



## Penny Pinching On Medicine Has A Price

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Have you ever wondered how your doctor decides which drug to prescribe?

The first step, of course, is figuring out what needs fixing. Even then, there are many choices. Therefore, to determine which drug is best, the physician will rely on your medical history, your family's medical history, tests, observations, and outside research.

Now the federal government wants to offer its opinion too. Congress is considering creating a new agency that will conduct studies in order to compare the effectiveness of different treatment options, including pharmaceuticals. However, government money often has strings attached.

Because the government pays a significant portion of the country's health care expenses, there is a very real chance that when the government agency offers its opinion as to what is the preferred treatment option, bureaucratic cost concerns will trump patient needs.

That's not a prescription this doctor would order.

A central "comparative effectiveness" (CE) institute certainly could be a valuable source of medical information for patients and doctors alike. Right now, there is simply not enough information out there on treatments, as just 15 percent of clinical practices are actually based on clinical trials.

Carefully executed comparative-effectiveness research could even save patients and payers money by determining whether a fancy new pill really delivers more bang for its buck than a cheaper alternative.

As always, however, there is a catch.

If the federal government both runs and bankrolls the institute, government budget analysts may feel the temptation to insert themselves into the research process. These government researchers may run the risk of losing their objectivity in an effort to justify providing patients with lower cost care.

In the private sector, such a conflict of interest would evoke cries of outrage. We should be no less cautious when the public sector is the conflicted party.

Agency independence is therefore critical, lest its findings be inappropriately swayed. Doctors and patients do not need a government entity thrusting itself into private medical decisions, jeopardizing health in the name of budget savings.

Of course, cutting health costs is important. Nevertheless, that does not mean patients who rely on public programs should be limited to older, less effective drugs.

Unfortunately, that is exactly what has happened. With this in mind, any comparative-effectiveness institute should adhere to the following criteria.

First, cost concerns should be excluded from the agency's purview.

Second, the agency's findings should be purely advisory.

Finally, the raw data from the center's studies should be readily available to the public.

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