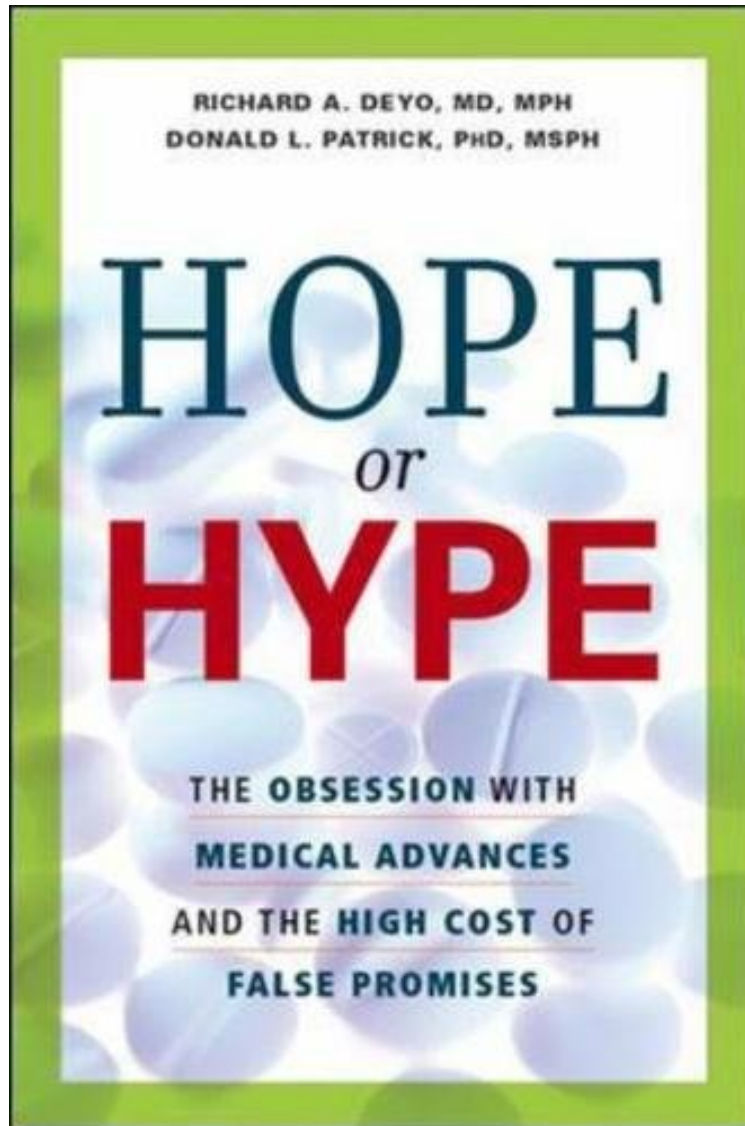


(Library ebook) Hope or Hype: The Obsession with Medical Advances and the High Cost of False Promises

## Hope or Hype: The Obsession with Medical Advances and the High Cost of False Promises

*Richard A. Deyo M.D. M.P.H., Donald L. Patrick Ph.D. M.S.P.H.*  
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**Richard A. Deyo M.D. M.P.H., Donald L. Patrick Ph.D. M.S.P.H. : Hope or Hype: The Obsession with Medical Advances and the High Cost of False Promises** before purchasing it in order to gage whether or not it would be worth my time, and all praised Hope or Hype: The Obsession with Medical Advances and the High Cost of False Promises:

5 of 5 people found the following review helpful. Similar and as good as Nortin Hadler's excellent booksBy

Abacus This book is as good as Nortin Hadler's *The Last Well Person: How to Stay Well Despite the Health-Care System and Worried Sick: A Prescription for Health in an Overtreated America* (H. Eugene and Lillian Youngs Lehman). They all cover the same subject of how ineffective are numerous invasive and expensive medical treatments and how overpriced new drugs are no better than old ones costing far less. The authors of this book are focused on the introduction of new treatment and remedies. Their analysis of the quality control (or lack of it) within the health care industry is concerning. Drug testing is the most rigorous; yet it still fails in approving safe and effective drugs. Big Pharma just has to demonstrate to the FDA through randomized clinical trials that a drug is better than taking a placebo. Yet, many drugs deemed safe in clinical trials have to be recalled later when their side effects are observed over a broader patient population. And, their efficacy over placebo can be demonstrated by two statistically conclusive clinical trials without disclosing the ones that were not conclusive. The FDA never tests whether a new expensive drug is really any better than the cheaper older one or whether it is better than aspirin or other OTC drug. Thus, even the "rigorous" FDA drug approval process fails in assessing both the efficacy and safety of a new drug. The prescription of drugs for different purpose than its original use is not even regulated (off label use). Thus, your doctor is free to prescribe you anything (any drug) for anything (any condition). Given that doctors make prescriptions mainly based on business marketing consideration this is a frightening thought. The regulatory assessment of every other medical treatment is far weaker than drug testing. New medical devices just have to demonstrate that they are better than the ones used before 1976! Imagine if the standard of consumer product excellence would be that they work better than their counterpart prior to 1976. Any company following such an egregiously low standard would be out of business. New surgical procedures not implicating new medical devices are not even subject to any regulated testing. The authors uncover many surgical procedures for treating various cancers and cardiovascular conditions that were subjectively deemed effective by the practitioners. But, upon their being eventually rigorously tested by one of their own colleagues turned out to be disasters. Why is that? The authors research confirm they are very strong economic incentives at play. Whenever the government takes effort to boost regulatory assessment of medical innovations, the affected medical bodies push back. Near the end of the book, the authors indicated that just in the past few decades three different government agencies were created to scientifically assess the effectiveness of new medical technology. And, invariably those agencies were shut down after just a few years due to the pushback by the medical profession. Any assessment of new medical technology can only cut into the income of its manufacturers, distributors, and practitioners. And, these invariably fight back. However, it is not all the doctors fault. Patients push and even sue insurance companies to have access to the latest most expensive care before the effectiveness of such care is assessed. On page 259, the authors state "the medical school culture, the legal system, and our insurance system are all programmed to maximize marginal medicine [very expensive with marginal results]." This is why we have the most expensive and dysfunctional health care system among OECD countries (highest health care cost, largest proportion of uninsured, poor health outcomes (infant mortality, lifespan, etc...)). The authors state that the unassessed rapid introduction of very expensive, untested, and sometimes dangerous medical technologies is the major contributor to rapidly rising uncontrolled health care cost. "Medical rationing" is well rational. In chapter 19 titled "Getting Value for Money" the authors advocate a scientific approach (evidence based medicine) associated with rigorous clinical trials in figuring out what works and what does not with cost-effectiveness consideration. Those would include competitive match ups between expensive new drugs and their cheaper alternatives (not just vs placebo). Same would be done for medical devices and new surgical procedures. Insurance would base coverage on effectiveness and cost-effectiveness. This is where the rationing comes in. If one procedure is not clearly any better than another, the one costing \$1,000 would be covered instead of the one costing \$10,000. If this rational would be carried at the population level, the savings could mean one trillion dollar annually (or around a 33% savings in annual healthcare cost). By doing so, the health care system decision making would resemble our own. The current system is tragically ineffective. For every expensive and uncertain medical technology insurers have to cover to avoid lawsuits, the coverage of other procedures is reduced, copays and premiums are increased. As a result, health insurance is out of reach for a rising portion of the population. For employees, their wages are stealthily depressed because of the rising health care costs burdening their employers. US manufacturers competitiveness is impaired because of the same out of control health care costs. Finally, the US fiscal position is unsustainable because of rising health care costs. It is fascinating to read this book at a time when a large segment of the American population and political body are rejecting the current health care reform that at least goes in the right direction in correcting the dysfunctionality of our health care system ( greater proportion of population covered, efforts to assess efficacy and cost effectiveness, redress social entitlements fiscal imbalance). Health care reform is now in the hands of the Supreme Court. And, the latter is so far demonstrating no understanding on how a functioning health care insurance system works. 0 of 0 people found the following review helpful. Be very cautious when offered the latest best medication or surgical device or procedure....it may be the latest but not the best. By Davlip I'm 3/4 thru the book. As a physician with 40 years of practice I think I can give this book an excellent review. It goes into more detail than most of the books I've read. What makes this book different is it's emphasis on all of the "new breakthrough's" that have come along in the last few decades, wether a new drug or new surgical device etc, only to turn out not to be a real breakthrough at all, and often harmful in some cases. Everyone from the

physicians and hospitals to the patients themselves quickly jump to try the latest and "best new" thing, rather than the tried and tested.....oftentimes leading to disastrous results. When it comes to the pharmaceutical companies there is much deceit(as has been reported in many books over the last decade): drug trials bury results that are unfavorable, ghost authors lend their name to papers written by the pharmaceutical companies, etc.,etc. THE AUTHOR CAUTIONS TO BE VERY SKEPTICAL OF TRYING THE LATEST AND MOST HYPED DRUG OR PROCEDURE until it's proven over time.0 of 0 people found the following review helpful. Five StarsBy Sara MargolesThis book came in absolutely perfect condition!!! Very happy

"Medical science has always promised - and often delivered - a longer, better life. But as the pace of science accelerates, do our expectations become unreasonable, fueled by an industry bent on profits and a media desperate for big news? "Hope or Hype" is a taboo-shattering look at what drives the American obsession with medical "miracles," exposing the equipment manufacturers and pharmaceutical companies; doctors and hospitals too quick to order surgery; the politicians; the press; and our own "technoconsumption" mindset. The authors spread blame for the parade of so-called miracle cures that too often are marginally effective at best - and sometimes downright dangerous. They examine consumers' eager embrace of medical advances, and present riveting stories of the conscientious doctors and researchers who blew the whistle on ineffective treatments. Finally, they provide sane, practical recommendations for the adoption of new developments. The consequences of questionable practices include costly recalls, billions in wasted money, and the pain and suffering of innumerable patients and their families. In short, they must stop."

From The New England Journal of MedicineArmed with support from the Robert Wood Johnson Foundation, Deyo and Patrick make a well-documented -- if depressing -- argument that doctors, scientists, and laypersons alike are far too easily seduced by industry hype for merely new (as opposed to truly better) drugs and medical devices. Deyo and Patrick are appropriately tough on the Food and Drug Administration's (FDA's) drug approval process, in part because the agency's mission does not include weighing one drug against another but, rather, merely approving a new drug if it works at all, even if it has no advantages over cheaper drugs already on the market. The authors are even tougher on the FDA's process for approving medical devices, deftly hanging the agency by its own quotes, such as this gem: "New devices are less likely than drugs to have their safety established clinically before they are marketed." And, of course, they note that it is not part of the FDA's mission to regulate surgical procedures. But the basic message from Deyo and Patrick, both professors at the University of Washington, is that we are all too ready to believe that new, expensive, or aggressive care must be better than older, cheaper, or milder treatments. It is a cultural thing, they argue, citing one study that showed that whereas 34 percent of Americans believe that modern medicine can cure almost anything, only 27 percent of Canadians and 11 percent of Germans do. There is little that is new in this book for anyone who has followed the medical journals and the mainstream press over the past decade. But it is an excellent reference for the reader who wants details of the horror stories that have grabbed headlines: the rise and fall of the fenfluramine-phentermine diet pill (sometimes referred to as "fen-phen"); the high failure rate associated with some cardiac pacemakers; the widespread use of bone marrow transplantation for advanced breast cancer before studies finally showed that it was no more effective, and could be more dangerous, than standard chemotherapy; the appalling suppression or delayed publication of "negative" results in studies funded by drug makers. Citing example after example, Deyo and Patrick are at their most successful when they detail the degree to which the pharmaceutical industry, the most profitable industry in the United States, sometimes abuses its enormous power. Happily, just when you are about to move on to something, anything, else, Deyo and Patrick come up with a comparatively upbeat ending, exploring some remedies for America's ills. They like the idea of having insurers pay provisionally for some new treatments so that the insurers could easily stop payment if a treatment proved worthless or dangerous. They like the idea, endorsed last September by a coalition of editors of medical journals, including this one, of a national registry for clinical trials in order to make it harder for the manufacturers of drugs and devices to suppress negative findings. They want to stop drug companies from claiming marketing expenses as tax deductions -- a no-brainer, in my mind. And they want a better post-marketing surveillance system for drugs and devices. None of this will be easy. Fixing the mess, the authors conclude, will "require action by doctors, hospitals, the media, and the government." Judy Foreman, Ed.M. Copyright copy; 2005 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS.From BooklistThe authors, medical research academics, present their analysis of a phenomenon in American culture, which seeks state-of-the-art medicine regardless of the price. Avoiding controversial issues such as stem-cell research and abortion, theirs is an indictment of our health-care players, including the drug industry, device manufacturers, the media, the government, advocacy groups, hospitals, doctors, and patients. Deyo and Patrick recommend all parties change their behavior. Their concerns include aggressive marketing of new and costly products that contain only modest or no advantage over older alternatives, and doctors performing unnecessary operations. They focus upon whether and how new treatments sometimes become popular. They conclude that while fewer people in the U.S. can get insurance, people with insurance are getting a richer package of treatments although some of the technology they are buying is worthless. This is an important topic, and

although many may argue with the authors' views, they present an excellent framework for debate and discussion. Mary Whaley Copyright copy; American Library Association. All rights reserved Foreword: "This cautionary book warns consumers, doctors, pharmaceutical executives, politicians, and the media all to step back and prevent this medical carousel from going any faster."