

## Exploding factoids

**G**enetically modified wheat is so harmful that it causes insects to explode.”

I remember a wise older physician defining the word “factoid” in medical school. He explained that factoids in every way resemble a fact and are communicated by someone who is convinced of their validity, but that factoids have no basis in truth. I admit that factoids exist in medicine, and I actually enjoy it when someone disproves some long-held dogma. But lately, I’m losing my patience when forced to listen to pontifications that are clearly factoids. Often, proclamations like the one above are made by educated acquaintances at some social get-together. I should probably just let these statements slide, but I can’t, fearing that if I do, these mistruths will continue to be spread as gospel. I can understand that people want to know more about the safety of genetically modified food, but let’s do this in a scientific way. As our population grows we might have to come

up with inventive, hardier foodstuffs to feed all of us.

So I give it a try.

“Which insects are you talking about?”

“All of them.”

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“Are you saying that the insect’s exoskeleton just vaporizes?”

“What’s an exoskeleton? Besides, you physicians are all controlled by big business and pharmaceutical companies.”

This last statement is often used to end the conversation—while physicians are well meaning, they can’t be trusted.

Other recently overheard statements include “sunscreen causes skin cancer,” “chemotherapy doesn’t help,” and “carbs are bad for you.” I met a guy who told me that supplements and vitamins don’t work because we can’t absorb rock-based substances, only those that are plant based. He didn’t even laugh when I asked him to pass the salt. He went on to explain that dementia and Parkinson disease are caused by heavy-metal poisoning, including from the mercury that we absorb from dental fillings and consume in fish. He headed the other way when I pointed out that neither teeth nor fish are plants.

I know I should be more patient, so I’m asking for your help. Please send in your tactics for dealing with these factoids before I end up alone at yet another get-together, hopped up on carbs, nursing a heavy-metal-laden drink while petting the genetically modified cat that’s about to explode.

—DRR

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## The wisdom of patients

**M**y goodness, talking to patients can be instructive. I'm not referring to the old Osler adage "listen to the patient" (or "go to the bedside," or whatever it was). No, I'm talking about hearing words of wisdom from them when they have actually come expecting the reverse.

Some recent exchanges with patients illustrate this. The first of these was during a visit by a brave woman, the mother of an autistic boy, who was seeking to become pregnant again. She was very aware of how much more stress she would be facing, but was nevertheless committed to raising the family she had envisaged having from the time she was young. Our discussion touched on multiple subjects, including the issue of vaccination and the discredited link between MMR immunizations and autism.

"I'm not crazy," she said. "Of course my baby will be immunized. But I have some sympathy for the parents of autistic kids who support this nonsense."

"Why?" I asked.

"Well," she said, "I understand that my son's condition was not a result of something I did. But if you were the parent of an autistic child, and you were exposed to the comments we get from other parents, wouldn't you want to be told that his developing autism was not your fault? And wouldn't you tend to support the people who understood your concern, and were trying to help you by showing that it was caused by something external? Even if some of their beliefs are a bit...out there?"

She had me. The antivaccination crowd (and I'm conflating a little here) may be annoying and ultimately dangerous, but the motivation for their perceptions is sometimes—to a degree—understandable. My patient's experience meant that she understood that motivation better than I did.

A second patient also had a reproductive challenge. She had recently miscarried after spending a couple of years attempting to conceive. This would have been a distressing outcome for anybody, so I was surprised to see how upbeat she was during our first encounter after her loss. I tentatively told her that she was looking well.

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"It was my grandmother who put this in perspective," she said. "I was feeling shattered by what happened, and when my grandmother came to visit I guess I unloaded on her. She listened to my tale of woe, and she was sympathetic."

"What did she say?" I asked.

"She told me about her first pregnancy, during the war," she said. "She miscarried while at work, but felt that grieving an early pregnancy loss would have been selfish when the women around her were losing husbands and brothers. There was no time to feel sorry for a miscarriage. So she told herself 'all experience is valuable,' and moved on. And now I've adopted that as my personal code. Life is about moving forward."

Amen to that, I thought.

The third patient, a younger woman with irregular menstrual cycles, had been trying for some time to conceive, but without success. She did not have a family physician, and had

been seen and treated by a traditional Chinese medicine practitioner and a naturopath with no apparent results. The explanations she had been given for her lack of success she found difficult to follow, but she understood from each practitioner that she had one or more misbehaving glands. Adrenal imbalance was mentioned, and she spent quite a bit of money on various forms of hormone treatment. After several months her patience (and her politeness) ran out and she presented to a walk-in clinic for another opinion. She was found to satisfy the criteria for a diagnosis of polycystic ovary syndrome and was referred for treatment with clomiphene. She conceived in her second cycle of treatment.

At her last visit she vented a little about alternative and unorthodox medicines.

"Do you know what you call alternative medicine that actually works?" she asked me.

"No," I said. She smiled.

"Medicine," she replied.

She was right. If it works, we use it, and if possible make it so readily available that patients can get direct access to it. As it turns out, her observation wasn't original (I've since heard it from others), but it was an apt observation anyway.

These have been three small exchanges among many. It's heartening to know that such wisdom is prevalent. Each of these women agreed to have me write their comments down, and they were all surprised to think that what they said was worth remembering. But I think it was.

—TCR