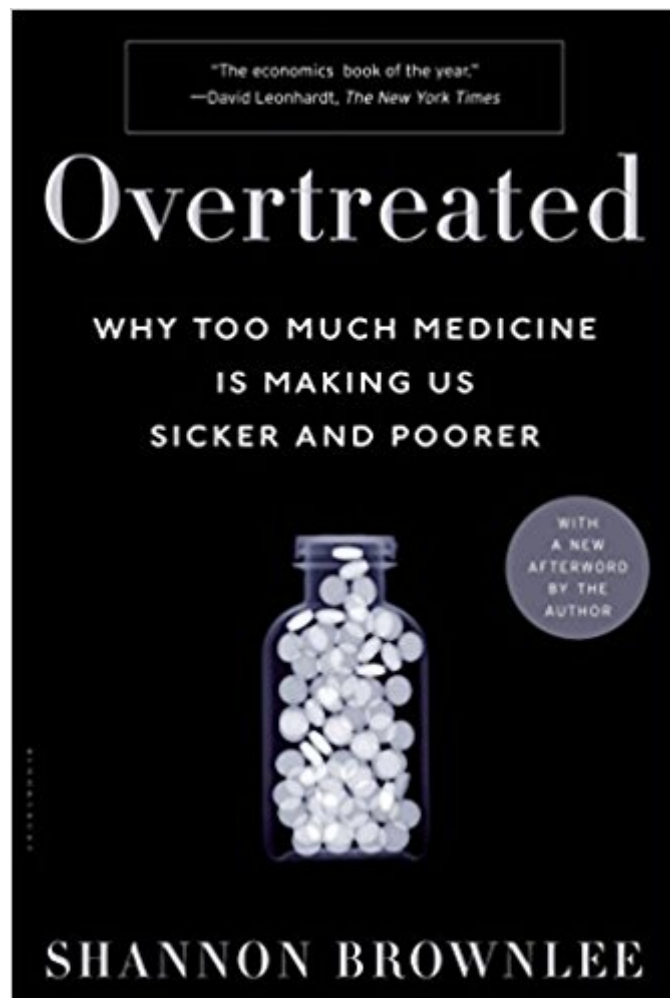




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Overtreated: Why Too Much Medicine Is Making Us Sicker And Poorer



Synopsis

Our health care is staggeringly expensive, yet one in six Americans has no health insurance. We have some of the most skilled physicians in the world, yet one hundred thousand patients die each year from medical errors. In this gripping, eye-opening book, award-winning journalist Shannon Brownlee takes readers inside the hospital to dismantle some of our most venerated myths about American medicine. Brownlee dissects what she calls "the medical-industrial complex" and lays bare the backward economic incentives embedded in our system, revealing a stunning portrait of the care we now receive. Nevertheless, *Overtreated* ultimately conveys a message of hope by reframing the debate over health care reform. It offers a way to control costs and cover the uninsured, while simultaneously improving the quality of American medicine. Shannon Brownlee's humane, intelligent, and penetrating analysis empowers readers to avoid the perils of overtreatment, as well as pointing the way to better health care for everyone.

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Customer Reviews

Starred Review. Contrary to Americans' common belief that in health care more is more—that more spending, drugs and technology means better care—this lucid report posits that less is actually better. Medical journalist Brownlee acknowledges that state-of-the-art medicine can improve care and save lives. But technology and drugs are misused and overused, she argues, citing a 2003 study of one million Medicare recipients, published in the *Annals of Internal Medicine*, which showed that patients in hospitals that spent the most were 2% to 6% more likely to die than patients in

hospitals that spent the least. Additionally, she says, billions per year are spent on unnecessary tests and drugs and on specialists who are rewarded more for some procedures than for more appropriate ones. The solution, Brownlee writes, already exists: the Veterans Health Administration outperforms the rest of the American health care system on multiple measures of quality. The main obstacle to replicating this model nationwide, according to the author, is a powerful cartel of organizations, from hospitals to drug companies, that stand to lose in such a system. Many of Brownlee's points have been much covered, but her incisiveness and proposed solution can add to the health care debate heated up by the release of Michael Moore's *Sicko*. (Sept.) Copyright © Reed Business Information, a division of Reed Elsevier Inc. All rights reserved.

Starred Review Award-winning health and medicine writer Brownlee notes that Americans spend between one-fifth and one-third of health-care dollars on unnecessary treatments, medications, devices, and tests. What's worse, there are an estimated 30,000 deaths per annum caused by this unnecessary care. The reason for what amounts to a national delusion that more care is better care is rooted, she says, in a build-it-and-they-will-come paradigm that rewards doctors and hospitals for how much care they deliver rather than how effective it is. In a step-by-step deconstruction of America's improvident health-care system, Brownlee sheds light on events, attitudes, and legislation in the twentieth century's latter half that led to this economic nightmare. With the skill of a crack prosecuting attorney, she cites specific cases of physician and hospital fiscal abuse. Her aim is broad but not scattershot as she hits not just docs and hospitals but private insurers, Medicare, patients, medical device manufacturers, and pharmaceutical companies by, for instance, quoting a pharmaceutical salesperson who confesses financing a physician's swimming pool to get the doc to write more prescriptions. She is not all bad news, though, for she posits models that could be adapted to create a nationwide health-care system that conceivably could staunch the current fiscal hemorrhaging. If only. Chavez, Donna

Read this book. If you are in the American healthcare system, this is the single most important book you will ever read. If you are in a healthcare system that is moving towards "privatization" or "free market reform", this may be the most important book you will ever read. If you are a behavioral scientist interested in the role of behavioral factors in medical populations, this is the most important book you will ever read. A science journalist with a real science background (an M.S. in Biology) and now a Fellow at the New America Foundation, Brownlee has brought together many strands of research to provide us with a picture of the core dilemma in the american health care system - why

do we spend so much more than other industrialized countries while not producing better outcomes? At 16% of Gross Domestic Product (and climbing), the American healthcare system is 60-100% more expensive than any other industrialized country and yet we do not live as long as citizens there. Where all these countries cover 100% of their citizens, the American system leaves about 15% of its population (about 47 million people) uncovered at any one time (and even more if you include loss of coverage for extended periods, but not a whole year). Fifty percent of bankruptcies in the U.S. are due to medical bills. Americans avoid switching jobs for fear of losing coverage for pre-existing conditions. The U.S. manages to achieve these colossal failures while still expending 62% of all costs through the government (if civilian government employee's coverage is included as part of the government supported costs). While there are many contributing problems (profiteering by insurance and drug companies, a system which rewards physicians for doing more rather than just what is proven effective, malpractice anxiety leading to defensive practice, lack of coverage for primary preventive and mental health care which could avoid more expensive emergency care, etc.), Brownlee demonstrates that the core issue is a lack of clinical research to guide physician's decision-making. Where ambiguity exists (and it exists in up to 80% of healthcare), variability in "standard" care is great, and unnecessary care and expense mounts. As a comic strip character once observed: "We have met the enemy, and he is us." Starting with the studies by John Wennberg and the Dartmouth Center for Evaluative Clinical Sciences, Brownlee reviews the high level of variability (up to seven fold) in the use of various procedures across the U.S. Wennberg's observation is that in U.S. healthcare, "geography is destiny". The kind of treatment you receive depends upon where you live, not what your illness is. And the characteristic most strongly associated with unnecessary care is the number of specialists. If we build it, they will come. The normal operation of a free market is distorted in healthcare by: socialization of costs; the desperation of patients and families; the vast difference between "buyers" (patients) and "sellers" (practitioners, hospitals, drug companies) in understanding what actually works and the tradeoffs in outcomes; and the placebo effect and spontaneous remission. But isn't it part of our duty to protect patients from unproven, and potentially harmful, interventions? If outcomes were improved in the more aggressive geographic areas of the country we might be able to claim that the less costly areas are undertreated, but they are not. In fact, in most comparisons, patients are, if anything, worse off with the more aggressive care. Remember that Hippocratic dictum: "Primum, non nocere" (First, do not harm)? The propensity of U.S. healthcare is to "do something" rather than accepting the patient's status as perhaps better than the potential harm occasioned by aggressive intervention. For those of us raised in the era of "If it might help, do it", this is tough medicine to

swallow. But it is necessary medicine. Brownlee acquaints the reader with many of the more egregious failures of the system: back surgery for chronic low back pain; mastectomy (vs lumpectomy) in breast cancer; bone marrow transplantation in breast cancer; PTCA for event, or even chest pain, reduction in coronary heart disease; fen-phen for weight loss; carotid endarterectomy in asymptomatic patients; surgery for prostate cancer, etc. One implication of all this is that the highest priority for medical research should be clinical trials that clarify the effectiveness, safety and efficiency of various treatments. The hostility of the NIH to this task is captured by a quote from its director: "We don't do Coke versus Pepsi". Fine. If the NIH is uninterested in improving American healthcare (it's congressionally mandated mission), defund the NIH and put the money into the Agency for Healthcare Policy and Research - the folks who blew the whistle on back pain surgery and were subsequently assaulted by the Orthopods bribing Congress. The priorities for public funding should exactly answer us about "Coke versus Pepsi", because that's where lives are won or lost. Cellular, subcellular and genetic research has such a low rate of clinical payoff that it ought to be the minor theme. See my blog on evidence based healthcare reform: primumnonnocereonline.com

Least insane of the healthcare quality books I have read of late. Shannon Brownlee isn't promoting an agenda other than revealing how much waste and art is currently involved in the practice of American medicine. Despite pills on the cover, procedures and testing are also covered in her treatment of medicine. The solution presented lacks a means by which to obtain it and a bit too much of taking Wennberg as gospel, but otherwise a wonderful unbiased look at healthcare.

An essential book about our broken healthcare system, which has become a business driven mostly by profit. The best protection for patients against unnecessary medical "care" is evidence to know whether or not highly promoted treatments are effective. The recent 21st Century Cures Act has lowered the already-low standards of evidence for the National Institutes of Health, and recent rule changes by our new president have lowered evidence standards for the Food and Drug Administration. The medical sector of our economy, currently at 17.8 percent of our GDP, is expected to reach 20 percent in 10 years, sucking money out of the pockets of American workers. Other countries spend much less, and yet the United States ranks near the bottom, compared to other wealthy countries, in most aspects by which medical care is judged. The number of people with health insurance has been rising, and yet American life expectancy is declining. Preventable medical errors have become the number three cause of death in the United States, after cancer and

heart disease. "Too much medicine" is indeed "making us sicker and poorer."

Highly provocative. This book should push all your buttons, no matter what your politics are. Big medicine is messy business. A friend in the industry is working on a data driven platform to help advance real objective evidence based medicine, and after reading this book, I can see why he's so passionate about the need for his new approach. As an IT professional for over 30 years, it's a crime how long it's taken the industry to get PCs into the hands of working doctors. Only when we capture real time data and start to mine it is the practice of medicine going to actually get done properly. This book makes it extremely clear that there's a huge problem with how things have been done for a very long time and the only fix is for the entire industry to embrace the type of changes that are in this book. Everyone needs to read this book and recommend it to others, so that the industry can be held to a higher standard. This book has a lot of very uncomfortable things in it, but everyone needs to just wade in. The risk of remaining ignorant is too high.

My husband, ER physician Dr. Bob Pollard, has been immersed in this issue for 30 years. This is his favorite healthcare book EVER because it pinpoints exactly what is wrong, and how our current insurance run healthcare system perversely incentivizes physicians to prescribe too many drugs and do too many procedures. And it punishes doctors like him, who want to carefully analyze what will really help patients the most. So often he feels he is the only physician saying this, so it's a relief to see that others can see the big picture. We are thankful that Shannon Brownlee is working in this direction at national policy level. Thank you Shannon!!!

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Eye opening and riveting. I understand more about our health care system and how it has been exploited than ever. As a social worker who will work with health and mental health I am very fortunate that I read this book, and have a better understanding of how to approach the topic of solutions for this very dysfunctional system.

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