Quackery – college essay



Caveat emptor, better known by its English translation as the term "buyer beware" has long stood as a warning to consumers. It is a phrase that serves to stress the importance of exercising both intelligence and logic when making a purchase. However, in light of detriments posed through the veil of fraudulent medical practices, a new phrase is in order: caveat patiens when translated simply means: patient beware. The Department of Sociology and Social Policy at Princeton University defines quackery as: "Medical practice and advice based on observation and experience in ignorance of scientific findings. Medical and health care quackery has become a global dilemma which begs the question: What can be done to protect the public from companies peddling treatments and therapies with no scientifically proven benefit? The College of Pharmacy at Southwestern Oklahoma State

University has conducted considerable research in the area of medical quackery as it relates to the impact it has had and continues to have on the general public.

Since 1994 when the Food and Drug Administration (FDA) passed the "
Dietary Supplement Health and Education Act (DSHEA)," the United States
has become awash and inundated with companies promoting products that
guarantee weight loss without exercise, provide sustained energy, build lean
muscle, and a wealth of fantastic claims poised at a country of health
conscious or alternative medical treatment seeking consumers. (Pray 2009)
A large percentage of these products are not only aimed at the health
conscious individual, but unfortunately also aimed at individuals seeking
alternative treatments to medical conditions, some life threatening.

Seemingly legitimate supplement providers offer nutritional products that claim to "support healthy immune systems and provide a basis for natural healing." (Mehlman 2005) In essence, a multi-vitamin can make the same vague claim and with greater success. What the public does not know is that many of these so called treatments can interfere with the effect of prescription medications that are medically proven treatments as well as have adverse effects on liver and kidney functions. Millions of Americans have opened their pocketbooks to pay for therapies claiming to treat their condition or illness without any scientific merit hatsoever. Not only have they expended millions of dollars in the process, they have most likely denied or delayed genuine medical treatment which in many cases has cost them precious time—time in which their illness may have spread and become ultimately untreatable as well as valuable time that could have been spent with friends and family. But the monetary cost and value of time are not all that is lost. Many legitimate companies who offer treatments and supplements supported by scientific and medical research suffer an almost " guilt by association" effect.

A wary consumer may well deny the services or products of a company who has gone to great lengths to gain credibility in their field of treatment or therapy and there is no organization in place to protect them. The war against quackery is being won in very small uphill battles. The United States Food and Drug Administration strives to diligently contact companies with written warnings against false claims for cures and the Federal Trade Commission is now empowered to take criminal action against firms who

have proven to make false and misleading claims where certain so called "cancer cures" were concerned.

But as such, governmental agencies are not limitless in their human resources and are hindered by the task of ultimately having to prove fraud in a court of law which can be very costly to the consumer in the long run in the form or higher taxes. Who should bear the costly burden of fighting fraudulent medical practitioners and is it a fight worth fighting? Should the consumer simply be left to fend for themselves? The government of the United States of America has a moral and ethical obligation to its citizens to protect them from any threat or harm.

Quackery is terrorism as it is a means of attack or coercion. In this case it is coercion for financial gain and nothing more. It is an attack on humans who are defenseless because of their vulnerability due to illness, lack of education, or their mistaken trust in someone posing under the guise as a medical benefactor. "Education and enforcement have been the traditional weapons used for combating quackery and health fraud and while both are necessary for the task, what has been done to date in these two areas has not been sufficient or effective. (Razouk 2003) It is necessary for the public to arm themselves through education and publicity to expose companies who are fraudulently preying upon the desperation brought about by human suffering but it is up to the federal government to put in place mechanisms and resources in the form of strict legislation and prosecutory methods as well as consumer awareness agencies necessary to combat those entities that have put financial gain ahead of serving the public interest.

It could be argued that such actions would be costly and while that may seem initially accurate, in the long run it could potentially save millions of dollars in insurance claims and costs of litigation. An increase in civil lawsuits typically translates into higher liability insurance premiums which are passed on to the consumer in the form of higher health care costs. Overall, the price tag to combat quackery would be minimal compared to the cost of human pain and suffering caused by fraudulent medical practices. WORKS CITED

Mehlman, M. (2005). Quackery. American Journal of Law & Medicine, 31(2/3), 349-363. Retrieved from Academic Search Premier database. Pray, W. (2009). Health fraud and the resurgence of quackery in the United States: A warning to the European Union. Pharmaceuticals Policy & Law, 11(3), 113-152. doi: 10. 3233/PPL-2009-0216. Razzouk, N., & Seitz, V. (2003). Marketing to the Heart: A Practical Approach to Dealing with Health Care Quackery. Clinical Research & Regulatory Affairs, 20(4), 469-478. doi: 10. 1081/CRP-120026128.