

THE PATIENT AS A CONSUMER

MARVIN MOSER, M.D.

INTRODUCTION

Medical consumerism is a relatively new phenomenon that, along with the technological revolution, is changing the practice of medicine in this country. When I first began my medical practice some 40 years ago, medicine was still a cottage industry in which individual doctors provided almost total medical care for their patients. In those days, most of my patients wanted me to decide how and when they should undergo treatment, and they hesitated to question a medical decision. This attitude was by no means unique to my practice—that's simply the way medicine was practiced. All too often, patients would say: "Don't tell me what the options are—just do what you think is best."

Of course, this description no longer applies to the practice of medicine—at least not in the United States. Medicine is now a major industry in which technology has, in many instances, replaced the old standbys of observation, experience, and intuition (what we once called the "art of medicine"). It is certainly true that the advances in technology over the last few decades enable us to diagnose and treat many diseases that were once invariably fatal; the discovery of new drugs has certainly improved care. But along with technology, expansion, and testing has come a great deal of impersonalization and increased cost.

Unlike their parents and grandparents, today's patients do want to know about every aspect of their health care. Indeed, informed consent—which dictates that patients be fully informed before undergoing any major medical procedure—is now mandatory in most areas of medicine. More important, today's patient expects to participate in many of the decisions regarding his or her health care. Increased patient responsibility mandates that physicians take the time to explain the steps in diagnosis and treatment.

As a physician, I applaud this increased patient participation in areas that were once the exclusive domain of physicians. But if patients are to work with their physicians in a way that is truly in their best interest, it is essential that they become and remain well informed, and this may be difficult. Today's medical consumers are bombarded with information and advice. It's a rare newscast or newspaper that doesn't carry at least one news story about a medical advance or, just as often, a story refuting a previous pronouncement. Medical entrepreneurs' advertisements prevail on TV, in magazines and newspapers, and on bus and subway posters, often to the point of the ridiculous.

All too often, the messages and claims directed to health care consumers are conflicting or misleading; unfortunately, many are deceptive. Thus, the problem for today's medical consumers is not a lack of available information; instead, it's deciding what and whom to believe.

Lurking behind much of this so-called consumer health information is a blatant profit motive, for clearly there are huge profits to be made in delivering health care. As a nation, we spend far more for medical care than any other industrialized country. Health care now consumes about 11 to 12 percent of the nation's gross national product, and the health care industry is the fastest growing sector of the nation's economy.

Even so, billions of our health care dollars are being misspent each year. For example, Americans spend more than \$25 billion a year on health quackery. Some economists estimate that we could reduce the nation's medical bills—which total more than \$650 billion annually—by a third simply by eliminating waste, unnecessary procedures, and health fraud. In my opinion, achieving these goals should be the major focus of medical consumerism.

PROTECTING YOURSELF FROM HEALTH FRAUD

The late U.S. Representative Claude Pepper defined a quack as “anyone who promotes medical schemes or” remedies known to be false, or which are unproven, for a profit.” Many people think of medical quackery in terms of a sleazy, fast-talking huckster who goes from town to town peddling snake oil and other potions. They assume that because this type of charlatan is so easy to spot, they are in no danger of falling victim to a quack's sales pitch. Sadly, today's quack is a far cry from the turn-of-the-century medicine man, even though his or her remedies may be no more effective than snake oil. Dr. Victor Herbert, a nutrition scientist who has devoted much of his medical career to fighting health and nutrition fraud, writes in his *Mount Sinai School of Medicine Complete Book of Nutrition*: “The notion that it is easy to spot nutrition quackery and charlatans is false because today's quacks hide behind a cloak of science and respectability. They have impressive-looking certificates and degrees hanging on their walls; they use ‘scientific’ terms, appear on television talk shows, and write best-selling books touting their theories or products. They sound and look convincing, and their message is one that millions of people want to believe.” (See box, “Tips on Avoiding Health Fraud.”)

Because heart disease is still the leading cause of death in this country, it is understandable that heart

Tips on Avoiding Health Fraud

- Be wary of anyone with unfamiliar or strange-sounding degrees such as DN (Doctor of Naturopathy) or DM (Doctor of Metaphysics). To check a practitioner's credentials, check with your local medical society or look the name up in the *Directory of Medical Specialists* at your local library.
- Be wary of anyone who claims to offer an *exclusive* or new treatment that is unavailable elsewhere. Ask to see supporting evidence from *peer-reviewed* medical journals that describe the testing and efficacy of the treatment.
- Be wary of practitioners who ridicule traditional medicine and claim that their ideas and practices are rejected by the profession because of spite or greed.”
- Be suspicious of any regimen or nutritional product that promises miraculous results, such as fast, painless weight loss; a cure for heart disease, cancer, or any other incurable or chronic disease; or a means of recapturing lost youth or sexual prowess. Remember the old adage, “If it sounds too good to be true, it probably is.”
- Be wary of any treatment that requires you to travel to another country, such as an offshore island or a Mexican border town.
- Be wary of promises couched in medical jargon or pseudoscientific terms, such as regimens to “detoxify” your body or “correct chemical imbalances.”
- Be wary of practitioners who sell an exclusive line of health remedies, such as high-potency vitamins or energy boosters.

patients are the targets of many questionable claims. Recent examples include:

Chelation therapy to “cure” atherosclerosis. Chelation entails administering a drug that binds with a substance, usually a mineral such as iron, lead, or copper, to remove it from the body. Practitioners of chelation therapy for atherosclerosis claim that because the fatty plaque that builds up in the arteries contains the mineral calcium, it can be removed from the body via chelation. There is no good evidence that this is of any benefit against atherosclerosis.

Biofeedback machines and other devices to lower blood pressure. While it is true that yoga, meditation, and biofeedback techniques may produce temporary reductions in blood pressure, there is no proof that over the long term they are effective in lowering blood pressure.

Herbal remedies for *heart* disease. Some of these can be highly dangerous. Tea brewed from foxglove (digitalis plant) can cause a digitalis overdose. Although folklore is full of herbal remedies, none of these should be used as a substitute for traditional drugs, which are subjected to testing and quality control.

In the Yale Heart Book we have tried to indicate which diagnostic procedures or treatments have proved effective and when they are indicated. These guidelines should help protect consumers from some of these questionable claims.

UNNECESSARY TESTS AND PROCEDURES

Americans probably spend more money on unnecessary tests and procedures than they do on quackery. The big problem in combating this problem is that the tests and procedures may be offered by highly respected and well-meaning physicians. Some doctors claim that a full battery of expensive tests is needed to protect themselves against later charges of malpractice if something is overlooked. While there is some validity to this defense, there are other reasons why testing is overdone. One is the demand of the public—people who are bombarded with TV and news items about the marvels of new technology. But a doctor's job is to resist doing a procedure if it is not going to help the patient.

For their part, consumers should review the legitimate reasons for special blood pressure tests, stress tests, and echocardiograms which are summarized in the various chapters of this book. Being informed helps to understand why certain tests are necessary.

[It is understandably difficult for patients to determine whether a test or procedure is really needed. Thus, before undergoing any test or procedure, you should ask your doctor why it is being done and whether the results are likely to provide information that will alter the diagnosis or treatment. (See box, "Questions You Should Ask.")]

WHAT IS IT GOING TO COST?

All too often, patients are reluctant to discuss costs with a doctor. This situation is changing somewhat

Questions You Should Ask,

Before undergoing a test or procedure, always ask the following questions:

- What is the purpose of this test? Is it being done to screen for a possible **asymptomatic** disorder, such as high blood pressure, or is it needed to confirm a suspected diagnosis?
- Is it definitive or will additional tests be needed?
- What will it cost? Is there a less expensive alternative?
- How accurate is it?
- Does it cause discomfort?
- Are there possible complications or hazards? Does it require anesthesia or hospitalization?
- How will the information be used? Will it, for example, alter the recommended treatment?
- What is likely to happen if the test or procedure isn't done?

Much of the time the answer will be that the test is being used to provide baseline data or to confirm something picked up on a physical examination. This may not be a sufficient reason to justify the procedure. For example, the presence of a few extra or skipped beats in a patient without symptoms of coronary heart disease is not an indication for a 24-hour Helter monitor; even in patients with heart disease it may not be indicated. The presence of a heart murmur is not, by itself, an indication for an echocardiogram. Everyone who has a heart attack does not have to be catheterized. It is very difficult for a layperson to make a judgment about the necessity for a medical test, but by being informed, one can perhaps avoid at least some unnecessary inconvenience and expense.

as an increasing number of physicians ask for payment either in advance or before you leave their offices. Ask, too, about alternative therapies. For example, in treating high blood pressure, many doctors routinely prescribe some of the newer, more expensive drugs (such as calcium channel blockers or ACE inhibitors) instead of the older, less expensive ones (such as beta blockers and diuretics), which are usually just as effective. (See Chapter 23.) When receiving a prescription, ask the doctor if there is a generic drug that is as effective as the brand-name choice or if there is an equally effective, lower-priced alternative. (There may not be, but often doctors fail to consider price when they write prescriptions.) Of course, there are instances in which the newer or

more expensive drugs are the best choice to treat certain heart diseases.

WHAT YOU CAN DO YOURSELF

No one should try to be his or her own physician, but there are a number of steps you can take to protect your health. As stressed in Chapter 6, the most im-

portant is to abstain from cigarette smoking and other forms of tobacco use. Follow a prudent, commonsense life-style that includes regular exercise and time for relaxation. Avoid food fads, crash diets, "6- or 8-week cholesterol cures," and self-medication with high-dose vitamins and other nonprescription drugs.

Above all, establish a good line of communication with your doctor. If you find it difficult to talk to him or her, you may do well to seek a physician with whom you have better rapport. (See box, "Finding a Doctor")

Finding a Doctor

Although everyone should have a primary-care physician, studies show that a large number of people—perhaps 25 to 35 percent of all Americans—do not. Instead, they seek medical care only when they are sick or injured, relying on emergency rooms, walk-in clinics, or self-referrals to medical specialists. Even if you enroll in a health maintenance organization or other managed-care plan, you are likely to have a primary physician who oversees your care.

To get the name of a primary-care doctor, you can ask relatives, friends, or other people whose opinions you value if they have a doctor they would recommend. You can also get names from the local medical society or the department of medicine at a local hospital or medical center. Credentials can be checked with your local medical society or in the *Directory of Medical Specialists* at your local library.

Factors you should consider in choosing a doctor include:

- *Location and accessibility.* Is the doctor conveniently located and available for regular office hours and telephone consultation? What is his or her hospital affiliation?
- *Openness and rapport.* Are you able to discuss personal matters with him or her? Are questions answered thoughtfully or brushed off with comments such as "It's nothing to worry about" or "Why don't you leave that to me?"

- *Training, age, and experience.* Where did the doctor go to medical school? Take his or her training? In what field?
- *Type of practice and coverage.* Is the doctor in a solo or group practice? HMO or other managed care? Who provides care when the doctor is not available?
- *Costs and payment.* Does he or she accept insurance or Medicare assignments? If not, how does he or she expect to be paid? What are some typical charges?

Services you should expect of a primary-care doctor include:

- Providing basic health care, overseeing special care, and, if needed, coordinating the services of medical specialists
- Answering your questions in clear, understandable terms
- Giving you adequate time and instructions
- Providing information or forms necessary for insurance claims

Some of the same rules apply in picking a cardiologist, but many people may not need a cardiologist to guide them in treating high blood pressure or following an effective preventive cardiology program.