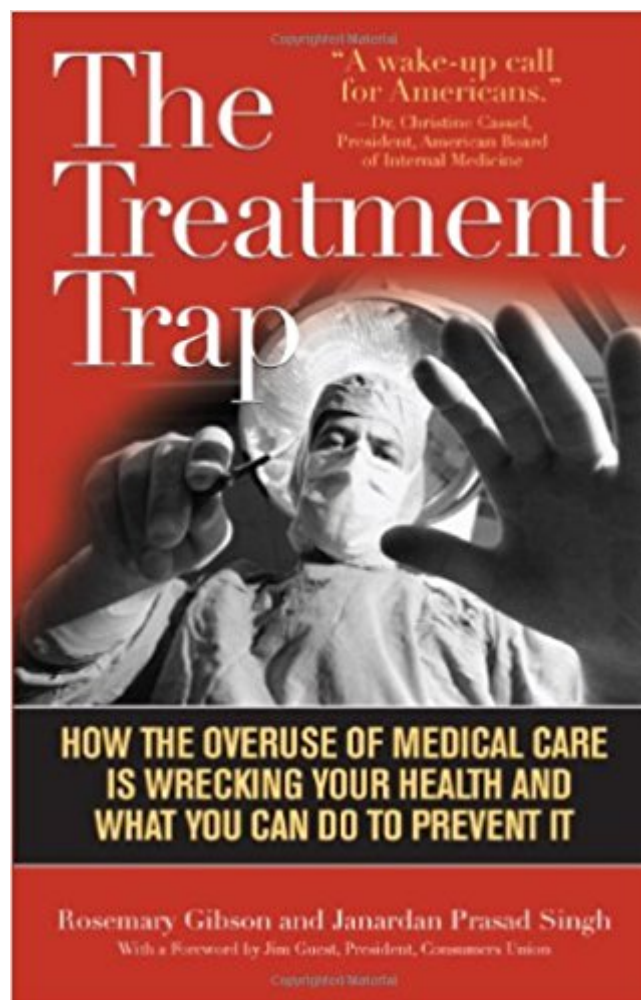


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The Treatment Trap: How The Overuse Of Medical Care Is Wrecking Your Health And What You Can Do To Prevent It



Synopsis

With health reform enacted by the Congress and signed by the President, the subject matter of *The Treatment Trap* is a compelling component in the national debate. Taking advantage of Rosemary Gibson's knowledge gleaned from extended experience in the field of medical care and Janardan Singh's similar knowledge but from a financial perspective, the authors explore the most neglected issue in American medicine today: the overuse of medical care, including needless surgery and other invasive procedures, out-of-control x-ray imaging, profligate testing, and other wasteful practices that have become routine among too many American doctors. Their combined reporting and analysis concentrates on the human aspects of this disturbing trend in health care, with personal experiences that reflect poorly on hospitals as well as physicians. They show how money spent for questionable and even useless care is diverting major funds that could be better used to treat patients who are genuinely sick and sometimes cannot afford the extravagant charges of the American health-care system. Their suggestions for reforming the delivery of health care, and their cautions to individual consumers about how to deal with situations they may encounter, make *The Treatment Trap* essential reading for medical care consumers, health-care professionals, and policymakers alike.

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Customer Reviews

Grants program director Gibson and World Bank economist Singh present a riveting case against the "more" culture of American medicine that is a natural development of the ideology that

fueled the nation's settlement and frontier expansion but that, applied to health care, facilitates alarming results. When emphasis shifts from scientifically weighing risk against patients' potential medical benefit to maximizing health-care professionals' profits, consumers pay more for often unnecessary tests, treatments, and procedures, and they and the system suffer. Medical overuse occurs because it can. Doctors' autonomy within a self-sealed system keeps scrutiny at bay, leading to the overemphasis of dire prognoses and the domino effects of extra testing despite the increased likelihood of false positives and NIH warnings about the carcinogenicity of X-rays. And the affects of medical overuse for the sake of money aren't only physical. A disproportionately frightening diagnosis exchanges your view of your body and your life, one research scientist says. Including an appendix of "Twenty Smart Ways to Protect Yourself," this compelling argument may attract plenty of attention. --Whitney Scott

Consumer oriented and clearly written, this should prove useful as people increasingly take a more critical look at what health-care providers recommend. (Library Journal)The Treatment Trap is beautifully written—clear and direct, filled with facts bookended by stories of people caught and harmed by the system and the doctors they had trusted completely....The Treatment Trap is the canary in the mine for the medical profession. (Oncology Times)This book exposes medical hucksterism and debunks the myth that more is better.... Recommended. (CHOICE)Through a series of compelling stories in their readable book, Gibson and Singh show the effect of too much doctoring, including some stories that show assertive patients rejecting treatments they believed to be unnecessary. (Health Affairs)Here's a book that might do more than health reform to get readers to question doctors' recommendations for medical procedures. Gibson and Singh, who together broached the subject earlier in Wall of Silence, offer tales of patients who have been horrifically—sometimes fatally—ill-advised by doctors to have unnecessary medical procedures with unexpected complications. One man went for knee replacement surgery to ease his aching legs and died of a heart attack; a fireman was subjected to unnecessary heart bypass surgery; and a South Carolina teen died from complications of an unsafe but slickly marketed new procedure for a mild case of a condition called funnel chest. These cases are numerous and shocking. The solutions are less obvious. The authors cite experts who say the problem is systemic—doctors get paid for procedures—but suggest that patients can protect themselves by becoming informed consumers. These warnings are a welcome guide in a process that too often depends on a patient's leap of faith. (Publishers Weekly)The Treatment Trap" is co-authored by Rosemary Gibson, who long worked at the Robert Wood Johnson Foundation on health-care quality and safety issues, and

by Janardan Prad Singh, an economist at the World Bank whose previous work has concentrated on the same area. Together, they have produced a well-told, well-researched catalog of horrors about people killed and maimed by tests and operations they didn't need. Theirs is not the first popular account of the dangers of over-treatment, but it updates a story that cannot be told often enough, and in a way that can serve as a useful consumer guide to anyone contemplating a course of treatment. Good to know, for example, that one-third of all heart bypass surgeries are unnecessary or that there is virtually no evidence to support surgery for back pain. The authors are particularly effective in pointing out that much going on in the name of prevention and diagnosis is wasteful or harmful.The secrets we keep in health care, whether it's the results of drug company tests that failed or all the data contained in lost and scattered paper medical records, come at a great cost to medical progress. (The Washington Post) Grants program director Gibson and World Bank economist Singh present a riveting case against the "more" culture of American medicine that is a natural development of the ideology that fueled the nation's settlement and frontier expansion but that, applied to health care, facilitates alarming results. When emphasis shifts from scientifically weighing risk against patients' potential medical benefit to maximizing health-care professionals' profits, consumers pay more for often unnecessary tests, treatments, and procedures, and they and the system suffer. Medical overuse occurs because it can. Doctors' autonomy within "a self-sealed system" keeps scrutiny at bay, leading to the overemphasis of dire prognoses and the domino effects of extra testing despite the increased likelihood of false positives and NIH warnings about the carcinogenicity of X-rays. And the affects of medical overuse for the sake of money aren't only physical. A disproportionately frightening diagnosis "changes your view of your body and your life," one research scientist says. Including an appendix of "Twenty Smart Ways to Protect Yourself," this compelling argument may attract plenty of attention. (Booklist)

This is a useful book. The overall thesis that "more care" may be bad for your health in many instances is well-documented by a variety of sources, many of which are referenced in this book. However, the book is largely anecdotal...telling stories of various patient encounters which did not turn out well. Consequently, once one is convinced there is a problem the repetitive stories with the same message do not add much wisdom. Nevertheless, there are good suggestions throughout the book which suggest ways to be informed, gather other opinions, and avoid being a target of unscrupulous physicians. This book is worth your time..especially if you are just beginning on your quest to be informed. Thanks to the authors for their work and personal caring.

This book is one everyone should read. It has enlightened me to the fact each of us is responsible for our health care choices. We must do our research before submitting to surgery or prescriptions.

I regret that I found the book boring and unhelpful. The authors basically tell stories of a number of different people and their experience in having or not having unnecessary surgery. However, each of their stories only takes up a few pages. Therefore, I did not get to really know the circumstances in their cases. It would have been better and more interesting if she talked about one person in her 220 page book, and told us about his or her situation and what happened. In addition, the authors give a bunch of what I see as superficial, simplistic, common sense suggestions for preventing unnecessary surgeries. There are far more interesting, and helpful books on the subject of unnecessary surgery. I gave the book two stars instead of one, only because it seems like the authors mean well.

Throughout the 20th century medical doctors (and other health care providers) have provided great (in some cases, near-miraculous) benefits to countless Americans, saving/extending lives, and improving the quality of lives. Because patients routinely place their lives in the hands of medical doctors, the stature/image of medical doctors (in the eyes of the American public) has been placed at the upper rung among professions/avocations. [According to Gibson and Singh, an unspoken act of faith made thousands of times every day in millions of surgeries every year is, "Doctor, into thy hands I commend my body"]. Concomitant with this exalted image, patients expect their medical doctors to exercise the highest ethical standards. Moreover, when taking the Hippocratic Oath medical doctors swear to practice medicine ethically---at the heart of this oath is the adage "do no harm". If a medical doctor over-treats a patient (i.e., uses medical procedures, tests, and treatments for which the `risks' outweigh the `benefits'), (s)he needlessly subjects that patient to potential harm; and if the doctor does this knowingly, especially without the patient's informed consent, then one can argue that the medical doctor has violated the code of ethics. Not only is the patient potentially harmed, but the image/stature of the medical profession, itself, suffers. According to Gibson and Singh, "One-third of Americans say they have had medical tests and treatments they did not need, procedures that were costly and promised more than they could deliver."According to Gibson and Singh, increasingly (especially during the 21st century), patients who visit hospitals and doctors' offices throughout the nation are being hit with a `tsunami' of overtreatment: overused prescription drugs (e.g., antibiotics, et al), lab/diagnostic tests (e.g., x-rays, cardiac CT scans, et al), and

surgeries (e.g., heart bypass, back surgery, knee and hip replacement, prostatectomy, angioplasty, hysterectomy, et al), referrals to other doctors (e.g., specialists, et al) and a failure to coordinate results between doctors. Gibson and Singh point out that this overtreatment problem is exacerbated by several realities:(1) doctors are compensated based on volume---i.e., the more procedures/surgeries, the greater the income(2) medical decisions are made with a wide range of 'uncertainty' and are fraught with errors. How a given doctor makes decisions in the face of uncertainty is influenced by beliefs, enthusiasm, fear, competence, et al.(3) Medicare and private insurers generally pay for treatments irrespective of whether they work.Certainly, for example, 'heart surgery' (which should only be offered to improve a patient's health) should never be offered/sold to a patient on the same basis as 'cosmetic surgery' (i.e., which is for aesthetic purposes only) just because the patient's insurance policy might pay for it. More generally, patients should only be subjected to treatments that are likely to work! However, if the current law were to be changed so that doctors and hospitals are compensated on the basis of the effectiveness of their treatment, many doctors (undoubtedly) would resist because this would cause a reduction in their income. Gibson and Singh point out that although many doctors acknowledge (and lament about) the 'overtreatment' problem, doctors are generally reluctant to interfere with other doctors' business for fear of being labeled as troublemakers and ostracized by the 'community of doctors'; instead of speaking out, doctors become bystanders, waiting for other doctors to act. And politicians are generally reluctant to address the 'third rail' of 'overtreatment' because one person's overuse is another person's financial benefit.Gibson and Singh describe, in graphic detail, numerous case studies of overtreatment and medical mistakes made in the midst of uncertainty. The authors discuss the 'domino effect' wherein seemingly harmless office visits and tests spark a parade of unnecessary/unwanted medical tests and procedures, (of course) resulting in good financial return for the health care providers. Gibson and Singh also discuss the epidemic of fake health-care news, wherein hospitals use local media to market their medical services---viewers who think they're getting news are actually bombarded with advertisements for the hospital's/doctor's services.Gibson and Singh conclude with a ten-step 'recovery plan' to mitigate/end overtreatment. Overall, this is a fascinating, eye-opening, well-researched book. I recommend it for all health care providers, politicians, and current/prospective patients.

Gibon and Singh identify and exemplify over-utilization as an important and under-studied issue for both health care consumers and providers. The authors champion a focus on quality achieved by basing medical interventions on outcomes data rather than an exclusive reliance on provider past

practice, an approach supported by solid references and well-framed case examples. The negative outcomes of defensive medicine - driven in large part by malpractice concerns are highlighted as is the challenge of patient-driven requests for interventions and/or medications which may or may not be medically necessary or appropriate. The counter-intuitive finding is that improved quality of care can and does lower cost. The timing of this book is fortuitous as it complements key premises of recently enacted federal health policy legislation with practical, achievable suggested strategies.

-this book is eye opening....in the sense that I feel that I'm not alone in believing that our health care system needs a major overhaul. We give way too much care to people who are at death's door, instead of allowing them to die with dignity....while underinsured and NON insured people don't get the care they desperately need. It is a travesty...and it makes me so guilty, because working in healthcare, I feel like I'm part of the problem. however....what can 'I' do? who will listen to the little guys on the sidelines, watching the horror show?

It gives a good review of MDs who will test for everything and are the first to prescribe any new medication whether you need it or not. I had an MD who was constantly ordering all kinds of tests even if they did not have anything to do with my medical condition. He even went so far as to institute an annual fee of \$1800. just to be on his patient list. I now have another MD who sees me when I feel it necessary and only orders lab tests evry 6 months if that much. I feel much better now and so does my pocket. This book points out the MD who are in the profession for the well being of their patients and those who are in it for the money.

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