

Reducing health practice confusion requires local action

I was a bit depressed last week after reading an article that refutes the claim that foods rich in lycopene, like tomatoes, reduce the risk of prostate cancer. I love southern Italian cuisine but my mother always warned me to limit my intake because my father had suffered from oxalate kidney stones that some scientists associate with tomato consumption. I had used the prostate cancer risk rationale to ignore her advice. This story may appear as an isolated, trivial anecdote but, in fact, is illustrative of a very serious health system problem sweeping the country.

The tremendous volume and variation of health related information to which Americans are exposed is resulting in significant confusion, misinformation, and inaction. According to the author, a study in the May 17 issue of *Cancer Epidemiology, Biomarkers and Prevention* reveals that the “first national survey in a generation to look at American’s feelings on cancer prevention finds widespread confusion about the disease.” He notes “almost half of the American public believes that ‘it seems that almost everything causes cancer’ and ...’three out of four felt there were so many recommendations, it’s hard to know what to do’.” [WebMD](#) reports that “more than seven in 10 Americans are so confused by seemingly wide range of cancer recommendations that they don't know which to follow. And for many,

the response to the puzzle is to simply do nothing. Forty-seven percent of nearly 6,300 adults surveyed told researchers they agreed that ‘it seems like almost everything causes cancer.’ Meanwhile, three in 10 say, falsely, that there's nothing they can really do to prevent the disease.”

A May 24, 2007 [New York Times](#) article reports that according to a *Consumer Reports* study “41% of primary-care physicians reported that patients arrived in their office armed with bad information they found on the internet.” An American Medical Association spokesperson suggested that patients be steered to “trustworthy” as opposed to “general” search sites and not “skip going to the doctor in favor of sleuthing online.” This is good advice but the problem is much more complex and difficult.

I scan several health professional “trustworthy” sites nearly daily and often remain confused and undecided. For instance, a May 9, 2007 *JAMA* article revealed that angioplasty appeared to be far superior to intensive drug therapy in the treatment (primarily preventing future heart attacks) of asymptomatic patients with evidence of coronary artery disease. An April 12, 2007 article in the *New England Journal of Medicine* reached the opposite conclusion. There were differences in the studies, e.g., stent use, history of previous heart attack, but the primary findings, i.e., the merit of the use of angioplasty to reduce further heart attacks, were in conflict. I remain confused and I can only

imagine the consternation of the public since both findings were widely covered in the general media.

This is not an isolated incident. Almost daily, there are contradictory reports regarding the positive and negative consequences of embracing or avoiding a great variety of foods, drugs, e.g., aspirin, statins, vaccines, anti-oxidants, vitamins, supplements and practices, e.g., alcohol use, exercise. Recent studies suggest that multi-vitamins and anti-oxidants do not appear to prevent cancer and certain other diseases to the extent once thought. In fact, in the case of prostate and lung cancer certain vitamins might have the opposite impact. Aspirin, fish oil, and statins are currently in great favor to prevent heart disease and a wide variety of cancers. A recent report I found most suspect involved a study that allegedly found a link between trans-fat consumption and infertility. All I could think about were the many women I had encountered in the southwest frying tortillas and fry bread in lard with three or four youngsters tugging at their apron strings. Weekly, there are new studies published that report an undiscovered negative side effect of a popular drug, supplement or vaccine as well as the positive potential of new substances and devices yet to be released. There is copious criticism that certain drugs and vaccines are approved without adequate study, e.g., Gardasil to prevent cervical cancer and genital warts, and other that they are not being released fast enough, e.g., Provenge for prostate cancer.

As I discuss in my soon to be published book, *De-Spamming Health – Reforming the Health System From the Bottom Up*, much, if not most, of this information offered is responsible and well intentioned, although there is plenty that is promoted to enrich someone. There is probably no way we can (or probably should) control the information at the origin except for fraudulent, deceptive, dangerous, and irresponsible information. (In many respects, it is much like the internet.) Therefore, our main way of “de-spamming” it is at the user interface so we can capture the most important and relevant to spur the most responsible action.

That is why I believe that if we do not find a way of getting the public involved locally to assure adequate primary care (individuals) and public health (community) integrators in each local area to assist, the chances of meaningful health system reform are slim. Centrally, throwing more information at them and/or putting more insurance or categorical grant money into their hands (or the hands of their managed care handlers) is just not going to do much. Individuals and communities need to set priorities and responsibly weigh the available choices, changes, and consequences and they need help doing so.

It is appalling that 50% of Americans believe everything causes cancer and 30% believe there is nothing that they can do to prevent it. We spend billions to apprise them of what causes cancer and what to do to prevent it. We need to change our

“mindset” about how we are approaching the problem, investing more control, autonomy, and money at local user interfaces, rather than central policy locations.

James D. Felsen

Copyright Notice – Copyright 2007
James D. Felsen, MD