Greed Can Mend a Broken Heart

Kim Ukura, Associate Editor, PD&D

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In "What Broke My Father's Heart," [1] a piece in New York Times magazine a couple weeks ago, journalist Katy Butler writes about how an implanted pacemaker kept her father's heart ticking long after the rest of his body was ready to go. Instead of improving quality of life, Butler argues that the pacemaker gradually took over:

I watched [my parents] lose control of their lives to a set of perverse financial incentives – for cardiologists, hospitals and especially the manufacturers of advanced medical devices – skewed to promote maximum treatment. At a point hard to precisely define, they stopped being the beneficiaries of the war on sudden death and became its victims.

The article – which is both beautiful and sad – goes on to explain what Butler argues is a increasingly common path of medical overtreatment. First, her father suffered a stroke that took away his ability to speak and complete many simple tasks. A few months later, he developed a painful hernia that would require surgery. The consulting cardiologist refused to operate on her father's hernia unless he had a pacemaker installed, worried the elderly man would die on the table.

Without consulting family or a trusted doctor, Butler's parents agreed. The pacemaker was installed, and the hernia surgery was completed with no complications. However, a pacemaker battery is designed to last 10 years, so the pacemaker kept his heart ticking even as the rest of him faded away.

Butler's main critique of the health care system is that money drives too many of the decisions that are made outside of the patient's control. The article criticizes specialist doctors who make more money performing treatments than taking time

to consult with patients, and device manufacturers that she claims have lobbied to increase the situations where devices, like pacemakers, will be installed without evidence supporting use as an effective treatment.

To some extent she's right, but I still don't think a money-driven medical device economy is an entirely bad thing.

Making decisions about medical treatments is complicated and time consuming for both patients and doctors. Patients need to know the risks and benefits of a procedure, but our medical economy does not reward doctors for conversations, however productive, that will end with the patient choosing the "no treatment" option. This is a problem.

One solution was proposed in an early version of the heath care reform bill, but partisan and childish political rhetoric got in the way. The bill had incentives in place [2] for "advanced care planning consultations," where doctors would be reimbursed for talking with patients about end-of-life care. However, rhetoric from one ill-informed politician started the "death panel" nonsense, and the provision was ultimately removed.

This is extremely unfortunate. It would have helped doctors be a voice of reason in the middle of an industry driven by money.

Yes, a device company is always trying to find excuses for people to use more of its products. There's altruism to saving lives, but ultimately selling more devices is how it makes money. And making money is how companies afford to develop, test, and manufacture new devices.

Without an industry driven by profits to innovate and explore, I'm not sure Katy Bulter's father would have received any of the treatment he did – including the treatments that were effective and appropriate in hindsight.

To some extent, greed drives innovation in industry. While I might not always like it, when it comes time for me to deal with a serious medical condition, I want as many treatment and non-treatment options on the table as possible.

For that to happen, we need industry to keep innovating and those in the middle – the doctors and experts who translate jargon into plain language – to have more than just good will as a driving incentive to explain those choices.

Does greed have a place in the medical device economy? How can doctors and manufacturers benefit from well-informed patients choosing not to begin or continue treatment? E-mail your thoughts to kim.ukura@advantagemedia.com *[3].*

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