Getting the Best Medical Care: a Newsletter from Patrick Malone

In This Issue

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Read an excerpt from Patrick Malone's book: ***The Life You Save: Nine Steps to Finding the Best Medical Care -- and Avoiding the Worst***

Those TV News Doctors: Good Advisors or Fear Mongerers?

If Dr. Nancy Snyderman of NBC and Dr. Sanjay Gupta of CNN look straight into your eyes (through a TV camera lens) and tell you to get a simple, lifesaving medical screening test, should you run right out and do it?

And if not, why not? And what might you do instead to protect your health?

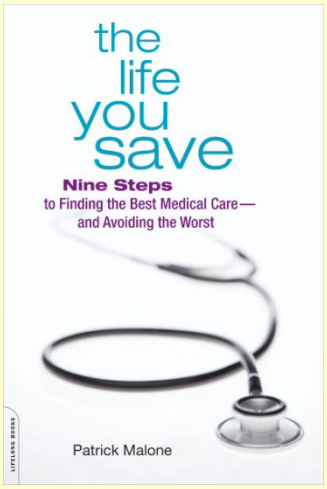
This month's topic is health advice from M.D.'s on television. There's been a recent spate of dramatic stories on TV about screening tests for heart attack risk. How do you make sense out of them and what should you do? Read on for more.

As before: Feel free to "unsubscribe" on the button at the bottom of this email. But if you find it helpful, pass it along to people you care about.

TV Doctors Pump Calcium Heart Screening Test, but Leave Out the Other Side

It's one of those classic television moments. We see a patient being rolled into the giant donut hole of a CT machine for his calcium heart artery screening test, and -- what's this? -- the patient is none other than CNN's Dr. Sanjay Gupta, near the top of his one-hour special, "The Last Heart Attack."

So if Dr. Gupta, a trim and healthy man in his early 40s, exposes his body to the high dose of radiation of the calcium scan to find out if his heart attack risk is really as low as the overwhelming odds are, should you get the calcium test too?



Learn More

Read our Patient Safety Blog, which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.

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Well, another TV doctor journalist gave the same advice recently: ABC's Dr. Richard Besser. So that settles it.

Or not.

Larry Husten, a medical journalist who has followed cardiology for 25 years, wrote in his CardioBrief blog in Forbes that the CNN and ABC stories (along with an NBC story discussed in our next piece below), were striking for "how these news organizations actually take great effort to dumb down their stories."

It's not just dumbing down. It's telling only one side of the story. Fact is that calcium artery screening is very controversial among cardiologists. It adds little understanding of a patient's true risk but pumps a lot of money into the scanning centers that run the tests.

Dr. Steven Nissen of the Cleveland Clinic says, "Calcium scanning is one of the worst examples of medicine gone wild. It's taken on a 'cultlike' following."

I pulled that quote from the on-line version of the ABC story by Dr. Besser. Too bad it didn't make the cut for his on-air piece.

And it's not merely the hidden commercial bias that makes me want to scream. It's the fear-mongering by people who should know better.

Read this excellent takedown of the CNN story by Marilyn Mann, a health blogger and lawyer, in a guest column on the Health News Review Blog. (Gary Schwitzer does a fantastic job with this blog, which I recommend to everyone.) Ms. Mann explains why it's dangerously bad advice to push large numbers of people into the calcium artery scans. Her bottom line: the calcium artery test and other fancy tests like carotid ultrasound have never been shown to improve health better than a knowledge of the traditional Framingham type risk factors.

Following the Money Trail When TV Doctors Push the C-Reactive Protein Test

NBC's chief medical editor Dr. Nancy Snyderman wants all American women over 40 to "get a simple blood test that can save your life." It's called C-Reactive Protein or CRP, and it shows inflammation and possible heart attack risk. It's potentially a good test for the right people -- I've had it myself. But forgive cynical me for pointing out a little something about the one Harvard doctor, from the jillions of heart specialists out there, whom Dr. Nancy picked to quote about what a great test CRP is.

His name is Dr. Paul Ridker, and he owns the patent on the CRP test as a heart risk marker. He licenses the test to companies that market it. None of this was mentioned in the clip Dr. Nancy played, in which Dr. Ridker said: "We have learned that the cost of the screening and the cost of the medication is quite small compared to the number of events prevented *so it's a win-win for everyone involved*." (My emphasis.)

Kind of sheds new light on what Dr. Ridker might have had in mind about who is the win-win beneficiary.

Back when I was a medical journalist (way, way back), I would have gotten in hot water for two sins at once with this use of Dr. Ridker: Failing to disclose his financial conflict of interest, and using him in the first place rather than some doctor with less skin in the game.

It's not just the testing industry that profits from the spread of C-Reactive Protein screening to

low-risk groups. Big Pharma has a stake here potentially worth billions. What happens when patients with normal cholesterol get diagnosed with a high CRP level? Now an earnest campaign is underway to put them on Crestor or another "statin" drug to lower the already normal cholesterol level. I wrote about this a year ago on my patient safety blog, pointing out that a statistical sleight of hand has been done to make the potential benefits sound a lot more impressive than they really are.

Call me an old-fashioned crank, but I will continue to point out the commercial bias that pervades much of the testing and screening recommendations that we get from the U.S. medical industry. When unbiased sources are used, the story invariably gets a little more complicated but a lot more honest.

What Neutral Experts Say about the New Heart Screening Tests, and Some Simple Advice for You

One obvious authoritative group of doctors that could have been quoted by Dr. Snyderman or Dr. Gupta, but wasn't, is the U.S. Preventive Services Task Force. Here's what it says on tests like CRP and calcium in the arteries:

> "The U.S. Preventive Services Task Force concludes that the current evidence is insufficient to assess the balance of benefits and harms of using the nontraditional risk factors to screen asymptomatic men and women with no history of coronary heart disease to prevent coronary heart disease events. Although using CRP to screen men and women with intermediate coronary heart disease risk would reclassify some into the low-risk group and others into the high-risk group, the evidence is insufficient to determine the ultimate effect on the occurrence of coronary heart disease events and coronary heart disease-related deaths."

Bottom line: If you have no history of heart disease and none of the traditional risk factors like high blood pressure or high cholesterol, the CRP test and the calcium artery test are of no proven value. You can get them if you want, but the risk is that you will then get a test result that throws you into a tizzy, and you will then get shoved onto a medical treadmill of more testing and more treatment that hasn't been shown to help anyone -- except the medical industry and patent holders like Dr. Ridker.

What you should do instead:

Your age, weight, exercise level, amounts of cholesterol (LDL: bad -- get it down, and HDL: good- keep it up), and blood pressure tell you what you need to know about your heart attack risk.

Think about a Mediterranean diet or a vegan diet. Or at least trending in that direction.

And stop worrying that there's some magic medical screening test out there that you should rush out and submit your body to.

That kind of boring advice may not make the TV doctor news stories, but it's still the best.

Past issues of this newsletter:

Issue No. 20 of our patient safety newsletter focused on helping your doctor get to the right diagnosis or finding the right doctor to get there.

Issue No. 19 offered tips on finding the right hospital.

Issue No. 18 focused on rules of thumb for better health care, and the fascinating social science research that shows why intuitive, "gut" decisions often are based on quite rational reasons.

In the issues just before that, we had a three-part conversation about health care conversations. We started with the core idea of medicine: that every patient can and should exercise the right to decide what happens with his or her own body. It's called "informed consent," and it's all about having a good conversation with the doctor or other provider, to help us form a bond and get the best care. Part two discussed how good questions to the doctor can prevent misdiagnosis. These are conversations that can truly save a life: yours or a loved one's. Part three concerned who speaks for you when you cannot speak for yourself. Living wills and health care powers of attorney are the tools to ensure that what happens to you in this all-too-common circumstance -- in an ICU or hospice -- follows your desires and dreams.

So those were issues 15, 16 and 17. Moving backwards: No. 13 and 14 focused on doing your own health care research on the Internet. No. 13 opened the discussion of "separating fact from hype" in health care advice with a piece on HealthNewsReview, plus articles on the five most overrated prescription medicines and the Miranda warning you see on a lot of so-called natural health products. Read No. 13 here.

No. 14 featured a short list of reliable web sites for health care information. We also did a short expose of a very popular website that one writer memorably called "a hypochondriac time suck." As a bonus, one more click will give you an excellent food pyramid for a healthy diet. Read No. 14 here.

Here's a rundown of our newsletters in 2010:

Our first newsletter focused on the problem of conflicts of interest in medicine -- what you need to know in general, and how to find out if your doctor has a conflict that might affect the quality of your care. Click here to see that newsletter again.

Newsletter No. 2 expanded the discussion into the related topic of why experience counts -- especially when choosing a surgeon. We focused on the story of minimally invasive prostate surgery with the device called the da Vinci robot. We explained how the lessons apply to any kind of surgery or medical procedure. To see newsletter No. 2 again, click here.

Newsletter No. 3 talked about why "more is not always better" in modern medicine. We focused on cancer screening, especially for breast and prostate cancer, and why you can feel not so guilty if you're a little less aggressive about getting the test. (But if you have any symptoms, you shouldn't wait!) Click here to read it again.

Newsletter No. 4 talked about choosing a hospital, and why the best known rating

systems such as U.S. News & World Report may not be all they're cracked up to be. I give some tips about other ways to make sure your hospital is up to par. Click here to read it again.

Newsletter No. 5 talked numbers -- how it's important for all consumers of health care who want to make informed choices to learn a little bit about how statistics are used -- and misused -- in health care. I introduced readers how to read medical statistics in a straightforward way. To read it again, click here.

Newsletter No. 6: Back pain and heart disease: how less can be more. The simpler approaches can work just as well as or better than more complex kinds of surgery. Here's the link to see it again.

Newsletter No. 7: Preventive care: what every adult American needs. Here's the link.

Newsletter No. 8: Colonoscopy: two questions you must ask to make sure you get a competent screening exam. These questions can be a real life-saver when you know how often colonoscopies miss life-threatening lesions. Read more here.

No. 9: Why getting and reading your own medical records can save your life -- and how to do it. The link is here.

No. 10: The joys of being a health care skeptic -- or, Why statisticians are our friends. And more on why most published research eventually turns out to be wrong. The link is here.

No. 11: Part one of preventing injury in the hospital, discussing why 24/7 bedside coverage is essential, and focusing specifically on bedsores and falls. Read it here.

No. 12: Part two of preventing injury in the hospital: infections, blood clots and wrong medicine/wrong dose problems. Here is the link.

To your continued health!

Sincerely,

Patrick Malone
Patrick Malone & Associates