

In their early years children are knowledge junkies, questioning everything in their view, though exhibiting little skepticism. Most never learn to distinguish between inquisitiveness and credulity. Those who do either come to a bad end or become professional skeptics.

Michael Shermer

Randomised Controlled Trials

Teen chain letters

Why be a skeptic?

Skeptic

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Letters for the Forum may be edited as space requires - up to 250 words is preferred. Please indicate the publication and date of all clippings for the Newsfront.

Material supplied by email or IBM-compatible disk is appreciated.

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Plus ça change...

After a bloodless coup, the NZ Skeptic has a new editor. This doesn't mean much in practical terms; for many years I've been working closely with previous ed Annette Taylor. She will now take on the roles that I used to – subediting, proofing, making cups of tea, cooking dinner and the like. It won't be long before we can enlist the daughter into the production of this fine publication.

Do send in any comments and feel free – as always – to send in beautifully written articles. This publication relies on the writing talents of our members. To our contributors a big thank you – your efforts are appreciated and we get regular requests from other skeptical organisations across the world for permission to reprint. The last one was from Canada a couple of weeks ago. We've even had James Randi asking for a piece.

We're in the happy (and rather unusual) position at the moment of having plenty of material on file, so if you have submitted something and haven't seen it yet, don't worry, we'll get to it.

The Name Change issue hasn't gone away. To date it seems to have generated more heat than light, but momentum appears to be building for a change. It's looking like it will go to a vote at the next AGM, so give it some thought, and if you have a strong opinion on this one way or the other, make sure you get along to the conference in September so you have the opportunity to vote. Look for a Notice of Motion in the next issue.

Meanwhile, there's no shortage of issues for skeptics to take an interest in. Latest news is that Benny Hinn, whose televangelism show is a regular feature of morning television, is paying a visit to New Zealand soon – the banners are already up in Auckland. His faith-healing shows – with frequent blatant appeals for money – have developed a huge following, but haven't fooled everybody. Says one correspondent: "We are not talking about a fringe con-man. Millions and millions of people all over the world believe in this guy, and more importantly many many very sick and vulnerable people are exploited. Their deepest fears and hopes are exploited and their money is taken." There is revealing information on his operations at richarddawkins.net/article,615,Benny-Hinn-Faith-Healing-Scam and www.youtube.com/v/W4t9APdSG30

Time to make the dinner.

David Riddell

How randomised controlled trials can save the world

Bruce Arroll

*This is a transcript of a talk given at the Skeptics conference in Auckland last year. Parts of it were also presented at the inaugural lecture for Bruce Arroll on being appointed to a personal chair last October. The title of that talk was *Highways Through Uncertainty* and will be published in the NZ Family Physician in early 2007. This paper can be found on the internet at www.rnzcgp.org.nz*

WHILE I thought my research career had started in 1984, when I published a review on episiotomy in the Canadian Family Physician, it actually started with a question in 1974. At that time I was a medical student in my second year at the University of Auckland.

Part of the course involved a child and family study, which involved meeting a woman who was pregnant, attending the delivery and then following the mother and child for two years. I had met

the mother at the outpatient clinic in National Women's Hospital. At 2am on a cool May morning I received a telephone call telling me the study mother was in labour at National Women's Hospital and that I should make my way there. I was a little sleepy when I arrived at the delivery suite and, never having seen a live birth, I was somewhat overwhelmed by the atmosphere of the hospital, the bright lights, warm rooms and people running around in a busy state. I was not sure what was happening for most of the second stage

but just as the baby was about to be born the registrar injected the perineum (area between the legs) with local anaesthetic and picked up a pair of scissors and performed an episiotomy (ie a cut in to the vagina to widen the birth canal ostensibly to expedite the birth of the baby. I was



completely unprepared for this and, while the mother and baby were fine, I needed 'resuscitating'. I was completely shocked by this procedure. The interesting aspect of this was that I did not discuss what had happened with my fellow students and have often wondered how often health professional students have traumatic experiences that they don't talk about.

National Women's Hospital

In 1980 I started the Diploma of Obstetrics at National Women's Hospital. At that time it seemed

that every woman having a baby would have an episiotomy. At the same time there was a home birth movement that was reasonably active in Auckland where virtually no woman received an episiotomy. To me this was difficult to explain. I asked many of the consultants

and they defended the episiotomy procedure saying that while it was possible to preserve the perineum without performing an episiotomy the woman was likely to experience incontinence later

in life. This was partly but not completely convincing to me.

McMaster University Canada 1981 Family Medicine Programme

I had been interested in the undergraduate medical programme at McMaster Medical School as a medical student as I knew it was problem-based and that they had no examinations. In 1980 I was keen to do some training overseas and was looking at doing a masters programme. I wrote to a number of programmes and one of the few that acknowledged me

was the Family Medicine Department at McMaster University in Hamilton, Ontario. They said they did not think I was ready for a masters programme but would I consider being a resident (registrar) in family medicine. Needless to say I jumped at the idea of being able to work in Canada. While I was there one of the tutors was Brian Hutchinson who ran a course on critical appraisal. These papers became the 'How to Read Clinical Journals' in the Canadian Medical Association Journal. It turned out that McMaster was the centre of clinical epidemiology, which later became known as evidence based medicine. This course gave me some rudimentary skills in critical appraisal.

Lillooet - Central British Columbia

After leaving McMaster University I worked in Fort St James in northern British Columbia in Canada and after about 10 months there moved to Lillooet in south central British Columbia. There I worked with three other family doctors and we ran a small (about 20-bed) hospital. The two senior doctors did anaesthetics and surgery as was common in small towns in Canada at the time. During the evenings and in my spare time I started to research the issue of episiotomy. To get the literature searches and articles I needed I had to write to the Library of the College of Family Physicians of Canada, which was 3000 miles away in London, Ontario. I could find no clinical trials of episiotomy and it appeared to have become a standard practice in the 1920-30s based on a 'good idea'

rather than on any evidence. I even found a number of articles from Washington State that reported a number of deaths from necrotising fasciitis as a result of episiotomy. In 1984 I published an article titled 'Episiotomy in low risk patients' in the Canadian Family Physician. It was the first publication I had written. At the time I did not know there was a prize, known as the literary prize, for the best article in that journal. My paper won it and I often feel that I am like a gambler who wins a big prize early

I could find no clinical trials of episiotomy and it appeared to have become a standard practice in the 1920-30s based on a 'good idea' rather than on any evidence.

on and goes on to be a problem gambler. This was the case with me, in that I came to like doing systematic reviews and have done many in my career. About the time my paper was published the first randomised controlled trial was completed and this found that a restrictive policy for episiotomy was no more harmful in the short term than a non-restrictive policy. I did not realise at that time that the final author on that randomised trial was Iain Chalmers whom I was to meet 10 years later in Canberra where he was helping the Australians set up their Cochrane Centre. Iain is one of the truly admirable people that I have met in my clinical career. Later research showed that there did not seem to be any long-term problems in terms of incontinence or anything else. Ironically, my first paper received more dissemination than

any article I have since written, as a Canadian newspaper chain reported the article and it went to every province in Canada.

One highway through uncertainty

A Cochrane review on the topic of episiotomy reported that there appeared to be a number of benefits to a restrictive policy of episiotomy in terms of pain, suturing and posterior vaginal trauma with an increase in anterior vaginal trauma. I present the Cochrane database as an example of an electronic reference source that provides clinicians with a pathway through uncertainty. The Cochrane database contains only randomised controlled trials. They are becoming increasingly important in modern clinical medicine as they enable us to determine if

a treatment is effective and how effective it is. Prior to 2002 it was thought that merely following up a group of patients on treatment and comparing them to those not on treatment would suffice to determine the efficacy of a treatment. A specific example is that of hormone replacement therapy. It was thought that this medication would reduce heart disease in women who took this medication. The cohort of follow-up studies of those who chose to take hormone replacement therapy reported a benefit. However when the large Womens' Health Initiative study (a randomised controlled trial) was published it showed an increase in heart disease and stroke. It was clear that the apparent health benefits of hormone replacement therapy were due to the fact that it was relatively 'healthy, wealthy and

educated' women who were given hormone replacement therapy and these women had lower rates of heart disease. Why aren't randomised trials conducted more often? In recent years there has been an explosion of randomised controlled trials. However they are relatively expensive and time consuming to conduct and this limits their universal usage.

Antibiotics and respiratory tract infections

In 1996 my brother-in-law had a cold and went to his doctor. He was given the broad spectrum antibiotic Augmentin. Two days later he still had symptoms of his cold but now had diarrhoea from the Augmentin. I decided at that point that my mission in life would be to decrease the use of antibiotics for respiratory tract infections. The situation has improved considerably since 1996 when there were 1.2 million prescriptions of Augmentin filled in New Zealand. By 2003 it had decreased to 0.6 million. The cost of antibiotics in 1998 was \$36m and by 2003 had fallen to \$16m. This was a decrease in both volume and unit cost and a tribute to the efforts of Pharmac (Pharmac annual report 2003).

The antibiotic state of the nation

This is possibly not as good as it could be. A study conducted by Pauline Norris at the School of Pharmacy at Otago University found that 42 percent of the population of a small New Zealand town (population about 12,000) collected a prescription for antibiotics in 2002. I found this figure quite alarming and discussed it with Professor Chris Van Weel from Neimegen Uni-

versity in the Netherlands. He thought the rate of antibiotic use in his country was about three-percent and thought that was too high. I am not sure what the ideal level is but I suspect it should be less than 10 percent.

Our department has done some work on the patient and GP issues for antibiotics. In a comparison of patients 82 percent saw a GP in 1998 to get an antibiotic for a respiratory tract infection and this had decreased to 57 percent in 2003. A survey of GPs over the same period found that 77 percent were prescribing fewer antibiotics than in 1998, two percent more and 21 percent no change. These are encouraging trends. This work triggered interest in the use of delayed prescriptions. We have since published a randomised controlled trial, a systematic review, an editorial and a qualitative study on this topic. The most interesting part of the systematic review was the 75 percent reduction in the use of antibiotics for otitis media in children aged over the age of two years. This has led to a major change in the practice of giving a routine antibiotic in patients with acute otitis media.

Our group conducted a qualitative study on patients who had been in our delayed prescription randomised trial. This was my first involvement with a qualitative study. Two insights emerged from this. We found two GPs who no longer used delayed prescriptions as they had already 'trained' their patients not to expect antibiotics for respiratory symptoms. These two GPs would have appeared in a regular questionnaire as non-users and we would not have been aware

that there is the opportunity to train a practice. The other insight was that resistance to antibiotics by micro-organisms was an issue for doctors but not for patients.

Augmentin free office

As a result of this work, Dr Tana Fishman and I have created the 'Augmentin free office' where, if a doctor wants to prescribe Augmentin, he or she needs to explain the clinical circumstances to a colleague to get their 'permission' to prescribe it. This reinforces with students that it is a very broad spectrum drug that should be used with caution.

Friend's story

I have a story to tell about a friend of mine. She is a 52-year-old European woman who had a cold for a week and during that time she developed bilateral ear pain. She went and saw a young doctor at an accident and medical clinic (whom I hope may have been a house surgeon moonlighting). He could not see her ear drums and said, "I think you have an ear infection". She was given a week of amoxicillin and given careful instructions on how to take it. She was very satisfied with her care. She called me one week later to say that her ear pain had not gone away and on the phone I told her that she did not have an ear infection and the antibiotics would have done nothing for her. I went around to her place to see her and both her ear drums looked perfectly normal and she had probably never had an ear infection in her life. When I tell students this story I say that she died on day two from the antibiotics (this is not true) to highlight the fact

that every year in New Zealand about one to two people die from everyday antibiotics that we use, eg trimethoprim, doxycycline, amoxicillin and augmentin to name a few. The causes are usually due to effects on the bone marrow or liver rather than allergy (the CARM group have not reported results since 1997 but up until then there were at least one or two deaths each year). In terms of pre-test probabilities my friend had a 0.000001 percent chance of having an acute otitis media while her chances of having a bilateral eustachian tube dysfunction would be about 99.999999 percent. Unless the clinician saw a bulging drum this would not change the situation.

Where do these pre-test probabilities come from? They come in my case from experience or from the literature. For the young doctor I can only presume that *all* the cases of ear pain he had seen were probably otitis media as he would be unlikely to see eustachian tube dysfunction in a hospital setting.

Another highway through uncertainty – numbers needed to treat

Our young doctor in the after hours clinic may have found it helpful to know that the numbers needed to treat to reduce pain at day two in a child with otitis media is 17. If he had thought that is what my friend had had he may have been less enthusiastic about giving her an antibiotic. There is no data in adults as it is such a rare condition. I recently had a medical student say to me that a treatment was moderately effective for the condition we were discussing. My reply to

this was what did he mean by ‘moderately effective’.

I would like to suggest that we sometimes need numbers to communicate effectively with our colleagues. There is evidence for this from a letter from the New England Journal of Medicine in 1980. There they asked physicians what they thought the percent risk would be if a person had a moderate risk and they answered between 20 percent and 75 percent. For pathognomonic (which I always thought was absolutely certain) the range was 55 percent to 100 percent. For high probability this was 55 percent to 95 percent. So you can see that we can mean quite different things with words that we think are communicating what we are thinking.

There is controversy about using numbers needed to treat as these can differ considerably from study to study for similar conditions. However, for a person who has had a heart attack or angina, 11 people need to take the powerful cholesterol lowering drug, simvastatin, to

prevent one new cardiovascular event. This a medication that most doctors think is a fantastic drug, yet most individuals taking it will not benefit from it. The same goes for antidepressant medication, for which about eight patients need to take an antidepressant for 8-12 weeks to get a remission, so again, most people will not benefit. About half of those eight will get better as a result of the placebo and, potentially, there are another three who may not benefit from this treatment but may get better from something else. There are some who may not get better from any treatment.

I like to mention to students that most people don’t get better from most medications, as I feel there is an impression among students and colleagues that ‘everyone’ gets better with antidepressants or antibiotics. I will present an example of some work Dr Tim Kenealy and I have done on acute purulent rhinitis. You may wonder why we are interested in coloured mucus coming from the nose. It is because this is the major



Just as Dirk was about to escape on horseback, the magician’s final spell turned his swift black steed into the legendary Bureaucratic Night Mare.

predictor of antibiotic use in the United States. We recently published a systematic review on antibiotics for this condition in the BMJ. The numbers needed to treat to improve this condition is between seven and 15. Our recommendation was that as this is not usually a serious condition we would suggest not using anti-

biotics initially. As with the other medications most people do not benefit from treatment.

Summary

When seeing a doctor for whatever condition you have always ask about the benefits and harms of treatment and the benefits and harms of no treat-

ment. If necessary ask what the randomised trials show and be sceptical.

References available from the editor.

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chain letters

Snd 2 10 or Bad Luck 4 Lyf

Judith Goodyear became the youngest ever presenter at the 2006 New Zealand Skeptics conference with this exploration of the chain letters of the average teen.

MOST email chain letters that people my age get are very different to those of adults. I don't get any by physical chain mail or legal/business related petitions. The ones I do get act on greed, guilt, fear and 'cuteseywute-seyness'.

The aim of my study was to find out which type of chain letter was the most effective on my age group, effective meaning that the letter got sent on.

I developed a questionnaire using four examples of chain letters from my Inbox. I gave this questionnaire to two blinded classes (47 children) at my school. Blinded means that my English teacher gave them out without anyone knowing that it was my survey.

The four examples in the survey were:

Chain Letter 1

You receive an email with the following message...



DIFFERENT WORLD: Judith Goodyear says the chain letters distributed among teens are very different from those that plague adults.

Subj: FW: (don't open in front of parents) (sorry guys)

Five people actually got killed by not sending this piece of mail.

The creator of this mail has a program that will track down everyone who sent this mail and whoever that didn't send it will DIE DIE DIE DIE DIE DIE DIE DIE DIE DIE DIE because this program can actually track down your address.

Send this to 15 people within the next fifteen minutes or you will die die die die die, what do you have to lose? Your life?

This is an example of a chain letter which uses fear. It says you will die if you do not send it on because "the creator of this mail has a program that... can actually track down your address".

Chain Letter 2

You receive an email with the following message...

i love you forever and always 2 the end...

i cant live with out ya...

because ur my friend...

send this to 10 ppl in the next 5 min and you will get kissed on friday by da love of ur life....

DONT BREAK THE CHAIN!

ur crush will ask u out and 2mo-row will b da best day of ur life.

Howeva, if u dont send this 2 @ least 10 ppl by @ least 12:00 2nite u will hav bad luck in ur

luv life 4 da rest of ur life.

dis is not a stupid lie or a fake.

Just copy & paste & send no send backs... let all your friends know that you love them...

The second example's element is greed. It has a little bit of cover-up cuteseyness so that you don't notice. It says that if you send it on, your crush will ask you out and that tomorrow will be the best day of your life. This makes it worthwhile sending it, besides, it even SAYS that it's "not a stupid lie or a fake".

Chain Letter 3

You receive an email with the following message...

*This is for hurricane Katrina... you need 400 signatures and we are sending it to Red Cross for every name there is a 5 cent donation. **If you don't do it you are dumb.***

>1.) Justin

>2.) Max

>3.)Keith

<snip> names 4 to 315

>316. Kingy!!!!

>317. Carol (my thoughts and prayers are with those families)

>318. Ashley

>319. Sasha

This third example uses guilt. This means it tries to make you feel bad for not sending it on. It's supposedly for Hurricane Katrina's victims. It's a petition. It misses the vital information of what the 400th person does. Also, because you send it to more than one person, each person you send it to will add their name and send to different people. So

if you sent it to Jack and Jill, and Jack doesn't know Jill, then there would not be a petition with BOTH Jack's and Jill's names on it. So there will be many with 50 or so people the same, and then they're all different.

Chain Letter 4

You receive a long email with the following message...

I HOPE YOU SEND THIS BACK

This is one of the cutest and nicest emails around....

Happy National Friendship Week!!

Many people will walk in and out of your life. But only true friends will leave footprints in your heart. To handle yourself, use your head; To handle others, use your heart.

Anger is only one letter short of danger. If someone betrays you once, it is his fault; If he betrays you twice, it is your fault.

Great minds discuss ideas; Average minds discuss events; Small minds discuss people.

He, who loses money, loses much; He, who loses a friend, loses much more; He, who loses faith, loses all.

Beautiful young people are accidents of nature, ?

Learn from the mistakes of others. You can't live long enough to make them all yourself.

Friends, you and me

You brought another friend

And then there were three

We started our group

Our circle of friends

There is no beginning or end.

Yesterday is history. Tomorrow is mystery. Today is a gift.

It's National Friendship Week. Show your friends how much you care Send this to everyone you consider a FRIEND. If it comes back to you, then you'll know you have a circle of friends.

WHEN YOU RECEIVE THIS LETTER, YOU'RE REQUESTED TO SEND IT TO AT LEAST 10 PEOPLE, INCLUDING THE PERSON WHO SENT IT TO YOU.

The last example is self explanatory (and incredibly lame). Awww.. How sickening. You're supposed to send this chain to everyone you consider a friend. If you get it back, you have a circle of friends, which will keep going until you get fed up, as it says nothing about not sending it the 2nd time, the 3rd time, the 4th time and so on.

After each example were options for people to tick one:

Do you?

(a) delete without reading

(b) read and delete

(c) send to one or two people

(d) send to stated number of people

People ticked the one they thought they were supposed to (they were actually supposed to tick the one they DID).

Here are my results:

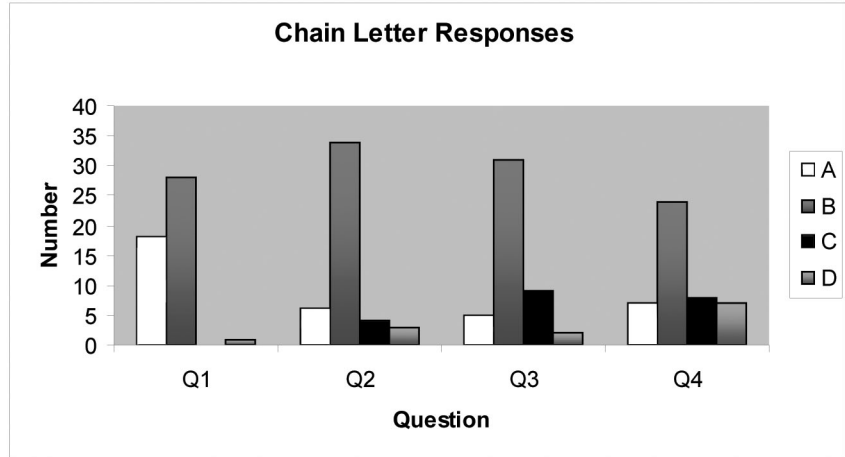
	A	B	C	D
Q1	18	28	0	1
Q2	6	34	4	3
Q3	5	31	9	2
Q4	7	24	8	7

This is the raw data simply put neatly into a pretty little table. You don't get much information from it until you see...

- The chain letter type that was most said to have been sent 'to stated number of people' was 'Cutesy Wutesy'.

If I ever repeated this survey I would

- Have a bigger sample size for more accurate results, eg whole school.
- Attempt to find a way to compare what people say they do to what they really do.
- Maybe set up chain letters which say that people must forward them to a particular email address which I would have created, to properly correlate what people say they do, and what they actually do.



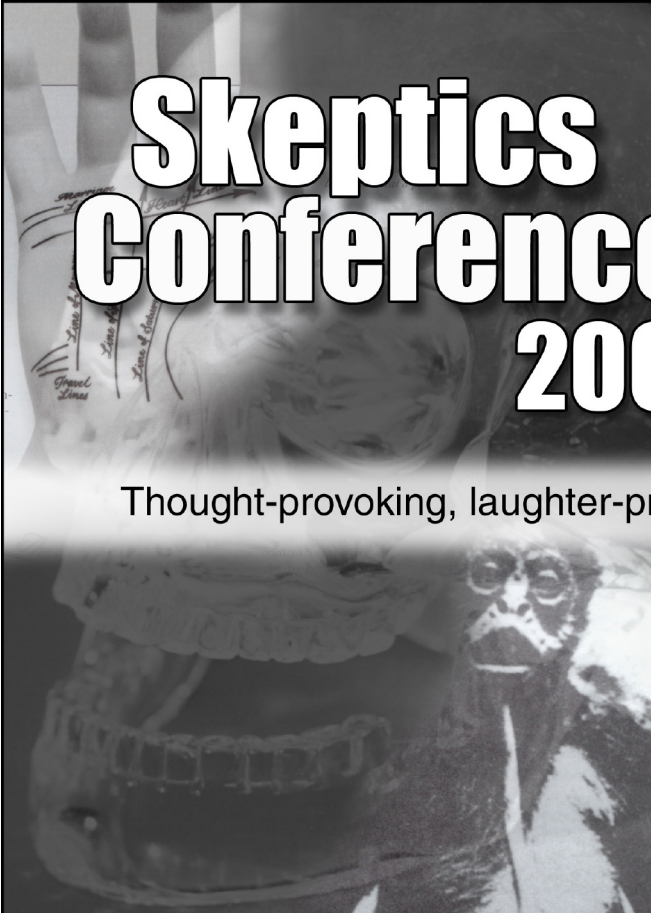
... this chart. It is a lot more useful than the table. Isn't it pretty? (*It was even prettier in colour! - ed.*) This shows that...

- People are reportedly far more likely to 'read and delete' than to 'send to stated number of people'.

and that...

- People are certainly not always truthful when answering questions. I know roughly how many people send chain letters on (see my Inbox for more info) and it was FAR more than my survey showed.

In 2006 Judith Goodyear was a Year 8 student at Albany Junior High School.



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Female 'sorcerers' tortured and murdered

FOUR Papua New Guinea women, believed by fellow villagers to have used sorcery to cause a fatal road crash, were tortured with hot metal rods to confess, then murdered and buried standing up in a pit (Stuff, 25 January).

A local newspaper said that police had only recently uncovered the grisly murders, which occurred last October near the town of Goroka in the jungle-clad highlands some 400km north of the capital, Port Moresby.

Black magic is widespread in the South Pacific nation where most of the 5.1 million population live subsistence lives. Women suspected of being witches are often hung or burnt to death.

Local police commander Chief Inspector David Seine told the newspaper that people in the village of Kamex accused the four women of sorcery after a road crash killed three prison officers.

The women were reportedly tortured into admission by being stabbed with hot metal rods, said Seine.

It appeared the women were blindfolded with thick sticky tape strapped across their faces and mouths and their hands had been tied before they were murdered, he said.

Commander Seine said the women were buried in an old narrow toilet pit in the standing position. The pit was then

covered with soil and two old vehicle tyres placed on the top.

"They planted a banana tree on top of the pit with fresh grass making it difficult for anyone to discover the site, but police got to it with the help of some elders from the village," he said.

Red netting benefits 'a myth'

A retired scientist is questioning the effectiveness of red horticultural shade cloth which is being erected on a growing number of orchards around the Nelson region (Nelson Mail, 17 March).

Orchardists use the red cloth because it is thought to enhance pipfruit crops. But the bright red netting has run into a storm of controversy with lobby groups and neighbouring land owners who say it is visual pollution.

Now Rob James of Motueka, who was involved in tobacco research at the Department of Scientific and Industrial Research for 18 years, claims the benefits of red netting are a myth.

Mr James said he had been in touch with scientists in New Zealand and at Cornell University in New York and none of them knew of any research that proved that red netting was better than any other coloured netting.

"There's no published research on the use of red netting in the world. If there was, we would have found it."

If people did have scientific evidence on the benefits of the netting on pipfruit he would like to see it.

Pipfruit New Zealand chairman Ian Palmer agreed there was no scientific proof of the benefits of red netting, but said that was irrelevant. Fruit grown under red netting was "elite", he said. "The evidence is in the fruit itself.

"It had the sort of appearance that made it some of the best fruit I've seen."

Mr Palmer said the red netting seemed to enhance the colour of the fruit, giving it a pinkish finish. He said he had not seen the results of fruit grown under white netting.

Vitamins 'do more harm than good'

Proponents of Intelligent Design (ID) may be attracting a lot of attention, but they have yet to convince anyone who counts that their ideas should be taken seriously. In the latest setback, school authorities in Kansas have deleted language from teaching guidelines that challenged the validity of evolutionary theory, and approved new phrasing in line with mainstream science (Guardian Weekly, 23 February).

The 6-4 vote by the state board of education is seen as a victory for a coalition of moderate Republicans and Democrats, science educators and parents who had fought for two years to overturn earlier guidelines. It reverses the decision taken

by the same authorities two years ago to include language undermining Darwinism on the insistence of conservative parents and the ID movement. The board removed language suggesting key concepts, such as a common origin for all life on Earth and for species change, were seen as controversial by the scientific community. They have since received a petition of nearly 4000 signatures opposing the new decisions.

Herbal medicine perceptions studied

The perceptions that consumers of alternative medicines have about the treatments they use are to be studied by a Waikato University psychology student (Hamilton Press, 21 March).

Kirsty Bell is concentrating her research on depression, and she is seeking people who are interested in sharing their experiences.

The World Health Organisation estimates that 75 percent of the world's population uses some form of alternative medicine, and New Zealand statistics show that one in four New Zealanders over the age of 15 use them.

Alternative health industry setback

A letter from Tertiary Education Minister Michael Cullen has quashed the alternative health industry's hopes of establishing a New Zealand Qualifications Authority (NZQA)-approved industry training organisation (Sunday Star Times, 23 February).

The Health Training Organisation (HTO) is now considering removing itself from the national qualifications framework. HTO executive officer Roger Booth said responsibility for setting standards in the industry was held by the NZQA, but it stepped down from this role on February 28. The HTO wanted to take on responsibility itself, but its application to establish itself as an Industry Training Organisation (ITO) had been turned down. The NZQA wanted the organisation to align itself with another ITO, Mr Booth said.

NZQA deputy chief executive, quality assurance, Mike Willing said alternative health standards and qualifications would eventually be removed from the framework if no ITO took over standard-setting for the sector.

Mr Booth said discussions with several ITOs had found no natural partner.

'Used car salesman' a 'fraud of the worst kind'

John of God got short shrift in the Sunday Star Times (25 February). Described as a "faith healer and used-car salesman" by journalist Ruth Hill, the Brazilian otherwise known as Joao Teixeira de Faria was holding a four-day event in Lower Hutt.

He claims to cure cancer, Aids, and other conditions including 'spiritual desperation' by channelling 36 'spirit doctors'. New Zealanders are the biggest single group of foreign visitors per capita to his headquarters in southwest Brazil, largely through tours promoted by Wellington naturopath Peter Waugh.

NZ Skeptics chair-entity Vicki Hyde said she was unimpressed by what she had seen of his performance, which consisted of "old carnival tricks".

"If it looks like a duck and quacks like a duck, it's probably a quack."

She said the Skeptics were concerned the 'healer' was preying on vulnerable, desperate people. Victims of failed faith healings were often reluctant to speak out because they blamed themselves for not having enough faith - "another nasty piece of psychological manipulation" on which faith healers relied, said Hyde.

US stage magician James Randi, best known as a debunker of pseudoscience, is convinced John of God is "a fraud of the worst kind, making money from other people's suffering. To any experienced conjuror, the methods by which these seeming miracles are produced are very obvious."

Haden sticks to his guns

The passing of long-standing NZ Skeptics member Frank Haden was widely reported. Perhaps the best tribute came from Tom Scott's cartoon in the Dominion Post (March 9). A voice booms from the clouds: "What's all that swearing at the gate?" St Peter, standing at the Pearly Gates, replies: "Crusading journalist Frank Haden is refusing to come in. He says he didn't believe in this place before and isn't about to change his mind now..."

www.stuff.co.nz/281630a17218.html

Why be a Skeptic?

Simon Gemmill

There is no point in being gullible. What is so special about believing things that it is more righteous than questioning things?

THE number of times we've had the wool pulled over our eyes and later felt sheepish for having been so easily misled has turned some New Zealanders into sceptics. Some have taken it seriously enough to join the New Zealand Skeptics. As someone who has recently thought it worthwhile to join this organisation, this writer thought it would be useful to define what it is that makes me a skeptic:

I did not know what to expect at my first Skeptics Conference. I enjoyed it, however, and was told several times, "We don't see many young people these days." I left the conference thinking I wanted to do something to convince young people that skepticism was a good idea. I was confronted with the fact that these days, it seems, skepticism is not hip. I got into a conversation with an even younger friend, a girl who I liked at the time, about this topic. She assured me that skepticism was definitely not cool. She said there was no need to go around attacking people's spirituality. I thought this was odd, as nothing at the conference had been about attacking anyone's religious beliefs; it was about alternative medicines, scientific documentary-making and other things. It was not about poking fun at religion. I tried to tell my friend this, but she stopped talking to me. I made

a note to myself not to go after younger women...

For a while I was on the back foot. I didn't discuss the conference with anyone, and became despondent with the fact that no-one I knew supported skepticism or seemed to approve of it. Then, months later, I got to thinking: what right have people got to be so affronted by skepticism? Why is it the enemy? What is so special about believing things that it is more righteous than questioning things?

I was reminded of teachers that had tried to challenge me. I had had a principal when I was around 12 who had told children to think for themselves, and to challenge everything he said. The next year, in a music magazine of all places (it was RTR Countdown Magazine), I read an article that said that people should question everything, and that just because something was written in a book or paper it didn't make it true. This was to stick with me, and came in handy when friends and family came up with ludicrous theories based on misleading information they found on the internet.

Several years ago I found a skeptical appraisal of the New Age movement by Martin Gardner, which turned out to be a collection of his articles from the Skeptical Inquirer magazine.

Having been so prepared to accept New Age beliefs, I was confronted with all the ways that it was phoney, baloney, and unreliable: mostly all chicanery and deception. One point here is to confirm that skepticism is not the enemy of religion: I had read a book when I was younger by a Christian author, who made many of the same points about New Age fraud.

I went on to read more of the Skeptical Inquirer, and some books by some of its founders, such as *The Demon-Haunted World* by Carl Sagan and *The Mask of Nostradamus* and *The Faith-healers* by James Randi. One overall point now stood out in my mind, mostly thanks to the Carl Sagan book: the world has been duped many times, and people are regularly buying into not only fraudulent, but terribly dangerous, beliefs. We've supported and condoned witch-burnings, holocausts, crusades, and the like. The same gullibility sees us sucked in and ripped off by the media, by astrologers, homeopaths, gurus, diet fads, acupuncturists, chiropractors, internet information, vitamin supplements, bee-pollen salesmen, exercise machines to give us instant abs, loans to consolidate our debts, politicians and spin, bargains... the list goes on.

It is being said now that we have been misled about low-fat

diets: that is what is killing us. High saturated fat diets saw far lower rates of cancer than we have today living off muesli, snack bars and vegetable oil. Homeopathy has been shown to be just water. Nostradamus was a fraud; Randi's book will tell you that, most books will hail his powers. Many cheap imitation products are genuinely inferior quality, it is crucial to know whether it's worth the trade-off on price. There was something Carl Sagan said, although he probably didn't make it up: "If something sounds too good to be true, it probably isn't."

Many students now do their research on the internet, as is mentioned on a recent broadband ad. But how reliable is the information they find? Many students in Australia now are handing in assignments that are simply wrong, because they found information online; it was just wrong information. One young man has a solution to this: he checks ten websites, and if they all agree then it must be true(?).

Why did we not question the low-fat diets, when our grandparents had cooked in dripping

and lard, and were still alive at an old age?

When a documentary is screened on television, whether it's about the Moon-landing being a hoax, the 9/11 attacks being an inside job or Dare to Believe being hosted by a genuine-article channeller, we just accept it. The camera can't lie. No, but facts can be distorted. When Bush told the world that Iraq was linked with al-Qaeda, and had weapons of mass destruction, and failed to produce evidence for either claim, Britain and Australia didn't hesitate to support his war. There is nothing about being a skeptic that would make one automatically be left or right-wing, however the more wary among us, in fact, many New Zealanders, were highly suspicious of Bush's claims.

Perhaps if we were less willing to trust people's word, and more willing to critically analyse things, we would be less prone to having the wool pulled over our eyes by the media, by politicians, by cult leaders, salespeople, gurus, 'natural health practitioners', etc. We would have rejected the witch-burnings (which happened fairly recently), abolished

slavery sooner, given women and dark-skinned people equal rights sooner. We would not support unjust wars; we would not be sucked into debt by scam artists, psychics, loan sharks, and it might even be harder for people to convince us to take up stupid things like smoking and buy food with artificial sweeteners that are more dangerous than sugar. We would not buy bottled water because not only is it no safer, the oestrogen mimics and other chemicals leaking from the plastic into our water are toxic. Water's free anyway, just turn on the tap. We would not be anti genetic-engineering based purely on comparisons with Frankenstein (a fictional character), and we would be aware that when people try to market chemical-free foods to us that everything is chemicals, therefore the product is a farce, playing on irrational fears.

If we were all skeptics, we would all be better off. Does skepticism set itself up against religion, or spirituality? No. It challenges people to question things and get to the bottom of claims, to check their veracity. If claims turn out to be false and misleading, we should all be prepared to give them up. It seems silly to hold onto some belief when we know it's wrong, or probably wrong. On that note, perhaps that's why religious people fear skeptics: we might expose something they believe in as a lie. Well, if we do that, so? The mere concept that someone would rather go on believing a lie than be told the truth is the ultimate irony: if the things that comfort us, whether faith-healers or channellers or belief in a

Oddities

A reader has drawn our attention to an organisation calling itself Independent Science News. They cite "New Zealand researchers" who claim to have found proof that the speed of light has changed dramatically over time. This supposedly challenges Big Bang theory, and means radiometric dating will "have to fit within only 6224 years". The pamphlets can be downloaded in PDF format from www.lollo.org.nz

We're picking it's a spoof. Who would make a website by scanning (badly) typewritten pages and converting them to pdf format? And could they really have published this material in the Ekatahuna (sic) Gardening Quarterly?

On the other hand, the tone is so close to the genuine article it's hard to be sure. Either way, it's an amusing read.



The Indian Files: Gopal's Ayurvedic Beach Resort and Research Centre

John Welch

I RECENTLY spent several weeks motorcycling around southern India and was on the lookout for interesting examples of folk remedies and frauds. Ayurvedic medicine is popular because the remedies are cheap and have a long history of acceptance by ignorant and poor Indians.

Middle-class Indians tend to be dismissive of 'Godmen' and Fakirs who can be found near every temple or religious institution but gullible western tourists provide rich pickings.

An Austrian woman paid 34,000 Euros for Ayurvedic treatment of her memory loss. It transpired that she suffered from bipolar disorder and after an altercation in a temple she was sent home to Austria and subsequently sued over her unsuccessful treatment.

The New Sunday Express Kochi
4 Feb 2007

Vitamins

Very few people need to take vitamins. If you are eating a normal diet they are unnecessary and a waste of money. If you take vitamins, particularly water-soluble vitamins, all you will have is very expensive urine.

But wait, it gets worse. Three supplements, Vitamins A, E and beta Carotene increase the death rate in those taking them. This was published in the Journal of the American Medical Association, which concluded: "money spent on vitamin supplements was wasted."

I know that. I prefer to spend my money on a good Marlborough Chardonnay.

Dominion Post 1 March

Obesity Rules

There has been a great deal of media interest in obesity and even calls for publicly funded surgery for people who continue to overeat. Gastric stapling is too expensive at \$20,000 plus and the Saudi Arabian solution (cut their hands off) would be cheaper but unacceptable here.

In the UK, two men were prosecuted for allowing their pet dog to become obese. The two-day trial cost \$34,000. They could have stapled several dogs' stomachs for that money.

Apart from being a stupid waste of money this trial confirms that the British care more about animals than children. Parents can feed their own children until

they are overweight and there is no penalty. Fat people should be allowed to own fat dogs.

Sunday Star Times 14 January

Multiple Chemical Sensitivity (MCS)

Some scientists live in such a rarefied atmosphere that they lose contact with reality. Occupational medicine is a rich source of bizarre ideas about alleged work-related illness. MCS is a neurosis where people, mainly women, believe that they have become 'poisoned' by chemicals. A study looked at intra erythrocytic minerals in the red cells of 408 women with MCS. They found nothing. This is hardly surprising as the condition is caused by a faulty belief system. The same foolishness has been seen in regard to other conditions such as Gulf War Syndrome and Chronic Fatigue Syndrome. Neither meets the criteria of a syndrome, yet hardly a week goes by without some fatuous researcher coming up with yet another theory of causation.

These sorts of studies were satirised by an issue of Punch. I still have one such article: "Delayed ketoalkalotic effects of aldosterone producing adenoma

in a man with a pig's head". If any readers would like a copy please send a SAE to me.

Occupational Medicine Vol 57
No2 March 2007

ADHD

While I'm on the subject of stupid research in medical journals I found another beaut in the Medical Journal of Australia. Here are the findings straight from the article.

“Objective:

To identify whether the rate and average daily dose of stimulant prescribed for attention deficit hyperactivity disorder (ADHD) in Western Australia (WA) differed according to the geographical remoteness and socioeconomic status of the patient.

Conclusion:

Remoteness and socioeconomic disadvantage are significantly associated with rate of stimulant prescription for ADHD in WA, but not associated with average daily dose of stimulant prescribed. Further research is needed to understand why considerable variation exists in the use of prescribed stimulants for ADHD.”

In the immortal words of Homer Simpson: “Doh!” What did they expect? ADHD is a fad diagnosis promulgated by doctors who believe in it and Australian doctors do not want to work in the remoter parts of WA.

One of my colleagues working at a military base was astounded to find a large number of children taking stimulants for ADHD. The explanation was a local

paediatrician enthusiast for the condition.

What Western Australia clearly needs is a form of flying doctor service – the Flying ADHD Service. Cartons of stimulants could be airdropped into remote airstrips in order to service these disadvantaged children.

MJA 2007; 186 (3): 124-127

But wait, there's more:

The Effect of Electro-Acupuncture on Spasticity of the Wrist Joint in Chronic Stroke Survivors

This study used seven subjects and concluded that electro-acupuncture reduced spasticity. Key words were: Acupuncture; Muscle spasticity; Rehabilitation; and Stroke, to which should be added “Crap”.

Archives of Physical Medicine and Rehabilitation Vol 88, Issue 2 Feb 2007 Pg 159-166

Complaints against Doctors

Most doctors will field a few complaints in the course of their careers. The majority concern poor communication and are easily settled. Others escalate and some, well, they are just beyond belief. In the course of my work I occasionally meet people who are so stupid and ignorant I just want to lean over and poke them in the eye with a pencil. Here is one such patient.

A woman complained that an anaesthetist had harassed her about her smoking habit prior to an elective Caesarean section. I will quote from the report: “Dr

A had been concerned that Mrs G's absence from the ward for a cigarette had disrupted the operating list, and that her coughing perioperatively had made the surgical procedure more difficult.”

Mrs G began a legal claim for “pain and psychological distress”, alleging that Dr A's manner had contributed to her postnatal depression. Mrs G was rewarded with a payment of NZ\$132,330 plus costs. It is sincerely to be hoped that she chokes on her next cigarette.

Tetanus and Folk wisdom

Every year NZ has one or two cases of tetanus. A 10-year-old girl scraped her knee on a concrete wall and ended up in hospital with tetanus. She had not received any childhood vaccinations.

Today I treated an elderly man who had fallen and sustained multiple abrasions. He declined a vaccination and said he could prevent tetanus by willpower just like his father. He went on to say that his father treated abrasions by picking up a handful of dirt and rubbing it into the wound.

This reminded me of the African practice of dressing the umbilical cord with cow dung which leads to neonatal tetanus.

As I am generally fond of the eccentric elderly, I refrained on this occasion, from poking him in the eye with my pencil.

NZ Doctor 31 January 2007

‘God Delusion’ still requiring an explanation

The God Delusion, by **Richard Dawkins**. Bantam Press, \$40. Reviewed by Vincent Gray.

IN 1811 Percy Bysshe Shelley was expelled from Oxford University for writing a book entitled *The Necessity for Atheism*. Today we have the distinguished Oxford Professor of the Public Understanding of Science writing a work in a similar vein and prospering from it. We have certainly made progress in anti-religious tolerance, at least in Great Britain. The question is, how far does such tolerance extend, and can the ‘God Delusion’ be explained?

When somebody asks me why I do not believe in God I always reply “because there is no evidence” I might get a reply, suggested by Dawkins, that there is no evidence that humans exist elsewhere in the universe, but it is still highly likely, given the probable large number of planets capable of hosting our own existence. So why do I not think God to be just as probable? Because it is easy to understand how humans could develop elsewhere but there is no explanation of how a God could exist anywhere.

Dawkins does a fine hatchet job in ridiculing both the beliefs and the explanations for the mainly Christian God. Many of the ‘arguments’, even if accepted, fall down when the location or substance of God is incapable of being explained.

The Bible comes in for detailed dissection. He shows that a believer in the literal truth of the Bible has to contend with a recommendation for genocide

(Joshua Fit de Battle of Jericho), the stoning of adulterers, gang rape (Chapter 19, Judges) and discrimination against homosexuals and masturbators.

My take on Jesus has been influenced by the two alternative versions of the gospels proposed by Robert Graves in *The Nazarene Gospel Restored* and his novel *King Jesus*. But Dawkins goes further in pointing out that the gospels disagree as to where Jesus was born, that there was no census at the time postulated, and there is even doubt whether the Hebrew word that was translated as ‘virgin’ might really have meant only ‘maiden’. Luke is proud that Joseph was descended from David; there would not be much point in this if Joseph was not Jesus’ father.

Having tackled the absurd beliefs and practices of the worshippers of God, Dawkins makes a very poor effort in trying to explain why they do it.

It all seems to lie in his inability to ‘believe’ in social evolution, and his embrace of his

own alternative ‘religion’, which turns out to be *The Selfish Gene* upon which his reputation has been made.

Nobody can deny that genes determine heredity, and that survival of the genes of effective individuals is the engine of evolution. But Dawkins cannot seem to move beyond individual survival or recognise that survival or prosperity of a society can often decide survival of individuals within it.

Dawkins is altogether silent on other substitutes for God. They include spiritualism, which was so popular with Victorian intellectuals when Darwin destroyed their faith, Stalinist communism, fascism and environmentalism, the fad currently sweeping the world. These substitute religions may sometimes be more dangerous for survival than beliefs in God. Many of us consider that Dawkins’ atheists’ charter would be preferable for our future survival, but we have yet a long way to go to prove it.

forum

Do we really need a name change?

GIVEN that we’re called the NZ Skeptics in virtually all instances – our website, journal, the flyers, the publicity posters etc – do we need to go through a formal change to the incorporated society’s constitution to implement it?

What do we achieve by that, that we do not already have? Not a lot, as far as I can see, except possibly an easier word to spell on the annual membership form :-). Though I suspect the bank would bank stuff addressed to the NZ Skeptics these days – and we

can always list that as a trading name, in any case!

What do we lose by that, that we currently have? I still have to say that I appreciate the ability to point out that we do have a defined area of skepticism as exemplified by our formal name, rather than being skeptical about everything under the sun – I get calls asking me to comment as official head of the Skeptics on everything from religious beliefs to economic theories, from the smacking bill to Treaty settlements, climate change to whether New Brighton Mall would benefit by changing to a slow road...

At present, I feel I can point to the formal name and say, this is not our brief – given the diffuseness of the aim to “promote critical thinking”, per se, how do we define what we are thinking critically about? Or do I need to have an official position on all things...

Just want you to think about the ramifications here folks.

Vicki Hyde, Chair-entity
Christchurch

‘Paranormal’ no longer our brief

Isn’t there a reverse side of this coin? If we insist that our role is limited to the paranormal, how can we claim to speak authoritatively on important non-paranormal matters such as Complementary and Alternative Medicine (CAM)? How do we justify the almost universally non-paranormal content of our conferences? How do we justify Bent Spoon and Bravo awards

that do not relate to the paranormal? If we insist that our role is limited to the paranormal, how can we claim to speak authoritatively on important non-paranormal matters such as CAM?

On this last point, I note that in the summary of submissions given in the MACCAH report to the Minister, our submission was cursorily noted as being from an organisation concerned with investigations into the paranormal, not as from the NZ Skeptics.

Keith Garratt
Rotorua

No name is perfect

As I see it, any name we choose (even the NZ Society for Skeptical Inquiry) is not going to convey our specific areas of interest. Only the aims and objectives can do this to any extent. Broadly speaking we avoid politics and religion, but with regard to the latter we do comment on religious claims that impinge on science.

I’m still for making our informal name the formal one. Worth reminding ourselves that our fellow Australians call themselves Australian Skeptics Inc.

Warwick Don
Dunedin

Maori sniping uncalled for

I must add my voice to Hugh Young’s plea in the last New Zealand Skeptic. There is a fairly constant sniping in the magazine about Maori religious practices. As if somehow they’re any different from anyone else’s. I

would be a lot happier, if we are going to be snide about this, if we gave equal time for instance to the Archbishop of Canterbury’s yearly prayers for the souls of those who died in World Wars I and II. I am as atheist as the next guy, and quite happy to go on the offensive against religion, but let’s spread the offence equally. Actually, this sort of quaint practice is treated with much more grace in Britain, where fairy rings become tourist attractions. Does anyone imagine that people want to come here as tourists just to see a little England?

I was also a little puzzled at a reference to absenteeism in John Welch’s column. What on earth has this got to do with scepticism? We all know that people sometimes lie to take time off work. And in my view, many people in this country work long and hard for very little reward, so good on them. I could argue about this all day, but my opinion of this has nothing to do with scepticism either, Welch is merely pushing a political barrow, as I have just done.

Lastly, I was unable to make the last conference, but one reason I was anxious to go, was that titles of ‘Ethnic fundamentalism’ and ‘Linguistic fascism’ had sounded warning bells. Perhaps as used to be common, they could be reprinted in the next issue of the Skeptic so those of us who were unable to hear them can judge for ourselves.

Bob Metcalfe

(Look for Elizabeth Rata’s article on ‘ethnic fundamentalism’ in the next issue -ed.)

History repeats

Raymond Richards

A visit to the birthplace of science prompts some thoughts on spatial and temporal patterns in alternative medicine.



THERE is no special reason for skeptics in New Zealand to follow news from Greece. Last year, however, Waikato University signed an agreement for staff exchanges with Aristotle University in Thessaloniki, and I put my hand up to go. The GNP per head in Greece is about the same as in New Zealand, and teaching at Aristotle University is in English, so exchanges between the two institutions are feasible. As someone who is as good at learning foreign languages as chiropractors are at curing diseases, I was delighted that learning Greek was not necessary. Plus, when I visited there in 2004, a barman refused to let me pay for my drinks because Kiwis and Greeks fought alongside each other in the 1941 Battle of Greece. Now, a mention of anything Greekish makes me take notice. What I have learned is that Greece – arguably the birthplace of science – has repeatedly faced issues similar to those that occupy us in New Zealand.

For example, after World War II, Greece was struggling to rebuild after great suffering. For example, thousands of Jewish men, women and children in Thessaloniki had been packed on to trains and killed in gas chambers. A civil war then had restarted widespread suffering.

In 1952, the good news broke of a drink, made from the root of the wild cucumber, which supposedly cured cancer. Mass hysteria swept the country, with crowds going out to uproot a weed that thrived in vacant lots and fields. Some scientists spoke out.

“A disease that is as serious, chronic and incurable as cancer gives rise to profiteers who prey on sick people seeking a cure after having been disappointed by the medical establishment,” wrote university professor Dr G Papayiannopoulos (No, I don’t know how to say his name.). The Supreme Health Council declared the consumption of the brew to be useless and even dangerous.

“It is extremely sad that the daily press has been promoting cures for cancer without any scientific basis,” said the council.

In 1955, a Thessaloniki drinks manufacturer called Georgiadis claimed to have found a drug to cure cancer. Two patients who drank the concoction died suddenly, however. Athens University’s toxicology laboratory found that the brew did not combat cancer and was a mixture of wild cucumber, strawberry essence, sugar and alcohol. Georgiadis was charged with practising medicine without a licence.

(Why does this not happen in New Zealand, instead of quacks enjoying public funding?)

In 1975, a newspaper reported that a 36-year-old lawyer from the Greek Island of Kos, Giorgos Kamateros, claimed that the water of his home village cured cancer. He distributed the water in tanker trucks around Athens and in the countryside. Headlines reported daily that the water cured everything: that it had brought a mad woman to her senses, that it had restored the sight of a blind woman. Studies found no curative properties in the water, but Kamateros continued to claim that the secret lay in the minerals dissolved in the water. According to the Institute for Minerals and Mining Exploration, the minerals were simply calcium, carbon and quartz. The parents of 18 children being treated for cancer at the Aglaia Kyriakou Hospital stopped their treatment and gave them the special water. The condition of the children worsened, and one died. A few days later, the death of a cancer patient a day after drinking the water brought an end to the story. Scientists found high levels of radiation in the water. Kamateros held marches with hundreds of fervent supporters. He was charged, and the consumption of his water was banned.

In February of this year, 2007, a state television channel announced the therapeutic powers of the juice of olive leaves. Several chat shows said a thick, green drink made from olive leaves and water, mixed in a blender, was doing wonders for cancer patients. Several electrical appliance stores reported selling out of blenders. Health officials publicly warned that drinking the olive beverage could be harmful. Zoe Bazou, a member of a Athens-Piraeus cancer victims group, Keff, said patients who had tired of strong chemo-therapy treatments or been fooled by profiteers were turning to alternative medicines.

“The result is death,” she said.

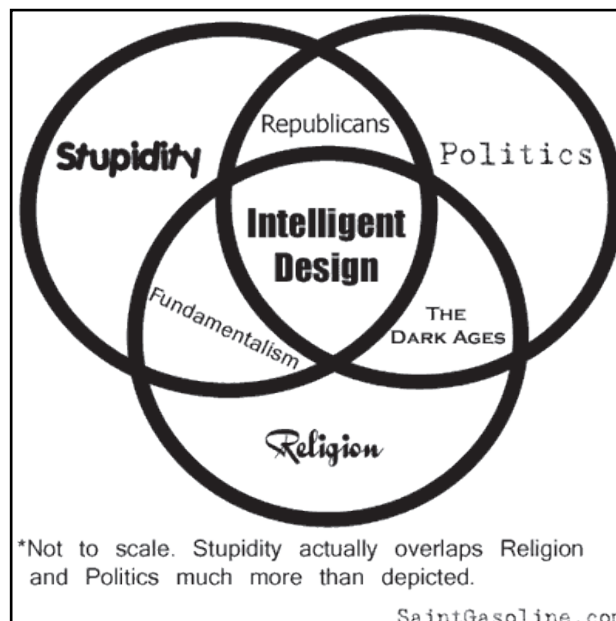
Back in New Zealand, the Lake Taupo Primary Health Organisation announced in March that, starting in July, traditional Maori medicine will be funded from the public purse. The PHO has signed an agreement with Nga Ringa Whakahaere o te Iwi Maori, the national body for traditional Maori providers, who sell massages, poultices, natural medicines, spiritual healing, bath therapy and other services. “What does it matter if it makes them feel better?” said the PHO’s chief executive, Jeremy Mihaka-Dyer. Useless Chinese and Ayurvedic (Indian) medicine already waste our taxes.

The more we look, the more we find that history repeats itself, not only from time to time, but also from place to place.

Dr Raymond Richards is a Senior Lecturer in History at Waikato University. He can be reached at ray@waikato.ac.nz.

From Page 13

leader purely because of their religious persuasion, are scandalous, we would all be better off if we know the truth.



This little Venn diagram on pharyngula.org caught the eye of one of our readers.

Skeptics place truth above comfort, and carry on the long-standing human traditions of curiosity, fascination with the world and universe, rational thinking (thank that for all our technological accoutrements, like the machine that printed this magazine). Skeptics hear strange ideas and say, “That doesn’t sound right”, and won’t settle on an opinion until they have examined every angle and found a solid basis for a conclusion. Because of that, some skeptics are in a perpetual state of bewilderment, and appear to sit on the fence for their entire lives, on such issues as whether or not there’s a god. And that’s integrity. That’s placing a high value on the truth and placing strict criteria on what can count as such. We might hesitate eternally before making our minds up, but that’s because we think

it’s important to only believe things that can be proven. And, finishing on the witch-burning topic because it has a nice, high impact, and also is true: it was a skeptic that finally had the courage to speak out against the trials and declare that it was all a farce; an intensely greedy and cruel one at that. Those who think it would be nicer if we all just accept things and don’t argue should know that they are of the kind that would have condoned the witch-hunts; probably would have joined in; it’s not nice to rock the boat, is it?

Behave, be polite. Don’t question anything. Mummy and Daddy know best; Pastor knows best; Prime Minister knows best. Don’t think; just sleep. There, good.

And on a last note for the religious people who think we should just go along with things, who find skepticism just a wee-bit too offensive and confrontational. This is especially for you. Ponder this: why did God give us brains to think with?

Why think? Because you can; why question? Because being lied to sucks, and can be fatal; if not for you, for someone else.

Simon Gemmill plays drums in a band and teaches in Christchurch.

If undelivered, return to:

NZ Skeptics
PO Box 29-492
Christchurch 8540

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Skeptical Podcasts

Check these out when you've got an idle moment!

www.skepticity.com: Features general discussion of all things sceptical with its two hosts Swoopy and Derek.

www.pointofinquiry.org: From the Center for Inquiry in Amherst, New York. Features interviews with leading figures including Richard Dawkins, Ibn Warraq and Joe Nickell.

www.geocities.com/skepticradio: The podcast of Tim Kammer, the president for the Seattle Society for Sensible Explanations.

www.theness.com/podcast.asp: The Skeptics Guide to the Universe, from the New England Skeptical Society

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