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Better Healthcare Newsletter from Patrick Malone

How to be a smart consumer of health news



Dear Jessica,

A firehose of news about health and medicine drenches all of us every minute of every day. How do we keep from drowning in this flood? Or from being misled by wrong information?

This month: how savvy consumers can protect our well-being -- and our money! -- by developing a skeptical eye and learning to separate truth and wisdom from hype and hoax.

The skeptic's approach to health news

IN THIS ISSUE

The skeptic's approach

Digging deeper

Credible voices

BY THE NUMBERS

7.6 million

Incidents reported annually by the Federal Trade Commission of fraud involving poorly informed Americans using ineffective weight-loss treatments.

\$40,000

Extra cost to treat just one patient with resistant blood stream infection -- a growing concern as uninformed patients push for unneeded antibiotics.

\$6.8 billion



Many of us think we're too smart to fall for the obvious scams and the blatant hype: the newly discovered [herb that melts fat in days](#); the salve that smooths wrinkles or makes hair sprout on a bald head. Chocolate milk [boosts](#) sports performance! Another recent one: [grape juice makes you smarter](#). Really?!

But there are plenty of pitches and "news" items that are nearly as dubious but are slickly packaged to lower our guards. The good news: Help is here.

Mom and dad warned us kids: If something sounds too good to be true, there's a reason for that. The people behind the [nonprofit HealthNewsReview.org](#) clearly listened to their parents. The grant-supported site works with objective experts to analyze and review health-related stories from major news organizations.

The experts also scrutinize news releases issued by researchers, medical centers and drug- and medical device makers. This is key because too many websites throw these online, whole and undigested, and sloppy, overburdened journalists rely too much on them.

One article said of HNR's honcho, former broadcast journalist Gary Schwitzer: [Meet the guy who calls out B.S. health news for a living](#).

Good questions

HealthNewsReview.org offers transparent, solid criteria to evaluate stories in the mainstream media. They align well with some of mine. The site asks if a story or news release:

- Discusses costs

HNR says 70 percent of the stories it reviews fail on this criterion. It's not good enough to say, "The cost is much lower than the invasive procedures." What is the cost? How much lower? Does insurance cover the intervention? Might there be copays and other costs that really add up? ... If these can't be quantified, they deserve mention still. If it's not too early to talk about how well something might work, then it's not too early to start discussing what it may cost.

- Quantifies benefits

HNR says it expects stories to give readers some sense—a quantitative estimate—of the scope of a potential benefit. Many stories: Use only

Yearly price tag for 12 commonly overused tests, such as annual electrocardiograms (EKGs) for heart disease and imaging tests for lower-back pain.

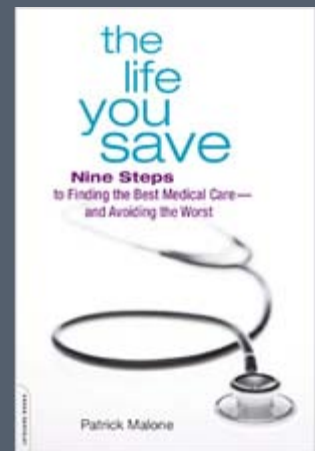
QUICK LINKS

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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](#)



LEARN MORE



[Read our Patient Safety Blog](#), which has news and practical advice

relative, not absolute, risk reduction or benefit data; rely too heavily on patient anecdotes; cite statistics appropriately, but allow even a single unchallenged exaggerated quote to throw the story out of balance

- Explains, quantifies harms

Too many health reports, the site says, fail to: mention potential harms; quantify them; describe their severity; and account for “minor” side effects that could have a big effect on patients' lives. Stories, instead, tend to lean on a patient anecdote about safety or a researcher's comment that an approach appears to be safe.

- Grasps quality of evidence

HealthNewsReview.org says it expects journalists to critically evaluate evidence, not merely to take published or presented research as gospel. Many stories fail to: note limits of evidence; include a caution about interpretation of uncontrolled data; point out if the measured outcome is a surrogate marker; describe limited peer review that may have taken place with findings presented at a scientific meeting. Surrogate markers are particularly important to watch out for. A classic is a drug that lowers cholesterol (the surrogate marker) but doesn't reduce heart attacks or prolong life (the real "end points" we're all interested in).

- Avoids disease-mongering

This criterion assesses whether a story exaggerates or over-sells a condition. There are varied forms of “mongering”—turning risk factors into diseases (e.g., low bone mineral density becomes osteoporosis); misrepresentation of the natural history or severity of a disease (e.g., early-stage low-grade prostate cancer); medicalization of minor or transient variations in function (e.g. temporary erectile dysfunction or female "sexual dysfunction"); medicalization of normal states (baldness, wrinkles, shyness, menopause); or exaggeration of a disorder's prevalence (e.g., using rating scales to "diagnose" erectile dysfunction).

- Independent sources, conflicts of interest identified

To get a satisfactory score here, there must be an independent expert source quoted (someone not directly connected with the research), and there must be some attempt to let the public know about potential conflicts of interest.

- Compares new approach with what exists

Although journalists want to cover what's new, there's an obligation to put it into the context of existing options with a longer, more proven track record. Unsatisfactory stories may: discuss a surgery without mentioning non-surgical alternatives; cover a new test without mentioning others available, fail to include the option of not

from the frontlines of medicine for how to become a smarter, healthier patient.



PAST ISSUES

Sexual health for you and your Valentine
The dish on healthier, tastier eating in 2016
The great holiday gift for health: Quality time for those we love
Our No. 1 Fatal Attraction (Better Health Care Newsletter from Patrick Malone)
Taking Care of Your Aging Brain (2nd of 2)

[More...](#)

undergoing screening in discussing a screening test; and not hit advantages-disadvantages of a new idea compared with existing approaches.

- Establishes availability

Does the story make a drug sound as if it's available at the corner store (or may be soon) when it's in early-phase trial? Does it feature one doctor promoting a technology without providing a sense of how many trained doctors there are, or what the learning curve is? Did it let promoters make unfounded predictions of FDA approval or widespread availability? There needs to be context about a given approach versus previous flashes in the pan in medical research.

Ask basic questions like these and you're far ahead of most readers. The questions then become second-nature.

Interpretive follies

Don't get tripped up by the spin. Watch out for stories that leap from sober recitations of facts and data to unfounded assertions. Alarms should [go off if key words appear like: *cure, miracle, and breakthrough.*](#)

As HealthNewsReview.org shows almost daily on its site, institutions and individuals--pressed for time, short on resources, eager to attract attention, or lacking good sense--are all too predisposed to hype or mishandle health information. They seem oblivious to the damage they can do their audiences and their own standing.

Besides becoming a skeptical reader of health reports, I have [written before about places online that smart consumers may want to bookmark -- and maybe avoid.](#) There are [resources online for wary and wise health care consumers to check out.](#) Some nonprofits have stepped up to try to fill the void (see sidebar). I try to do my part with [this newsletter](#) and my [firm's blog](#).

There are some fine health, medicine, and science writers still working. Befriend them and their work. Raise an eyebrow when your favorite millennial quotes the Internet adage that "information needs to be free." Being informed takes a little effort--more than just typing terms into an online search engine and then believing, lock, stock, and barrel, in the information found. The opportunity cost is low to become a smarter reader of health information; the benefits can be real and substantial.

I hope you join me in getting better at this every day -- and healthier as a result!

Digging deeper

Credible voices in health care

$$5 \div 2 \quad 3/4$$

$$14^8 \quad \sqrt{9}$$

$$3.14 \quad 300,000$$



Going deeper requires *drilling down into numbers and data* presented in many health reports. I've written about this before. In particular, I've suggested that savvy consumers may want to learn this term: *the Number Needed to Treat (NNT)*.

The NNT asks the question: How many people need to get this particular drug/test/treatment in order for ONE person to benefit? The lower the number, the better. If the NNT of a treatment is one, that means everyone treated is helped. One person treated equals one person's life made better. But that's true only for imminently life-threatening conditions when everyone dies who is not treated: like an appendix about to burst or a heart that has stopped beating and needs to be shocked back into rhythm. For every other medical condition, the NNT is higher than one, sometimes a lot higher.

For lay readers, confronted by dizzying arrays of numbers in health reports, *searching out the NNT, especially at a website devoted to this evidence-based approach*, can be a way to get smarter fast about different therapies.

Just to whet your appetite, a few sample NNT's, all from theNNT.com:

- CT scans to screen smokers for early detection of lung cancer: 217. (That means one life saved for every 217 smokers given an annual CT scan.)
- Nicotine replacement to help smokers quit: 15.
- Strength and balance training to help elderly people avoid falls: 11.

The implosion of traditional news organizations has left big gaps in coverage, including health and health care. Nonprofits, to their credit, have recognized that someone needs to step in where newsrooms lack resources, commitment, expertise, and insight. Some of these efforts are worth checking out:

ProPublica: This is an independent, nonprofit, Pulitzer Prize-winning newsroom that aims to "produce investigative journalism in the public interest. Our work focuses exclusively on truly important stories, stories with 'moral force.' We do this by producing journalism that shines a light on exploitation of the weak by the strong and on the failures of those with power to vindicate the trust placed in them." ProPublica has respected health journalists who poke and prod hospitals, health care regulators, and health care companies. An excellent example of ProPublica's work was its [long takeout in 2013 about the dangers of Tylenol \(acetaminophen\)](#), a piece that I made a small contribution to.

Kaiser Health News: Look closer at that intriguing article you just finished on your newspaper's web site. It may well have come from KHN, a "nonprofit news service committed to in-depth coverage of health care policy and politics. And we report on how the health care system—hospitals, doctors, nurses, insurers, governments, consumers—works." The service, supported by the Kaiser Family Foundation, accepts no advertising and shares its work for free with the public and news organizations. It has some excellent writers and editors. The Washington Post, in my view, has benefited by picking up KHN material.

California Healthline: To their credit, the California Health Care Foundation and KHN have agreed to work together to provide "health care news, opinion and original reporting, designed to meet the information needs of busy health care professionals, decision makers, media organizations and consumers." This

- Mediterranean diet for five years to prevent or reduce heart disease in someone with no known heart disease: 61.
- Mediterranean diet after a heart attack to prevent another one: 18.

Remember, the smaller the number, the more effective the intervention is at reaching its goal.

coverage focuses on one of the largest health care markets in the world- the Golden State. The quality of this team's work has been high. It is key -- as California goes, so goes the world in many ways, including in health care.

FYI, it is neither nonprofit nor has it yet been around long enough to fully evaluate, but statnews.com is worth a look. The for-profit venture by the owner of the Boston Globe, which has assembled a credible editorial team, says it wants to deliver "fast, deep, and tough-minded journalism. We take you inside science labs and hospitals, biotech boardrooms, and political backrooms. We dissect crucial discoveries. We examine controversies and puncture hype. We hold individuals and institutions accountable. We introduce you to the power brokers and personalities who are driving a revolution in human health." High goals. We'll see.

Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you.

- A Michigan lawyer may write about the untruthful testimony of an “expert” medical witness [because his online blog post and his comments are protected speech under the First Amendment](#), officials from the Michigan Bar have decided. That’s good news for the lawyer, who had his law license challenged by the witness—a psychiatrist who also happens to be a member of Michigan’s lawyer licensing board. She had demanded that either his post about her or his license be pulled. Now neither will happen. The case still leaves a lingering odor around that board, the doctor who served as a so-called Independent Medical Examiner (IME), and the process in which she sought sanctions against a legal professional.
- More and more [hospitals across the country are arming security guards with weapons](#), and tragedy follows close behind when poorly trained personnel grapple with patients with mental disorders. That’s the message of an important new piece in the New York Times. About half of all hospitals now have guards carrying handguns, and an almost equal number have guards with Tasers, according to the Times. Hospitals are already dangerous places, having to treat people who are combative or delusional because of their illnesses, but the ramping up of weaponry in institutions devoted to healing is a bad trend.

- It's a short paragraph, fine-print tucked in a 10,000-word document on tobacco product regulations. But these 245 words have lit up critics of the [U.S. Food and Drug Administration](#). They say officials are trying to pull a fast one, seeking to relax labeling rules for drugs and medical devices. This could make it tougher to hold manufacturers accountable for their products' harms. The proposed FDA rule change, critics say, relieves companies from providing "adequate labeling" for non-FDA-approved uses of their products that they know about. This applies to detailed explanations inserted with drugs or devices.

Here's to a healthy 2016!

Sincerely,

A handwritten signature in black ink that reads "Patrick Malone". The signature is fluid and cursive, with the first name "Patrick" being larger and more prominent than the last name "Malone".

Patrick Malone

Patrick Malone & Associates

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