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## Laser vision surgery can make dry eyes worse

A report in the August 2002 issue of the *Archives of Ophthalmology* finds that people with dry-eye syndrome who undergo the vision correction surgery LASIK run the risk of making their condition worse.

Lead researcher Dr. Ikuko Toda, of Tokyo, Japan reports that aside from wanting better vision, many people want the surgery because they are having trouble wearing contacts because of dry-eye syndrome.

This study shows that may not be the case. Follow-up on 290 patients with dry-eye syndrome who had LASIK surgery revealed that while they saw the same improvement as other patients, their dry-eye syndrome worsened throughout the year after surgery.

Guidelines from the American Society of Cataract and Refractive Surgery label patients with dry-eye syndrome as “less-than-ideal” candidates for LASIK due to this risk.

The researchers note that patients who want the surgery because dry-eye syndrome makes contact wearing difficult should be warned that their condition may instead get worse.

## ■ Many mastectomies unnecessary

A study in the October 17, 2002 *New England Journal of Medicine* finds that mastectomies are often unnecessary for women with breast cancer. The results of this study confirm data from similar studies conducted in the 1970s and 1980s which also show the procedures are often unnecessary.

Quite simply, the researchers found that in reviewing cases from the last 20 years, women with breast cancer who had only the diseased tissue removed (lumpectomy) survived at virtually the same rate as women who had their entire breast and associated surrounding tissue removed (radical mastectomy).

Despite the earlier studies and statistics that found lumpectomy was just as successful as radical mastectomy, many doctors felt that the less radical approach would cause more deaths in the long run. This explains why 29% of the 2500 women involved in this study who were good candidates for the less invasive surgery were not even informed about their options by their doctors.

In a related editorial, Dr. Monica Morrow, a breast cancer specialist wrote that this study should convince “even the most determined skeptics that mastectomy is not superior to breast conservation.”

Commentary: We hope Dr. Morrow is right but past reaction doesn't suggest that the “determined skeptics” will change their minds, no matter how much information to the contrary they encounter.

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## ■ Hospitals slowly changing pelvic exam policies

A March 11, 2003 article from the Associated Press says that hospitals are slowly changing their policies of allowing student doctors to do pelvic exams on anesthetized women without their consent or knowledge.

There has been a decades-old tradition of hospitals bringing in as many as three or four students to do pelvic exams on unconscious women just before their gynecological procedures. In recent years, student doctors who felt these exams were unethical have been initiating the changes in this practice by refusing to conduct them.

Doctors who support the practice say that anesthetized women are the perfect teaching tool because they are relaxed and unable to feel the sometimes painful mistakes of the students.

Dr. Jessica Bienstock, residency program director at Johns Hopkins University says, “I don’t think any of us think about it. It’s just so standard as to how you train medical students.”

Fortunately, many of the students surveyed disagree. In 1995, 70% of medical students, who had not completed an OB/GYN clerkship, said it was important to ask women for their consent. Unfortunately, once they completed their clerkship, that number dropped to 51%.

Dr. Michael Gregory, a Boston public health doctor, says, “It’s this paternalistic, patronizing view that the doctors know best...We underestimate people’s incredible charity, and their willingness to let us train,” he said. “But I think that at a gut level, doctors understand that if they actually told patients that this was happening without their consent, people would be outraged.



## Half of all hospital injections are done wrong

The March 29, 2003 British Medical Journal reports that errors are made in nearly half of all hospital injections.

The most common errors involved injecting the medications too quickly and preparing drugs incorrectly by using the wrong dose or dissolving them in the wrong solution.

Study author Nick Barber, of the School of Pharmacy in London, says the speed at which an injection is given can be dangerous if it is done too fast. “This is because there is a load of potent foreign chemical shooting around your body – if it hits the brain or heart [all at once] it can have a marked effect,” he said.

The authors believe the rate of mistakes they discovered is likely to be the same in the rest of Europe and the U.S.

## ■ In-Office Surgery More Dangerous

The September, 2003 issue of the journal Archives of Surgery finds that patients who choose to have surgery at their doctor's office are 12 times more likely to die than if they had chosen an ambulatory (outpatient) surgical center.

Patients who had surgery in their doctor's office died 12 times more often and also were 12 times more likely to suffer injuries than patients who had their surgery at a licensed outpatient center.

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According to lead researcher Dr. Hector Vila, Jr., chief of anesthesia at the H. Lee Moffitt Cancer Center in Tampa, Florida, the difference lies in the fact that the outpatient centers have to be licensed by the state to perform surgery, the doctor's offices don't.

Vila's team pointed out three factors that lead to these disturbing numbers. The first is doctor accreditation. Many doctors who perform surgeries in their offices are not board certified to do so. Outpatient centers require doctors to be board certified in any procedures that they perform.

The second problem is that doctor's offices don't need hospital accreditation like the outpatient centers. In the study, only 38% of the facilities where patient deaths occurred were accredited. 100% of outpatient centers are accredited.

The third problem is the people who administer anesthesia in doctor's offices. In some cases, anesthesia was handled by an office assistant. Only 15% of the offices where deaths occurred used anesthesiologists.

1.2 million patients per year choose to have surgeries in their doctor's office.



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## ■ Birth trauma during medically assisted deliveries dangerous to newborns

In a landmark study published in *Developmental Medicine and Child Neurology* in 1969, Dr. Abraham Towbin reports that “during the final extraction of the fetus, mechanical stress imposed by [obstetricians] –even the application of standard orthodox procedures –may prove intolerable to the fetus.” The most common cause of this damage is excessive traction and twisting of the infant’s neck when using the head as a lever to extract the infant from the birth canal, damaging spinal structures, the spinal cord and brain stem. Survival of the infant depends on brain stem functions such as respiration, heart activity and reflex actions.

Unfortunately, such damage often goes undiagnosed and unreported since many doctors are unaware of the significance of birth trauma spinal cord and brain stem injury. Routine examination of spinal structures are not normally done during autopsies of newborns.

Towbin, of the Harvard Medical School and the Department of Pathology (Neonatology) of St. Margaret’s Hospital in Boston, reports that spinal damage can occur in numerous ways. Rupture and tearing of the covering of the brain and spinal cord (Meninges), tearing of the spinal nerve roots and laceration, swelling and compression of the spinal cord and brain stem are common. While heart function may or may not be normal in such cases, respiratory depression soon after birth is a cardinal sign of brain stem injury.

By way of commentary on this article, chiropractors correct the misalignments (subluxations) that occur during even routine deliveries. If your child, or any you know, experienced a difficult delivery, it is imperative that their spines be checked by a chiropractor for subluxation. Chiropractic correction of spinal problems should begin as soon as they occur. ▲

## ■ British Surgeons Suture Wounds With Paperclips

On February 3, 2004 Reuters news service reported that British surgeons are needlessly endangering patients by using unauthorized material such as paperclips to close wounds and tongue depressors as splints for babies.

According to a report by The Medicines and Healthcare Products Regulatory Agency doctors have increasingly been using “non-medical products for clinical purposes.” They have also been found to use medical devices in ways they were not intended to be used.

“For example, use of tongue depressors in a neonatal intensive care unit as limb splints led to two deaths and one amputation because of fungal infection,” the report said.

Some surgeons used wooden clothes-pins to clip pulse measuring devices onto patients earlobes. Others were found using paperclips and urinary catheters to close wounds and some used fake fingernails to fix cuts on the nail bed.

The report went on to say, “the use of a device in these circumstances exposes users and patient to unknown and therefore unacceptable risks and may have legal and ethical implications.”

Commentary: We find it telling that they listed legal implications ahead of ethical ones.

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## ■ Millions Of Pap Smears Done Needlessly

The June 2004 issue of the Journal of the American Medical Association reports that nearly 11 million women who have had their cervix removed are still getting a Pap smear screening test to see if they have developed cancer of the cervix.

Study author Brenda Sirovich of Dartmouth Medical School in Hanover, New Hampshire says it's possible "that women who have had a total hysterectomy [in which the cervix is removed] are not aware that they are no longer at risk for cervical cancer." Remarkably she goes on to say the unnecessary testing may be the patients fault since "they may simply be so enthusiastic about cancer screening that they continue to have Pap smears regardless of the usefulness of the test."

She does admit "it is also possible that physicians are largely responsible for continuing cervical cancer screening after hysterectomy."

In 1996 a U.S. task force on preventative health recommended that Pap smear screening to test for cancer of the cervix be discontinued in women who have had their cervix removed.

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## ■ Needle Biopsy Linked To Spread Of Breast Cancer

The June 2004 Archives of Surgery reports that having breast cancer tissue biopsied with a needle seems to increase the chance that the disease will spread to the lymph nodes in the armpit known as sentinel nodes.

The research was done by Dr. Nora Hansen of the John Wayne Cancer Institute at Saint John's Health Center in Santa Monica, California. She studied 663 women with proven breast cancer. About half of the cancers were biopsied with a needle while the remainder had the tumor removed and then checked for cancer cells.

Women who had the needle biopsy were 50% more likely to have cancer in the sentinel nodes.

The researchers felt that this was “due in part to the mechanical disruption of the tumor by the needle.”

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## ■ 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.

## ■ Invasive Heart Procedures Lead To Higher Death Risk, Bleeding At Six Months

The February 20, 2005 issue of the British Medical Journal finds that people with a specific heart condition that end up undergoing more invasive heart procedures suffered a higher risk of death six months later than patients who didn't.

The study involved more than 28,000 patients in 14 countries including the U.S., Europe, Argentina, Brazil, Australia and Canada who were admitted to the hospital after suffering acute coronary syndrome between April 1999 and March 2003. Some of the hospitals had catheterization facilities, some did not.

The authors found that “in the total population of patients with acute coronary syndrome, and after adjustment for baseline characteristics, medical history and geographical region, patients first admitted to hospitals with catheterization facilities were at a 14% increased risk of death at six months. The risks of in-hospital stroke or major bleeding were also higher (53% and 94% respectively).”

The researchers concluded that the “results do not suggest that an invasive approach to patients with acute coronary syndrome is harmful but that a more restrictive selective use of invasive procedures...is at least as effective as a more liberal routine use.” They also conclude that the results argue “against the early routine transport of these patients to a specialized...hospital with interventional facilities.”