If I Had Terminal Cancer

with comments by Dr Julian Whitaker

Dr. Ralph Moss has written the book, *Questioning Chemotherapy*, which documents the ineffectiveness of chemotherapy in treating most cancers. On November 19, 1977, he was fired for telling the public the truth. At a press conference on November 18th, he and the Second Opinion working group released a well-documented 48-page report that stated the top officials of the Memorial Sloan-Kettering Cancer Center had lied about the results of a study performed at the center regarding "Laetrile"--(a natural, alternative cancer treatment).

Dr. Moss has gained credibility by writing eight books, including his most recent work, *Cancer Therapy: The Independent Consumer's Guide to Non-Toxic Treatment*. He also wrote *The Cancer Industry*, a documented research work telling of the enormous financial and political corruption in the "cancer establishment". He indicates that the motivating forces in cancer research and treatment are often power and money, and not the cure of cancer patients. He also writes, *The Cancer Chronicles*, a newsletter reporting on new cancer treatments and preventive measures.

Dr. Moss' work documents the ineffectiveness of chemotherapy on most forms of cancer. However, he is fair in pointing out that there are the following exceptions: Acute lymphocytic leukemia, Hodgkin's disease, and nonseminomatous testicular cancer. Also, a few very rare forms of cancer, including choriocarcinoma, Wilm's tumor, and retinoblastoma. But all of these account for only 2% to 4% of all cancers occurring in the United States. This leaves some 96% to 98% of other cancers, in which chemotherapy doesn't eliminate the disease.

The vast majority of cancers, such as breast, colon, and lung cancer are barely touched by chemotherapy. However, there is another category where chemotherapy has a relatively minor effect--The most "successful" of these is in Stage 3 ovarian cancer, where chemotherapy appears to extend life by perhaps eighteen months, and small-cell lung cancer in which chemotherapy might offer six more months.

Effective cancer treatment is a matter of definition. The FDA defines an "effective" drug as one which achieves a 50% or more reduction in tumor size for 28 days. In the correlation between shrinking tumors for 28 days and the cure of the cancer or extension of life.

When the cancer patient hears the doctor say "effective," he or she thinks, and logically so, that "effective" means it cures cancer. But all it means is temporary tumor shrinkage.

Chemotherapy usually doesn't cure cancer or extend life, and it really does not improve the quality of the life either; on the contrary, it can greatly decrease the quality of life. Doctors frequently make this claim though. There are thousands of studies that were reviewed by Dr. Moss as part of the research for his book--and there is not one single good study documenting this claim.

What patients consider "good quality of life" seems to differ from what the doctors consider. To most it is just common sense that a drug that makes you throw up, and lose your hair, and wrecks your immune system is not improving your quality of life. Chemotherapy can give you life-threatening mouth sores. People can slough the entire lining of the intestines!

One longer-term effect is particularly tragic: people who've had chemotherapy no longer respond to nutritional or immunologically-based approaches to their cancers. And since chemotherapy doesn't cure 96% to 98% of all cancers anyway... People who take chemotherapy have sadly lost their chance of finding another sort of cure.

It's especially telling that in a number of surveys most chemotherapists have said they would not take chemotherapy themselves or recommend it for their families. Chemotherapy drugs are the most the human body. They are known poisons, they are designed poisons. The whole thing began with experiments with "mustard gas," the horrible chemical-warfare agents from World War I.

Dr. Moss' position on chemotherapy is supported by many major students of the study of cancer treatment. Following are some examples: Dr. John Bailar is the chief of epidemiology at McGill University in Montreal and was formerly the editor of the Journal of the National Cancer Institute. In 1986 the New England Journal of Medicine published an article by Dr. Bailer and Dr. Elaine Smith, a colleague from the University of Iowa. Bailer and Smith wrote: "Some 35 years of intense and growing efforts to improve the treatment of cancer have not had much overall effect on the most fundamental measure of clinical outcome - death. The effort to control cancer has failed so far to obtain its objectives."

Dr. John Cairns, a professor of microbiology at Harvard, published his view in Scientific American in 1985, "that basically the war on cancer was a failure and that chemotherapy was not getting very far with the vast majority of cancers."

As far back as 1975, Nobel Laureate James Watson of DNA fame was quoted in the New York Times saying that the American public had been "sold a nasty bill of goods about cancer."

In 1991, Dr. Albert Braverman, Professor of Hematology and Oncology at the State University of New York, Brooklyn, published an article in Lancet titled *"Medical Oncology in the 1990s,"* in which he wrote: "The time has come to cut back on the clinical investigation of new chemotherapeutic regimens for cancer and to cast a critical eye on the way chemotherapeutic treatment is now being administered."

Dr. Braverman says that there is no solid tumor incurable in 1976 that is curable today. Dr. Moss confirms this and claims that the greatest breakthrough in the objective study of chemotherapy came from a biostatistician at the University of Heidelberg, Dr. Ulrich Abel. His critique focused on whether chemotherapy effectively prolonged survival in advanced epithelial cancer. His answer

He summarized and extended his findings and concluded that chemotherapy overall is ineffective. A recent search turned up exactly zero reviews of his work in American journals, even though it was published in 1990. The belief is that this is not because his work was unimportant--but because it's irrefutable.

With the extensive documentation in Dr. Moss' book, and all the statistics developed by the experts, why is chemotherapy still pushed by the large majority of oncologists? Dr. Moss feels that "there's a tremendous conflict going on in the minds of honest, sensitive, caring oncologists." They're in a very difficult position because they've been trained to give these drugs. And they've devoted many years to reaching a very high level of expertise in the knowledge of poisonous, deadly compounds. They're really in a bind, because they went into oncology to help the cancer patient, yet the tools they've been given don't work. And they see what happens to physicians who "step out of line" and treat cancer with alternative means.

Armed raids, loss of licensure, professional smearing and ostracism are some of the consequences. These could all be related to the quotation in the book made by Dr. Lundberg, editor of the Journal of the American Medical Association. At a recent National Institute of Health meeting, he said of chemotherapy: "[It's] a marvelous opportunity for rampant deceit. So much money is there to be made that ethical principles can be overrun sometimes in a stampede to get at physicians and prescribers." You never heard that on the evening news.

The economics of cancer treatment are astounding. Cancer treatment is close to $100 billion annually ($100,000,000,000). The chemotherapy part of that by 2005 will be up to $12.5 billion. Looking from another angle: the Bristol Myers company owns patents on twelve of the nearly forty "FDA-approved" chemotherapeutic drugs. The president, past president, chairman of the board, and a couple of the directors of Bristol Myers all hold positions on the board at Memorial Sloan-Kettering Cancer Center.

Dr. Moss' book details the failures (and very few successes) for chemotherapy with more than fifty types of cancer, includes a complete description of the major chemotherapy drugs, and has a section about questions to ask your doctor. All of Dr. Moss' books and Cancer Chronicles newsletters are available from Equinox Press, 1-800-929-WELL or 718-636-4433.

We are obviously losing ground with conventional cancer treatment, because the death rates keep going up. The reason for this is because conventional treatment is based on a faulty standard: That the body must be purged of cancer by aggressive and toxic methods such as surgery chemotherapy and radiation therapy. This, of course, seemed reasonable back in 1894 when William Halsted, M.D. did the first radical mastectomy, but it has proven to be so wrong over the last 50 years that continuing to adhere to it constitutes more fraud than honest mistake. However, this standard still dominates conventional cancer therapy, and until that changes, we will continue to lose ground with cancer.

Dr. Whitaker, a firm believer in Dr. Moss' work and alternative cancer therapy goes on to give some of his personal views:

Statistics Don't Tell the Real Story

What is lost in the unemotional statistic of 500,000 cancer deaths per year is how those people died. Dr. Whitaker goes on to say more about the treatment of cancer: In my opinion, conventional cancer therapy is so toxic and dehumanizing that I fear it far more than I fear death from cancer. We know that conventional therapy doesn't work--if it did, you would not fear cancer any more than you fear pneumonia. It is the utter lack of certainty as to the outcome of conventional treatment that virtually screams for more freedom of choice in the area of cancer therapy. Yet most so-called alternative therapies regardless of potential or proven benefit, are outlawed, which forces patients to submit to the failures that we know don't work, because there's no other choice.

Personal Belief Systems Determine the Choices You Make

Because cancer treatment is such a sensitive issue, I need to set some ground rules before I tell you what I would do if I had cancer. What follows is what I personally would do. It is not a recommendation for you, and should not be considered as such. It is not even what my wife would do (that would be her decision), nor is it what my young son would do (that would be the joint decision of my wife and myself). The choices to be made in treating cancer are not easy ones, because there is so little certainty of cure in any of them. The course that someone chooses to take is very personal, and reflects not only that person's knowledge of the options, but also his/her beliefs.

Yet, because we are strongly influenced by our natural fear of death, we lineup for conventional cancer therapy, not so much believing that it will work, but hoping that it will not fail. If expensive, debilitating procedures to eliminate acne scars had the same failure rate as cancer treatment, they would be abandoned. It is only because cancer is so often fatal that conventional approaches were not abandoned long ago. We continue to use them not because they work, but because those who perform them have so vigorously eliminated any other choice.

My Imaginary Cancer Scenario

(by Dr. Julian Whitaker)

Though I would approach my own dilemma with hopes of total cure, I would be the first to admit that, regardless of the course I took, the chances of that are small. Consequently, my choices of cancer therapy are a mix of science and philosophy. They are as much a reflection of how I would struggle for survival as of how I would wish to die if the struggle failed. For the purposes of this discussion, let us assume that I have just been diagnosed with cancer of the lung, and a particularly virulent one. Before going into what I would do and why, let me say what I wouldn't do, and why.

I Wouldn't Take A Passive Role

If I am going to fight for my life, I want to do just that. I am always perplexed by the news stories of some celebrity, doped to the gills with heinous poison, "courageously battling for his life." What does this mean? The celebrity, who simply accepts conventional cancer therapy, is no more "courageous" than a laboratory mouse. This is not to say that what the celebrity is doing is wrong, only that it is the very opposite of a willful act of courage.

Taking a passive role with today's conventional therapy is terribly dangerous. Jackie Kennedy, after a "courageous fight," succumbed to non-Hodgkin's lymphoma - or did she? Her early demise, attributed to the cancer, was a shock to cancer specialists worldwide, and brought into question the real cause of her death. She had been given an unproved protocol of very high-dose chemotherapy. The drugs alone could easily have caused her death - and this would not be unusual. There are numerous cases of iatrogenic (doctor-induced) deaths from chemotherapy.

Comments from Australian Natural Medicine Centre:

We do not completely agree with Dr Whitaker's opinions.

Chemo and radiotherapy are most of the time still necessary for fighting cancer, but they have side effects which lower our immune system.

Tumour consists of two types of cells, one is stem cells which are growing and can be affected by chemo and radiotherapy. The other is still cells which act as a seed, which can cause cancer to resurface, the chemo or radiation will not be able to destroy them. Therefore chemo or radiation will never cure cancer. However, our immune system (T-Cells) can destroy these seeds. A combination of chemo and radiotherapy and boosting the immune system will increase the rate of successful treatment.