

The Doctor's Dilemma

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Having trained as a conventional medical doctor, qualifying from St Mary's Hospital Medical School, University of London, in 1983, all of my undergraduate teaching and post graduate experience in Obstetrics & Gynaecology, Family Planning, Child Health, Orthopaedics, Emergency Medicine and General Practice led me to being a strong supporter of the Universal Childhood Vaccination Program. Indeed, I used to counsel parents in the 1980s who didn't want to vaccinate their children against whooping cough – which was regarded as the 'problematic' vaccine in those days. I used to tell them that there were, indeed, adverse reactions, associated with the vaccine – I was not one of those doctors who would gloss over such unpleasant details – but that we doctors were told that the adverse reactions that might occur after the pertussis vaccine were at least ten times less likely the chance of getting complications from having the disease, and that, essentially, the point of giving their child the vaccine was to prevent them from getting the disease.

Indeed, I used to think that parents who didn't want to vaccinate their children were either ignorant, or sociopathic. I believe that view is not uncommon amongst doctors today.

Why did I have this attitude? Well, throughout my medical training I was taught that the people who used to die in their thousands or hundreds of thousands from diseases like diphtheria, whooping cough and measles – diseases for which there

are vaccines - stopped dying because of the introduction of vaccines. At the same time I was taught that diseases like typhus, cholera, rheumatic and scarlet fever for which there are no vaccines stopped killing people because of improvements in social conditions. It would have been a logical progression to have asked myself why, if social conditions improved the health of the population with respect to some diseases, would they not improve their health with regard to them all, but, the amount of information that you are required to absorb during medical training is so huge, that you just tend to take it as read and not make the connections that might be obvious to someone else.

'It was a received article of faith for me and my contemporaries that vaccination was the single most useful health intervention that ever been introduced'

and when my children were born in 1991 and 1993 I unquestioningly – well that is to say I thought it was with full knowledge backed up by all my medical training - had them vaccinated, up as far as MMR, because that was the *right* thing to do. I even let my four-week-old daughter be injected with an out of date BGC vaccine at a public health clinic. I noticed (force of habit, I automatically scan vials for drug name, batch number and expiry date) that the vaccine was out of date and said, "Oh, excuse me, it



looks like it's out of date", and the doctor answered matter-of-factly, "Oh don't worry, that's why the clinic was delayed for an hour, we were just checking that it was OK to give it, and it is", and I said "OK," and let her inject it..... my poor daughter had a terrible reaction, but I was so convinced that it was all for the best that I carried on with all the rest of them at two, three and four months.

That is where I was coming from – even my interest in homeopathy didn't dent my enthusiasm for vaccines, so far as I could see, it was the same process – give a small dose of something and it makes you immune – no conflict.

So what happened?

In 1994 there was the Measles Rubella Campaign in which seven million school children were vaccinated against measles and rubella. The Chief Medical Officer sent out letters to all GPs, Pharmacists, Nursing Officers and other health care staff, telling us that there was going to be an epidemic of measles. The evidence for this epidemic was not published at the time. In later years it seems that it was predicted by a complicated mathematical model based on

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estimates and so might never have been going to occur at all. We were told, "Everybody who has had one dose of the vaccine will not necessarily be protected when the epidemic comes. So they need another one." Well, that's OK," I thought, "because we know that none of the vaccines are 100% effective."

What did worry me, however, was when they said that even those who had had *two* doses of measles vaccine would not necessarily be protected when the epidemic came and that they needed a *third*. You may not remember, but in those days there was only *one* measles vaccine in the schedule. It was a live virus vaccine, so it was like coming in contact with the wild virus, just changed slightly to make it safer and leading to immunity. Since then, of course, the pre-school dose has been added because one dose didn't work, but in those days there was just 'one shot for life.'

And now we were being told that even two shots of a 'one shot' vaccine would not protect people when the epidemic came. At this point I began to ask myself, "Why have I been telling all these parents that vaccines are safer than getting the disease and that *basically*, having the vaccine will stop their children getting the disease - with the risk of complications - it's not 100%, but that's basically what they designed to do - when it seems that they can be vaccinated, have whatever adverse reactions are associated with the vaccine *and* get the disease with whatever complications may be associated with that, even when they've had two

doses of the 'one shot' vaccine? This doesn't seem right."

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If you are wondering how come anyone would have had two doses of the 'one shot vaccine,' it is because when the MMR was introduced in 1988, many children had already been vaccinated against measles, but we were told that we should give them the MMR anyway as it would, "protect them against mumps and rubella and boost their measles immunity."

We were also told that the best way of vaccinating was *en masse*, because this would 'break the chain of transmission'. So I thought, "I wonder why we vaccinate all these small babies at two, three and four months, why don't we just wait two or three years and then vaccinate everyone who has been born in the meantime, and 'break the chain of transmission.'"

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So some things just didn't seem to quite add up. However it is very hard to start seriously questioning whether or not vaccination is anything other than safe and effective especially when it is something that you have been taught to believe in so strongly. The more medically qualified you are, the more difficult it is, as, in some ways the more brainwashed you are. It's not easy, or at least it wasn't then, to start going down a path that might lead you in the opposite direction to all your colleagues and the healthcare system in which you work.

I read some books that could be described as 'anti-vaccination'. There contained graphs showing that the majority of the decrease in deaths from and incidence of the infectious diseases for which we have vaccines occurred *before* the vaccines were introduced in the 1950s and 60s for example with whooping cough and the late 1960s with measles. I decided that I couldn't just accept what these books were telling me, especially as the message was the opposite to what I had learned up until now. I needed to do some research. The graphs in my text books and the Department of Health Immunisation Handbook (the *Green Book*) appeared to show that the introduction of vaccines caused precipitous falls in deaths from vaccinatable diseases.

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I decided that if I were going to seriously question what I'd been taught at medical school and by my professors, I would have to go and get the real data for myself.

Accordingly, I called the Office for National Statistics (ONS) and asked them to send me the graphs of deaths from the diseases against which we vaccinate from the middle of the nineteenth century, when we started keeping records, until now. They said, "We don't have them – except for smallpox and Tb, we suggest you try the Department of Health." Which I did. They didn't have graphs from the nineteenth or early twentieth century either. They said, "You'd better try the Office for National Statistics." "I've already tried them," I said, "They were the ones who advised me to contact you." It seems to be getting rather circular, so I called up the ONS once again and told them my problem. "Well," they said, "We have all the books here from when the Registrar General started taking returns of deaths from infectious diseases in 1837, you can come along and look at them if you like."

There was nothing for it. I had to go to the Office for National Statistics (ONS) in Pimlico, with my two young children aged six and four in tow, to extract the information myself. The girls were very good – they were used to travelling/ following me around – and the library staff were very nice; they kindly gave my daughters orange juice to drink, and paper and crayons to draw with and amuse themselves, while I while I pulled out all the mothy old books from 1837 until 1900, after which, thankfully, there was a CD ROM that

could be bought at vast expense and taken home. It was the most user unfriendly piece of data storage that I have ever come across but it was better than having to physically be there day after day. So I went home all my notes home and the CD Rom and eventually produced my own graphs. I was startled to find that they were similar to the graphs in some of the books that I had recently read.

I was astonished and not a little perturbed to find that when you draw a graph of the death rate from whooping cough that starts in the mid nineteenth century you can clearly see that at least 99% of the people who used to die of whooping cough in the nineteenth and early twentieth century has stopped dying before the vaccine against whooping cough was introduced, initially in the 1950s and universally in the 1960s. I also realised that the reason the Department of Health's graphs made the vaccine appear so effective was because they didn't start until the 1940s when most of the improvements in health had already occurred, and this was before even antibiotics were generally available. If you selected only deaths in under 15 year-olds, the drop is even more dramatic - by the time whooping cough vaccine was part of the universal immunisation schedule in the early 1960s all the hard work had been done.

I now began to realise that graphs such as those featured in the Department of Health, *Green Book* were not a good or clear way of showing the changes in mortality (death) and morbidity (incidence of disease) that occurred before and

after vaccination was introduced against these diseases.

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George Bernard Shaw

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Measles is similar: the Department of Health *Green Book* features a graph that does not start until the 1940s. There appears to be a great drop in the number of cases after the measles vaccine was introduced in 1968, but looking at a graph which goes back to the 1900s you can see that the death rate – death being the worst case complication of a disease - had dropped by 99% by the time the vaccine was put on the schedule. Looking specifically at under 15-year-olds, it is possible to see that there was a virtual one hundred percent decline in deaths from measles between 1905 and 1965 – three years before the measles vaccine was introduced in the UK.

In the late 1990s there was an advertisement for MMR which featured a baby in nappies sitting on the edge of a cliff with a lion prowling on the other side and a voice over saying, "No loving parent would

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deliberately leave their baby unprotected and in danger." I think it would have been more scientific to have put one of the graphs using information from the ONS in the advert – then parents would have a greater chance of making an informed choice, rather than being coerced by fear.

When you visit your GP or Health Visitor to discuss the vaccination issue, and you come away feeling scared this is because you are picking up how *they* feel. If all you have is the 'medical model' for disease and health, all you know is that there is a hostile world out there and if you don't have vaccines, antibiotics and 100% bactericidal hand wash, you will have no defence at all against all those germs with which you and your children are surrounded. Your child *may* be OK when they get the measles but you can never tell when disaster will strike, and they may be left disabled or dead by the random hand of fate.

I was like that myself, and when the awful realisation began to dawn on me that vaccines weren't all they were cracked up to be, I started looking in a panic for some other way of protecting my children and myself – some other magic bullet.

My long, slow journey researching the vaccination disease ecology involved learning about other models and philosophies of health and the gradual realisation that it was true what people had told me all along, that 'health is the only immunity.' We don't need protecting *from out there*. We get infectious diseases when our body needs to have a periodic clean out. Children especially benefit from childhood spotty rashes, or 'exanthems' as they are called, in order to make appropriate developmental leaps. When we have fevers, coughs, rashes, we need to treat them supportively, not suppressively. In my experience, the worst complications of childhood infections are caused by standard

medical treatment which involves suppressing all the symptoms.

What is the biggest obstacle to doctors' even entertaining the possibility that the Universal Childhood Vaccination Program may not be the unmitigated success that it is portrayed to be? Or that there may be other ways of achieving health that are better and longer lasting? Possibly it is the fear of stepping out of line and being seen to be different – with all the consequences that this can entail, as I know from personal experience. As George Bernard Shaw says in his preface to 'The Doctor's Dilemma' 1906 :

“Doctors are just like other Englishmen: most of them have no honour and no conscience: what they commonly mistake for these is sentimentality and an intense dread of doing anything that everybody else does not do, or omitting to do anything that everybody else does.”

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FURTHER INFORMATION

More detailed information about vaccination: the diseases against which we vaccinate and the vaccines used may be obtained in Dr Donegan's report: 'Vaccinatable Diseases & Their Vaccines' at:

<http://www.jayne-donegan.co.uk/LinkClick.aspx?fileticket=d%2ffky%2flvwv4%3d&tabid=826>

To book a telephone or in person consultation to discuss health or vaccination issues, or if you would be interested in hosting a lecture or workshop in your area,

please call: T/F 0044 (0)20 8632 1634 (and leave a clear message)

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