

## Book Review

---

***Hope or Hype: The Obsession with Medical Advances and the High Cost of False Promises***, Richard A. Deyo and Donald L. Patrick (Amacom New Media, Incorporated, January 2005). ISBN 0443101205, Hardcover, 335 pp.

During recent years a number of studies dealing with shortcomings of the availability, the (over) use of medicines and the ever raising costs of health care products, especially medicines, have appeared. In most if not all of these studies the authors blamed especially the manufacturers, particularly the pharmaceutical industry for exploiting those members of the society which suffer serious health problems.

When starting to read *Hope or Hype: the obsession with medical advances and the high cost of false promises* I expected to find especially information over the deplorable role of the manufacturers of medicines and medical devices. This book is however rather “different”, a result of the approach of the subject by the authors, Richard Deyo and Donald Patrick. Rightly Deyo and Patrick concluded that the current problems with keeping health care systems working have not as a single cause the role of the producers of medicines and devices. Therefore they discuss in their book also the role and responsibilities of medical doctors, especially specialists, the hospitals, insurers and politicians. Another interesting aspect of the book concerns the responsibility of patients when asking for the use of products which may bring hope, but for which no proof of efficacy is thus far available.

### **Tried and true versus latest and greatest**

A general theme in the book is the comparison of old, well established products or traditions with new, not fully researched products and techniques, in other words the *hypes*. This issue concerns in particular the introduction of often extremely expensive equipment and experimental surgical procedures for which not any proof for more safety or a better therapeutical results is available. The authors put much emphasis on the belief of patients that the latest is the greatest and on the need for a certain reservation by the doctors. It is said by many cynics that patients often belief in the success of a certain treatment, because they never needed the treatment as they never had a real disease. Important players are the hospitals as well. The authors cite the so-called law of Roemer: “a hospital bed built, is a hospital bed filled”, which might be rephrased as: “a hospital bed not filled, is a hospital bed spilled”. These observations of the authors make it easy to understand that the costs for health care ever continue to rise, without any assurance of an increase in life expectancy or a higher quality of life. It is certain however that the insurance companies will steadily raise the premiums to be paid, with as an end result fewer and fewer citizens with access – just for reasons of costs – to an effective health insurance policy.

### **“Nothing is better than a good story”?**

The authors emphasize the differences between the rules and approaches for bringing a new product on the market and the regulations for innovation of technologies. For new prescription medicines the

regulations are clear and under control of the FDA, but much less so for herbal preparations and other products from the alternative scene. For new diagnostic tests and for medical equipment the situation is rather odd and somewhat archaic. For new devices the regulatory approval does not ask more than the evidence that it is equivalent to something used prior to 1976; the authors call this “silly and inadequate”. For new surgical techniques no requirements seem to be formulated; the authority of the doctor is good enough?

For medicines the authors hastily add that the rules for approval for marketing seem to be okay, but that the surveillance of safety after introduction needs improvement and a more rigorous application; they cite an expert who concluded that only one percent of side effects of drugs is reported.

The authors give a number of examples of what they call “ineffective, inferior, or needlessly costly new drugs”; apparently the requirements of the FDA can easily be met. After having said that for the proposition that “probably nothing is better than a good story” a number of examples and anecdotal stories are presented. They are good story tellers indeed, especially when it comes to new medicines which will not offer any advantage over existing old ones. They convincingly argue that the situation with devices for which there is only a need not to be worse than something which was available prior to 1976, may be not so different from what is seen with new medicines. Examples include the use of expensive calcium blockers where old diuretics would be as effective; new thyroid supplements with no additional value; the use of expensive anti-cancer medicines where palliative medicines, according to the authors, would offer “more” to late stage cancer patients and the use of new, dangerous antiarrhythmic medicines for which safer alternatives are available. Again, those stories are good and well told indeed. However there is a danger that the general audience, and especially journalists and writers will begin to believe that the provided examples are representative for the whole situation, whereas such is far removed from reality. It has to be admitted, the authors write about the benefits of modern medicines, but the accent is really too much on the shortcomings.

Comparable examples are provided for devices and equipment: heart valves, patients with metal rods screwed into the spine for back pain, pulmonary artery catheters, endografts for aortic aneurisms. Again good stories, but is it the complete picture? The same can be asked for the listed examples of new, extensive surgical techniques: radical mastectomy, surgery to increasing blood supply to the heart by “rerouting” the bloodstream, knee surgery, fetal-cell therapy in Parkinson’s, etc. . . ., all approaches for which proof of a beneficial effect is not sure. The difference with the other fields is that the medical profession has here the full freedom to decide whether a treatment is “allowed” or not.

### **Money is the root of all evil**

Throughout the book it is explained to the reader that the causes of most if not all of the observed problems have important financial aspects. The industry having as its only motivation the need to increase profits, the surgeon who wants to make more money, the directors of hospitals who’s activities are more and more exclusively based on financial considerations. There is truth in these observations, but they are certainly not the whole truth. The idea that the players willingly put the health of patients at risks and on top of that, let them pay a lot of money for it, is an unjustified caricature of what is going on as a whole. This caricature is dangerous as it may lead to loss of trust in all medical treatments.

The consequences of the broad application of unneeded or even contra-productive practices are a reality. The total expenditure of health care is increasing to levels which make the premium for health insurance so high that fewer and fewer citizens can afford adequate health insurance, leading to under

treatment of people with low incomes. The policy of hospitals to keep as many beds occupied as possible adds much to this problem.

### **Worth while to read**

The authors of *Hope or Hype* have to be complemented for having written a very valuable book, alerting the reader to several unacceptable shortcomings in the health care system in the USA. At the same time the readers should be sufficiently critical to the text and to the many examples of defects of the current situation, avoiding a believe that most of the medical practices and treatments are worthless or even dangerous.

The book provides a picture of the American medical scene. It is regrettable that there is hardly any reference to the situation in other countries or regions in the world. A few times the Cochrane database in Europe is mentioned, but in terms of looking across the border that is all. The authors even make the remark that all European regulations and the like have been installed following American initiatives. This may be partly true, but e.g. the way in which Europeans have access to health care shows in many aspects advantages over the American way and it is surely not following the American example. The European system could be looked at when looking for solutions for what is considered to be problematic for the Americans. However this seems to be somewhat out of the scope of this book. A follow up to *Hope or Hype* by the same authors with a focus on “ways to a healthy health care system” would be of interest.

H. Timmerman  
*Professor Emeritus of Pharmacochemistry*  
*Vrije Universiteit Amsterdam*