that person that's going to die from cancer because you're not addressing the real issue.

**DR. MARTY MAKARY:** Yeah. It's interesting. When we put that study out there saying that. medical care itself or the absence of care, but things going wrong could be the third leading cause of death in the United States. There is a large group of doctors out there and researchers who said, no, that's too low. If you think about diabetes, that's probably the number one cause of death, but it's not really listed on the death certificates.

They eventually die of heart disease or something, they have a heart attack from these chronic conditions and then we put heart disease on the death certificate. But really it's the underlying disease. And why is heart diabetes expanding in the United States? 75%, somewhere between two thirds and three quarters of Americans have metabolic syndrome, prediabetes, are overweight or have obesity. Maybe we've been giving them the wrong information. Maybe we've not been focusing on health. We've been focusing on stamping out disease and we're not doing a good job of it.

**SHAWN STEVENSON:** Yeah, and of course, you just, you mentioned something earlier. I love talking to you because you're saying all the things that I've seen as well. We had this tendency to blame the patient. You know, compliance.

And there's fortunately there are people like yourself who are asking questions who are finding ways to fund studies on this stuff? One of them is John Abramson and he shared this with me that, and he's out of Harvard by the way. And we'll put his interview for everybody in the show notes.

They did a lifestyle intervention versus metformin study Right? And the compliance for the lifestyle intervention was remarkably high. And of course, it was dramatically more effective than the metformin had benefit versus not no treatment for sure. But the lifestyle modification, but what was a part of that was coaching and support. There is a way to do it. And yeah, we've just got to reframe this stuff. And if you could, can you talk a little bit about one of the again, even when the data is available. Even when the data is available, how we can still stay tied to our beliefs and have this cognitive dissonance that you talk about in the book. In particular, there was some really great data affirming, like you, you've done this particular surgery countless times and it was a big part of your practice, but you found out that there's this antibiotic regimen that was even more effective. Can you talk a little bit about that and what happened with your colleague?

**DR. MARTY MAKARY:** First of all, on your last point, you could not be more right on Shawn. We have this broken model where people come in with conditions that are lifestyle associated the vast majority of the time. And we tell them, exercise, eat better, take these pills, come back in six months. They come back in six months and we tell them, you're a bad, non compliant patient. What the heck are we doing? They hate this system. We hate doing it. It's such a broken model of just the treadmill of coding and diagnosing and billing patients and short visits and not getting into the real issues around health. The best way to lower drug prices in the United States is to stop taking drugs we don't need.

Okay, on the cognitive dissonance. The psychology. of dogma. Why we just do things because that's the way we were told. Leon Festinger, the late Leon Festinger, was a psychologist who described better than anyone the psychology of groupthink. Why we tend to believe what we hear first, what we call the founder's effect.

Not because it's more logical, Or more supported than new information, just because we heard it first. This happens with food in your world all the time. My mom said these are healthy, right? And you just, we hold on to these beliefs. Festinger, the psychologist, said, here's why. The brain passively, subconsciously, doesn't like conflict. It likes to just be happy with one view. And it likes to hold on to whatever it originally has in the brain. So if new information challenges your belief? It will, without you even realizing it, it will work hard to Twist yourself in a pretzel to make the new information go away or make it consistent with what you already believe.

If you, let's say you smoke and you think it's not that bad for you, new study shows you can die of smoking. The new study, they probably smoked more than I actually smoke. They may not have looked at the benefits. They study might've been old. I use cigarettes with filters. And so the brain will go through incredible heroics to try to reframe new information that challenges our beliefs. And we do it subconsciously, and that's the amazing thing. Festinger described this theory of cognitive dissonance, of holding on to our beliefs, dismissing new ideas faster than we're actually objectively evaluating them. But it was a theory.

Then he started doing experiments on students, and it was 100 % correct. He would have students do something tedious, and then pay them different amounts, twenty bucks or one buck. And then ask them, did you enjoy this activity? No, it was designed to be tedious, it was as boring as anything for an hour. Guess who enjoyed it more? The students who were paid one dollar. Because they had to justify doing something so tedious and mundane for an hour. And his theory proved correct in all these social experiments. And then one day sitting at home, he read in the newspaper that a cult was expecting to be picked up by a spaceship at a certain time, certain place with incredible certainty.

They got this message from the leader of the spaceship and they showed up and he, if his theory was correct, if the prophecy did not come true, they wouldn't abandon their view. They'd find a way to justify it. And he showed up at the cult and he was in that house that night, famous book called *When Prophecy Fails*, I think it was 1960s, he wrote it with some others. And he says, when the clock hits midnight, it's dead silent. They really think their spaceships are coming. They've taken the metal and their belts off so they can go to outer space. And then someone says, 10 minutes later, Oh, the clock may be wrong. Yeah. Yeah. The clock may be wrong. There's a little excitement, a little burst of enthusiasm.

And then an hour goes by, it's dead silence, awkward. Then someone makes up something to say maybe they came and we missed them, and so let's check again. And all these rationalizations, but we do, we're laughing, but we do this all the time when we hear new information. Cognitive dissonance in politics, right? Why are people so rigid on their political views? They won't, they're not open minded. They perceive they're open minded, but really this is what's going on. And then there was a doctor embedded in the cult, and that morning, when the, it was obvious the prophecy failed. The doctor talks to Dr. Festinger, and he's, the doctor, who's a member of the cult, says he basically says it in plain, naked English.

He says, Doc, you got to realize I've got everything in this belief. My friends, my family, my job. I cannot desert it. If I deserted it, it would be catastrophic. And yet this is what goes, and I've realized now this is how, what something I need to be cognizant of in my research meetings. When I interact with friends and relationships and business, this cognitive dissonance, this founder's effect, affects our perception and our actual open mindedness. And the father of



modern medicine, Claude Bernard, was talking about the same thing a century before. He said, we all have our biases. Recognize that we have these biases in our mind it's natural. It's part of the human condition. It's not evil. It's based on our experiences, but actively work to suspend those biases as you take in new information so you can be as objective as possible.

**SHAWN STEVENSON:** Yeah, it's a superpower really, but like you just said it takes practice. You have to practice it until you eventually do become it.

In the conversation about longevity we want to remain youthful from the outside in And the inside. We don't want to have a youthful appearance, but a very old heart or a very old brain. We want to make sure that we're taking care of ourselves from the inside out. And there are certain foods that are well established, not only in peer reviewed data today, but have been utilized for thousands of years for their longevity benefits. More recently, a study published in *Advances in Biomedical Research* found that royal jelly Has the potential to improve spatial learning, attention, and our memory.

In addition to being antimicrobial, anti tumor and anti inflammatory, Royal Jelly has been found to facilitate the differentiation of all of our brain cell types. And to top it off, researchers in Japan discovered that Royal jelly has the power to stimulate neurogenesis, the creation of new brain cells in the memory center of the brain. Now, if you're wondering what royal jelly is, it's not that kind of jelly. It's not smuckers. All right. We're talking about this incredible, renowned bee product. And while worker bees live in average about a hundred days. The queen bee, exclusively feeding on royal jelly, lives one to two years. All right, so we're talking somewhere in the ballpark of seven times longer lifespan.

There's something really remarkable about this food. Now I've been utilizing royal jelly for years. From regenerative bee farms and also his third party tested from the incredible folks at beekeepers naturals and combined in their incredible new tropic called brain fuel. Not only do you get royal jelly, but you also get one of my other all time favorite things for brain health and longevity and cognitive function. Something that's called BACOPA, a randomized double blind placebo controlled human trial published in 2016 found that just after six weeks of use, BACOPA significantly improved speed of visual information processing, learning rate, memory consolidation, and even decreased anxiety in study participants.

This is some remarkable stuff here. We're talking about brain fuel from the good folks at beekeepers naturals. Go to [beekeepersnaturals.com/model](https://beekeepersnaturals.com/model), and you're going to get 20 % off store wide. So that includes their phenomenal brain fuel, also their superfood, honey, their propolis immune spray, and so many other phenomenal things that, again, this is exclusively

at [beekeepersnaturals.com/model](https://beekeepersnaturals.com/model), go to [BEEKEEPERSnaturals.com/model](https://BEEKEEPERSnaturals.com/model) for 20 % off site wide. And now back to the show.

Now, what was really interesting. I remember reading that story as well. And you also mentioned that people who still, they had holes in their belief. They were a little bit more loosey goosey with it. They came for the aliens, but they're also like their little skeptic, if the aliens don't show up I guess this isn't real, people jump ship, but the people who were already fully invested in their belief was this was real.

**DR. MARTY MAKARY:** Yes.

**SHAWN STEVENSON:** They doubled, tripled, quadrupled down on that belief.

**DR. MARTY MAKARY:** Yes.

**SHAWN STEVENSON:** And eventually if to share the rest of the story, the woman who gathered everybody who was supposed to be the vessel through which this information was coming after several hours, she begins crying. And she says that she just got a message downloaded from our alien friends that because they were all coming to avoid a great flood. All right. So Noah's Ark part two, part deux, was about to happen on planet earth. And she was like, because of our dedication, the earth isn't going to be flooded now. So they don't need to come because of us. And so there's celebration, celebration going on and it's so interesting, again, just an example of seeing this dogma, this medical dogma was with this procedure, and with your colleague. So let's talk about that.

**DR. MARTY MAKARY:** So there's a new protocol that says in medicine you don't need to operate on somebody with simple appendicitis. Now, this kind of was very revolutionary. We had been trained as, I'm a surgeon, we'd been trained in surgery, second you see appendicitis, you book the operating room, here's how you do it. One, two, three, you could do a blindfold. It was a reflex. And then along comes this study, and we'd been hearing about Europeans using this protocol where you get a few doses of antibiotics and they get better and they never need surgery. Two thirds of people with straightforward appendicitis will never need surgery if they have the antibiotic non operative protocol, we call it.

So a study came out, a randomized control trial, kind of proving this to be true in our top medical journal. And we'd all been doing appendectomies non stop all the time. And so I remember showing this study to a colleague of mine. I'm like, wow, did you see this study? And he said, ah, I need to see two randomized control trials. And then a year later, a second randomized control trial got done. And I showed it to him and he said, I need to see three

randomized control trials. And then a third one came out with long term follow up from the first one and all it's it'd be unethical to do more research. And he says, ah, I just think you, you're better with your appendix out.

And I'm like, do you, first of all, do you read these studies? And This is Leon Festinger. This is the psychology of why we resist new ideas. A lack of awareness of how deeply embedded he is with his biases. A failure to be objective in taking in new information. And if you can do it, if you can achieve impeccable objectivity, and some People do it. I have a colleague who's incredible like this. People talk about a sports player, a member, a player from the Baltimore Ravens several years ago. There was an allegation about that person. And people were starting to trash talk that player, and he jumps in, senior surgeon, and he goes, we don't have all the information.

Let's not make a judgment. And it's wow, man. And you know what? People who are objective, they're more likable, they're better listeners, they're more, they make better decisions, they're more affable, and they're more successful in life. And so it really is a reminder, it's amazing the power, this surgeon, I'd show him the studies, it didn't matter how many studies were done. He had already made up his mind. And that is a bigger problem in medical science, right? The food pyramid. I talked to one of the authors of the food pyramid. Hey, show me one study that supported this. She says she didn't have a study. She goes, I don't have a study for you, but do you mean to tell me the American Heart Association is wrong and the Surgeon General and all of these groups, do you mean to tell me everyone's wrong? Sorry, I guess we just, because everyone believes it, therefore it must be true. Yes, I'm challenging the deeply held assumptions and that is the scientific process.

**SHAWN STEVENSON:** Yeah. So if you could, can you share what people have to look forward to in the book? How do we become more like you and in our thinking?

**DR. MARTY MAKARY:** I think, first of all, I think we need to be aware, as Claude Bernard said, of our tendencies. The human condition, not because we're bad people, but because our brains are naturally wired this way. I think we need to ask questions. You want to find a doctor who listens, who's open to ideas, who has some humility, who says, I don't know when they don't know. You want to find a good healthcare partner and maybe not one, maybe a bunch. And you want to ask about some topics that are not being discussed that should be discussed. Like the blinds topics I write about in the blind spots, hormone replacement therapy, and postmenopausal women. I don't know if you want to get into that, but these are some things that people can be educated on, can make an informed decision and can take in the input of someone they trust and make good health decisions.

If we think your health is defined by your triglyceride level, then we're going nowhere in medicine. We're going to continue to fail. If we think we can fix health insurance in the United States, and I do hope we can, but if you think we're going to fix the financing of health care and solve our problems when we're putting out all this bad information, no. As long as we ignore good scientific data, the open discourse of medicine, and the truths we're learning about health, we're going to continue to struggle.

**SHAWN STEVENSON:** Yeah. And thank you for mentioning that, by the way, again, you covered the microbiome and some of the dogma around that and around antibiotics. You've mentioned it. And again, you mentioned an appropriate use of antibiotics and also the overuse of antibiotics. But you talk more about that, the hormone replacement therapy. You talk about some of the diet dogma, some of the biggest things, which is. Cholesterol, eggs, things like that, which we've been talking about for years as well. So it's a lot of great specific topics that you cover, but you also talk about the culture of obedience as well. Can you just give us a little bit of a glimpse about what that is?

**DR. MARTY MAKARY:** If you start asking really big questions in medicine, you're kind of told, get in line. Not because they disagree with what you're saying, they just don't understand it. And what they understand is how much you're billing, how many patients you're seeing, your productivity, your volume, what we call the RVUs in medicine. Many procedures you're doing, how many patients you're seeing. These are horrible metrics of our performance. And we have this culture that kind of nudges people back in line.

I was giving a lecture at the OB GYN department at Johns Hopkins, something we call Grand Rounds. And I, Fill out these forms ahead of time so people can get credit for continuing education credit it's called. And I had to sign this like attestation that I will only be presenting information that is broadly accepted within medical science. I'm like, no, I'm not. I answered, no, I'm not doing that. I am going to challenge the deeply held assumptions in the field. That's what science is. And so you get all these nudges. A lot of it's with grant funding. You got to deal with the, what's going to bring in the grant funding? We've got philanthropy that funds our research so we can do whatever we want. We focus on the big things that need to be talked about that are not being talked about. The nudges from the American board of medical specialties. They're doing this new thing now.

You went to college, you have a college degree. Imagine your college calls you and says, Hey, you got to pay us 300 every two years to keep your degree. Otherwise you can't say you have that college degree. It's called our Maintenance of Certification Program, and it's to ensure you're up to date, you gotta take a little online quiz. They have statements on misinformation. They're defining what doctors are and are not allowed to say.

And if you cross them, or you don't pay your 300 fee to them every two years, and this is a brand new thing. It's scary. Then they're gonna pull, they can revoke your board certification. This is separate from your license, which already requires continuing education at the state level. There are these nudges in medicine that we've got to push back on. It used to be that the medical elites controlled the airwaves in medicine and in the public.

The food pyramid, we're going to put an article in the big journal, we're going to make a statement, we're going to get the White House to sign on to this, and everyone's going to fall in line. And you really didn't have any opportunity to say whoa, wait a minute. It's based on false assumptions need. You need other studies. Now it's different with social media, guys like yourself, Shawn, having different guests on that are talking truth. They're talking science, but it may not be the conventional party line. And so now you're starting to see the medical establishment get unraveled.

What's going on? What's going on? We put the article out, we got the White House to say this and people are saying other opinions out there. Respected health professionals are saying other opinions. Stop them. What could, what can we do? And so you're starting to see, and it's not just in medicine, so many areas of life, challenging the dogma we hear from governments, from corporations, and also from medical science. Good people can make bad decisions. Smart people can have blind spots. And in medicine, we've got good people, but we're working in a bad system. And if people take nothing else away from our conversation, if you take a step back, the system is entirely broken, it's expensive, and it's not working. We've got to start from scratch and redesign what it means to spend time with people, get into the underlying things that drive illness and not just treat it with a whack a mole approach.

**SHAWN STEVENSON:** Yeah. Yeah. I've been saying for years that, if you take really smart people and you teach them the wrong thing, they become world class at doing the wrong thing. And so what this is really about, again, is Yeah. It's building a new system. What we have is to say it's broken is an understatement. It's a complete mess. And I'm a huge fan of simply imploring people to just look at the results, just are things going good?

**DR. MARTY MAKARY:** Yeah.

**SHAWN STEVENSON:** You don't even need to like, you don't got to squint to see it. It is just right in our face. We're not doing good. And we know why we know those underlying pieces, why. And we also have a pretty sound amount of data now on what does work and that's the cool thing. There are different realities that you can live in right now. And I just don't want people to wait around for it to become the norm. And so what you're advocating for us to do is to be advocates for ourselves. And to one of the, your tips is again, working with your

practitioners as a team and not having this parental construct, where you're able to ask questions. Where you're able to get true informed consent, true informed consent. And also working with somebody who has the audacity to say, I don't know.

Which is, I think is such a great, I love saying it. I love it, because it's, I'm one of those people come to me for certain answers to things. And it's just I don't know sh\*t about the ear. I don't. I don't know. It's just, I, another thing I would implore people to do and again, working to create a mind like yourself that is, has the capacity to question oneself is, especially, I think it was Mark Twain who said, if you find yourself on the side of majority, it's time to pause and reflect.

**DR. MARTY MAKARY:** Yes. Yes.

**SHAWN STEVENSON:** And just paying attention to that because I've trained myself to be open to listen, I think based on centuries of use and Plenty of studies one that for example researchers at Auburn found that extra virgin olive oil has this capacity to repair the blood brain barrier pretty remarkable stuff I am open to the fact that extra virgin olive oil might be the deadliest shit ever, right? So I love it. I think it's a great human food, but I'm open to being wrong. Yeah. And so I practice that same thing with Krispy Kremes. All right. Yeah. I'm open to Krispy Kremes being. When they were talking about the aliens coming and like this being like this what the aliens want you to eat because it unlocks some Kind of mutant X genus of I don't know. I'm open to being wrong that ultra processed food is poisonous for humans.

**DR. MARTY MAKARY:** That's right.

**SHAWN STEVENSON:** And so these are things that I don't talk about but I think people pick them up.

**DR. MARTY MAKARY:** In my communication, people love the honesty of evolving your view as new information comes in. For me I had certain dogmas beat into me. Turns out maybe the worst part of a hamburger is not. The meat, it may be the ultrapro flour in the bun. Turns out maybe olive oil is healthy, virgin, and at low temperatures, but when you denature it at high temperatures, it's not good for you. These are nuances where if you've got the one hammer approach of all good, all evil all the time, and you hold onto those views, yeah, like Festinger said. You're not going to learn. You're going to miss truths. And as scientists, we're not going to discover things.

**SHAWN STEVENSON:** Yeah. Context is so important. So important. This has been amazing. Is there anything else that you want to tell people about the book and what they have to look forward to?

**DR. MARTY MAKARY:** I loved writing this book. I talked to experts around the country. Great, highly credentialed doctors and scientists doing incredible research that relates to the health of everyday folks, everybody needs to know some of this information. But it's just not getting airtime. It's just they, it lives in the blind spots of medicine, but it relates to food, the microbiome, hormones, cancer prevention, and so many other things, preventing allergies we talked about. So I was, I loved writing this book. I'm so excited about it. You've written a lot of books yourself, Shawn. The reason you write a book is not because you want to sell books. If that is the motive, stop. Do not write a book. You write a book because you badly, you feel that there's something out there that needs to be told that is not being told. And you have a platform and opportunity to share some information with folks. So I hope people enjoy it.

**SHAWN STEVENSON:** Yeah, amazing. And by the way, as of this recording, it's available nationwide at your favorite bookstore, local bookstores, of course, your favorite online retailer. Get yourself a copy of this book. And this is one to share with your family as well. So I appreciate you so much coming to hang out with us.

**DR. MARTY MAKARY:** Shawn, great to be with you. Thanks.

**SHAWN STEVENSON:** Dr. Marty Makary, everybody.

Thank you so much for tuning into this episode today. I hope that you got a lot of value out of this. We covered a lot of ground. We talked about everything. From peanuts to the microbiome to revelations with the AIDS epidemic to unnecessary surgeries and so much more. And again, this is coming from one of the leading physicians and researchers in the world. And he's just being honest. He's fully disclosing. There are some serious issues with our current healthcare model and we need to do better. But things don't change unless we change them and it's us being active and using our voice and not settling anymore for a health care that is not living up to our expectations and a big part of that is for us to be educated and empowered about our own health. So I hope that you got a lot of value out of this.

If you did, please share this out with your friends and family. This is an incredibly important conversation and listen, we've got some epic masterclasses and world class guests coming your way very soon. So make sure to stay tuned, take care, have an amazing day. And I'll talk with you soon. And for more after the show, make sure to head over to

themodelhealthshow.com. That's where you can find all of the show notes. You can find transcriptions, videos for each episode. And if you've got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome. And I appreciate that so much. And take care. I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.