

Press Releases

Book Announcement

Are medical “breakthroughs” really worth the astronomical costs of health care? A critical, eye-opening look at the practice, business, and manipulation of medicine in America¹

Most patients believe their doctors know what separates “standard” care from something “experimental”. Most patients believe their doctors adopt novel drugs and procedures on the basis of respected, rigorous, unbiased research and only if they offer benefits worth the potential risks and the money invested. Most patients believe that more medical tests and newer treatments are always better. Sadly for the state of health care in America, what most patients believe about medical advances are myths.

In **HOPE OR HYPE: The Obsession with Medical Advances and the High Cost of False Promises** (AMACOM; February 17, 2005; \$24.95), Dr. Richard Deyo and Dr. Donald Patrick reveal how doctors, hospitals, drug companies, device manufacturers, advocacy groups, politicians, the media, and patients themselves conspire to uncritically promote high-priced, high-tech medical “breakthroughs” that are routinely marginal, sometimes useless, and sometimes harmful. Based on their own extensive, unbiased investigation and the tragic stories of actual patients, these doctors cut to the heart of what’s wrong with our increasingly costly system of medical treatment. What’s more, they arm patients with the facts and effective strategies to do something about it.

“The evolution of clinical practices shares a great deal with the evolution of public policy – it’s a result of competing interests, rather than a linear translation of scientific knowledge into public policy”, Dr. Deyo contends. “This is a greater problem in the U.S. than in most other countries, because we have no central financing of health care, and no central capacity for technology assessment”, Dr. Patrick adds. “There’s no government standard for judging when new medical technology is worth the cost, or when insurance should cover it”.

Filled with chilling scenarios and staggering numbers, **HOPE OR HYPE** exposes doctors quick to order pointless diagnostic tests, hospitals eager to approve unnecessary surgery, and researchers led to find the “right” results by pharmaceutical companies – along with wily medical sales tactics, sensationalist medical news coverage, gaping holes in the FDA and FTC safety nets, and our own hazardous “technoconsumptive” mindset. Throughout, Dr. Deyo and Dr. Patrick illustrate the terrible toll on scores of patients, in terms of financial strain, emotional stress, and physical health. Here are just a few of the taboo-shattering revelations and startling examples:

- The marketing campaigns and strong-arm tactics behind the popularity of calcium-channel blockers to treat high blood pressure – despite being 15 times pricier than diuretics proven equally effective with a lower risk of heart failure

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- The unsettling tale of the medical community's vigorous defense of two FDA-approved drugs to prevent cardiac arrest – encainide and flecainide – after an ambitious NIH trial linked their use to the deaths of 50,000 patients
- The saga of the pulmonary artery catheter – an expensive, invasive device that continues to be widely used in intensive care settings, regardless of recent studies associating it with increased risk of blood clots and no better results

Beyond shedding arresting light on the widespread and complex problem of excessive, inflated medical treatment, **HOPE OR HYPE** is a call to action for all decision-makers. Dr. Deyo and Dr. Patrick culminate with concrete recommendations to advance the practice of “evidence-based medicine” – a system in which doctors, insurers, and patients can make informed decisions about medical innovations based on the findings of clinical research not tied to the financing of drug and device manufacturers. For everyone who cares about the state and the future of health care in the United States, **HOPE OR HYPE** is essential reading.

About the Authors

DR. RICHARD DEYO and **DR. DONALD PATRICK** are both professors at the University of Washington. A co-recipient of the Nellie Westerman Prize for research in medical ethics, Dr. Deyo directs a fellowship program for policy-relevant research training, as well as the university's Center for Cost and Outcomes Research. A member of the Institute of Medicine, the nation's most prestigious organization of health experts, Dr. Patrick is noted for his work on the links between quality of life, cost-effectiveness, and health policy. He has conducted drug studies for a wide variety of illnesses and, when there was no conflict of interest, participated in FDA advisory committees evaluating new drug approvals. Both authors live in Seattle with their families.

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The WHO Executive Board turns its attention to the Rational Use of Medicine (RUM) – but do they go far enough?

Health Action International (HAI) was pleased to support the WHO secretariat's proposed resolution on the Rational Use of Medicines (RUM) at the 118th Executive Board (EB) meeting last week. The number of countries who spoke at the EB in support of this resolution showed how important this topic is to all Member States and HAI applauds the commitment of the EB to this crucial area of health policy. HAI also welcomes the decision of the EB to revisit the resolution next year before it goes forward to the World Health Assembly. However, whilst the resolution passed by the EB re-establishes Rational Use of Medicines as a core agenda item, the resolution that emerged from the a "drafting group" after a number of EB members proposed changes in the text, could go much further.

Among other things, the resolution, in the form that will progress to next years EB in January 2007, urges Member States to invest resources to ensure the appropriate use of medicines and establish national bodies to promote the rational use of medicines (including training programmes for health workers). Moreover, HAI particularly welcomes that the resolution calls on Member States to "enact new, or enforce existing, legislation to ban inaccurate, misleading or unethical promotion of medicines".

However, as far as HAI is concerned, one of the main objectives of the Resolution is to provide WHO with a new mandate to provide effective technical support to Member States to implement national coordinated programmes to promote RUM (i.e., to take a *health systems* approach to promoting rational use of medicines). This objective was incorporated in operative paragraph 2.2 of the original document which urged the Director General 'establish mandated multi-disciplinary national bodies to monitor medicine use and to develop national programmes to promote the rational use of medicines'. However, this paragraph was revised and weakened.

The revised paragraph no longer talks of "mandated multi-disciplinary national bodies to monitor medicine use and to develop and coordinate . . . *national programmes*" which was an articulation of the health systems approach advocated in the report as a whole and the justification for allocation of WHO resources. 'Without this paragraph, both budget and mandate will be seriously reduced' said a WHO source.

Tim Reed, Director of HAI Europe said "We are absolutely delighted that Member States are once again placing the Rational Use of Medicines at the core of WHO policy, but disappointed that the resolution stops short of giving the WHO the mandate to do anything more concrete. Next year we want a final resolution that will give the WHO the mandate and financial means to help Member States in order that we can dramatically reduce the physical harm and waste of resources that the irrational use of medicines produces".

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