Tonight is Halloween night, so I thought I would go ahead and write something truly frightening.

Overview:
For years I have heard that oncology practices are allowed to buy chemotherapy drugs at wholesale, and then essentially resell them to their patients, often at very steep mark-ups. I have also heard this this profit margin derived from chemotherapy drugs can make up a major percentage of the revenue of a typical oncology practice.

If this idea is not shocking to you, let me add one more fact: No other branch of medicine in the United States of America is allowed to do this, or anything like it. If your family physician, (or his or her practice), purchased a statin drug for example, and then marked it up and resold it to you and got caught doing that, bye-bye license. And not only would the physician lose their license, but he or she could face other significant legal consequences, as well.

Not so for oncologists. For reasons that are not pretty, laws and regulations have been specifically crafted to allow oncologists to buy chemotherapy drugs at wholesale, mark them up essentially as steeply as they choose, and then resell them to their patients.

At the beginning of this article I said that I had heard about this. And I had, but until recently I had not been able to confirm it. It is not the sort of thing you casually ask your friendly, local neighborhood oncologist and expect to get a definitive and straightforward answer.

Over the years that I have been helping my clients to overcome cancer, using mostly alternative means, I have ended up talking with and sometimes working with many
oncologists. And in those cases where I felt we had established a strong enough relationship to bear the question I have asked if the rumors are true.

The most common response I got, when I got any answer at all was something like: “...It’s complicated. Of course we don’t buy and sell drugs. Instead we prescribe them and enable our patients to get them. And we administer them.” What they did not disclose is that in many cases they had a legally separate business, that operated as a “dispensary”, and that is the legal/business entity that did the buying and selling. But in most cases, it was clear that the dispensary was owned by the oncology practice and that the enormous profits it generated when right into the bottom line of the practice.

Also over the years, I have heard varying estimates of how much of the revenues of an oncology practice come from this buying and selling of chemotherapy drugs. The lowest estimates I have heard are in the 20% range. The highest have been up to 70%.

Please understand that I am not suggesting that a typical oncologist sits down with his patient chart and consciously decides a course of treatment based on how much profit that patient is worth. Even I am not that cynical about medical practice in this country. And I do not believe that most oncologists are that cynical, either. I believe they get into the work they do, motivated to help people to the best of their ability.

But clearly, if an entire oncology practice is dependent on the resale of chemotherapy drugs for a substantial portion of its profit, this is a problem. At the very least, it is an unconscious conflict of interest. And in some cases it could be much worse than that.

This highly legitimate concern is the reason laws and regulations prevent all other licensed physicians and their practices from buying and reselling drugs. I am not sure who thought it was a good idea to make an exception for oncology practices, or why they might have thought so.

As I said earlier in this article, until recently, the idea that oncology practices were allowed to buy and resell chemotherapy drugs was mostly based on rumors and conjecture, strong though they were.

The Smoking Gun:
It should come as no surprise that the pharmaceutical industry has trade groups, focused on helping the practitioners, who are in some ways their de facto sales force, to sell more product. In fact, the pharmaceutical industry is so vast and profitable that it has many such trade groups, focused on protecting and even increasing the already huge profits they reap.

Some of these trade groups are focused on providing “educational resources”, (read marketing collateral and materials), to medical schools. Others are dedicated to increasing sales by providing incentives to various practitioners to write more prescriptions for their products.
Still others of these trade groups and their sub-divisions are focused on creating a desire for their products among consumers and patients. Hence the prevalence of “ask your doctor…” advertising that is legal in this country and absolutely illegal in most other nations.

So it should come as no surprise that at least one division of one of the larger of these trade groups is focused on increasing demand for, acceptance and reliance on chemotherapy drugs. They do this by providing incentives and other motivation, (maybe even some legitimate education), to oncologists and their staffs.

What is a great surprise, at least to me, is just how candid an article on the web site of one of the larger of these pharmaceutical trade groups is. The article flat out confirms that a major source of the revenue of a typical oncology practice in the U.S.A. comes through the sale of chemotherapy drugs.

Here is an excerpt from the web site of this major pharmaceutical trade group. This article is focused on oncology and specifically on chemotherapy:

“Oncology—A unique sales channel
Unlike most other disease states or drug classes, the practice of oncology relies on the so-called buy-and-bill model. Rather than having the medications they prescribe flow through retail or specialty pharmacies, oncology practices typically purchase (out-of-pocket) the vast majority of the infusion-based or injectable therapies they will administer directly from drug wholesalers or group purchasing organizations (GPOs). They store the pre-purchased drug inventory onsite, dispensing directly to patients as needed, and seek reimbursement from private and government payers and from patient copays or co-insurance...


I don't know how that lands for you, but I find it staggering to even consider that up to 80% of the revenue generated by a typical oncology practice may come directly from the resale of chemotherapy drugs.

When I think about that, I am immediately concerned about the potentially corrupting influence of all that money. It is a major element in sustaining the practice and so must...
exert a powerful influence on the crucial medical choices that are a day-to-day reality in the oncology practice (or business).

And despite the best efforts of the oncologists to set aside monetary considerations and make their choices solely based on the medical well-being of their patients, I do not see how it is possible to avoid the influence of such large amounts of money. Even if the monetary factors are successfully ignored on the conscious level, I think it would be naïve to believe that they do not show up on the unconscious level and so at least influence recommendations and treatment plans.

In short, I find this powerful invitation to a potentially deadly conflict of interest to be shocking. Essentially it places profits over people. I do not understand why an exception has been made for the oncology profession. No other medical profession is allowed to buy drugs at wholesale, mark them up and resell them to their patients.

No wonder I had a hard time finding confirmation that what had been merely disturbing rumor for years is actually solidly based in fact. I doubt that most oncologists want to discuss this aspect of their practice. And I would be surprised if they disclosed the profit margins, which I have been told may exceed 100% in many cases.

**Sources:**
For those who want to look for themselves, below is the URL for the article that I am calling a "smoking gun". If you go to the site, and the specific article that the link below will take you to, you will see that the first few paragraphs are mostly “packaging”. That is they talk about better and more efficient product channels and how these might improve the patient experience and ultimately result in better care.

And the title and sub-title of the article implies that the content is all about a “battle” within the oncology practice sector over “practice positioning” and chemotherapy drug reimbursement policies and levels.

But by the time you get to about the third paragraph you will see that this article is shockingly candid in revealing a truly dark secret of the oncology sector in this country. Be prepared to be disgusted.

Here is the URL for Pharmaceutical Commerce trade group, and specifically to the article that I reference:

http://www.pharmaceuticalcommerce.com/brand_communications?articleid=26844&key word=oncology-healthcare-care%20providers

**Conclusions:**
It is no secret that our health care system, in general, leaves much to be desired. As a nation, we spend more than double the amount per capita that the next most expensive health care system in the world spends. Yet, ranked by overall outcomes, the U.S.A. ranks lower than 37th in the world, even by the more generous and lenient studies.
That said, there are some truly good things about the U.S. health care system. And I do not want to throw the baby out with the bath water. For example, the U.S. has one of the best emergency medical systems in the world. The skill and dedication of the practitioners who comprise that system is second to none.

Another bright area of the U.S. medical system is that throughout most of it, physicians and their practices are not permitted to buy drugs at wholesale and resell them to their patients. This goes a long way towards eliminating even the unconscious profit motives in the making of medical choices. (Of course, the pharmaceutical companies are allowed to give substantial gifts and perks to practitioners, and that needs to change.)

I would like to see the rules changed so that oncology practices are not allowed to buy chemotherapy drugs and resell them to their patients. And until that set of rules can be changed, I would like to see the markup and revenue numbers made a matter of public record. When patients put their very lives in the hands of these practitioners, I believe they have the right to know ALL of the factors that influence the choices their doctors make on their behalf.

Lastly, I want to point out that this glaring conflict of interest and potential to place profits over people might be easier to stomach if the majority of oncologists would “take their own medicine”. In other words, if the majority of oncologists, if diagnosed with cancer would opt for chemotherapy.

But, apparently, more than 70% of practicing oncologists in the U.S. would not! So, they are routinely prescribing a powerful chemical regimen, that is well-known to be highly toxic, and that often does not lead to good outcomes to their patients, even though they admit that they would not take it themselves!

Here is a direct quote:
“Vast majority of oncologists would NOT use chemotherapy if they got cancer.”

Over 75% of the oncologists polled said that if they had cancer they would never use the same chemotherapy they prescribe for their patients on themselves because of the ineffectiveness of chemotherapy and its unacceptable degree of toxicity.”
- Los Angeles Times report

Courtesy of: Heartcom.org - http://www.heartcom.org/SayNOtoChemo.htm

And here are a number of quotes from various experts on cancer regarding their own views of chemotherapy:

**Cancer quotes:**

“Chemotherapy and radiation do not make the body well. They destroy, they do not heal. The hope of the doctor is that the cancer will be destroyed without destroying the entire patient. These therapies do kill cancer cells, but they kill a
lot of good cells too including the cells of the immune system, the very system that one NEEDS to get well. If a cancer patient survives the treatment with enough immune system left intact, the patient may appear to get well at least temporarily, but he will have sustained major damage to his body and his immune system. How much better it is to nourish the immune system directly by the use of natural therapies to assist it in getting you well instead of destroying it by the use of these therapies. Then the immune system itself can kill the cancer cells without any side effects and heal your body at the same time.”
- Loraine Day, M.D. one of those women who cured themselves of breast cancer naturally

- John C. Bailar III, M.D., Ph.D., and Heather L. Gornik, M.H.S., both of the Department of Health Studies at the University of Chicago in Illinois

“Doctors are too busy to dig into the statistics of cancer treatments, they assume that what they are taught at school or what is demonstrated in the pages of briefing journals is the best treatment. They cannot afford to suspect that these treatments are only the best for the pharmaceutical companies that influence their ‘institutions of higher learning’.”
- Paul Winter, The Cancell Home Page

“The five year survival rates for the major cancers are: stomach - 5%, trachea, bronchus and lung - 5%, breast - 50%, oesophagus - 5%, large intestine - 22%, pancreas - 4%, liver - 2% ... attacking the tumor with the slash/burn/poison version of cancer therapy, and then pronouncing "cured" after the five year survival period has elapsed, has, of course, nothing remotely to do with the successful treatment of the disease. Patients who die from the effects of chemo or radio "therapy" after more than five years have passed are counted as cured. Being dead or dying does not exclude one from the figures of the cancer industry’s creative statisticians.”
- British Anti-Vivisection Association

“One of the most important things I have ever heard was said to me by an oncological nurse. She was a member of an adult college class I was taking in 1989. When she found out I’d been diagnosed with cancer [and] was entering into treatment for lymphoma, she took it upon herself to say to me, unbidden and unasked, 'Elliot, YOU have GOT to TAKE CONTROL of YOUR OWN treatment, or THE DOCTORS WILL TURN YOU INTO A PIECE OF MEAT.' Truer words were never spoken! Because that nurse had thought it important enough to say that to me without my ever asking, I took what she said very much to heart, and I know her words saved me a great deal of grief!”
- E. Yudenfriend who cured himself of lymphoma, considered incurable by mainstream medicine
"What you must understand, Mr. Gearin-Tosh, is that we know so little about how the body works."

- Sir David Weatherall, Regius professor of medicine at Oxford University and head of the Institute of Molecular Medicine, to a Stanford University professor who healed himself of one of the most lethal cancers known using natural means.

Here is the original URL for the above quotes:
http://www.heartcom.org/SayNOtoChemo.htm

And here is a link to a very candid letter from one of the more successful and prominent, (from a business point of view), oncologists in the U.S.A.:

This letter not only confirms that under the current system, most oncology practices could not survive were they not allowed to buy and resell chemotherapy drugs, but also points out some glaring holes in the system and how these holes detract from patient outcomes.

I could go on – there is so much material available that gives good reason to at least strongly question the conventional approach to cancer, but I think I have provided much food for thought. If you are facing cancer, I encourage you to take control, do your own research, and then find an expert to work with, who is in alignment with and successfully experienced in helping people to navigate the best routes back to health.

Do not let profit-driven considerations compromise your health and your life-expectancy! You deserve better!

Please feel free to send your questions or comments to: jeff@myhealthoptimizer.com

To your great health!

Jeff Bell

Please visit www.MyHealthOptimizer.com for more valuable health information.

And for my page devoted to dealing with cancer and sharing resources for overcoming cancer, please visit: www.MyHealthOptimizer.com/cancer-keys

Additional Resources: Below are some links to some video interviews on YouTube that shed further light on this complex issue. Note that there are those involved in this controversy who do not want this side of the story to be brought into the public light. This is for obvious and self-serving reasons. Because of this, sometimes controversial videos such as these get taken down, or their links are sabotaged. If you find that one or more of the links below do not work, please let me know and I will do my best to find
the missing videos and/or links that work.

Here are the interviews and their respective links:

**Ty Bollinger** – Talking About Oncologists Profiting From Selling Chemotherapy Drugs:

https://www.youtube.com/watch?v=U-CxkTyG_q4&index=4&list=PLmwyXe7X5PcQoE95q0KWHsbQTTVXdZlmZ

**Dr. Tony Jimenez** – Why Chemotherapy and Radiation Therapy usually do not work:

https://www.youtube.com/watch?v=6Vsf7rFXuow

**Dr. Nicholas Gonzalez, MD** – Chemotherapy Does Not Work For 90% Of Cancers:

https://www.youtube.com/watch?v=aTgLtu6C_I

**Disclaimer:** Please note that the information in this document is provided for educational purposes only. This document is not intended to diagnose, prescribe or otherwise provide specific recommendations in relation to specific health problems. It is not intended to take the place of the services of professional and/or appropriately-licensed health care providers. The statements made in this document have not been evaluated by the FDA or any other regulatory body. If you have a serious or potentially serious health condition, it is recommended that you consult a qualified health care provider. The author of this document invokes the First Amendment of the Constitution of the United States of America and specifically the rights to free speech guaranteed therein. The contents of this document are his legal free speech expression according to those rights.

Copyright © Jeff Bell / www.MyHealthOptimizer.com – 2014 – All rights reserved. This article may be copied and/or freely distributed, as long as the doctrine of “Fair Use” is maintained in the course of such distribution or re-distribution. It must not be altered without the written consent of the author, Jeff Bell. Compensation, monetary or otherwise must not be required as a condition of its distribution or its receipt.