

Modern Medicine and the Postmodernist Challenge: Examining the Issues

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ABSTRACT: In this essay I discuss the impact of postmodern thinking on the practice of contemporary medicine, focusing on “alternative medicine” and its origins (at least in part) in a postmodern world view. I take the position that postmodern thinking has led to a belief in some circles that the current evidence-based, positivist approach to clinical management should be abandoned. I suggest that such thinking is not without its attendant dangers.

KEY WORDS: Alternative medicine, complementary medicine, evidence-based medicine, HIV/AIDS, postmodernism, therapeutic touch

I. INTRODUCTION

It is the intent of this essay to discuss the emerging influence of postmodernism and its impact on current clinical practice. Some questions I would like to address include the following: What is postmodernism? What are the origins of the current interest in postmodern thought in the context of the delivery of medical care? Does modern scientific medicine run the risk of becoming outmoded and irrelevant in the face of the postmodern expectations of some of its patients? What risks do a postmodern approach to medical care pose to patients?

II. POSTMODERN AND ALTERNATIVE MEDICINE

Health care is in the process of tremendous change. Although demand for traditional medical services remains strong, the demand for nontraditional or alternative methods of health care has grown even stronger. In the United States and around the world, new ideas and programs in alternative medicine are gaining in popularity. Canadian provinces and U.S. states are now providing licensure pathways to new categories of health practitioners such as midwives, acupuncturists, and naturopaths. Many traditional medical schools now offer courses on holistic healing and alternative medicine. Even the US National Institutes of Health, sometimes regarded as the most august of medical institutions, has installed the Office of Alternative Medicine to fund programs for research into alternative medical therapies. Indeed, many insurance carriers are starting to offer reimbursement for alternative therapies, usually as a “premium” healthcare plan aimed at well-to-do Americans.

Nor has the popularity of alternative medical therapies escaped the attention of legislators. For instance, in the state of Washington, House Bill 1034 passed in 1995, mandat-

ing that every health plan in the state permit every category of provider to provide health services. Of note, this legislation covers a large number of categories of state-licensed healthcare providers, including acupuncturists, chiropractors, naturopaths, midwives, osteopaths, and massage therapists.¹

Several factors have been offered to account for this state of affairs. Dacher suggests that dissatisfaction with conventional medicine is a factor:

Confronted with the complexities of lifestyle and stress-related degenerative diseases, addictive disorders, anxiety, depression and their physical counterparts, dissatisfaction with the over use of pharmacological and interventionist therapies, a rising antipathy with professional arrogance and authority along with a growing demand for high level health conventional medicine has finally reached its limitations. There is now a broad-based consensus that change is necessary and desirable.²

Dacher also suggests that a paradigm shift toward a rationalistic, technical focus in modern science and medicine may also be an important factor:

Initiated by Copernicus and completed by Kepler, Galileo, and Descartes this paradigm shift engaged the Western world in a compensatory, yet equally monotheistic world view, one that was sensory-based, factual, and mechanical. This powerfully pragmatic perspective has been highly successful in elucidating the mechanistic aspects of nature, but it has left us with a disenchanted and devitalized world, one that is devoid of meaning, spirit, and faith. We have deconstructed metaphysics, leaving ourselves with no encompassing vision of life, transcendent or immanent. We have deconstructed the individual, turning the immense experience of humanity into a mechanistic collection of biological parts. We have alienated ourselves from the natural world, preferring to control and manipulate it rather than to learn from and be nurtured by it. We have delegitimized the poetic, imaginative, and aesthetic realms. And as a result, we are losing our centuries-old faith and hope that an objectified and technological understanding of life acquired through reason alone would provide us with a progressive and endless improvement in the quality of our lives.²

Campion takes the conceptually simpler position that the problem may be a concern by patients that their concerns may be disregarded.³ He writes:

Though Americans want all that modern medicine can deliver, they also fear it. They may resent the way that visits to physicians quickly lead to pills, tests, and technology . . . [they] also may seek out unconventional healers because they think their problems will be taken more seriously.”³

One common critique of modern medicine is that the patient's point of view is often ignored, either because of the time limitations of a busy practice, or because of limited knowledge on the part of the patient, or for other reasons. This has led to discontent among some patients.⁴

Some authors distinguish between "alternative" medicine and "complementary" medicine. While both terms are generally taken to refer to products and practices that are not part of standard medical care, as a rule, complementary medicine is used *together* with standard medical care, while alternative medicine is used *in place of* standard medical care. For example, the complementary medicine technique of acupuncture has proven to be a useful adjunct to the treatment of surgical and chronic pain,⁵⁻⁷ while the alternative medicine technique of chelation therapy for cardiovascular disease has been proven to be ineffective as a primary treatment for ischemic heart disease.⁸ The above comments notwithstanding, these distinctions are necessarily fluid, and it is reasonable to expect that a number of alternative and complementary methods of medical treatment may become mainstream as their efficacies are demonstrated via rigorous clinical trials.

III. POSTMODERN MEDICINE AND THE INTERNET

Hardey suggests that the Internet may be an important contributor to the rise of postmodern thinking concerning medical issues, although he argues his case primarily from the viewpoint of the Internet as an enabling technology and makes no specific arguments against the positivist worldview of most medical practitioners.⁹ Rather, he argues from the viewpoint that postmodernism fosters challenges to modernist medical authority.

He makes two points, both centering on how patients can acquire medical knowledge outside of classical channels through use of the Internet. First, he notes that the Internet offers ordinary individuals unparalleled access to detailed medical information, including free access to many peer-reviewed medical journals such as the British Medical Journal (www.bmj.com). Such information resources allow committed and intelligent patients (or their advocates) the opportunity to study a particular problem or disease in enormous detail, and with time and patience, considerable expertise can develop. In fact, in many cases a lay person can accumulate a mountain of information that a general practitioner is not ordinarily able to match because of the realities of maintaining a busy clinical practice.

In addition, Hardey notes, the Internet offers many patient advocacy sites where patients can tell their stories in chat rooms or via message postings to acquire useful clinical information or to obtain emotional or spiritual support. Such "virtual" communities are not unique to patients suffering some affliction (such communities also exist for virtually all interest groups), but they serve an important role in providing an opportunity for individuals to discuss their concerns, their fears, and their needs.

IV. WHAT IS POSTMODERNISM?

Modernism is sometimes defined as a belief in the existence of objective truth, usually in the context of a philosophical viewpoint emphasizing causal mechanisms and impartial

observation.¹⁰ Modernism thus seeks to acquire, refine, and validate knowledge. This philosophical viewpoint is the current foundation for the practice of modern scientific medicine.

Postmodernism is a relatively recent philosophic viewpoint that emphasizes multiple and (at times) contradictory ways of “knowing” or obtaining “truth.” The postmodern approach questions the possibility of discovering objective “truths” through empirical or “scientific” methods. Some postmodernists even question whether it is possible to represent “truths” with language.

Thus, in the context of modern medicine, a postmodernist philosopher would likely question whether current science and technology can give us all of the knowledge needed for effective clinical practice. They would likely take the position that scientific “knowledge” is heavily influenced by the value systems of scientists and the scientific community and is not at all truly objective. Arguing that “science is politics by other means,” postmodernist philosophers view the results of scientific inquiry as in fact being influenced by the ideological agendas of prevailing authorities. They usually base such claims on historical case studies intended to demonstrate the intrusion of sexist, racist, capitalist, colonialist, and/or professional interests into the scientific method.

Indeed, as one wanders through the vast literature on postmodern thought, it soon becomes clear that postmodernity encompasses a diverse range of topics such as the global economy, political and class struggle, alternative medicine, lifestyle risk factors, and human sexuality.

Despite this enormous diversity, the origins of postmodernism are usually attributed to the efforts of a rather small group of thinkers, and especially by the writings of Michel Foucault, Jacques Derrida, and Jean Baudrillard. In the clinical context, Foucault’s book *The Birth of the Clinic* has had a special impact on postmodern medical thinking.¹¹

Foucault teaches that we live in a world in which the powerful impose their cultural values and ways of thinking on the “disenfranchised,” and that all human problems must be examined in the context of struggle for social domination. He held that basic ideas that people usually take to be permanent truths about human nature and society change in the course of history. In Foucault’s view, notions such as selfhood, sexuality, and reason are “historically contingent cultural products” imposed by the powerful and socially dominant.

These concepts even extend into health care: postmodern public health theory advances the notion of the “social production” of disease, where society is the real source of disease rather than traditionally accepted causes such as germs or damaged DNA. In the postmodern worldview, differences in disease prevalence among social or ethnic groups are not due to factors such as genetic predisposition or diet, but to ideological causes, such as the “stress of oppression.” Thus, the well-known higher rate of hypertension among American blacks as compared to American whites is explained in terms of racial oppression and domination, i.e., that this difference results from the “stress” of racial oppression.

Similarly, it is argued that patients who have undergone institutional psychiatric treatment are victims of “abuse” and “labeling” by psychiatrists, who are typically white

and male and far too much part of the existing power structure to be trustworthy. Only former “victims of psychiatry” are qualified to treat other victims, for instance, by way of “survivor groups.”

The postmodern remedy for those problems is a sweeping rejection of objectivity and the embrace of subjectivism, along with a radical redistribution of power, giving political power to the supporters of the disenfranchised.

V. THE CLINICAL IMPACT OF POSTMODERNISM

To the postmodernist, both illness and health (wellness) are culturally contingent. That is, to the postmodern thinker, people make judgments about the state of their health in terms of existing cultural standards. And because cultural norms change over time, what it means to be ill changes over time as well. Postmodern thinkers are also concerned about the potential effect of applying clinical labels, especially psychiatric labels. Such labels, they argue, can have a substantial negative impact for the patient and their social identity because the clinical label often swamps all other identities and casts one's personal identity into a narrow and constricting mold. Thus, one loses the identities of parent, spouse, taxpayer, etc. to take on a clinical identity (e.g., cancer patient, victim of schizophrenia) that overwhelms all other identities.

While postmodern thinking has had an impact on a great many areas of clinical practice, two areas come to mind as being particularly worth of discussion: therapeutic touch and HIV/AIDS. I will discuss these in turn.

A. Therapeutic Touch

In recent years, many in the nursing profession have taken an interest in New Age therapies such as crystal healing, color therapy, and therapeutic touch. So well-accepted are some of these techniques that courses on them fulfill the continuing education credits required for re-licensure of nurses in some states. Among these therapies, therapeutic touch appears to be the most popular and best known.

Therapeutic touch was conceived in the early 1970s by Dolores Krieger, Ph.D., R.N., a faculty member at New York University's Division of Nursing. Practitioners of therapeutic touch claim to heal people without physically touching them by “smoothing out” aberrant energy fields in the body. While there is no scientific evidence that such an energy field exists, there are hundreds of reports on the technique in the clinical literature. In 1998 a team lead by Linda Rosa published a stinging critique of therapeutic touch in the *Journal of the American Medical Association (JAMA)*.¹² First, they reviewed the existing clinical literature, concluding that “no well-designed study demonstrates any health benefit from therapeutic touch.”¹² They also empirically tested whether practitioners of the technique could actually sense a “human energy field,” as they claimed to be able to do. In this part of the study, conducted by Linda Rosa's daughter Emily as part of a 4th grade science project, 21 therapeutic touch practitioners were asked to guess whether Emily was holding her hand above their right or left hand while a screen hid Emily's hand from

view. The healers' ability to guess the correct hand (44% of the time) was worse than random chance. The article concluded that therapeutic-touch claims "are groundless and that further use of therapeutic touch by health professionals is unjustified."¹² Of interest, the American Nurses' Association responded to the *JAMA* article by publishing an editorial defending therapeutic touch, written by Dolores Krieger.¹³ Krieger denounced the study as a "parlor game" and wrote of "reactionary forces whose viewpoints are embedded in materialistic and reductionism philosophies."¹³

B. HIV/AIDS

A number of thinkers influenced by postmodern writings have challenged the current approach to HIV/AIDS treatment with antiviral agents, arguing variously that HIV is not the cause of AIDS, that existing therapies are excessively toxic, or that AIDS organizations are in bed with the big pharmaceutical companies.

Consider, for instance, one such critic of the current approach to AIDS treatment, Sky Gilbert. Gilbert is a long-time gay activist and more recently a professor at the Guelph University. One of his "Pink Panther" newspaper columns deals with his sympathy for the view that AIDS is not caused by HIV.¹⁴ To support this argument, he notes that some HIV-positive individuals never seem to get AIDS and asks, "If HIV is so lethal, why doesn't everybody die of it?"

Even more contrarian statements have been made by Mohammed Ali Al-Bayati,¹⁵ who writes:

HIV is a harmless virus in both the *in vivo* and the *in vitro* settings.¹⁵

and

The medications currently used to treat patients with AIDS, such as AZT, protease inhibitors, and glucocorticoids, are highly toxic. They can even cause AIDS in asymptomatic patients, and make the disease worse in patients with AIDS. These drugs do not have any therapeutic value, and their use must be discontinued immediately.¹⁵

Such positions can have drastic public policy implications. Consider, for example, that South Africa's ex-president Thabo Mbeki once told a constitutional court judge, the heads of two major churches and the chairperson of the world's leading international AIDS conference that he questioned the conventional wisdom on HIV/AIDS so saw no value in providing antiretroviral medications to the South African populace.¹⁶

VI. CRITIQUE OF POSTMODERNISM

Critics of postmodernism develop their challenge from several vantage points. First, philosophers of science have written extensively on the case for objectivity in scientific

inquiry. Thus, while scientific objectivity may occasionally be imperfect, the laws of physics, for instance, are empirically verifiable and are definitely not subjective in the sense used by postmodernists.

Secondly, many of the claims of postmodernists are offered without proof. Often in a debate, one gets only anecdotal evidence or worse, an irate refusal to bow to the dominant establishment worldview that demands more substantive and rigorous proof.

One particularly interesting criticism of postmodernist academic thought has its origins in the physics community. In the 1996 Spring/Summer issue of *Social Text*, a left-leaning academic journal of social commentary, Allan Sokal, a physics professor at New York University, published an article titled, "Transgressing the Boundaries: Towards a Transformative Hermeneutics of Quantum Gravity."¹⁷ Unknown to the editors, the article was a hoax, deliberately filled with nonsense phrases such as "gender encoding in fluid mechanics." The essay, loaded with poststructuralist/postmodern buzz words, argued that gravity was a fiction that society agreed upon but from which it needed liberation.

Sokal claims that, had the journal editors been conscientious and intellectually honest, they would have instantly recognized that the essay was a parody. Sokal reported that he was "troubled by an apparent decline in the standards of intellectual rigor in certain precincts of the American academic humanities."¹⁷ The hoax was his way of drawing notice to this issue. Indeed, if one reads Sokal's article it is hard to see how the journal editors so badly missed the point. For instance, consider these statements from the article:

It has thus become increasingly apparent that physical 'reality,' no less than social 'reality,' is at bottom a social and linguistic construct; that scientific 'knowledge,' far from being objective, reflects and encodes the dominant ideologies and power relations of the culture that produced it; that the truth claims of science are inherently theory-laden and self-referential; and consequently, that the discourse of the scientific community, for all its undeniable value, cannot assert a privileged epistemological status with respect to counter-hegemonic narratives emanating from dissident or marginalized communities. These themes can be traced, despite some differences of emphasis, in Aronowitz's analysis of the cultural fabric that produced quantum mechanics; in Ross' discussion of C; in Irigaray's and Hayles' exegeses of gender encoding in fluid mechanics; and in Harding's comprehensive critique of the gender ideology underlying the natural sciences in general and physics in particular.¹⁷

On the day of publication, the journal *Lingua Franca* published Sokal's announcement of the hoax. While many saw the hoax as stunning demonstration of the emptiness of postmodern discourse, others accused Sokal of supporting the cultural agenda of the American right. Such accusations are ironic since Sokal is an avowed Marxist. Sokal

argues that politics and social theory are substantially irrelevant to scientific subjects such as physics, chemistry, or mathematics, and emphasizes the need to avoid confusing social theory with natural science.

VII. CRITIQUE OF POSTMODERNISM IN MEDICINE

Critics of postmodernism in medicine usually make their challenge to it from a “no non-sense” clinical vantage point. For instance, Sandweiss writes:

What of major biochemical and pathologic disorders, such as pneumococcal pneumonia, diabetic ketoacidosis, critical aortic stenosis, fracture of the hip, and a multitude of other serious diseases? These have responded to therapies that have grown out of the modern (pre-postmodern?) bio-physical model of disease. Would an American with a ruptured appendix really choose the shaman over a skilled physician?¹⁸

Brooks put it this way:

The good news about this whole trend is that reality will have the last word, as it usually does. In the field of health, Americans apparently still hold to the nineteenth-century idea of progress. Since the early 1950s, there has been continuous and dramatic progress against all forms of disease, and Americans expect this to continue....The foolishness will be exposed for what it is and collapse.... [Postmodern] medicine will then retire to the shadows, along with voodoo, phrenology, and bleeding, where it belongs. All we need to do is keep our intellectual powder dry and wait.¹⁹

Finally, Park makes the following observation about the treatment sought by the 2001 American victims of anthrax contamination:

Fortunately, those exposed to anthrax are being diagnosed and treated with the very latest scientific medicine. They are not being treated with homeopathy, acupuncture, touch therapy, magnets, reflexology, crystals, chelation, craniosacral therapy, echinacea, aromatherapy, or yohimbe bark. And no one is complaining.²⁰

VIII. CRITIQUE OF POSTMODERNISM IN HIV/AIDS TREATMENT

As noted earlier, Sky Gilbert and his kind ask, “if HIV is so lethal, why doesn’t everybody die of it?” I can offer two answers. First, therapies like AZT are frequently quite effective in fighting the HIV virus, often dramatically reducing clinical impact and the death rate in infected individuals. Secondly, exposure to HIV may be less harmful in some individuals who just happen to have the right immune system. (Studies conducted

on African prostitutes suggest that some individuals never become HIV positive despite repeated exposure to the virus.)

The fact is that millions of HIV-infected individuals have been helped by drugs like AZT, drugs that act specifically to combat the HIV replication process. This has now been demonstrated in countless scientific publications from laboratories and clinics around the world. Similarly, numerous studies have shown the likelihood of progressing to or dying from AIDS is directly proportional to levels of HIV in the blood and body organs.

One especially strong argument establishing the HIV–AIDS link is that HIV and AIDS satisfy Koch’s postulates. Koch’s postulates, developed in the late 19th century, serve as the definitive litmus test for determining the cause of any infectious disease. They are listed here:

- Epidemiological association: the suspected pathogen must be strongly linked with the disease.
- Isolation: the suspected pathogen must be able to be isolated outside the host.
- Transmission pathogenesis: transfer of the suspected pathogen to an uninfected individual produces the disease in that individual.

Despite such overwhelming evidence, there are those who, arguing from a post-modernist vantage point, refuse to accept the link between HIV and AIDS. Some argue that they cannot accept that such a link exists until all unanswered questions have been dealt with. For instance, some individuals argue that HIV cannot yet be stated to be the cause of AIDS because researchers are unable to explain in complete detail how HIV destroys the immune system. However, a complete understanding of the pathogenesis of a disease is certainly not a prerequisite to knowing its cause. In fact, most infectious pathogens have been associated with the disease they cause long before the details of pathogenesis were discovered.

Others argue that because the multi-national drug companies (or the “medical–industrial complex,” or the capitalist system itself) are all corrupt (and all these viewpoints are arguable in themselves), it follows that their products must be ineffective or even harmful. Thus, one attempts to discredit the organizations responsible for the scientific work by discrediting the modernist approach to disease pathogenesis and disease treatment. Of course, such assaults are simply a variation of the well-known “ad hominem” attack, a blatant appeal to feelings and prejudices rather than intellect.

Finally, consider the words of Friedlander:

Postmodernists complain that science is a cultural prejudice, and/or a tool invented by the current elite to maintain power, and/or only one “way of knowing” among many, with no special privilege. For postmodernists, science is “discourse,” one system among many, maintained by a closed community as a means of holding onto power, and ultimately referential only to itself.²¹

and

“No reasonable person would deny that politics and the profit-motive do influence what science studies, and who gets to use the laboratories. But it seems to me that the feature of real-world science which distinguishes it from other forms of description is rigorous measurement and the experimental method, which we can apply to atoms, to the galactic radiation, to our bodies, and to the medical techniques of indigenous peoples. All scientific knowledge is tentative, and scientific statements are judged by their predictive value. (Postmodernists themselves sometimes say, “What’s true is what works.”) As scientists look at nature, science corrects itself over time, and all scientists thrive on finding flaws in one another’s works. Like it or not, science works. Superstition doesn’t.”²¹

IX. IS MODERN SCIENTIFIC MEDICINE FLAWED?

While it is possible to find conceptual flaws with many of the forms of alternative medicine available today, this does not imply that modern scientific medicine is itself without flaws. In relation to this matter an important question is this: “Does modern scientific medicine run the risk of becoming outmoded and irrelevant in the face of the postmodern expectations of some of its patients?”

To this question I would answer both “yes” and “no.” The answer is “yes” to the extent that physicians ignore the human side of medical care, focusing exclusively on the scientific and the technical. And the answer is also “yes” to the extent that physicians look at (“label”) their patients only along clinical dimensions, ignoring them as whole persons and not involving them as participants in the clinical decision making process. And finally, the answer is “yes” to the extent that physicians treat their patients in a patronizing or arrogant manner, or fail to devote enough time to their needs. But otherwise the answer is “no,” at least to the extent that the scientific basis of health and disease should form the basis for rational medical care of the highest quality.

Fortunately, today’s medical students and residents, perhaps more than ever, are being taught the importance of humane medicine and are immersed from the very first days of medical school in the art and science of patient communication. And, to the extent that is practical, they are taught to recognize and avoid many of the aforementioned flaws to which physicians can so easily succumb.

X. CONCLUSION

While postmodernism has met with considerable success in many literary and academic circles, it is simply unsuitable in academic domains like physics and pharmacology, where the empirical–analytic tradition remains foundational. Misapplication of postmodernist methods to such domains could even lead to harm to people, at least theoretically.

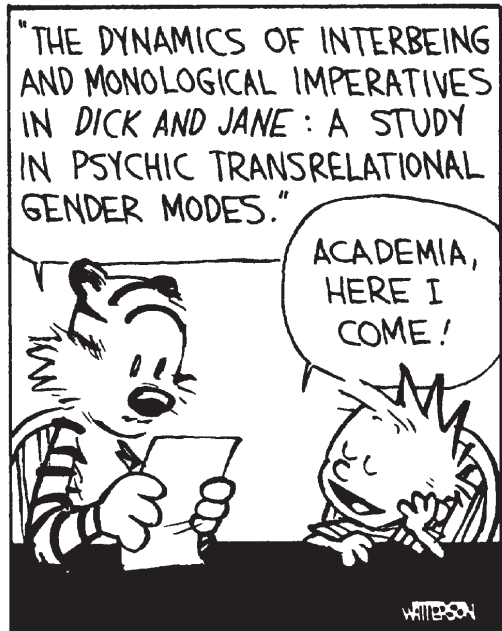
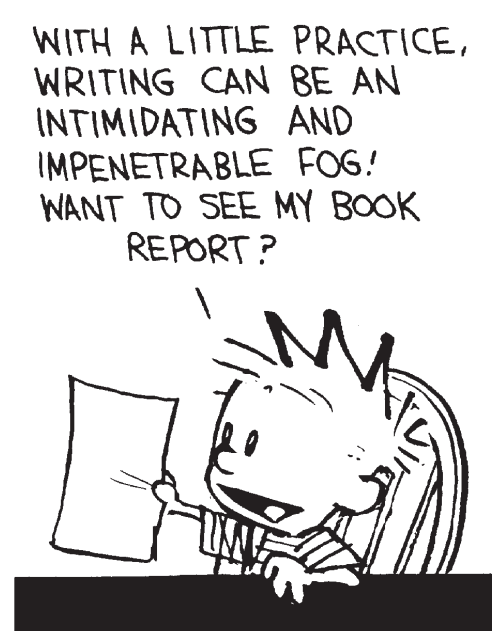
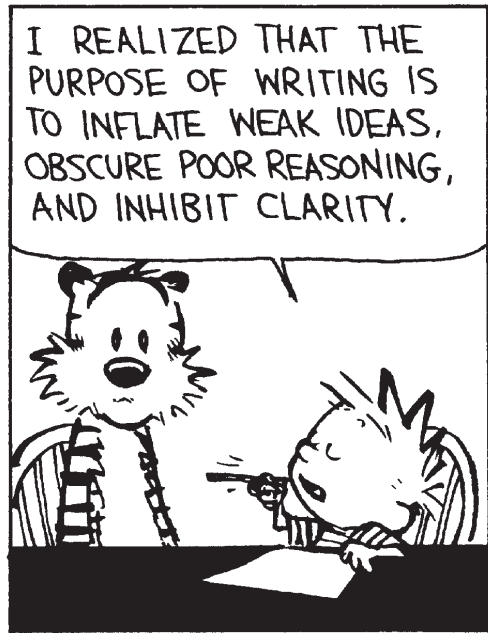
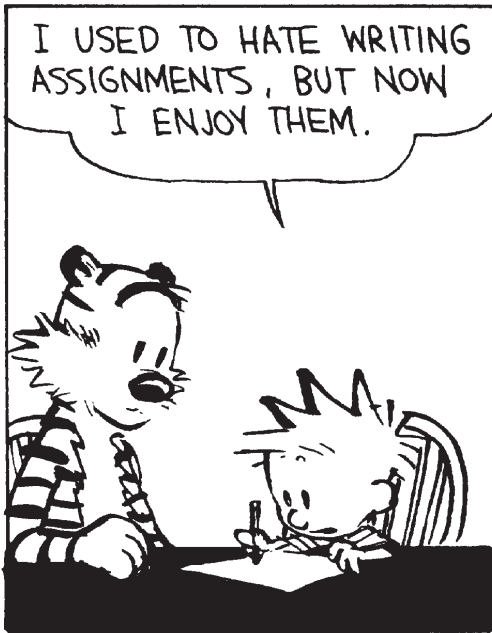
The publication of radical postmodern clinical views demonstrates how our society tolerates extreme opinion even when these opinions are potentially harmful to their adherents. Just as Jehovah's Witnesses occasionally die for their beliefs by refusing medically necessary blood transfusions,²² so, too, may some HIV-positive individuals suffer for their beliefs by avoiding therapy (like AZT and other antiretroviral agents) that could greatly help ameliorate their infection.^{23,24}

While it is sad that some individuals may be swayed by the words of Gilbert, Al-Bayati, and others like them, it is, I suppose, a necessary consequence of freedom of speech. Still, I am saddened by this development. How many more cases of AIDS will result from dangerous and false ideas? No one really knows.

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