



# Physician Betrayal

How Our Heroes  
Become Villains

A FreeBook  
By Pamela Wible, M.D.

*Dedicated to all doctors betrayed  
in their quest to heal others*



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6.30.21

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# 1.

## My Dream

As a little girl I had recurring dreams in which I'd find dying people, take them home, bandage their wounds, and nurse them back to health. I knew in my heart, even as a child, that I was destined to be a healer. What I didn't know is that the dying people I'd be helping would be doctors.

For nearly ten years, I've been running a free doctor suicide hotline to help wounded healers step back from the precipice of self-annihilation. Amid the pandemic when calls surged, I held group sessions with ten suicidal doctors at a time. During the lockdown, I had a cabin built in my garden next to a thirty-foot waterfall where I now nurse physicians back to health.

My dream came true. Yet not exactly how I imagined. I can't put into words what happens here, yet neither can the doctor who just left. Here's what she wrote to another suicidal physician:

“What happened with Pamela was kind of like psychotherapeutic brain surgery with a happy, giggly, teddy bear in a grownup fairy garden. I don't know how else to explain it. A combination of professional development and psychotherapy with a friend. I laughed and cried a lot, and there was some really good food (and a pretty cool cat). Having been hospitalized several times for severe depression and suicidality, I

can absolutely say that Pamela's environment is much more conducive to healing than a psychiatric ward. I'm launching my own clinic when I get home to escape a very toxic operating room environment. Oh, and I left as the author of my hero's journey."

The wounds I'm treating are of the soul. More difficult to see than the wounds I bandaged in my childhood dreams. Yet I can see them clearly because I was almost mortally wounded by my profession too.

This is my hero's journey. We all have one. I hope one day you'll join me and share your hero's journey with the world.

## 2.

### Self-Betrayal

I was twenty-one—exuberant, idealistic, and a tad hypomaniac on my first day of medical school. Entering the auditorium on that September day, I felt invincible.

My dream of being a small-town doctor was finally coming true. I imagined jumping in my pickup and meandering down dusty roads out on housecalls from my little clinic just over the border from Mexico. As a Spanish major with a serious savior complex, I'm always on the lookout for the underdog.

Back in South Texas—a world away from my all-women's college in New England—the low-frequency drone of male voices with their Southern drawl soothed me as I flitted about the room burning off my residual East Coast neurotic energy. Super-friendly and laid back, my classmates in our lecture hall still had big plans. Some aimed for academic careers in neurosurgery or ortho, others dreamed of settling down as their hometown family doc.

I found an empty seat just as the lights flickered and dimmed and all eyes followed the spotlight to the podium. Though our orientation began that morning and lasted all week, I only remember one sentence.

“We will make you into doctors,” the dean promised all of us.  
Four months later, I dropped out.  
I just couldn't do it.

My parents—both physicians—warned me not to become a doctor. They feared government intrusion and loss of physician autonomy. In our late-night conversations, they decried the rise of the physician-employee, owned and controlled by medical institutions, Big Pharma, and the government. They predicted that one day doctors won't be able to do what's right for their patients. In essence, they forecasted: You will be nothing more than a factory worker. Your patients will be little more than widgets on a conveyer belt. All of you will be expendable economic units.

As a teenage rebel, I was undeterred.

Students from nonphysician families assume my life is easy. Though I inherited unique hand-me-down heirlooms like Dad's gallstone collection, my parents didn't pass on any secret family formula for physicianhood.

My parents' dire warning was economic, not emotional. Not once did they mention their anxiety, depression, or vicarious trauma. No mention of the mental health toll of medical education (and Mom's a psychiatrist). No mention of doctors dying by suicide at three times the rate of the public. Denial? Too taboo? Some things are too shameful—or painful—to admit to oneself. The trauma of medical training is hidden for a reason.

I just couldn't do it.

I couldn't kill a dog.

I was blindsided when I saw the “dog lab” on my schedule. Then I read the course description—and I had my first panic attack. For an empath, medical school is a torture chamber. I felt betrayed—stabbed in the heart by the very people who promised to *make me* into a doctor.

The big “mystery” in medical education: why do empathy and altruism, compassion and joy disappear in medical students? Here's a clue: student doctors are indoctrinated to follow orders—even when unethical.

My parents never told me I'd have to kill a dog to be a doctor. Why didn't they warn me?

Some things are unspeakable—so horrific there are no words—and often no memories. Dissociative amnesia is our brain's trauma response to cope with tragedy so we can conveniently forget what we don't want to remember. I wondered what else my parents and professors were hiding from me. What else would I discover on my schedule?

Inside medicine's hidden curriculum is a hidden agenda—lessons learned through an educational experience not openly taught in books or lectures—or ever uttered aloud by physician parents. Turns out Mom and Dad did the dog lab too. Both never spoke about it again—until I confronted them in tears.

Yet neither of my parents could comfort me. Dad intellectually validated my sadness in an emotionally detached sort of philosophical way. Mom hung up the phone and mailed me antidepressants so I'd stop crying.

My next problem: I'd signed the papers to quit med school, yet I couldn't leave. With an apartment full of pets (a dog and three stray cats), no money, no car, and no destination, I was stuck. I couldn't even garner sympathy from my parents.

My anatomy partner advised, "Just keep taking tests until you figure out what to do."

So I somehow re-enrolled and promptly sent a letter to the physiology director stating, "I will not participate in animal experiments."

"These are not animal experiments," he responded. "They are *experiences*. Attendance is mandatory. You are assigned to Team 11B. An unexcused absence will compromise your teammates' education and prevent your matriculation into the clinical core."

Dogs in med school physiology labs have no legal right to life. Acquired from shelters, lab dogs are prior pets that will be euthanized

anyway, so might as well turn them over to med students for an educational experience.

I'd just adopted Happy, a flea-ridden pup from the shelter. He slept with me every night, sat by my feet while I studied, and welcomed me home from school each day. My only steady companion through med school. What if he had been snatched up from the shelter for my physiology lab?



Happy & me in medical school

Not all lab dogs are prior pets awaiting forever homes in shelters. Some med schools pay breeders who birth dogs into the world for the sole purpose of being murdered by med students.

To slaughter “man’s best friend” is the ultimate betrayal. If you can kill your best friend as a med student, what could you possibly do next as a doctor?

Compassion for the most vulnerable is what all medical schools preach, yet can't seem to teach. When our very professors turn against their own students, maybe compassion should be taught by the dog.

“The best friend a man has in this world may turn against him and become his enemy. His son or daughter that he has reared with loving care may prove ungrateful. Those who are nearest and dearest to us, those whom we trust with our happiness and our good name, may become traitors to their faith . . . The one absolutely unselfish friend that a man can have in this selfish world, the one that never deserts him and the one that never proves ungrateful or treacherous is his dog.”

Stated so eloquently in 1870 by George Graham Vest, an attorney representing a farmer suing his brother-in-law for killing his dog. The jury returned a unanimous verdict in favor of the farmer and his dog within minutes after Vest concluded his “Eulogy of the Dog.”

“Gentlemen of the jury: A man's dog stands by him in prosperity and in poverty, in health and in sickness. He will sleep on the cold ground, where the wintry winds blow and the snow drives fiercely, if only he may be near his master's side. He will kiss the hand that has no food to offer, he will lick the wounds and sores that come in encounters with the roughness of the world. He guards the sleep of his pauper master as if he were a prince. When all other friends desert, he remains . . . and when the last scene of all comes, and death takes the master in its embrace and his body is laid away in the cold ground, no matter if all other friends pursue their way, there by his graveside will the noble dog be found, his head between his

paws, his eyes sad but open in alert watchfulness, faithful and true even to death.”

To betray a dog was beyond my capacity as a human being, but not beyond the capacity of my classmates, coerced to perform the non-consensual act. Four students were assigned to each dog. Our first-year medical school class killed forty-eight dogs.

No dog consented.

No dog was eulogized.

Most US physicians have done the dog lab, the norm in all med schools back in the day. Not one doctor I’ve met wants to revisit the memory. When I ask about the dog lab, doctors turn away. They look down. They tell me it was horrible. They have regret. They try to forget.

The worst form of betrayal is self-betrayal.

Physician self-betrayal is the act of choosing to violate one’s own moral principles as a doctor—with almost-certain adverse consequences for vulnerable patients who rely upon us to act in their best interest with the highest integrity.

Nobody wants to be betrayed by their doctor.

No doctor wants to be a villain.

All doctors have the capacity to commit crimes against their *own humanity*—to become villains—first to themselves, then to their patients.

A serial killer commits a series of murders, only three within one month to qualify. A doctor has the opportunity to betray thousands of patients each year. Serial killers and med students dismember dogs. A red flag.

Physician self-betrayal is how our heroes become villains. Self-betrayal starts in medical school.

So why do medical students comply? Students follow doctors' orders. They're graded. Even good students do bad things for good grades. Medical students are taught not to question, just follow instructions.

Instructions: Inject the live dog with epinephrine and study the EKG. Sever cardiac nerves. Carve open the chest and shock the heart. As the dog's blood pressure drops, remove the heart. Then stab the aorta with a scissor blade and slice open the ventricle. Check for heartworms. Bag the carcass, and clean your instruments and work station.

As a family doctor, why would I ever slice open a patient's heart to check for heartworms? Why should I watch my teammate give a poodle a heart attack? When would I need to stab a patient's aorta with a scissor blade? What kind of team am I on? What are we learning in this experience? Certainly not compassion.

I had to fight my med school to retain my humanity. And I quite literally had a dog in this fight.

I created a petition stating our intention as medical students not to kill dogs for ethical or philosophical reasons. I circulated the petition to my classmates. Three shared my moral objections and signed on. Only four of nearly 200 students had an ethical problem with killing a dog. Does that mean 98% of my classmates were okay with turning a pet into a carcass?

So I circulated a second petition for others to support our right to opt out of dog labs, but no classmates signed due to "fear of being blacklisted from residencies."

I continued my crusade without the support of my classmates. I sent my petition to the dean of medicine. He required that I meet with him. Entering his office, I sat in a chair across from a man three times my age who had complete power over my future as a physician. I began with a personal statement of my values: "I am vegan. I do not

eat or wear animal products. I am morally opposed to injuring animals and I will not participate in these labs.”

He stared at me quizzically. Then—with an authoritarian, yet paternal, even loving tone—he diagnosed me with “Bambi Syndrome.” He granted my exemption. Though my dean belittled me for having compassion, I was relieved that I would not have to kill a dog to become a doctor.

My relief was short-lived. The next week, while studying histology slides in the biomedical sciences building, I saw a cart full of dogs wagging their tails pass by my classroom. My vision narrowed and blurred. My heart was racing. I felt like I was going to faint.

An hour later, my classmates emerged splattered with blood. Men boasting of their conquests. Bags overflowing with carcasses—man’s best friend slaughtered in cold blood.

As I walked home, tears burned my eyes and obscured my vision. I collapsed on my bed sobbing. In a fetal position wrapped around my dog, I cried all night not only for the loss of our innocent, ever-faithful friends, but for my classmates, methodically dehumanized right in front of me. I was not exactly crying; I was wailing—a prolonged high-pitched cry I’ve never heard before or since out of any living creature in my life.

The next morning, the world was black. I had to crawl to the bathroom. My eyelids were swollen, sealed completely shut.

I could no longer bear to see the brutality.

Decades later, I’m still haunted by the carnage—the dismembered dogs and fragmented souls of my classmates.

Live animal labs continued year after year, not only with dogs, but with sheep and other unsuspecting farm animals and furbabies.

As far as I know I was the only student to meet with the dean, the only one exempted from live animal labs. I was offered no alternative experience.

After animal labs, we moved on to poor people and prisoners. Teaching hospitals are filled with homeless, uninsured, and Medicaid patients. Medical students practice medicine on those who have nowhere else to go, like homeless pets and people. My medical school is contracted with the Texas Department of Criminal Justice so our patients often arrived in shackles with guards. I was never informed that my patients would be prisoners, nor did I consent to treat men on death row. Did they consent to see me? Unlikely. How odd to learn how to be a doctor on patients to be killed.

Still I retained my compassion for their suffering. I listened to their stories. Yet in medicine, listening is undervalued. Fastest way out of the room is to diagnose, drug, and dismember—cut patients into pieces. Once patients are labeled, there's no reason to chit-chat. Male classmates belittled me incessantly for my compassion. Especially with psychiatric patients.

Nearing graduation, we were all so excited. While completing residency applications, my classmates who belittled me then begged me to write their personal statements for them.

“But a personal statement is personal. How could I possibly write your personal statement?” I asked.

In the end, my classmates were blacklisted, not from their residencies, but from their own identities.

Bambi Syndrome saved my life.

Crying my way through med school kept me alive. I didn't care if my eyes were sealed shut. I couldn't allow my soul to shut down. Going numb scared me more than losing my vision. Tears meant I could feel pain. I was still human.

### 3.

## Tiers of Betrayal

Betrayal requires a relationship and a broken promise, explicit or implied. Yet one broken promise may impact tiers of relationships.

Tiers of relationships are symbolized, for example, by tiers of a wedding cake. Traditionally the top tier symbolizes the couple, middle tier(s) their future children, and bottom tier the couple and children as family. During weddings—the quintessential public display of fidelity—family and friends wipe their tears as they witness the couple’s promise to love each other, for richer or poorer, in sickness or in health, till death do they part.

Infidelity betrays not only the primary relationship of the couple, but also betrays their children, family, and all wedding guests emotionally invested in their relationship.

Medicine, like marriage, is built on tiers of relational promises organized around the physician hierarchy.

When the chief of surgery betrays a patient by teaching trainees to do pelvic exams on a nonconsensual woman under anesthesia, the violation is ordered by the attending, performed by medical students, and witnessed by residents, interns, and premedical students. Akin to incest, a vow of silence shrouds the betrayal. If a resident were to file a complaint, the program director would side with the revenue-generating surgeon and write up the subordinate as unprofessional.

In physician hierarchy, an attending (like the chief of surgery) is alpha dog leading the pack. Underneath the attending are fellows, then chief resident(s), senior residents, junior residents, interns, medical and premedical students. Rounding in the hospital, the pack's pyramidal social order is maintained—med students tagging behind interns and residents—all aspiring to ascend to the omniscient attending draped in the long white coat.

Like the bride's white wedding dress, a symbol of goodness and purity of soul in Western culture, the doctor's white coat in Western medicine symbolizes fidelity—loyalty to the profession. An attending wears the longest white coat, starched and ironed, with name and title—a diploma embroidered over the heart—along with the hospital logo. Underlings, like bridesmaids, wear shorter coats (minus detailed embroidery and with clip-on badges); residents in mid-length coats while med students' coats barely cover their butts. Premeds go bare with no coats at all.

Like the wedding ceremony, medicine's white coat ceremony—the quintessential public display of fidelity to the Hippocratic Oath, celebrates the promise of the physician-in-training to professionalism and service. Formal coating is performed by professors on stage as classmates cheer and proud parents clap in support of their child's vow to care for the most vulnerable with highest integrity.

How could such a sacred ritual end in betrayal?

The culture of betrayal within medicine is self-perpetuating and permeates every layer of the physician hierarchy despite well-meaning professors and new crops of idealistic med students year after year.

Why?

The foundation of modern medicine is reductionism—a philosophy that views human beings as biologic machines to be analyzed and deconstructed into their fundamental parts. Torn into pieces, organs, cells, DNA.

Reductionism is the opposite of holism. Holistic medicine treats patients as whole people—mind, body, and soul—inseparable—rather than symptoms or diseases. Holistic healers care for whole humans within the context of culture and family, all intimately interconnected. Holistic healing happens by integrating the whole and maintaining the delicate balance within the ecosystem of life rather than tearing down living systems into tiny pieces. The goal of holism is to heal the parts to maintain the whole. The goal of reductionism is to tear down the whole to treat the parts. Holism believes the whole has greater value than the sum of the parts. Reductionism believes the tiniest parts—especially when patented and monetized—have greater value than the whole. Holding the whole hostage to its tiny parts, now owned by reductionist medicine, assures dependency on the doctor and the medical system.

Medicine’s cult of reductionism believes the answers to all of life’s questions will be extracted from tearing down living systems (with or without consent) into their tiniest parts. To wear the white coat means you are inducted into this elite group with rigid reductionist ideology and a hierarchy intolerant to questions or critical inquiry. Power is maintained over individuals through public humiliation. Individualism is supplanted in favor of groupthink. Traditional holistic healers with centuries-old remedies are distrusted in favor of “evidence-based” medicine, data, and science.

Reductionism is amoral by definition. Reductionist dogma severs the cardiac nerves and then removes the heart of the healer and patient. Science has no soul; however, the veneration of science turns reductionism into a religion—the opposite of science. And so our white-coated clan bows down to the God of science—omniscience (in Latin *omnis* all’ and *scientia* to ‘know’)—the state of knowing everything.

Absent science and morals, we are left with total betrayal of mind, body, and soul.

4.

## The Betrayal Cascade

A mass casualty event begins with one act of betrayal. By one person. A person with power. In medicine the assault weapon—doctor’s orders.

One act of betrayal by one doctor may lead to an unstoppable cascade befalling all colleagues downstream in rapid succession.

Physician betrayal always begins with *self-betrayal*—the act of choosing to violate one’s moral principles as a doctor leading to *patient betrayal* as physicians fail to uphold their oath to the vulnerable who rely upon them to act with integrity and honesty. Patients are often betrayed in front of a team of trainees—a process of *betrayal grooming*. Teachers who offer apprenticeship to trainees build relationships of trust and connection that may end in manipulation, exploitation, and abuse of naïve students who then experience *peer betrayal*—an act of emotional infidelity to medical peers who then become active participants in the betrayal cycle.

Betrayal between medical professionals is common once indoctrinated into the culture of medicine and can be fueled by jealousy, power-seeking, and fear that can push student doctors, resident physicians, attendings, even close friends and family to act against each other for their own personal gain.

A *betrayal witness* is collateral damage—a nonparticipant that may be swept up in the betrayal scene such as when I witnessed the cart of

dogs pass by my classroom to the *mass betrayal* experienced by my peers during the dog lab—a mass casualty of human and nonhuman souls.

With practice, betrayal is normalized, even expected of trainees whose participation in unethical acts leads inevitably to *habitual betrayal*, reinforced by better job evaluations and production bonuses. Once done, betrayal is easier to do again.

*Institutional betrayal* happens when a medical institution is deliberately disloyal to their stated values of easing suffering and preserving life. Medical schools, clinics, and hospitals may mislead, deceive, and breach the faith of trainees and physicians causing harm through coercion, lack of informed consent, and hypocrisy.

*Institutional betrayal trauma* occurs when the trusted medical institution that teaches trainees how to be healers fails to protect them and can so deeply contradict what is expected that medical professionals end up blocking their trauma in order to maintain the attachment with their profession. *Betrayal blindness* is the state of denial among physicians in which they do not allow themselves to see what is happening because the information would threaten their professional standing and world view. When physicians blind themselves to the betrayal and fear of future betrayals, the act helps them survive in a career they believe they can't escape. Betrayal blindness is a coping mechanism leading doctors to dissociate en masse.

When the medical profession—a career you have pursued for years, a career you love and trust to do no harm does something to shatter the foundations of your sense of trust and world view, the resulting trauma can be severe resulting in loss of sense of self and life-altering *betrayal grief* that mirrors the stages of acceptance of one's own death (or the death of a piece of one's soul when swept up in the betrayal cascade)—denial, anger, bargaining, depression and

acceptance. As a witness to immense betrayal within the medical profession, I've felt them all.

5.

## Intergenerational Betrayal

Wounds that bind us are intergenerational and run deep in medicine—and in my family. My physician parents were workaholics, never around much. Our first family photo—I was forty-five. Seriously. Just four of us in my family. We're all in medicine except my little brother.

My parents chose work over family and divorced early on. To see either one, I had to tag along with them to the hospital. I followed my pathologist dad to the morgue and my psychiatrist mom to the state psychiatric hospital. I was raised around corpses and the seriously mentally ill.

Our house was a little pathology lab. When Dad wasn't at work, he was in the living room studying huge pathology textbooks and examining dissected human organs he stored around the kitchen. Opening the cabinet with my cereal bowl in hand searching for my Lucky Charms, I'd discover a prostate inside a peanut-butter jar. I watched Scooby Doo with a human heart afloat in formalin in a plastic tub atop our TV. Dad hid petri dishes behind our toilet and we watched all sorts of weird stuff grow in there. A day in the life of a kid inducted into a reductionist home. Fascinating!

When my mom came home, she locked herself in the bedroom where she smoked pot to calm her nerves. Depressed and sometimes suicidal, Mom never did things like bake cookies. She was too busy as

a doctor to cook dinner or tuck me into bed. Mom's idea of a bedtime story was letting me flip through her psychiatry journals. She'd make me analyze the pharmaceutical ads. I had to stare at the face of a freaked out housewife on Valium and then tell *my mom* a bedtime story about what I thought might be going on in the life of the panic-stricken lady. Mostly my mom was checked out, stoned, or gone.

As a parentified child, my life was chaotic, unstable, and very lonely. I was neglected—betrayed by my own physician parents.

Many physicians regret abandoning their children for work. Yet being forced to work thirty-plus hour shifts and more than one hundred hours per week pretty much guarantees you won't see your kids. One new mom told me that during the first six months of her psychiatry residency she only saw her infant daughter for six waking hours of her life.

Adult children of physician parents have asked me if they are at increased risk of suicide. Decades of horrific maternal deprivation experiments at the hands of medical professionals demonstrate profound primate suffering on baby monkeys. Forcibly removing parents from their children by the medical profession will never lead to a happy ending.

Medicine has a long history of depriving human and nonhuman babies of their parents resulting in lifelong psychological sequelae that I hear about daily from suicidal doctors who have succumbed to a life of betrayal.

I was raised by two people who never intended to betray their family or deprive their children of emotional connection. Yet my parents were betrayed by the medical profession and never spoke of their own emotional wounds.

Betrayal is what led me to medicine—and what leads countless medical students to pursue the profession. As a neglected kid in a broken family with wounded physician parents, I yearned to help

others, to put the broken pieces of my life back together by serving the most neglected as a family doctor. To give my patients what I never had—a healthy family.

Why do I run a doctor suicide helpline? As a kid, I needed a helpline for my mom (and me). Nobody ever helped us so now I'm driven to heal vicariously through helping other physicians like my mom—to deal with the loss of the relationship with the woman I love most in this world.

Repetition compulsion is a psychological phenomenon in which a person habitually repeats an event or circumstance over and over again. Like ending up with an abusive boss in a toxic workplace again and again. Bullied as a kid in elementary school, then bullied in medical school, then bullied as a doctor by administrators. We set ourselves up to unconsciously repeat our most painful experiences—until we consciously decide to stop the pattern. Repetition compulsion is a defense mechanism—a psychological strategy that we unconsciously use to protect ourselves from anxiety arising from unacceptable thoughts or feelings.

At a recent doctor suicide retreat I led, we confidentially shared our depression and suicide attempts with each other. Some realized for the first time that childhood trauma dictated their career decisions. Examples shared with permission:

“I survived sexual abuse as a child, so to protect children I'm a pediatrician.”

“I survived losing my brother to childhood leukemia so to help save kids from cancer, I'm a pediatric oncologist.”

“I survived two suicide attempts as a teen, so to help teens I'm a child and adolescent psychiatrist.”

Helping others is noble and kind. Yet as a child I was ill-equipped to solve the emotional problems of my physician parents. So I've spent my life attempting to solve emotional problems of friends, lovers, and patients—often with great success. Now, given my lifetime of expertise, I'm well-equipped to help physicians.

Here's the problem: By helping others without first understanding (and receiving help for) our own emotional wounds, we risk reliving our trauma. Like the emergency physician with PTSD who was raised in a violent cult now trying to help victims of violence. Like the infertile neonatologist raped as a child who now cares for babies that she wishes she could have.

Workaholism is a physician coping strategy for trauma. If we distract ourselves with patients, we avoid our own pain. Eventually memories resurface, often triggered by our patients. Doctors then call me with panic attacks at work and insomnia and rumination at home—with no idea why they can't function.

So why do we compulsively repeat our most painful events? In our quest to gain a belated mastery over our own trauma, we yearn to relive it so we can finally create what we've always yearned for—a happy ending.

Can reductionist medicine—an ideology detached from all emotion even have a happy ending?

Some pursue medicine to heal the profession itself. To right the wrongs inflicted upon themselves and their families by reductionist medicine. By healing the medical profession, they believe they can help others avoid the exact suffering they've experienced at the hands of physicians.

Repetition compulsion is what dictates medical students' specialty selection. To put the pieces of his broken life back together after losing his mom to multiple sclerosis, a medical student chooses to pursue neurology. To rectify her own pain of being dissected into multiple mental health misdiagnoses, a young woman chooses to

apply to psychiatry residency. To put herself back together again so she can help others become whole, healthy, human.

These naïve and idealistic students are the next victims of the dehumanizing reductionist regime. Rather than healing themselves and others, they pass on their wounds and the wounds of their teachers to the next generation of students and patients. To ignore our intergenerational trauma is to continue to undermine the ideals of humanism plastered on medical school websites and preached during medical school orientations.

6.

## Interspecies Betrayal

After medical school graduation, I packed my life into a pickup and drove to Arizona for family medicine residency. My innocence and naïveté were gone, yet my dream was still alive. As a doctor, I now had credibility. I was determined to put the broken pieces of the world back together—one patient at a time.

I loved my clinical years and graduated with honors in medical ethics, family medicine, obstetrics/gynecology and pediatrics. My peds attending told me I was a mother when my patients needed a mother and a doctor when they needed a doctor. He tried hard to recruit me, yet in my heart I knew I couldn't help kids without helping their parents. I couldn't help parents without helping their family and community. To heal the wounds of the world, I couldn't specialize in any age, gender, or organ. How could I limit myself to an eyeball, a liver, a kidney? I didn't want to pull people apart. I wanted to put them back together.

I had grandiose plans and my teachers believed in me. “She is idealistic but, unlike many people her age, I think that she has the drive to carry through with her ideas,” shared my peds attending. My nephrology attending wrote to my new program director:

“I consider her to be one of the most unique medical students I have encountered. She is sincerely, and I emphasize sincerely,

committed to helping mankind. If Pamela would've considered mastering medical textbooks as the ultimate goal of a medical student, I believe she would finish the best student in her class. However, Pamela's goals are not to win academic honors, rather she wants to lay a broad base multidisciplinary foundation from which she can address her patients' needs in their entirety. Most importantly, she has maintained her idealism throughout medical school. Given the well-documented cynicism that appears in some students as their education progresses such idealism is refreshing.”

Even my dean who once belittled me for having compassion for Bambi became a secret admirer. He told the school paper to interview me just before I graduated for a feature story about my dedication to the underserved.

I felt empowered; I now had a secret cheering squad among those I once feared.

My first goal as a family doctor was simple—to inspire patients to eat more vegetables. Research confirmed plant-based diets could reverse heart disease. Everyone on Mom's side of my family had cholesterol in the 300s. After adopting a plant-based diet, my total cholesterol fell to 107. I inspired my patients to eat more salads with nutrient-dense leafy greens like collards and kale. Some needed guidance, so I shared my favorite recipe—massaged kale, diced onions, sliced apples with a splash of olive oil and vinegar. They loved it!

Within my first month of residency, I was called into my attending's office. Turns out I was a little too excited about helping patients eat salad.

“It has come to my attention that you are handing out salad recipes to the patients,” he said. “You are not to hand out any patient

education materials unless they are approved by the patient education committee.”

I don't recall if my salad recipe was “approved” by the committee. I just had to get sneakier when helping patients eat salad.

Meanwhile my friend at another family medicine residency was having success reversing high blood pressure, heart disease, and diabetes. His patients had highest rates of smoking cessation, lowest cholesterols, and best glucose levels in the clinic. Excited about winning the resident-of-the-month award, he was beaming when called to his program director's office. Rather than give him an award, his boss berated him for decreasing hospital referrals for lucrative cardiac stress tests and bypass surgeries.

A double-blinded betrayal of both new doctors and their patients. Imagine getting reprimanded for helping patients get too healthy!

At the end of all appointments, we must discuss “health care maintenance.” Get your Pap smear, mammogram, colonoscopy. Wear your seatbelt, exercise, eat healthy. Yet eating kale doesn't create dependency on doctors or generate revenue for hospitals. Our hidden health care maintenance agenda was to steer patients into money-making screening tests and medications—and in my residency we were instructed to place every menopausal woman on Premarin—for life.

Premarin is *pregnant mare's urine*, a drug created by impregnating and immobilizing hundreds of thousands of horses in cramped stalls on factory farms so that an equine estrogen concoction can be collected, concentrated, and prescribed to humans.

When I started my residency in 1993 there were 75,000 mares on 485 farms in North Dakota and Canada birthing 70,000 foals. By the time I graduated, there were more than 100,000 mares on more than 600 farms and another 1,200 farms on application. All selling horse urine at \$17 per gallon to Wyeth-Ayerst (now Pfizer).

Deprived of exercise and water, mares are used as drug machines—a mockery of motherhood. All to treat menopause—a natural transition, not a disease.

Premarin is the epitome of interspecies betrayal of horses and humans. Beyond the obvious cruelty to the mothers impregnated each year until no longer able stand or produce before being sent to slaughter along with their foals—menopausal women are guinea pigs for the horse hormones. Of course nobody consented to this experiment—not the menopausal woman, pregnant mare, or baby foal.

Who carries out such an experiment? Doctors.

Doctors like me and my co-residents told to prescribe this mixture of hundreds of compounds with at least ten horse estrogens to all menopausal women—without true informed consent, without knowledge of the cruelty of the experiment.

Doctors like my family's doctor—the guy who put my grandma on Premarin. The doctor who gave her uterine cancer that almost killed her. I'm sure she had no idea she was on horse hormones. Like most patients, my grandma just followed doctor's orders.

Physicians promised menopausal women that Premarin was the fountain of youth—the cure for hot flashes, dry vaginas, and could even give their skin the radiant glow of their wedding night. Take Premarin to keep your husband happy and save your marriage. What aging woman could afford to walk away from that marketing scheme? So women stayed on the drug—until death did they part. Premarin was the most prescribed drug in the United States when I trained as a doctor.

We were to tell women all the benefits of HRT (Hormone Replacement Therapy)—reducing vaginal dryness and hot flashes, preventing osteoporosis and dementia, improving cardiac health, and more. Risks were minimized or ignored. At the time I didn't know

how Premarin was derived. Just seemed strange to put every menopausal woman on hormones forever.

So pre-Internet I went to the medical library and discovered contraindications and risks of estrogen: increased blood clots (heart attacks, strokes, pulmonary embolism, deep venous thrombosis), uterine cancer, breast cancer, sore breasts, postmenopausal bleeding, irregular menses, fibroids, increased triglycerides, gallbladder disease, and more.



Me and my grandma, a survivor of Premarin-induced uterine cancer

I also discovered a variety of pharmaceutical-grade estrogens that I could prescribe similar in structure to human estrogen sourced from beets, yams, soybeans, and sweet potatoes.

Why prescribe Premarin, when I could prescribe plant-sourced estrogen? Why give a biologic cocktail of unknown ingredients

unnatural to the human female if we have better options with well-defined constituents more natural to humans?

Since I'd discovered so many risks to this "wonder drug" and had no time to share true informed consent with patients (or even hand out my kale salad recipe), I began speaking at the public library. I presented lectures, "Breeze through menopause naturally" to empower women to make their own decisions. When given the option 100% of postmenopausal women did not want Premarin.

So why was my clinic pushing Premarin? I learned my residency was part of a 14-year multimillion dollar tax-funded Women's Health Initiative (WHI)—the largest women's "health prevention" study ever with 160,000 women ingesting horse urine. Despite all estrogens on the market, WHI forced all participants to take Premarin.

In our resident clinic, I refused to prescribe or refill Premarin and was swiftly called to speak with my attending who was exasperated with my stance. Turns out she was the principal investigator for the WHI in Arizona and was actively recruiting women in our clinic to take Premarin, presumably via myself and my co-residents.

I felt duped. I never agreed to be part of this experiment.

In 2002, the Women's Health Initiative was abruptly halted due to the dangerous health events I'd predicted (and warned of in my library lectures): heart disease, stroke, blood clots, breast cancer. Once women stopped taking pregnant mare's urine, WHI noted a steep decline in breast cancer in 2003.

Now women are urged to avoid estrogen or take the lowest dose for the shortest amount of time, yet the Pregnant Mare's Urine (PMU) slaughter industry continues because doctors still prescribe horse urine to millions of US women (with expanding markets abroad). The drug company disclaims responsibility for slaughter as it's the farmer's job to discard the "unwanted by-products."

I had no idea a doctor's prescription could sexually harass horses and humans.

I wondered what other interspecies betrayal my residency and hospital were involved in. I discovered my employer was performing cruel experiments on primates. Captured from the wild, healthy young pigtail macaque monkeys with a natural lifespan of up to thirty years are given an intravenous injection of toxic brain-damaging chemicals turning them into cripples. Some are fitted with steel head-restraining devices to prevent head movement and holes are drilled in their skulls to zap their brains in targeted areas.

My research in our medical library confirmed similar experiments had been performed decades before. Why torture primates again? I began giving public lectures to discuss the barbaric treatment of these animals whose intelligence is greater than that of some human children. I led a candlelight vigil in front of my medical center and blew the whistle on my hospital landing in a front-page article in the local newspaper just before residency graduation.

The next morning, I was immediately called into the office of the head of the Department of Family and Community Medicine. I expected the worst. I could have been fired. Turns out he just wanted to shake my hand and thank me for standing up for the truth.

7.

## Physician Suicide

The ultimate betrayal for a doctor—who takes an oath to preserve life—is dying by suicide.

Both men I dated in med school died by suicide—not while we were dating—but as successful doctors leaving behind wives and young children. My anatomy partner—the man who inspired me to stay in med school, to stand up against the dog labs, to fight for my soul—killed himself by overdose. My boyfriend of three years also killed himself by overdose. While interviewing for med school, his cohort was given a tour of the live animal labs. He fainted. Had to finish his med school interview on a gurney in the emergency room.

By my early forties, I'd lost ten colleagues to suicide. When three doctors died by suicide in my small town in just over a year, neither our local newspaper or TV station would report the suicides. Once again I became the voice for the voiceless. I began to speak the unspeakable amid the horror of those who wished to silence me.

I've spent a decade running a free doctor suicide helpline. Physicians contact me by phone and email, from the US and abroad. I've been called by a doctor with a noose around her neck staring at a ceiling fan, a doctor who just had the barrel of a gun inside his mouth. In a last-ditch effort to remain tethered to this planet, they reach out to me. I've spent thousands of hours responding to physicians' cries for help. Here's one letter I've received:

“Dear Pamela, I didn’t realize that so many others in the field suffered as I do. I don’t think I can be completely honest with anyone without major repercussions. I don’t have any friends to socialize with and all my relationships have failed. I love taking care of patients and sometimes that is the only time I get a few moments of happiness. Things have been so bad for me that I have resorted to just doing locums [fill-in work] so I can isolate myself because sometimes I can’t stop the tears. I have tried suicide a few times and the last time probably would have worked; but at the time I was lying there looking at the dog I had then, who was curled beside me nudging me to get up. I no longer have that fur companion so I find myself alone and thinking about an escape a lot.”

What tethers us to the planet is connection. Relationships. We are more than biologic machines. Reductionist medicine kills our souls on the altar of scientism—human sacrifice—and leads us, as doctors, to perpetrate the unspeakable on others—and ultimately ourselves.

## 8.

### Transcending Betrayal

The antidote to physician betrayal is the hero's journey.

The arc of a hero's journey happens in three acts: departure, initiation, and return. A medical student departs from the world, withdrawing from friends and family, to follow an internal quest—a spiritual calling—to become a healer. Initiation into medical training presents obstacles that may seem insurmountable, yet when the student truly commits to becoming a healer, a mentor appears. When the trainee ascends to physician, obstacles increase. Failures teach important lessons. Allies and enemies test the doctor's determination and integrity. Once victorious, the wounded healer-now-healed returns to the ordinary world transformed with special gifts to be shared for the benefit of all.

Daily I speak with doctors and medical students who want to quit medicine. Facing obstacles so overwhelming, some choose to end their lives. Two doctors just asked me to help them die by suicide. My answer—NO.

Once you accept your identity as a wounded healer on a hero's journey, you will attract a secret cheering squad—guardian angels lighting a path forward amid your darkest moments. When you stop being a victim or perpetrator of betrayal, you disengage from the cycle of intergenerational trauma in medicine and engage the next

generation of healers to live their heroic journey—like you. Then one day you will wake up and read a letter of gratitude like I did today:

For my dearest fairy godmother in medicine, today is my 376th day of residency. Because of you, I am living my dream. Because of you I am excited to go to work tomorrow! Tomorrow is graduation for the PGY3s. One day that will be me. Many moons ago, when I was in my first year of med school in 2013, I learned about you. I held on tight, to your teaching, wisdom, courage, although from afar. Believe it or not, you have been with me on my happiest days and on my darkest days. You have shone light on the world as I know it, and you have shown me that I am not alone, actually that I am in great company. I have overcome obstacles that I had not known could exist for me in the world of my dreams. Medicine is in my blood, you understand, it's in yours too. I have known since age two that I was supposed to be a healer—of caterpillars, of birds, of ants, spiders, crickets, hamsters, guinea pigs, dogs, and people. What I did not know, was that I also needed healing. Your grace, wisdom, and unabashed presence in my life at first through Facebook posts, books, TED talks, and now in your thoughtful formation of the Dream Team, has healed me, or at least has led me toward my healing journey. One day, when I am truly free, from residency, oversight, judgement, and disciplinary action, I promise (to myself and to you) that I will share my hero's journey. I know it will help others, just as hearing your journey has helped me.

## 9.

### Betrayal Recovery Exercises

As a wounded healer, only you can break the cycle of betrayal. Use these self-reflective questions as a guide to help yourself heal. Grab a journal. Reference betrayal terminology on page 39 and write as many thoughts, feelings, and memories as you can recall.

1. In what ways have you chosen to violate your moral principles as a medical student or doctor?
2. Have you ever felt that you've violated the trust and best interests of a patient? Be specific and share as many examples as possible.
3. Have you ever betrayed a medical student or physician peer?
4. Have you ever been a non-participatory witness to betrayal?
5. When have you witnessed institutional betrayal in medicine?
6. Have you ever been involved in a mass betrayal? Share details.
7. Do you now or have you ever suffered from habitual betrayal?

8. In what circumstances have you experienced betrayal blindness?
9. Have you ever felt that a medical professional has built a relationship of trust and emotional connection with you in order to manipulate, exploit, and/or abuse you?
10. Have you been traumatized as a result of a betrayal by a medical professional or medical institution?
11. Do you still feel denial, anger, or depression related to a betrayal?
12. Have you experienced intergenerational betrayal in medical training or beyond?
13. Have you ever been involved in an interspecies betrayal while in medicine?
14. **BONUS:** Write your hero's journey. The antidote to physician betrayal is your hero's journey.

For help writing your hero's journey or healing from betrayal, contact  
Dr. Wible at [IdealMedicalCare.org](http://IdealMedicalCare.org)

## 10.

### Physician Betrayal Terminology

*Physician self-betrayal* is the act of choosing to violate one's moral principles as a doctor.

*Patient betrayal* is when a physician or medical trainee chooses to violate the trust and best interests of a patient.

*Peer betrayal* is the act of choosing to be disloyal to medical student/physician peers.

*Betrayal witness* is a non-participatory witness of betrayal.

*Institutional betrayal* is when medical schools, hospitals, or other medical institutions choose to behave in ways that oppose their stated values of easing suffering and preserving life.

*Mass betrayal* is when medical professionals and/or their patients experience betrayal as a group, often perpetrated by a medical institution or physician.

*Habitual betrayal* is a pattern of behavior in which medical professionals or institutions choose to violate their morals repeatedly. One act of betrayal often makes it easier to betray again.

*Betrayal blindness* is a state of denial among physicians in which they do not allow themselves to see what is happening because the information would threaten their professional standing and world view.

*Betrayal grooming* is when medical professionals build a relationship of trust and emotional connection to manipulate, exploit, and/or abuse a victim, often a medical student or patient.

*Betrayal trauma* happens when medical institutions or professionals on which a physician or trainee depends for survival significantly violate their trust or well-being.

*Institutional betrayal trauma* happens when medical institutions (such as medical schools, hospitals, or clinics) on which a physician or trainee depends for survival significantly violate their trust or well-being.

*Betrayal grief* is an emotional reaction to disloyalty that mirrors the stages of acceptance of death—denial, anger, bargaining, depression and acceptance.

*Interspecies betrayal* is the act of choosing to violate one's morals involving human and nonhuman animals.

*Intergenerational betrayal* is passing the medical culture of betrayal from physician to medical trainee, thus perpetuating the cycle on the next generation of doctors.

## 10.

### Resources

Free audiobook: *Physician Suicide Letters—Answered*

*Human Rights Violations in Medicine: A-to-Z Action Guide*

Documentary: *Do No Harm: Exposing the Hippocratic Hoax*

Live Your Dream 101: Fast-track course to launch your ideal clinic

Weekly physician retreats with Dr. Wible. Inquire here

Need help living your dream? Ask about our Dream Team here

Please share this book with friends, family, and physicians.



Rescued horses enjoying a guitar serenade at Duchess Sanctuary

While writing this book, I discovered hundreds of horses rescued from the pregnant mare urine industry. Bound for slaughter, these mares were able to birth their foals and are now free to live their best lives as a herd on a 1,120-acre oasis just an hour from my home. To support these beautiful animals, you may send donations to Duchess Sanctuary at 1515 Shady Oaks Lane, Oakland, Oregon 97462



Pamela Wible, M.D., is an expert in physician psychology and author of *Physician Suicide Letters—Answered*, *Human Rights Violations in Medicine*, and *Physician Betrayal: How Our Heroes Become Villains*. She runs a free doctor suicide helpline and offers weekly physician retreats for doctors in distress. Contact her at [IdealMedicalCare.org](http://IdealMedicalCare.org).