

■ 90,000 deaths every year from hospital-acquired infections

In March, 1998, officials of the Centers for Disease Control and Prevention told the first International Conference of Emerging Infectious Diseases that 2,000,000 people suffer from hospital-acquired infections every year and up to 90,000 of those patients die as a result.

This statistic reflects the growing problem of antibiotic resistant bacteria. Fred Tenover, who is the director of the CDC's hospital pathogens research program says that 70% of hospital acquired infections are now resistant to at least one antibiotic with many more resistant to many or all antibiotics. Many of those infections will still respond to the strongest of the antibiotics, Vancomycin but there are signs that the bacteria are becoming resistant to it as well. CDC officials are concerned that it's only a matter of time until “superbugs” resistant to all antibiotics emerge.

Overuse and misuse of Vancomycin is increasing the rate at which the bacteria develop resistance. “Our survey showed that as much as 60% of the hospital prescriptions for this drug are not in accordance with the CDC guidelines,” Tenover said. “They are using it in too many situations where it's neither necessary or appropriate.” ▲

■ Doctor's main drug manual contains bad information, can cost lives

The Physicians Desk Reference (PDR), the book doctors use to identify drug effects and reactions, has been labeled incomplete and as a result, dangerous by a study published in the February, 1997 issues of *Annals of Emergency Medicine*.

The study found that advice on drug overdose treatments for 20 of the most common drugs that patients overdose on was up to 25 years out of date as well as inadequate. It was also found that many times the PDR gave harmful advice and failed to mention treatments that could save lives.

Relying on outdated drug information can be and is dangerous. However, the researchers also found that *more than half the doctors surveyed had not consulted the drug manual at all in the past year.*

By way of commentary, we're not sure if that finding is comforting or not. ▲

■ Bad doctors continue practice

Dr. Sidney Wolfe is the director of the Public Citizen Health Research Group that publishes Questionable Doctors, a list of doctors who have faced disciplinary action as of December, 1995. According to Dr. Wolfe, many of these doctors are allowed to continue in practice with few restrictions.

“If airline pilots were as poorly regulated as physicians, we would have . . . one plane crashing every day killing 200 people,” says Wolfe.

The Research Group concluded that:

- 5.1% of disciplinary actions were for sexual abuse of patients or other sexual misconduct, up from 2.5% in 1990.
- 67% of doctors disciplined for substandard, incompetent or negligent care were allowed to continue practicing with little or no restriction.
- 31% of doctors whose narcotics licenses were restricted by the federal Drug Enforcement Administration faced no state discipline.
- 30% of doctors barred from the federal Medicare program were not disciplined by state medical boards.

The latest edition of the list contains 13,012 doctors. The previous list published by the group contained 10,289. Only one-third of doctors disciplined by federal officials for Medicare or drug violations faced state medical practice restrictions.

Wolfe says the states with consistently effective medical boards are Georgia, Iowa, Kentucky, Oklahoma and West Virginia. The worst, he says, are Delaware, New Hampshire, Pennsylvania, Hawaii and the District of Columbia. ▲

■ Drug reactions cost hospitals millions

The January, 1997 issue of the *Journal of the American Medical Association* reports that a typical U.S. teaching hospital spends approximately \$5 million extra on problems associated with drug reactions and the resulting longer hospital stays. About half of this expense is likely due to hospital error.

The study says that 1.4% of patients will experience a negative drug reaction, resulting in an increased hospital stay at a cost of \$4,685.00 per patient. ▲

■ Hospital water dangerous to weak patients

In a report to the *American Society for Microbiology*, Arkansas researcher Elias Anaissie says that hospital tap water contained bacteria and fungi in levels high enough to harm patients with weakened immune systems. This in spite of the fact that the water met all federal and state standards.

According to Anaissie, patients undergoing chemotherapy and the critically ill are most at risk for contracting life-threatening infections. Fungus and bacteria were found in tap water, in drains, on shower heads and under sinks in patients' rooms. In one hospital, water held in the hospital reservoir had a thin film of fungus floating on the surface.

The bacteria and fungus he found are usually airborne and can infect people when they breathe them in but they can also be transmitted through open wounds that are immersed in contaminated water.

“Since I made these findings,” Anaissie said, “I only drink filtered water.” Good advice indeed. ▲

■ Hospital patients not told about recovery information

A study published in *The Archives of Internal Medicine* reports that many doctors seriously overestimate how much their patients understand about their continuing care needs after being released from the hospital.

The study involved 99 patients, all of whom were patients at Beth Israel Hospital in Boston, and their doctors. The patients all had been treated for myocardial infarction (heart attack) and pneumonia, both of which require a lot of treatment after hospital discharge.

Doctors felt 88.9% of their patients knew about the possible side effects of their medication but only 57.4% of the patients felt they understood. The researchers also found that the doctors felt 94.7% of their patients knew when to resume normal activities but only 57.9% of the patients knew when normal activity could resume.

The report concluded, “It is certainly possible that better understanding of the side effects of medication and of the appropriate time to resume normal activities would reduce the risk of unplanned readmission or improve other outcomes of care following hospital discharge.”

Every doctor's responsibilities include informing the patient of vital information that can affect their recovery. Every patient's responsibilities include asking as many questions as it takes to completely understand all the ramifications of their care to their health. ▲

■ Medical schools not preparing doctors

A study at the University of Pennsylvania School of Medicine and reported in the January, 1999 issue of the *Journal of Bone and Joint Surgery* reports that **82%** of a group of recent medical school graduates from around the country failed a basic knowledge and skills test of how to care for common problems such as fractures, low-back pain, sciatica and arthritis.

The authors conclude that the courses in medical school are too short for the essential information to be conveyed in a classroom setting and too narrowly focused on very specialized, inpatient problems rather than those seen in common day-to-day outpatient practice.

The test itself was evaluated for fairness and basic knowledge by 124 chairpersons of orthopedic residency programs from all around the United States. The students who failed the test were graduates of schools as diverse and prestigious as the College of Physicians and Surgeons of Columbia University; Cornell University Medical College; Jefferson Medical College; Harvard Medical School; and the Schools of Medicine of Johns Hopkins University, New York University, Pennsylvania State University, University of Chicago, University of Maryland, University of Pennsylvania, University of Pittsburgh, University of Virginia and Yale University. ▲

■ Patients die after blood experimentation performed without their consent

The *Associated Press* reports that twenty-four critically ill patients died recently during trials of a blood substitute conducted in Chicago area hospital emergency rooms.

None of the patients had given their permission for doctors to use the substitute blood, known as HemAssist, which is produced by Baxter International, Inc.

Patient consent was not needed for Baxter to conduct the tests because of a change in Food and Drug Administration regulations that occurred in 1996. The new regulations allow for public notification community meetings, press releases and post-study follow-up to replace a patient signing an informed consent form.

The rule change has been questioned by medical ethicists who say that medical testing that may be dangerous should not be forced upon patients without them knowing about it in advance. Direct, informed consent from patients or their relatives is the best way to make sure this situation doesn't happen in future cases. ▲

■ Health care “system” responsible for 98,000 deaths every year

A study reported in November, 1999 by the *Institute of Health* finds that upwards of 98,000 Americans die from medical mistakes every year. The institute calls the errors "stunning" and says there are ways to prevent many of them from even occurring in the first place.

According to the report, the problem lies with the health care "system" in general and not so much with the individual practitioners who actually make the mistakes while administering the care directly to the patients who die as a result.

The report cited such "systemic" problems as poor handwriting, too many drugs whose names sound alike and are easily confused, the inability to decipher orders and fill prescriptions properly as reasons for the deaths.

William Richardson, chairman of the panel that compiled the report wrote "these stunningly high rates of medical errors . . . Are simply unacceptable in a medical, disease care system that promises first to 'do no harm.' "

By way of commentary, let's put these numbers in perspective. 98,000 preventable deaths from the health care "system" is about four times the number of people who die from automobile accidents involving alcohol every year (approximately 20,000, all preventable as well). While we don't wish to minimize the importance of groups like Mothers Against Drunk Drivers (MADD), we look forward to the day when groups like Mothers Against the Health Care System will form.

■ MDs don't provide patients enough information to make good decisions

The December 22/29, 1999 issue of *the Journal of the American Medical Association* reports that primary-care doctors seldom provide patients with enough information to make an informed choice about their treatment.

In reviewing recordings of 1,057 doctor-patient discussions concerning 3552 health care decisions, the researchers found that doctors provided enough information for the patient to make a completely informed choice in only 9% of the cases.

In other words, in 91% of the doctor-patient encounters, some information that would have allowed a patient to make a better decision was left out of the discussion.

Even worse, the researchers report that "primary care physicians frequently made decisions without discussing the intervention with the patient or seeking their involvement."

They go on to conclude that "these findings suggest that the ethical model of informed decision-making is not routinely applied in office practice."

By way of commentary, your doctor, any doctor, has a responsibility to make sure that you understand all of the ramifications of the decisions you make regarding your health care. Your responsibility is to make sure that you ask questions about anything you do not understand. You must completely understand any health problem you are facing, including any alternative approaches, and their pros and cons.

Your health is your responsibility. Don't make any health care decisions without knowing all the facts. Get 5th opinions, check the internet, visit your library but know as much about any problems as possible. No one has more interest in your health than you.

■ Managed care forcing doctors to treat cases beyond their abilities

A report in the December 23, 1999 issue of the *New England Journal of Medicine* found that nearly 1 out of 4 primary care physicians feel that they are not qualified to perform the level of care their managed care arrangements expect them to.

24% of more than 12,000 doctors surveyed felt they were not capable of delivering the level of complex care that would keep the patient from having to be referred to more expensive (not to mention experienced) specialists.

Managed care plans (including government funded ones) use primary care doctors as gatekeepers to limit the number of patients going to more costly (not to mention experienced) specialists. Many times, HMOs will offer doctors bonuses for low referral rates.

38% of specialists questioned felt the primary care doctors were waiting too long to refer the patients for more specialized care. The researchers go on to say, "among specialists, more than 1 in 3 reported that the complexity or severity of patients' conditions at the time the patients were referred to them by primary care physicians was greater than it should be."

The study did not determine whether any patients received sub-standard care from primary care doctors who have low referral rates to specialists.

■ Medical complications differ among types of hospitals

The April, 2000 issue of the *Journal of General Internal Medicine* reports that patients at certain types of hospitals are more likely to suffer from such preventable health problems as drug reactions in patients with a known allergy to the medication given, a missed or delayed diagnosis leading to complications or death, or adverse surgical events.

"Patients in for-profit and minor teaching or non-teaching government-owned hospitals were more likely to suffer several types of preventable adverse events," according to researcher Dr. Eric J. Thomas, of the University of Texas–Houston Medical School.

Patients treated in minor or non-teaching government hospitals had complication rates 4 to 5 times higher than patients treated in non-profit hospitals.

Patients treated at for-profit hospitals were more than twice as likely to experience surgical complications and four times as likely to have problems from missed or delayed diagnosis or treatment than patients in non-profit hospitals.

An editorial on the subject in the same issue says that "something is wrong in our nation's hospitals." Dr. Gordon Schiff of Cook County Hospital in Chicago goes on to say "while hospitals are fatally injuring more people than are killed by automobiles and firearms, at a cost that is as large as caring for people with HIV/AIDS, hospital managers and even medical staffs appear more preoccupied with survival in the marketplace than the survival of their patients."

Schiff goes on to say that "public awareness and demands for change are growing."

■ Teaching hospitals cited for overworking medical residents

On June 14, 2000, *Reuters Health* news service reports that one in five institutions in the United States that train doctors have been cited for violating work-hour standards.

Excessive work schedules and the resulting sleep deprivation continue to pose a hazard to patients as well as the residents themselves.

Last year (1999) the Accreditation Council on Graduate Medical Education (ACGME) cited 53% of the country's pediatric surgery programs, 36% of general surgery programs and 30% of internal medicine programs for work-hour limit violations.

The ACGME has moved to enforce work-hour standards in light of reports that medical errors are responsible for the deaths of between 44,000 and 98,000 americans every year.

■ MDs go on strike, death rate drops

The June 10, 2000 issue of the *British Medical Journal* reports that on March 9, 2000, doctors in the Israel Medical Association began sanctions to reduce their contact with patients (in other words, a strike) in order to protest a new four-year wage contract for doctors. Since going on strike, the death rate in Israel has dropped considerably according to a survey of Israeli Burial Societies.

"The number of funerals we have performed has fallen drastically," said Hananya Shahor, Director of Jerusalem's Kehilat Yerushalayim Burial Society. "This month, there were only 93 funerals compared with 153 in May 1999, 133 in the same months in 1998, and 139 in May 1997."

Meir Adler, who manages the Shamgar Funeral Parlour says, "there definitely is a connection between the doctors' sanctions and fewer deaths. We saw the same thing in 1983 (when the doctors applied sanctions for four and a half months)".

There is one town in Israel where the death rate has remained constant, the town of Netanya. Netanya has only one hospital and the doctors there signed a no-strike clause with their contract. The doctors in Netanya have not participated in the country-wide sanctions.

A similar situation also occurred in the United States. According to Robert Mendelsohn, M.D., In his book *Confessions of a Medical Heretic*, (1979) in Los Angeles County, California in 1976 the doctors went on a work slowdown to protest soaring malpractice insurance premiums.

There was an 18% drop in the death rate.

When the strike ended, the death rate went back to where it had been before the strike.

In retrospect, that may not have been the best argument they could have made about high malpractice insurance rates.

■ Hospital cutbacks in nursing staff deadly to patients

A study done by *The Chicago Tribune* reports that hospitals across the country have quietly been eliminating their highest paid, best trained and most experienced nurses. This has led to numerous patient deaths directly due to overworked and under trained nursing staffs.

The author says that since 1995 at least 1720 hospital patients have been accidentally killed and 9584 others injured by nurses who are committing errors due to staff reductions and poor training. Because the process of reporting medical errors is so inadequate, the above figures likely only represent the tip of the iceberg.

In what is becoming a national trend among hospitals, even those that are doing well financially, the more educated, better trained registered nurses are being replaced with lesser trained, lower salaried practical nurses and aides. The reason? To increase or maintain profitability, even at the sacrifice of patient safety.

According to the study, the American Hospital Association (AHA) was warned by their president Dick Davidson in 1996 that the public was beginning to notice the "thinness" of nurse staffing.

Davidson said at the time that "patients suffered, literally, because medications and vital, comforting services were delayed, confused or forgotten."

In commentary, we find it appalling that hospitals are cutting nursing staff as a way to increase profits. When patient safety becomes secondary to the bottom line, serious doubts arise about the intelligence and integrity of the people making those decisions. There is no greater responsibility in any health care system than the safety of the patient.

Doctors Don't Have Regular Doctors Themselves

A very interesting study comes to us from the November 27, 2000 issue of the *Archives of Internal Medicine*. In a study of 915 medical doctors, more than one third of them had no regular source of medical care and were less likely to receive medically recommended flu shots and routine cancer screenings.

Nationwide in the U.S., about 15% of people have no regular health care provider. This study found that 34% of MDs do not have a regular doctor. And it wasn't because they could simply use the services of a colleague whenever they felt it necessary. The doctor's own attitude toward the power of their own profession played an important part in their decision not to avail themselves of regular medical care.

The doctors in the study who felt that doctors could actually influence a patient's health were more likely to have a regular doctor themselves. Those doctors who firmly believe that they held control over their own health without medical assistance or who simply left their health up to chance were less likely to have a regular doctor.

By way of commentary, can you imagine your chiropractor not getting his/her spine checked and adjusted on a regular basis? We see no greater hypocrisy than doctors who are unwilling to do the exact same things they recommend to their patients. It certainly makes you wonder about all of those procedures they've been recommending, doesn't it?

■ Bad Doctors Not Reported

Reuters Health reports that in a June 6, 2001 letter to US Attorney John Ashcroft, consumer advocate Dr. Sidney M. Wolfe, director of Public Citizen's Health Research Group, asked the Justice Department to make good on a 4-year-old promise to provide information on nearly 2600 doctors who have voluntarily given up their federal narcotic prescribing licenses.

The Justice Department was to have kept information on the doctors in the National Practitioner Data Bank (NPDB) after their license had been surrendered. It is the responsibility of the US Drug Enforcement Agency (DEA) to turn over the names to the data bank. The doctors involved either violated the federal Controlled Substances Act or engaged in other unacceptable medical practices.

The NPDB is not accessible to the public. Hospitals, medical societies and managed care organizations are, however, required to check a doctor's background using the data bank in order to admit or credential them for practice.

According to Wolfe, organizations that "rely on it for accurate information...for 2,592 doctors who have done things serious enough to have their license surrendered, there will be a blank page in the NPDB."

■ Medical Doctors Increasingly Dissatisfied With Job

The July, 2001 issue of the *Journal of Internal Medicine* reports that medical doctors have become more and more dissatisfied with the practice of medicine over the last 10 years.

Two studies on doctor satisfaction, taken 10 years apart suggest that doctors increasingly cite the differences between what they expected their profession to be like and the realities of practice as being the main cause of their dilemma.

Problems with managed care, professional autonomy, lack of time to spend with individual patients and a decrease in leisure time also contributed.

In 1986, 75% of doctors reported that they were satisfied or very satisfied with their total earnings. In 1997, that number dropped to 55%.

By way of commentary, the next time you see your chiropractor, ask if they are satisfied with their job. We have a pretty good idea what the answer will be.

■ Hospital Spending Leads Drug Costs In Disease Care Inflation

Reuters news service reports on September 26, 2001, that hospital spending has taken the lead over increased drug costs as the leading cause of inflation in the disease care system.

Hospital spending increases accounted for 47% of the overall increase in disease care spending in 2000. 27% of the increase was due to increased spending on drugs. In 1999, drug spending accounted for 41% of the increase.

Overall, the inflation rate of 7.2% in 2000 is the largest increase in a decade. Dr. Paul Ginsburg, president of the Center for Studying Health System Change says, “The volatile combination of rising costs, increasing premiums and a slowing economy have set the stage for consumers to pay more for [disease] care.”

In our mind, the best way to avoid increased disease care costs is to stay healthy through chiropractic care.

■ Medical students don't understand aging, elderly

Reuters Health reports that a study presented at the *American Geriatrics Society's* annual meeting on May 10, 2002 found that medical students not only had a startlingly low level of knowledge about the elderly but the aging process in general.

79% of first-year and 30% of third-year medical students at Johns Hopkins University were surveyed.

When questioned on general facts on aging, more than half the students only scored 0-3 on a 10 point scale. The amount of education didn't seem to make any difference; the third-year students scored about the same as the first-year students.

Some of the misconceptions the students held?

- Most older persons are depressed.
- The majority of old people live in nursing homes or with some kind of assisted care.
- It's a waste of time to counsel an elderly patient to quit smoking.

In one hypothetical situation, 83% of the students said they would aggressively treat a 10 year-old girl with double pneumonia. Only 56% would recommend the same care if the patient was an 85 year-old woman.

According to the researchers, "These data suggest that medical students have negative attitudes towards and limited knowledge about older persons at the start of their medical school experience."

■ Consumer group posts disciplined doctor info on web

Reuters Health news service reports that the consumer protection group Public Citizen has posted on the internet a portion of its database of doctors who have been convicted of crimes or disciplined by state medical boards or other agencies.

The web address is <http://www.publiccitizen.org> . The 12 states are California Connecticut, Hawaii, Illinois, Indiana, Maine, Massachusetts, Michigan, New Hampshire, Ohio, Rhode Island and Vermont. Additional states will be added in the future.

■ Practice Increases Doctor's Surgery Skills

The October, 2003 issue of the Journal of Vascular Surgery finds that doctors who have more experience fixing abdominal aortic aneurysms have fewer patients die from surgical complications than doctors who don't have a lot of experience with the procedure.

In the study, aortic aneurism patients were operated on by either a vascular (who specialize in blood vessel repair), cardiac (heart) or general surgeon. The death rates were as follows: Vascular surgeon – 2.2%, Cardiac surgeon – 4%, General surgeon – 5.5%.

Commentary: Pardon us for being upset that good money was spent on idiotic research like this. How many thousands of dollars did it take to discover that doctors who do a lot of a certain procedure are better at it than those who don't?

We really hope tax money didn't fund this kind of idiocy.

■ Cancer Patients Not Informed On Treatment Options

A report in the January 2004 issue of the European Journal of Cancer says that when it comes to treatment for cancer, doctors oftentimes do not give patients all the information on different options that they need to make an intelligent, informed choice.

The researchers, led by Dr. C.G. Koedoot of the Academic Medical Center in Amsterdam, found that doctors generally discuss palliative chemotherapy which is designed to shrink tumors when a cure is unlikely to occur. Less than half the patients were told about watchful-waiting, which involves treating symptoms as they show up rather than using chemotherapy.

Watchful-waiting and palliative chemotherapy have similar survival rates.

The study involved 95 people with incurable cancer who were interviewed before discussing their treatment options with a cancer specialist. The conversations between doctor and patient were recorded and analyzed.

In 84% of the cases, doctors discussed how long the chemotherapy would last as well as common side effects, such as hair loss and nausea. However, less than half the patients had discussions about the quality of life under chemotherapy and how it would effect their emotions, their work and their sex and social lives.

Watchful-waiting was only discussed in about half of the cases. When it was talked about, it was usually described as “doing nothing.” According to Dr. Koedoot, doing nothing “probably will be interpreted by the patient as being given up [on] by the physician.”

Commentary: Describing watchful-waiting as “doing nothing” also gives patients an impression that the doctor is going to “do something” even though watchful-waiting may be the best option for providing the best quality of life for the time the patient has left.

■ Doctors Still Not Washing Hands

A report in the July 6, 2004 issue of the Annals of Internal Medicine discusses why doctors still are not following hospital handwashing guidelines.

In the study, adherence to handwashing guidelines averaged 57%. Internists had the highest rate of adherence at 87% and anesthesiologists had the lowest at only 23%.

The reasons doctors gave for not washing their hands included having a busy work schedule and being in a technical specialty like surgery or anesthesiology.

The reasons doctors stuck with the guidelines included being watched, setting a role model for their colleagues, having a positive attitude toward handwashing after patient contact and easy access to a sink.

In a related editorial, Dr. Robert A Weinstein of Rush Medical College in Chicago says, “after more than 150 years of prodding, cajoling, educating, observing, and surveying physicians, hand hygiene adherence rates remain disgracefully low. We must change the rules so that health care workers expect to be observed (when washing their hands) and given direct, immediate feedback until the behavior or role models becomes everyone’s ritual.”

Commentary: That doctors would have to be stood over and watched like a five year-old to make sure they wash their hands after coming into contact with a patient before seeing the next one makes us feel like we just want to go wash our own hands.

■ Hospitals Violate Law, Do Not Report Medical Errors

On September 29, 2004, the New York Times reported that an audit by the state's comptroller found that hospitals in New York routinely violate a New York State law requiring them to promptly report medical errors that have occurred.

The audit found thousands of instances where hospitals either did not report, or delayed for weeks or even months, reports of patient deaths and mistaken surgery that may have been crucial to investigations trying to determine what went wrong.

According to the comptroller, the State Health Department did not make or follow rules as to how and when to punish violators. As a result, they only punished the hospitals on very few occasions.

Between January 2001 and May 2003, nearly 66,000 mistakes were reported. According to the audit while there were thousands of law violations in that period, the State Health Department only fined 2 hospitals and issued citations against 37.

More than 5000 of the cases were of the type that should have been reported within 24 hours. 84% of them were reported an average of 40 days late. One case, in particular, was reported more than two years late.

In the more serious cases, involving death or surgery on the wrong part of the body, hospitals are required to investigate and file a thorough report to the state within 30 days (a 15 day extension is allowed if necessary). In more than half of these cases deadlines were missed and in 11% of the cases the investigative reports were never filed at all. Those that were filed were often incomplete.

A State Health Department spokesman, William Van Slyke, said, "We welcome, of course, any critique by the comptroller's office, but to paint this as anything other than an already excellent program would be a mischaracterization."

■ 80% Of Doctors Witness Mistakes

Reuters Health news service reported on January 26, 2005 that a recent survey finds that 80% of U.S. doctors and 50% of nurses said they had seen their co-workers make mistakes. Disturbingly, the survey also found that only 10% of them ever spoke up about it.

The study was conducted by Vitalsmarts, a consulting group of nursing experts. 1700 nurses, doctors and hospital administrators were surveyed for the study.

According to Joseph Grenny, president of VitalSmarts, the study also reported:

- “50% of nurses said they have colleagues who appear incompetent.”
- “84% of physicians and 62% of nurses and other clinical care providers have seen co-workers taking shortcuts that could be dangerous to patients.”
- 88% of doctors and 48% of nurses and other workers felt they worked with colleagues who showed poor clinical judgment.
- The 10% of workers who spoke up about the problems they saw felt good about it and were more satisfied with their workplace.
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A 1999 study by the Institute of Health estimated that 98,000 Americans die every year from medical errors that occurred in hospitals. Other estimates place that number closer to 195,000.

■ 50% Of Medical Dollars Spent Are Wasted

A February 8, 2005 report issued by researchers at Boston University's School of Public Health finds that 50% of U.S. medical spending is wasted due to waste, excessive prices and administrative costs and to a smaller degree, theft and fraud.

Alan Sager, co-author of the study says, "If half of [medical] spending is wasted now, that's \$950 billion this year. If we could save even a third of waste, we'd save over \$300 billion this year."

Sager and his co-author, Deborah Socolar, examined published material such as comparisons of U.S. medical costs with those of other countries as well as various estimates of administrative expenses.

For example, last year a study by Harvard Medical School found that bureaucratic inefficiency by doctors, hospitals, nursing homes and insurance companies cost the country \$399.4 billion in 2003.

The authors of the study reach another disturbing conclusion. They estimate U.S. spending for medical care will reach \$1.9 trillion in 2005. The study also concludes that medical care spending will account for 15.5% of the 2005 U.S. economy, up from 13.2% in 2002.

■ Doctor Owned Specialty Hospitals Faulted

The April 7, 2005 issue of the New England Journal of Medicine says that doctor owned specialty hospitals, such as those that offer cardiac procedures, are no better than the local community hospitals.

Lead author Dr. Peter Cram, assistant professor of medicine at the University of Iowa, says even though the specialty hospitals have produced studies showing lower death rates and shorter hospital stays, those studies are deceptive.

Cram cites the fact that specialty hospitals only admit patients who are healthier, wealthier and have better insurance coverage leaving the sicker patients for the community hospitals.

He also says that after accounting for differences in patient health and a higher volume of patients seen, there are no statistical differences in outcome. He goes on to say that while specialty hospitals do discharge the patients faster, “they do not have lower costs for Medicare patients than community hospitals.”

A Congressional moratorium on construction of new specialty hospitals is set to expire in June, 2005. Experts say this report is timely since they anticipate many new facilities being set up after the moratorium expires.

Ellen Pryga, policy director for the American Hospital Association says this study reinforces the idea “that there aren’t any really significant contributions coming from this particular delivery model that would warrant the kind of extreme treatment they get under government regulatory and payment policy.”

■ “Defensive Medicine” Hurts Health Care

The June 1, 2005 issue of the Journal of the American Medical Association reports that doctors who practice “defensive medicine” by ordering unnecessary diagnostic tests or avoiding troublesome patients because of a fear of malpractice suits may be harming patients’ health as well as driving up health care costs.

In the study, 93 percent of 824 doctors questioned admitted to ordering unnecessary tests. 42 percent said they had referred patients elsewhere if they had a complex case or they thought that person might sue them.

Doctors practicing emergency medicine, general surgery, orthopedic surgery, neurosurgery, obstetrics & gynecology, and radiology were most likely to act defensively.

■ AMA refuses to support ban on drug ads

The Associated Press reports on June 21, 2005 that at their annual meeting, the American Medical Association has refused to support a ban on “Ask your doctor about...” direct-to-consumer drug ads, despite the fact that some doctors have raised concerns about the heavy marketing of dangerous painkillers and antidepressants.

The concerned doctors worry that the ads encourage patients to seek expensive, risky drugs they may not need while those doctors who are against the ban feel it would violate the drug makers’ right to free speech.

Commentary: Given the fact that AMA policy makers also adopted a report supporting the use of antidepressants in children, despite the increase in associated suicidal tendencies, we are not optimistic that the concern for the welfare of patients will override the concern for the welfare of drug companies’ freedom of speech rights and resulting financial benefits.

■ Doctors order excess tests because of malpractice fears

The July 13, 2005 online issue of the Annals of Emergency Medicine reports that doctors tend to order unnecessary tests and hospitalizations out of a fear of malpractice lawsuits, particularly when the patient is experiencing symptoms of a possible heart attack.

In the study, researchers developed a malpractice fear scale and used it to see if there was a relationship between a fear of malpractice lawsuits and the evaluation and treatment of symptoms suggestive of heart problems.

Patients of the doctors with the highest scores on the malpractice fear scale were significantly less likely to be discharged from the ER than patients of doctors with low scores.

Doctors with high scores were also more likely to admit patients for monitoring and order lab tests and chest X-rays.

The excess testing and monitoring continued even when only low-risk patients were included in the analysis.

Lead researcher Dr. David Katz of the University of Iowa, Iowa City said, "Concern about malpractice has a formidable effect on physician decision making." He goes on to say, "high-fear physicians are more likely to admit patients with symptoms of possible acute coronary syndrome (including low-risk patients) and to obtain more diagnostic tests in these patients suggest that the initial costs of care are quite a bit higher for this group of physicians, but this needs to be confirmed with a formal analysis of initial and follow-up medical costs."

■ Many Practice Guidelines Written By Doctors With Ties To Drug Industry

A survey reported in the October 20, 2005 issue of the journal Nature says that approximately one third of doctors who write practice guidelines regarding drug utilization in the United States have ties to the drug industry that raise conflict of interest concerns.

215 drug utilization guidelines deposited with the U.S. National Guideline Clearinghouse in 2004 were examined. Only 90 contained details outlining the authors' conflicts of interest and only 31 of those were completely free of ties to the drug industry.

In those 90 guidelines that the authors examined, a total of 685 authors were involved.

- 65% of them declared no conflict of interest.
- 21% had an advisory board or consultancy position with a relevant company.
- 22% had received a research grant from a relevant company.
- 15% had a position on a drug company resource panel of expert doctors.
- 2% owned stock in a relevant company.
- 1% mentioned a different conflict of interest.
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In 2004 the Center for Science in the Public Interest checked the disclosure statements of the authors of hypertension guidelines. Even though one author had declared a conflict of interest, the center's research discovered that four other authors had received research funds from drug companies.

Merrill Goozner, director of the Center for Science in the Public Interest's Integrity in Science Project was not surprised by these findings. "There's no standard journal policy," he said, "and no punishment [for not disclosing information]."