January 2015 Newsletter

So what are YOU going to do with your extra two minutes?

It is a relief to have the shortest day of the year behind us. From now on the days get longer (at least until June 21) so whatever it is we’re planning to do with this new year, we’ll have about two minutes more each day to get it done. A suggestion? Glad you asked. Why not work on improving our critical thinking skills?

Critical thinking is good for the health

Prove all things, hold fast that which is good (our sign-off at the end of each newsletter) is a pretty good summation of critical thinking. In other words, cross-examine the facts and hang on tight to the truth – but stay alert for new ideas and research that come along. This is a very useful method in the often complex reality that is health care. For example: “Should I take this drug, or do the health risks of the drug outweigh the benefits for me?”

This line of questioning applies to medications for cholesterol, high blood pressure, type 2 diabetes, preventing cancer, and so on. The answers are often not simple, which is where critical thinking comes in: to come up with a solution we need a mechanism to assemble the facts, pro and con, and then process those facts in the context of our own particular situation.

This is vital at the doctor’s office: no-one cares more about your health than you do, so think through every health care decision you make, and ask health care providers to explain treatment rationale as well as alternatives before every step.

Get familiar with a couple of resources like The Merck Manual and a good medical dictionary in order to learn more about whatever you are dealing with. The more we use these resources (even for minor issues), the more effective they are. The website uptodate.com/patients/info is a helpful (free) online resource for patients. We use the full physician-level version daily. The National Institutes for Health (NIH) website PubMed.gov is another useful resource for researching study data.

Thinking through the diet debate

The field of food controversies also gives us a lot of practice in critical thinking. Whether the issue happens to be grains, dairy, meat, salt, fat, or whatever, there are passionate opinions from every direction. It’s tempting to accept something as true because it sounds like it should be true. Assume nothing and question everything. As with the medication risk-benefit issue mentioned earlier, answers are often not clear-cut, but critical thinking can help lead to an informed decision. (See pages 34–41 in the new edition of Good Food, Great Medicine for an overview of a few food controversies.)

First, assemble facts and check sources

No amount of deep, sincere, intelligent thought can accomplish much without adequate knowledge. Gather all the facts and opinions you can, but FIRST make sure that the sources you are using provide:

1. author’s name and credentials,
2. contact information for the author,       
3. publication date, and               
4. the source for each study mentioned.

Insisting that sources meet these four conditions will expose most (but not all!) fraudulent claims. Don’t forget – fiction can go viral before facts can even boot up, and false information oft repeated is still just false information.

Next, identify bias

Our own bias is the most important to recognize because it will almost always inject opinion into our thinking. We humans are predictably less skeptical when the information we’re testing happens to agree with our opinion, a phenomenon known as “confirmation bias”. Of course, you also want to
check for bias on the part of your information source: is there a product or philosophy being sold? Beware health claims that avoid commenting on the strengths (or even existence) of opposing views, and rely on small studies and biochemical theory. Some criteria for evidence-based claims are outlined on page 10 of Good Food, Great Medicine.

Now, analyze facts
Let’s take the issue of grains as an example. Some authorities suggest that grains in general (and modern wheat in particular) should be avoided. Because of the questions that come up so often about grains and gluten in our practice, we have expanded the discussion about them in Good Food, Great Medicine (see pages 23–25 and 46). The facts can be summarized this way:

- **Fact:** Populations have eaten and thrived on grains throughout recorded history.
- **Fact:** Whole grains are recommended by every major nutritional organization we know of.
- **Fact:** Human outcomes studies consistently show whole grains are associated with a broad range of health benefits, including lower death rates, cancer, heart disease, stroke and diabetes.
- **Fact:** Highly-refined grains like white rice, most ready-to-eat breakfast cereals, and most flour-based products are nutrient-depleted and waistline-expanding, and are associated with markedly worse health outcomes, increasing risk of cancer, depression, type 2 diabetes, heart disease, and more.
- **Fact:** A small number of people are sensitive or intolerant of the gluten in wheat, rye, and barley. This is a complex subject discussed more thoroughly on pages 40–41 in Good Food, Great Medicine.
- **Observation:** Anyone who struggles with excess waistline and blood sugar seems to do better when they minimize foods made with flour (even whole grain flour), and rice, probably due to their sensitivity to rapidly metabolized starches.

So when you ask yourself, “Are grains good or bad for me?” the answer becomes clearer: whole grains are good for most of us, but refined grains are not. (Examples of some whole grain recipes are the barley and quinoa salads on page 216, the brown rice recipes on pages 210–215, the crock pot cereal on page 128, and the European-style whole grain rye bread on page 252 of Good Food, Great Medicine.)

The practice
If you are looking for a more personal approach to lifestyle change, feel free to call our office to schedule a consultation. In addition to his primary care practice, Dr. Hassell also offers consultation appointments for diagnosis, second opinion, or to develop patient-centered solutions using evidence-based conventional and lifestyle interventions.

Good Food, Great Medicine classes
Our two-part class series targeting weight loss, insulin resistance, and type 2 diabetes will be based on the new edition of Good Food, Great Medicine, which each participant will receive at the first class.

**Good Food, Great Medicine Part 1:**
- Review inter-relationship of excess waistline and weight, insulin resistance (common to most cases of type 2 diabetes), and heart disease and stroke risk.
- Discuss the role of the “key three” — a whole food Mediterranean diet, daily activity, and enough sleep.
- Work through the 14-point Risk Reduction Action Plan to target the inter-related factors.

**Good Food, Great Medicine Part 2:**
- Explore practical application of whole food choices and menu planning. Review progress, find solutions to challenges, and fine-tune personal action plans.

**Time:** 6 – 8 pm  
**Date:** 1/14/15 (Part 1) and 1/21/15 (Part 2)  
**Location:** Providence St. Vincent Medical Center  
**Cost:** $100 (2-class series)  
**Registration:** Call 503.291.1777 to reserve a spot

We are also offering a two-part class series in February:  
**2/10/15 (Part 1) and 2/17/15 (Part 2).**

Dr Hassell’s speaking events

1/14/2015 and 1/21/2015 – Good Food, Great Medicine 2-part Lifestyle Change Class Series: Portland, OR. For registration information call our office at 503.291.1777.

1/29/2015 – Providence Home Health and Hospice Conference: Taking Care of Ourselves: Lifestyle Choices for Optimism and Resilience; Oregon City, OR.


2/11/2015 – Legacy Health System Integrative Oncology Grand Rounds: Key Survivorship Choices; Portland, OR.

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1 Thessalonians 5:21 (KJV)