

Book Reviews

Good Calories, Bad Calories: Fats, Carbs, and the Controversial Science of Diet and Health, by Gary Taubes, paperback, 609 pp, \$16.95, ISBN 978-1-4000-3346-1, New York, N.Y., Anchor Books, 2007.

“The literature on obesity is not only voluminous, it is also full of conflicting and confusing reports and opinions. One might well apply to it the words of Artemus Ward: ‘The researches of so many eminent scientific men have thrown so much darkness upon the subject that if they continue their researches we shall soon know nothing.’”

—Hilde Bruch, *The Importance of Overweight*, 1957

“It is incredible that in twentieth-century America a conscientious physician should have his hard-won professional reputation placed on the line for daring to suggest that an obesity victim might achieve some relief by cutting out sugars and starches.”

—Robert Atkins, 1973

“[I]t is the quality of the calories consumed that regulates weight, and the quantity...is a secondary phenomenon.”

—Gary Taubes, 2007

With this landmark book, award-winning science writer Gary Taubes examines the question, “What constitutes a healthy diet? Is it low carbohydrate or low fat?”

He demolishes both the “neat, plausible, and wrong” belief that saturated fat in our diet is dangerous, and the conventional wisdom that obesity results both from overeating (from consuming more calories than we expend) and from sedentary behavior. And he explains how the low-fat hypothesis has become entrenched dogma.

By carefully examining the complex research history, Taubes shows that obesity is caused by the quality, not the quantity, of the calories we eat—especially by the effect of refined carbohydrates on the regulation of fat storage and metabolism. He concludes that those factors of diet that induce obesity may also be the primary factors in the cause of many of the chronic diseases of

civilization such as heart disease, diabetes, Alzheimer’s disease, and cancer.

Since the 1960s, because of the fat-cholesterol hypothesis of heart disease, Americans have been eating less fat—less red meat, fewer eggs, and more poultry and fish. Our average fat intake has dropped from 45 to 35 percent of total calories, while the number of citizens with high cholesterol has declined by 28 percent.

But this has not improved our health. Cardiac mortality has declined because of better treatments, but the incidence of heart disease has not significantly decreased. Over a 25-year period—coincident with official recommendations to eat less fat and more carbohydrates—obesity has increased from around 14 percent to more than 30 percent of the population, so that by 2004 one in three Americans was clinically obese. In addition, diabetes rates have steadily increased during the 20th century as our consumption of caloric sweeteners, including sucrose (sugar) and high-fructose corn syrup, has increased from around 110 pounds annually to nearly 150 pounds per person.

The carbohydrate hypothesis (that refined carbohydrates cause obesity) is based on decades of physician observations, including two observations of populations. The first is that the diseases of civilization were nearly nonexistent among isolated populations living on traditional diets. The second is that these diseases appeared only after the populations were exposed to the refined carbohydrates of the Western diet.

A low-carbohydrate diet based exclusively on fatty meat was publicized after World War I by the Harvard anthropologist and Arctic explorer Vilhjalmur Stefansson, who had spent more than a decade eating nothing but meat (without carbohydrates, fruits, or vegetables) among the Inuit of northern Canada and Alaska. Later, in the late 1940s, Ancel Keys began promoting the fat-cholesterol hypothesis. It held that fat is a killer and that cholesterol levels predict heart disease. By the early 1970s Keys’s hypothesis was emphasized in medical textbooks and in medical schools, but it still competed with the carbohydrate hypothesis.

Then, in one of the more remarkable shifts in the history of public health, a

“healthy diet” became a low-fat, high-carbohydrate one. In 1977 the government’s first *Dietary Goals for the United States* shifted opinion permanently in favor of Keys’s hypothesis. Over the next two decades, the U.S. Department of Agriculture’s booklet on dietary guidelines, its ubiquitous Food Guide Pyramid, and the Surgeon General’s Report on Nutrition and Health all recommended less fats and oils and more pasta, potatoes, rice, and bread. After a December, 1984 conference, the National Institutes of Health declared a “consensus” in favor of low-fat diets.

In spite of this, many diet fads became popular during this period: *Eat Fat and Grow Slim* (1958), *Dr. Atkins’ Diet Revolution* (1972), *The Complete Scarsdale Medical Diet* (1978), *Protein Power* (1996), *Sugar Busters!* (1998), and *The South Beach Diet* (2003). These all claimed that carbohydrates, not fat, are the problem and recommended eating less of them.

All were dismissed as part of a misguided fad by the American Heart Association, the American Medical Association, and nutritional authorities. For example, *Dr. Atkins’ Diet Revolution*, first published in 1972, antagonized the medical and nutritional establishments and was immediately censured by the AMA. In spite of this, in the decade after its 1992 publication, *Dr. Atkins’ New Diet Revolution* sold more than 10 million copies.

As Taubes points out, the evidence now is overwhelming. Research on insulin and fat metabolism over the past several decades has shown that the carbohydrate hypothesis is correct, and that instead of fat and cholesterol causing heart disease, it is the carbohydrates that determine the atherogenicity of lipoproteins.

Both cholesterol and triglycerides circulate as lipoproteins. The triglycerides are continuously broken down into their component fatty acids, released into the bloodstream, and merged with fatty acids from the diet to re-form a mixture of triglycerides, in a perpetual cycle of fat metabolism.

Fat is burned for fuel in the body in the form of fatty acids. They can supply up to 85 percent of our fuel needs. The flow of fatty acids out of the fat cells depends on the

blood levels of glucose and insulin. When surplus glucose is present, the glucose (instead of the free fatty acids) is burned as fuel in the tissues, while the fatty acids enter the fat cells for storage as fat. So increasing our intake of refined dietary carbohydrate increases the storage of fat, while increasing our fat intake and restricting carbohydrates decreases our fat stores.

Table sugar and high-fructose corn syrup are unique refined carbohydrates that have especially harmful effects. Table sugar (sucrose) is an equal mixture of glucose and fructose. With digestion, the glucose enters the bloodstream and raises the glucose (and the insulin) level, which allows the glucose to be used for energy in the tissues. But around a third of the glucose is transformed into fat (triglycerides) by the liver.

And nearly all the fructose portion of the sucrose enters the liver where it, too, is converted into triglycerides. These are secreted as lipoproteins, which travel to the fat cells for storage. This fructose-induced lipogenesis means that more sugar and fructose in the diet will lead to a higher level of serum triglycerides.

Fructose also increases the oxidation of LDL particles, which is one step in the formation of atherosclerosis. Taubes cites experimental evidence that suggests this oxidation process also may be involved in the causation of other chronic diseases of civilization, such as diabetes and Alzheimer's disease.

As *Good Calories, Bad Calories* shows, it has taken us more than 100 years to learn that the same diet that sustained us in the Stone Age is the one that will keep us healthiest in the 21st century. The problem has been with the politically correct "consensus" science. It begins with a false hypothesis—that obesity results from excess calories and/or inadequate physical activity—and then repeatedly tries and *fails* to explain the evidence. This enormous enterprise, that purports to be a science instead has functioned like a religion.

Taubes excoriates the diet researchers for not being scientists. As he points out, the scientific obligation is first to establish the cause of disease. But the scientific method has been subverted. The institutionalized vigilance that is basic to science—an "unending exchange of critical judgment"—has been absent. As an example, Taubes points out that the diet discovered by Stefansson in the 1920s, which consists entirely of animal products and green vegetables, and is entirely devoid of starches, sugar, and flour, still has not been tested.

Gary Taubes is a national treasure. His years of painstaking research, if recognized, will enable millions of people to improve their health and prolong their lives.

Jerome C. Arnett, Jr., M.D.
Helvetia, W.V.

Indoctrination U.: The Left's War Against Academic Freedom, by David Horowitz, hardback, 159 pp, \$21.95, ISBN 1-59403-190-8, New York, N.Y., Encounter Books, 2007.

"[R]adical politics is essentially a religious vocation."

"Politics is the art of the possible.

Religion is the pursuit of an ideal."

"[T]he purpose of an education is to teach students how to think, not what to think."

—David Horowitz

Rational observers of recent American political events see the continuing tyranny by our elected officials as the cause of our economic downfall, and perhaps even the end of our Constitutional Republic. A large segment of voters apparently has been brainwashed into accepting liberal policies whose agenda is the destruction of America itself. The voters seem strangely unable to think for themselves.

Author David Horowitz (*Radical Son, Left Illusions*) recognized one cause of this problem several years ago and set out to correct it. Here he tells the tragic story of the Left's successful campaign against academic freedom in our colleges and universities that has transformed American popular culture through the systemic corruption of academic standards.

Early in the last century, university scholars needed protection from donors and politicians so they could publish the results of their research without interference. The American Association of University Professors published the "Declaration of Principles on Academic Freedom and Academic Tenure" in 1915. It specified two basic rights—one for faculty and the other for students. The professors were guaranteed freedom in their professional research. On the other hand, they were not to use their authority to indoctrinate their students.

But over the past few decades activists from the Sixties, who themselves have become faculty, have inserted the political agenda of the Left into academic curricula. These faculty insiders see the universities as platforms from which they hope to change the world. All opposing (politically incorrect)

ideas are suppressed through speech codes and collective disapproval.

Horowitz explains that this has led to a radicalized academic culture that threatens the university as an institution. It has closed down the Socratic interrogation of values and lives—the idea that had previously governed the liberal arts curriculum. It also has deconstructed our social cohesion and our national identity by dividing our communities into warring classes, genders, and races.

Horowitz recognizes this process as simply one faction of society trying to impose its agenda of "social justice" on all the other factions. This idea of "social justice" is a secular version of heaven on earth, of a world without "racism," "sexism," or "classism." To the post-Communist Left, it represents the triumph of the "oppressed" over the "oppressors." It justifies any means used by the "army of the saints" against their evil opponents (all the other factions of society).

Horowitz offers several examples of the resulting liberal academic programs:

At the University of Texas a student can major in radical politics.

The University of Colorado's Sociology 5055, "Modern Marxist Theory," is a course on how to be a Marxist.

The entire field of "peace studies" (there are more than 250 "peace study" programs in the U.S.) has a political agenda that is anti-capitalist. It teaches that America is a terrorist state and that the terrorists are liberators of the world's oppressed.

Duke University's Women's Studies Department describes America as an oppressive and imperial capitalist patriarchy.

The entire Social Work Program at Kansas State University is an advocacy program for left-wing "solutions" to social problems. Its Social Work 510, "Social Welfare as a Social Institution," is a course in the evils of American capitalism that presents the Marxist view of American history.

Even worse, our 1,500 education schools are training the next generation of K-12 teachers in "social justice." A prominent leader in this movement is President Obama's mentor, Professor William Ayers. A former head of the terrorist Weather Underground, he is now the Distinguished Professor of Education and Senior University Scholar at the University of Illinois at Chicago. He is the editor of a 12-volume Columbia Teachers College series, "Teaching for Social Justice." Incredibly, this "social justice" agenda is supported both by the National Council for

Accreditation of Teacher Education, and the 25,000-member American Education Research Association.

In 2003 Horowitz recognized this alarming situation and initiated a campaign to reestablish the values of professionalism, political neutrality, and intellectual diversity in the universities. He published an “Academic Bill of Rights,” which upholds the principles of academic freedom that have been in place for nearly a century.

He knew that the students themselves would be important in correcting the problem, so he created Students for Academic Freedom, chapters of which are now found on more than 150 college and university campuses. In addition, nearly two dozen new academic freedom departments based on individualism, private property, and market economics, have been created in universities around the country.

Ideas do have consequences. *Indoctrination U* explains how Americans have been indoctrinated in the political agenda of the Left, and how academic freedom now is being restored on campuses all over the country. Only time will tell if Horowitz’s heroic efforts are too little, too late.

Jerome C. Arnett, Jr., M.D.
Helvetia, W.V.

Patient Heal Thyself—How the New Medicine Puts the Patient in Charge, by Robert M. Veatch, 287 pp, hardcover, \$29.95, ISBN-13: 978-0195313727, New York, N.Y., Oxford University Press, 2009.

In this book, Robert Veatch proclaims a new direction (actually a traditional direction) for the philosophy and practice of medicine that puts the patient in charge of medical decision-making.

Veatch lays his foundation on the awareness that (medical) decision-making is full of value judgments. How long should a cast be in place? When is someone well enough to return to work? Answers to these and other questions require situational understanding and personal values in addition to technical information.

In addition to considering published clinical information, reflecting group statistics for safety and efficacy of a treatment, individual patient considerations such as convenience, cost, possible disruptions of appearance, flexibility of the patient’s schedule, and burden to family members, may indicate a treatment different than published guidelines.

Value-based judgments in medicine often involve a trade-off between high risk/

cost to high reward (statistically better outcome but statistically worse side effects) and low risk/cost to low reward.

Moreover, there is often a blurred line between what constitutes a medical choice and a daily life choice: for example, spa treatments, fish oil, antioxidants, and shopping as remedies for depression.

So how is a physician expected to know “the best of all possible treatments” within the context of individual patient lifestyle, off-label use of medications, psychosocial factors, and alternative health treatments, for each individual patient with different religions, budgets, goals, desires, cultures? Substantive communication between physician and patient is obviously key to satisfying individual patient value judgments in medicine.

Veatch advances the idea that the patient is the best person to evaluate what is best for himself. In the New Medicine, the doctor is seen as partnering with the patient to help the patient decide between various treatment alternatives. The patient is empowered to take on a more active role in his own care and medical decision-making with the advice and guidance of his physician.

Critics of the book are quick to point out that patients may not know how to properly evaluate medical information and are not capable of making medical decisions for themselves. However, consumers make complex decisions on a daily basis with the help and advice of publications and consultants. The author suggests possible solutions to assist with these new responsibilities, including the possibility of offering insurance networks and plans restructured around value-based philosophical guidelines (Catholic, Buddhist, diet-centered, feminist, etc.) with formularies unique to that plan. Of course, health savings accounts (HSAs) would allow individual patients to make these value-based judgments for themselves without the need for the paternalistic input of third-party networks and plans.

Veatch also suggests replacing the prescription system with one in which a physician writes a “certificate of diagnosis.” The patient then takes the certificate to a pharmacy where, via interaction with the pharmacist or even a kiosk, the patient may be given a list of suitable medications along with information related to cost, administration method, duration of treatment, and side-effect profiles from which the patient can decide what works best for him. However, while providing medication options to patients is a desirable goal, the prescribing physician retains the legal and moral responsibility to

take the time to discuss medication options and side effects with his patients. When an untoward medication side effect occurs, the patient is not likely to obtain help from the pharmacy kiosk or pharmacist in the middle of the night.

The loosening of the prescription system opens the door to complete revamping of the role of the FDA, as different social cultures would have different criteria for judging safety and efficacy. A decentralized and competitive review process similar to the Jewish kosher stamp system for food could replace “FDA approval.” Example: a Catholic approval might require stricter standards with regard to risks to an unborn child compared to more utilitarian-based criteria.

Veatch points out the inherent unfairness of universal care, as medical decisions tend to reflect the values of the politically powerful, or global budget constraints. He very briefly suggests a “universal system” in which everyone is entitled to \$10,000 per average life year (through tax credits I assume) and the individual can choose one of the philosophical networks previously mentioned.

The last section of the book moves these principles into the ethics of research. Veatch takes some issue with the interpretation and use of clinical guidelines that are built upon standardized value judgments. He also outlines in detail situations in which patients may choose which arm of a trial they wish to participate in and those in which patients need to be randomized.

The author’s arguments are well constructed and clearly explained, although little discussion is given to the gray zones of his proposed philosophy. I initially found myself at odds with the book’s dismissal of traditional ethics, but after reading and considering his arguments I found the author’s approach to be protective and supportive of individual patient rights.

The author tends to shy away from the idea that his system of ethics is akin to free-market libertarianism, but one cannot help but see that the more we approach the New Medicine the more we approach an individualistic free market system of health care.

Although at times the author seems to pander to the erroneous concept that free-market medicine cannot be fair and compassionate, he makes a strong case for patient and physician autonomy and minimizing government control and interference in medicine.

Edward Stevenson, M.S. 2
Midwestern University, Glendale, Ariz.