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Put patients before price

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By JACK SCHIM

If political campaign promises mean anything, this will likely be a watershed year for health care reform. Chief among the reforms we are likely to see is the adoption of a new technique for evaluating medical treatments known as "evidence-based medicine." As envisioned, the government would bankroll clinical trials to test the efficacy of various treatments, using the results to inform doctors, patients, and public insurance programs such as Medicare and Medicaid.

Done right, evidence-based medicine could help legislators cut costs, saving physicians and patients money. Done wrong, budget-driven bureaucrats could use evidence-based medicine to deny millions of Americans top-notch medical treatments. Current assessments indicate that while the United States dedicates 17 percent of its gross domestic product to health care, the results do not reflect the investment. As a nation, we rank 29th in infant mortality, and 48th in life expectancy.

ignore costs

The best way to ensure that evidence-based programs aren't abused is to prohibit researchers from considering price when evaluating a treatment's therapeutic effects. Also, policymakers should be barred from considering price when deciding which drugs will be covered by Medicare and Medicaid. For example, the cost of an anticholesterol drug should be irrelevant to the question of whether it will lower a patient's cholesterol. Taking account of costs compromises the objectivity essential to the practice of medicine. A researcher who fears the financial effects of a cutting-edge pharmaceutical may shade his results, and patients could lose access to a beneficial drug.

When cost concerns taint medical research, patients suffer. In April, the National Institute for Health and Clinical Excellence, the agency that conducts evidence-based research for Britain's state health system, rejected the breakthrough arthritis drug abatacept, saying it was not cost-effective. The agency made its decision despite the fact that abatacept was found to be one of only a few treatments for rheumatoid arthritis that provides "clinically significant improvement" and which can work when standard, first-line therapy has failed. The British government saved money by opting to not cover the treatment, but many rheumatoid arthritis patients now have no hope for freedom from debilitating pain.

stay flexible

Research from evidence-based medicine programs can -- and should -- inform and influence treatment regimes. But it shouldn't dictate treatment options. Physicians should have the freedom to tailor treatments to meet the unique needs of patients. So it's essential that any recommendations from such research are nonbinding.

Government-funded evidence-based medicine could be quite valuable, but only if cost considerations are kept out of the lab and treatment mandates are kept out of the examination room.

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