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Congress tampering with doctor-patient relationship

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Twice last year, lawmakers considered a measure that would have had an enormous impact on my patients' ability to gain access to new tests and treatments, and my ability to prescribe the treatments that I believe to be best for them.

At issue was a proposal to create a new government center to conduct "comparative effectiveness" research. Although the proposal failed to pass, lawmakers are expected to re-introduce the measure early this year.

No one would disagree with the idea of developing better information to help physicians and patients make good health-care decisions. Lawmakers, however, must take time to get this issue right. Otherwise, the unintended result could be a big new federal program that does just the opposite — siphoning off Medicare dollars to conduct research that meets the needs of health insurance companies rather than my patients.

By creating a government center for comparative effectiveness research, Congress could worsen the problems I already face in making sure my patients receive the best care possible. Unless they get this right, the end result will be a government bureaucrat in the middle of the decision about which test or treatment is right for my patients. This will fundamentally alter the physician-patient relationship that is at the core of quality health care and will lead to a system focused more on cutting costs than caring for patients.

How can Congress craft a program focused on the needs of patients, rather than bureaucrats and insurance companies? This is not an easy task, but including a few basic safeguards will help:

First, Congress must ensure that the research focuses on issues that matter to patients and physicians. Studies should investigate the best way to coordinate care that includes multiple treatment options to ensure that physicians have the choice and latitude to customize treatment plans to fit individual patient needs.

Secondly, Congress must make sure that the researchers conducting the studies are kept entirely separate from the insurance companies and policy-makers. Maintaining this separation — both in the structure and funding — is essential to ensure that the research process is not co-opted by insurance companies or bureaucrats. Federal research programs should be based on science and include full communication of all results. How those results get applied should be up to physicians and their patients.

Congress must also avoid the temptation to prescribe "cost effectiveness" studies. Research should be focused on improving patient care and outcomes, not limiting cost. While cost is an important issue, there is ample evidence from abroad on how creation of a centralized government agency to render judgments of cost effectiveness is bad for patients.

The United Kingdom's National Institute for Clinical Excellence (NICE) was created under the guise of promoting good patient health and treating illness. However, considerations of cost-effectiveness have become a barrier to patients receiving life-saving treatments. In recent years, just some of the drugs the United Kingdom NICE program has decided not to allow patients to access are: Herceptin for early stage breast cancer; Gliadel for brain cancer; Gleevec for chronic myelogenous leukemia; Sutent for kidney cancer; numerous Alzheimer's medicines for early to mid-stage treatment of the illness; and Visudyne for wet macular degeneration, the leading cause of blindness in the elderly.

Physicians and patients are understandably uncomfortable with proposals to create a new government bureaucracy to help decide which treatment is best for them — especially if the driving force is nothing more than cost-cutting maneuvers focused on limiting access to approved diagnostic test or treatments.

Any Center for Comparative Effectiveness will have many pitfalls to avoid. These are just a few of the many critical details to be worked out. Any legislation that does not clearly address these elements should be of major concern to patients and physicians. We all could benefit from a step forward with quality comparative effectiveness studies focused on clinical outcomes.

A poorly conceived center focused on producing results intended to limit Americans to the cheapest healthcare choices would sadly be two steps backward.

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