Dying to Cut – Unnecessary Surgeries You May Want to Avoid, and Why

People respond to financial incentives. Physicians are no exception to this basic rule of human nature. According to Merrit Hawkin's salary survey, the average compensation for a family general practitioner in 2011 was $178,000. For that same year, the average compensation for a general surgeon was $330,000, with orthopedic surgeons commanding an average salary of $532,000. Obviously, it pays to cut on patients.

Surgical procedures are commonly forced on patients by doctors who are not surgeons, with or without patient consent, often under enormous pressure from profit-driven hospitals, even when it isn't in the patient's best interest. And, of course, the charge is added to the bottom line.

Just A Little Cut, They Tell You, Before Performing An Episiotomy

An episiotomy is a surgical procedure wherein the surgeon makes an incision in the perineum, severing the tissue between the vagina and the anus. Routine episiotomies have been shown to be harmful to women and not beneficial to babies. Episiotomies run the risk of complications such as increased long-term discomfort, infection, hematoma formation, recto-vaginal fistula formation, and dysfunction of the anal sphincter. Many of the possible complications from episiotomies require corrective surgery. It is understandable why many women would not want such a procedure performed on them, and yet the procedure is *forced* on many women on a regular basis, under the guiding rule that the doctor knows best.

According to the authors of the national Listening to Mothers II Survey (2006) said, “The great majority of mothers who had experienced episiotomy (73%) stated that they had not had a choice in this decision.”

Routine episiotomy has been scientifically discredited for more than 20 years, and yes, child birthing experiences like this are becoming more commonplace:

> *Dr. A came into the room and after two pushes he had scissors in his hands and told the nurse that he was going to perform as episiotomy. I said, “Why?” … I pushed two more times, and he was going to cut, and I said, “No, Don’t Cut Me”. Then I said, “Why, why can’t we try?” He said why you don’t go home and try or go to Kentucky! So then after he yelled at me he cut my vagina twelve times. So before the episiotomy, the nurse said it’s only going to be a little cut. A little cut turned into Dr. A’s horrific rage against me as a human being and against my will to begin with. I wanted to cry so badly and I was so horrified while he was cutting me.”*

Kimberly Turbin has since filed suit against Dr. Abbassi. Her attorney explains, “Today, legal protections for American women in childbirth are uncertain—but with Ms. Turbin’s case, I intend to show that there are, indeed, real consequences when providers inflict harm on vulnerable patients.”

Unfortunately, this wasn’t an isolated incident. Rebecca Woolf did not want an episiotomy, and she clearly communicated that fact to her doctor in her prenatal visits. “Oh yeah, it shouldn’t be a problem. Sounds good,” Woolf recalled him saying. “But when we got into the delivery room, it was, ‘I’ve got to do this, I’ve got no choice. If I don’t cut you, you’re going to tear. It’s going to be terrible. It’s going to be way worse.”

> *…I had pushed, like, once and he said, ‘I’m going to have to cut you, or else you’ll tear.”*

The American Congress of Obstetricians and Gynecologists reported 443,000 episiotomies performed in 2007. A 2005 study in the *Journal of the American Medical Association* suggests that between 30 to 35 percent of vaginal births in the U.S. involve an episiotomy.

The episiotomy rates among American midwives is roughly 3%.

C-Section

According to survey results, (32%) of respondents gave birth via cesarean section. Many women said they would have preferred the option of giving birth vaginally, but their doctors refused natural childbirth as an option.

The mainstream media prefers to emphasize the glamor of "designer births" wherein labor is induced and babies are born by cesarean section on schedule, followed by a tummy tuck. Despite their emphasis on this way of giving birth, these options are rarely sought after. More prevalent than designer births are allegations of profound abuse. Andrea Davis explains that she can't recall her most recent birth, "without crying and becoming physically ill at times."

Angela's doctor manually removed her placenta and performed a uterine sweep following her baby's birth, while blatantly ignoring her distress and refusing to speak to her. "I have never had someone put their arm up inside of me in my three previous births, let alone without telling me what they were doing first, and without asking permission. [The doctor] had zero respect or regard for me as a human being."

Another woman explains that she was rolled into the OR while she was screaming, "I don't want a C section!" while being told, "If you don't shut up, we will knock you out!"

Another shares her gruesome experience giving birth.

> *When my plans for an HBAC [home birth after cesarean] failed, the hospital treated me like a criminal. I was ignored, yelled at, verbally abused, denied pain medication, neglected, separated from my husband, held down, strapped to a table, and told that my baby and I would most likely die…*
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> *Then I was put to sleep.*
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> *Strangers witnessed my baby's first breath; we were not surrounded by love in that operating room. I suffer from PTSD."*

Rinat Dray a mother of three boys had her first two children delivered by C-section that resulted in difficult recoveries. So in 2011, she was determined to have her next baby naturally, referred to "vaginal birth after cesarean," or VBAC.

After several hours of labor, Dr. Dray's doctor abruptly decided when and how Rinat Dray was to give birth.

> *He said, 'It doesn't matter if you're making good progress. I don't think it's going to be natural. I don't have all day for you.' …They pushed me into the operation. I was begging all the way, 'Don't do it, my baby is fine! Don't do it!' His answer was just, 'Don't speak.' "*

What if You Are Not Dead Yet? You Better Speak Up

According to consulting firm, Milliman, the recipients of single-organ transplants—heart, intestine, kidney, liver, single and double lung and pancreas—are charged an average of $470,000 dollars, ranging from $288,000 for a kidney transplant to $1.2 million for an intestine transplant.

The current criteria on brain death was put in place by a

Harvard Medical School committee in 1968. In 1981, the Uniform Determination of Death Act made brain death a legal form of death in all 50 states.

The exam for brain death is straightforward, but by no means foolproof. A doctor splashes ice water in your ears, pokes you in the eyes with a cotton swab and checks for gag reflexes, and then he runs some other tests. The whole process takes less time than a typical eye exam. Finally, in what's called the apnea test, the ventilator is disconnected to see if you can breathe unassisted. If not, you are often declared brain dead. (Some or all of the above tests may be repeated later for confirmation.)

Unfortunately, many people who are declared brain dead are never tested for higher brain activity. Even if testing for higher brain activity was to be required, brain death diagnoses would still not be an exact science. The harsh reality is that vital organs could become useless if doctors always waited until they were positive the donor was dead before they removed them. Giving the gift of life may be something that you do while you are still alive.

We'll never know how many patients were pronounced brain dead who would have recovered if their doctors had not harvested their organs.

There have been numerous accounts of patients who came to consciousness just in the knick of time, people who recovered after a firm diagnosis of "brain death" was already given.

> *Zack Dunlap, a 21-year-old Oklahoman, flipped over on his 4-Wheeler and suffered catastrophic brain injuries in November 2007. Thirty-six hours after his accident, doctors at United Regional Healthcare System in Wichita Falls, Texas, declared him 'brain dead.' Preparations to harvest his organs were underway when friends and relatives gathered to say their final goodbyes. His cousin, a nurse, wanting to make certain,*

scraped his pocket knife along the bottom of Zack's foot. Zack jerked his foot away. Just months later, Zack was walking and talking. Zack recalled hearing the doctor say he was dead and being 'mad inside' but unable to move.

Steven Thorpe, a British 17-year-old, suffered horrific injuries in a multi-car accident. Four doctors declared him 'brain dead.' Doctors asked his family to consider donating his organs before his life-support was turned off. The family sought a second opinion from a neurologist who detected faint brain waves. Seven weeks later, Steven was discharged from the hospital having made a near-full recovery. In 2013, at age 21, now an accountant trainee, he spoke to the media for the first time: 'Hopefully (my experience) can help people see you should never give up. My father believed I was alive—and he was correct.' "

Doctors are expanding their definition of what it means to be a viable donor.

Colleen Burns was initially found unresponsive and surrounded by empty bottles of Benadryl, Xanax, a muscle relaxant and an anti-inflammatory drug on Oct.16, 2009. If her prognosis remained hopeless, it would have proven to have been more profitable for the hospital.

Colleen did not meet the standards for withdrawal of care. Her paperwork documents a cardiopulmonary arrest, a heart attack that conveniently resulted in brain damage. The heart attack never happened and doctors ignored nurses' observations that her condition was improving. Nurses noted that she curled her toes when touched, flared her nostrils, and moved her mouth and tongue. Poison control specialists recommended using activated charcoal to stop Burns' body from absorbing the

drugs, but the recommended treatment never happened. She became conscious not a moment too soon, waking up seconds before a transplant team was set to harvest her organs. (Unfortunately, Colleen's later suicide attempt in 2011 was successful, taking her life at age 41).

New rules have been established to expand eligibility for donation. Patients on ventilators whom doctors find to be "hopeless" or "vegetative" are now seen as viable candidates for organ donation. Newer rules have also been put in place to allow donation after cardiac death. Despite the flawed track record of our current protocols, the changes put in place are ensured to maximize organ donation, not minimize mistakes. The true magnitude of the problem encompasses the countless cases no one hears about, all the patients who would have woken up if given the opportunity. We hear only about those who woke up in time.

Breast Augmentation

At what age should breast augmentation surgery be considered? Should a parent be allowed to force breast augmentation surgery on an unwilling child? How young is too young for breast augmentation surgery?

Sarah Burge had been under the knife since she was seven years old. She has spent nearly a million dollars on surgeries, earning her the nickname,"The Human Barbie."

Poppy kept bugging me to have it done. She'd stomp her feet and throw a tantrum, and say things like, "Mommy, you had your first surgery at 7! I'm 10 now! I want my surgery!"

Sarah Burge had to extend her search to Latin America in order to find a doctor willing to do it. No physician in the UK or the U.S. would agree to perform the surgery, citing ethical prohibitions. She found a Mexican doctor who routinely

performs surgeries from home, at a bargain price.

Sarah came to me after being turned down by lots of doctors. People with ethics and concerns for children. Me, I don't have those things. I performed the surgery, and it went very, very well. Young girl, she has a great set of breasts now.

Male Genital Mutilation, AKA, Circumcision

Whenever a male infant is born, his country of origin is arguably the biggest factor in determining whether or not his penis will remain intact. American parents have been lied to, and they have been sacrificing their children for an ancient superstition, a medical myth, or what they perceive to be the cultural norm. Over a hundred children die each year from complications arising from circumcision. Many more suffer from botched circumcisions that often requiring corrective surgery.

Does it make sense to risk an infant's life to make their genitals more closely resemble a family member's? What if the operation were botched? Does it not follow that it would be beneficial for us to stop doing routine surgical procedures?

Justifications for circumcision vary. There are many myths surrounding circumcision. A growing number of men grow up resenting that they were circumcised because they did not consent to the procedure.

Ahmadi gave birth to a baby boy who loved attention, cried very little, and smiled at his parents. "He gave us the most amazing moments of our life." Against their better judgment, Ahmadi and John Heydari were persuaded by their pediatrician to circumcise their son. They had resisted their doctor's recommendation to have their son circumcised because they were believed that "Mother Nature created us the way she intended us to be."

In a country that no longer circumcises the majority of their infants (32%), this Canadian pediatrician had to be determined in order to gain consent from the Iranian immigrants.

Ahmadi admits that she and her husband knew, almost immediately after their son's surgery, that something was seriously wrong.

The previously cheerful baby –

> *Was crying so much, so hard, and he wouldn't stop,…He was bleeding, and it only got worse over just hours … It was so obvious from the blood his tiny body had lost that he was in danger."*

Ryan Hedari was brought to Toronto's North York General Hospital. Pathologists said he succumbed to "hypovolemic shock" caused by bleeding from the circumcision, incisions which emptied his body of approximately 40% of his blood supply. It was too much for him to take, and he died.

His parents are wracked with grief. "We … waited for care that could have saved his life, but that level of care never came."

> *The loss of Ryan, our only child, has made us realize that we can't possess anything, even our hopes and dreams. We hope that this never happens to any other baby."*

Mario Viera's parents had repeatedly told the hospital staff that they did not want their son circumcised. Like most Latin Americans, they consider themselves culturally opposed to circumcision, and they made their position clear. Eight days after their son was born and was still being cared for in the neonatal intensive care unit, Vera Delgado returned home briefly to take a shower and to change her clothes. By the time she got back to South Miami Hospital, the hospital staff had circumcised her child, supposedly by mistake. She is suing the hospital for assault and battery and asking for a million

dollars for the deformity the circumcision caused.

Her attorney, Spencer Aronfeld, explains:

> *This is not medical malpractice. We are suing for battery, an unauthorized assault on this baby. They took a knife to him without his parent's permission.*
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> *The baby was in neonatal intensive care with complications from a birth-related infection. They took the baby out and amputated healthy tissue from the penis in an irreversible procedure.*
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> *…The parents were very explicit they did not want him circumcised, and [the hospital] had asked the parents repeatedly."*
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> *…We are the only country in the world that routinely does non-religious and non-medical circumcisions.*
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> *Americans need to learn circumcision is not the way penises were meant to be."*

Conclusion

Generally speaking, the more surgeries that take place, the more profit is made through patient care. It pays to cut. If doctors only cut on consenting patients, they wouldn't make as much money. Childbirth is done by a schedule designed to enhance the profitability of hospitals, not the safety of the mothers or the newly born. The American infant mortality rate is a national embarrassment. Surgical interventions are increasingly common, and are forced on women for reasons such as a "failure to progress." If you don't achieve progress in due time on your own, they will cut you open to achieve their notion of "progress." Surgical childbirths do pay better than natural childbirths.

Circumcised penises pay better than intact penises. Don't be fooled. That is the main reason circumcision has been perpetuated in modern times. There are also a significant number of people who desire to cut on your children. They know it isn't medically necessary, but they enjoy taking your newborn children to soundproof rooms, ripping the foreskin from the glans, and then cutting into the foreskin, amputating the prepuce. Dr. Raymond Rezaie stands accused of botching over 30 such operations. Despite his track record, he doesn't want to stop doing them. Infants do not consent to circumcisions; they fight them. That's why doctors strap them down.

Surgical operations are often done routinely, and often against a patient's will. At a time when people are at their most vulnerable, they are either told they have no choice, or they are never given a choice. The choice to be an organ donor shouldn't mean that the gift of life could cost us our own lives, but this remains a very real possibility.

It used to be commonplace to get a second or even a third opinion in order to confirm the diagnoses whenever surgery was recommended. This kind of due diligence is no longer the norm. Instead, patients trust their physicians, taking it on blind faith that it's in everyone's best interest that they be cut open. Rarely is it acknowledged that doctors are dying to cut on us, and they may be the only one to benefit.

Recommended Reading:

- *Doctors Against Vaccines*
- *Scientists Against GMOs*
- *How Plumbing, Not Vaccines, Irradicated Disease*
- *Circumcision, the Primal Cut – A Human Rights Violation*

Sources:

- *Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences –*

NCBI.gov
- *Quebec doctor accused of botching circumcisions* – CBC News
- *Caught on Video: Improving Birth Breaks the Silence on Abuse of Women in Maternity Care* – Improving Birth
- *Break the Silence* – Improving Birth
- *Woman Charges OB With Assault & Battery for Forced Episiotomy* – Improving Birth
- *Episiotomy, Once 'A Little Snip' Childbirth Routine, Curbed by New Guidelines* – Catherine Pearson
- *Labor & Delivery: Complications of Episiotomies* – Healthline
- *Mother Sues Hospital Claiming Forced C-Section* – CBSNews
- The Mom Forced to Have a C-Section – Huffington Post
- *Cesarean Section-Risks and Complications* – WebMD
- *Patient Wakes Up As Doctors Get Ready to Remove Organs* – ABC News
- *What You Lose When You Sign That Donor Card* – Wall Street Journal
- *Ghost Boy* – Martin Pistorius
- *The Dark Side of Being an Organ Donor* – Gizmodo
- *Organ Donation Refusal May Save Your Life* – Pro-Life Healthcare Alliance
- *10-Year-Old Girl Receives Breast Implants From Mexican Doctor* – Empire News
- *Ontario newborn bleeds to death after family doctor persuades parents to get him circumcised* – National Post
- *Mother's fury after doctor circumcises three-month-old baby boy at request of Muslim father WITHOUT her consent* – Daily Mail
- *Circumcised by mistake: Hospital performs surgery without parent's permission* – BabyCenter
- *Muncie Family Sues After Doctor Gives Baby Unwanted Circumcision* – Keller & Keller
- *Miami Hospital Circumcises Baby by Mistake* – ABC News
- *Complications of Circumcision* – Aaron Krill, Lane Palmer, and Jeffrey Palmer

- *Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experience* – Eugene Declercq, Carol Sakala, Maureen Corry, and Sandra Applebaum