

PATRICK MALONE & ASSOCIATES, P.C.
From Tragedy To Justice - Attorneys For The Injured

We win exceptional verdicts and settlements for our clients in cases of brain injury, medical malpractice, wrongful death and other severe injuries.

In This Issue

[Rating Health Care Stories for Accuracy](#)

[Overrated Medications: A Top 5 List](#)

["Miranda warnings" on health products](#)

[Check Out Our Previous Tips](#)

Quick Links

[Our firm's website](#)

[Read an excerpt](#) from Patrick Malone's book: ***The Life You Save: Nine Steps to Finding the Best Medical Care -- and Avoiding the Worst***

Separating Fact from Hype in Health Care Advice

Dear Subscriber,

Every day, a deluge of "facts" about health and medicine washes over each of us. How can you tell what is real, what is marketing hype, and what is sheer nonsense?

In this month's newsletter, I've gathered some resources to help readers sort through the news and make informed judgments.

You should know my tilt before reading further. I am a skeptic of the new. The odds are very high with most medical news that someone somewhere stands to make a gazillion bucks by pushing their new product onto gullible consumers. Or if not a gazillion, at least fame is in the offing.

One big problem, as true today as it was thirty years ago when I was a full-time medical journalist, is that many news reporters don't ask hard questions when it comes to reporting medical "breakthroughs." Why spoil the party? The "breakthrough" theme has huge appeal for most of us: Life is getting better and better every day, and pretty soon, mortality itself may hit the "problem solved" list.

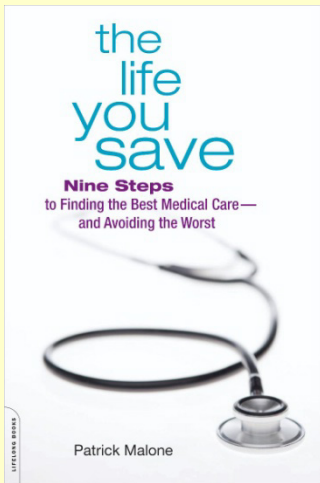
Or maybe not.

The sources I introduce to you in this letter know what they're talking about: medical doctors, experienced journalists, and others who care about getting it right.

As before: Feel free to "unsubscribe" on the button at the bottom of this email. But if you find it helpful, pass it along to people you care about.

A quick reality check: Reviewing medical journalism and rating its accuracy

Here is one cure for the overdose of news media hype that has long been a problem for consumers who want high quality health care but don't want to bounce from health fad to health fad: a Web resource that systematically and thoroughly reviews health news and rates the quality of the stories.



Learn More



Read our [Patient Safety Blog](#), which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



The web site is the somewhat stodgily named HealthNewsReview.org. With a foundation grant, it employs a team of medical journalists and physicians to critically review health news in major publications. The stories get rated on a scale of one to five stars, based on how well the following issues were addressed:

- * What's the total cost?
- * How often do benefits occur?
- * How often do harms occur?
- * How strong is the evidence?
- * Is this condition exaggerated?
- * Are there alternative options?
- * Is this really a new approach?
- * Is it available to me?
- * Who's promoting this?
- * Do they have a conflict of interest?

The site says its goal is: Holding Health and Medical Journalism Accountable. And it lives up to that by naming names and taking no prisoners on current health news.

A recent Wall Street Journal piece that suggested Vitamin B12 as a potential cure-all got a low two-star rating for putting out a series of unsubstantiated claims with loose anecdotes and little evidence.

A Denver Post article on an "anti-gravity treadmill" scored a lowly one star for glorifying an unproven product.

NPR and CNN Health scored highly for their well done columns on the recent research about antibiotics for kids with middle ear infection.

I give the site five stars for being a very useful resource. It asks the right questions about medical news and gives straight answers. I'm particularly keen on conflicts of interest and other things that tend to get underplayed in much coverage: for example, the hidden harms of touted new medical devices.

Overrated Medications: A Family Doctor Speaks Out

Dr. Robert Lemmon is literally a country doctor, but of the shrewd, skeptical, informed sort. I have read through his web site carefully and he imparts very sophisticated medical wisdom in a straightforward way. His five-part series on overrated medications focuses on these big offenders:

- * [Weight-loss medications](#), which never work for long-term loss of weight.
- * [Statins for "primary prevention" of heart disease](#). That means trying to use cholesterol drugs in anyone who doesn't already have a diagnosis of established heart disease -- a big waste of money for something that doesn't work. Big caveat: these drugs DO WORK in patients who already have heart disease, but the huge market their sellers aim for is the vast population of us who don't have any diagnosed

heart ailment.

* [Bisphosphonate drugs](#) (like Fosamax) to prevent hip fractures in post-menopausal women. These do work, but very modestly even in high-risk women, and in low-risk women, who don't have osteoporosis, they probably don't work at all.

* [Cholinesterase inhibitors](#) (like Aricept and Exelon) for Alzheimer's. A tragic disease could really use something that works to slow the horrible decline that Alzheimer's dementia victims suffer. Unfortunately these drugs are expensive, have risks, and just don't make a noticeable impact on patients.

* [Antibiotics for sore throat](#). The feared complication of strep throat -- and many doctors pass out antibiotics for a sore throat even without a positive strep test -- is that the strep can worsen into rheumatic fever, which can damage the heart. But the best estimates, according to Dr. Lemmon, are that for every one million antibiotic prescriptions for sore throat, one case of rheumatic fever will be prevented, at the cost of 2,400 potentially fatal allergic reactions, 100,000 cases of diarrhea and 100,000 rashes.

I put links for each of Dr. Lemmon's thoughtful articles on the bullet items.

I particularly enjoyed the piece on statin drugs because he teaches how to read a medical study. One of his favorite statistics, and mine too, which is often buried in the study when it's not impressive, is the "Number Needed to Treat" -- how many patients must take the drug for years to save a single life or prevent a single injury. For many of these drugs, the Number Needed to Treat for a single person to benefit is often in the hundreds -- or even more with antibiotics for a sore throat.

Here is Dr. Lemmon's philosophy, as expressed on his "about me" page:

"An informed, inquisitive, skeptical and even cynical patient is a good patient; same for the doctor. I hope this site will help my readers become good patients. My advice: Get a feel for what is good evidence. Get a feel for risk and benefit. Beware of quacks. Do not become dogmatic. Welcome a good argument. Do not develop an emotional attachment to your beliefs."

Excellent advice for the careful health care consumer.

Look for this "Miranda Warning" on so-called health products

"These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease."

The following "rant" [slightly edited by me for those of delicate dispositions] is from a medical blogger with the monicker "PalMD," who writes an occasional column called "White Coat Underground." PalMD is an internal medicine physician in the Great Lakes area. Here is [his blog site](#).

This "Quack Miranda Warning" is on every just about every woo-meister's website. I see dozens of patients every day, and I never Mirandize them, so what's the deal?

There are three ways to look at this: the truthful way, the sinister way, and the ____ [synonym for guano] insane way.

Truth: Anyone who wants to sell you something that's a load of crap must use

this statement to cover themselves legally.

Sinister: Variation of above--someone wants to sell you something that you are supposed to believe is medically useful, but at the same time they tell you in fine print that it is not medically useful. When it doesn't work, they don't get sued. I wonder why anyone would buy something with that disclaimer attached to it? When I treat someone for a medical problem, I pretty much say that I intend to diagnose, treat, cure, or prevent a disease. Why would I say otherwise? It would be a lie. Also, who would go to see a doctor that told you that they didn't intend to diagnose or treat disease. The whole thing is bizarre.

___ insane: The FDA and Big Pharma are in cahoots with the AMA to keep you from learning all the simple ways to treat diseases. They want your money, and they'll do anything they can to get it from you, including suppressing the knowledge that anyone can learn to heal cancer.

I can't really help the people who believe #3, but people who are willing to suspend their paranoia should read #'s 1 and 2 a few times. Unless you're being arrested, no one should be reading you your rights. The Quack Miranda Statement is the red flag that should send you running.

One or two caveats added by Malone:

* There actually is a good bit of "Miranda warning" that goes on in mainstream health care. Think of the package inserts that the pharmacist slips into your prescription pill package, or the "informed consent" forms you have to sign before surgery. These are also "CYA" documents that are often worth reading, if you take the time and trouble. But that's another story.

* It's also established fact that the FDA does have conflicts between its mission to quickly and effectively license new drugs and devices that manufacturers sincerely hope will make life better, and on the other hand its mission to keep us all safe. This conflict is fueled by the billions of dollars in the FDA budget specifically placed there by manufacturer licensing fees. And the conflict occasionally results in whopping errors: Vioxx, fen-Phen and others.

BUT, I'm not a conspiratorialist. And you shouldn't be either.

Past issues of this newsletter:

We're now in our second year of this newsletter. This is issue No. 13. Here's a rundown of our newsletters in 2010:

Our first newsletter focused on the problem of conflicts of interest in medicine -- what you need to know in general, and how to find out if your doctor has a conflict that might affect the quality of your care. [Click here](#) to see that newsletter again.

Newsletter No. 2 expanded the discussion into the related topic of why experience counts -- especially when choosing a surgeon. We focused on the story of minimally invasive prostate surgery with the device called the da Vinci robot. We explained how the lessons apply to any kind of surgery or medical procedure. To see newsletter No. 2 again, [click here](#).

Newsletter No. 3 talked about why "more is not always better" in modern medicine. We focused on cancer screening, especially for breast and prostate cancer, and why you can feel not so guilty if you're a little less aggressive about getting the test. (But if you have any symptoms, you shouldn't wait!) [Click here](#) to read it again.

Click  to edit

Double-click to
insert an image

Right-click to
format image

100 x 100 pixels

Newsletter No. 4 talked about choosing a hospital, and why the best known rating systems such as U.S. News & World Report may not be all they're cracked up to be. I give some tips about other ways to make sure your hospital is up to par. Click [here](#) to read it again.

Newsletter No. 5 talked numbers -- how it's important for all consumers of health care who want to make informed choices to learn a little bit about how statistics are used -- and misused -- in health care. I introduced readers how to read medical statistics in a straightforward way. To read it again, [click here](#).

Newsletter No. 6: Back pain and heart disease: how less can be more. The simpler approaches can work just as well as or better than more complex kinds of surgery. [Here's the link](#) to see it again.

Newsletter No. 7: Preventive care: what every adult American needs. [Here's the link](#).

Newsletter No. 8: Colonoscopy: two questions you must ask to make sure you get a competent screening exam. These questions can be a real life-saver when you know how often colonoscopies miss life-threatening lesions. [Read more here](#).

No. 9: Why getting and reading your own medical records can save your life -- and how to do it. The link is [here](#).

No. 10: The joys of being a health care skeptic -- or, Why statisticians are our friends. And more on why most published research eventually turns out to be wrong. The link [is here](#).

No. 11: Part one of preventing injury in the hospital, discussing why 24/7 bedside coverage is essential, and focusing specifically on bedsores and falls. [Read it here](#).

No. 12: Part two of preventing injury in the hospital: infections, blood clots and wrong medicine/wrong dose problems. [Here is the link](#).

To your continued health!

Sincerely,



Patrick Malone
Patrick Malone & Associates

Copyright 2011 Patrick Malone

[Forward email](#)



This email was sent to jessica@jdsupra.com by pmalone@patrickmalonelaw.com | [Update Profile/Email Address](#) | Instant removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).
Patrick Malone & Associates, P.C. | 1331 H Street N.W. | Suite 902 | Washington | DC | 20005