

Book review:
The Patient Paradox:
Why sexed-up medicine
is bad for your health



By Margaret McCartney. London: Pinter and Martin, 2013. ISBN 978-1-78066-000-4. Paperback, 335 pages. \$22.

As a young doctor, keen on the latest knowledge,

I joyfully chirp to anyone within earshot, “there’s no good evidence for this!” while deprescribing a patient’s inappropriate medication. A pill, continued for years out of inertia, habit, or lack of reconsideration, has risks and side effects that outweigh whatever benefit the drug may have once been intended to provide. I am a less-is-more kind of doctor, keen to make sure patients have what they need, but not enthusiastic to pepper them with hyped-up tests or treatments until we know the facts and the patient and I agree that they can offer more good than harm.

This is a tough balance to strike, as patients and doctors are under con-

stant pressure to undertake aspects of care that may be inappropriate. I gather courage in the form of *The Patient Paradox: Why sexed-up medicine is bad for your health*, by Dr Margaret McCartney, a GP from Glasgow and regular contributor to the *British Medical Journal*.

This book resonates, changes practice, stirs existential angst, confirms deep suspicions, and will drive us all to be better doctors and more engaged patients. But if you want to remain shielded from criticism, do not read it.

It explains the harms of turning people into patients—or worse, consumers—and the paradoxical problem of “not getting medical care when you are sick and need it.” This is the inverse care law, originally described by Julian Tudor Hart, a Welsh GP, who wrote in 1971, “the availability of good medical care tends to vary inversely with the need for it within the population served.”¹

The example-packed narrative of *The Patient Paradox* acknowledges the gaps with evidence and encourages skepticism and commonsense thinking to interpret the little evidence that is available. Our lack of reverence for the basic principles of

statistics, the factors that make up a good screening test, and the hierarchy of quality of evidence, as well as a misplaced trust in measurements of surrogate markers and proxy outcomes can lead us astray.

Of course, good intentions lead to bad results as we navigate—as patient or provider—our discomfort with uncertainty and a bias that more is better. “Doctors tend to be vocational people who want to do good things: if you found out that your [intended] ‘good thing’ was to cause the deaths of thousands of babies or cancer in millions of smokers you might react, at least initially, with a measured disbelief. We all have vested interests.”

McCartney confronts this head-on. She tackles misconceptions and cognitive biases, dissects marketing mumbo-jumbo (like the nomenclature of the “war on cancer”), exposes indication creep (like the fact that the prostate-specific antigen or PSA was never designed as a screening test), and calls out both subtle and overt conflict of interest in medicine.

The sexiness of relative risk reduction, consumer choice, and new drugs and technologies, along with the

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embarrassing reality that many doctors still take money from the pharmaceutical industry, are tough to combat. The cult of awareness driven by charities advocating for awareness of their choice of disease presents great challenge as this kind of awareness “does not mean education, designed to impart knowledge and understanding. It is awareness designed to attract attention, alarm, and publicity, which often ripples panic and bad statistics in its wake.”

Citing the unintended harms of cancer screening and cardiovascular risk assessment, *The Patient Paradox* reminds us that “one has to accept the possibility that what seems logical and useful may even have harmful effects” and acknowledges that “this is a horribly hard lesson.”

McCartney begins to make the reader worry that nothing can be trusted, but she presents a clear path for doctors: we must care for our patients.

We must remember the person in front of us and be aware of the context in which they live. The only question the book fails to answer is why the obvious and low-cost magic bullets of exercise, healthy diet, avoidance of poverty, and consideration of other social determinants of health are not undertaken more readily.

There are many models of patient interactions, “but all make it clear that you will fail unless you find out why the patient is there.” McCartney emphasizes that the relationship between patient and provider is at the core of good medicine. We must develop trust and provide patients an opportunity for truly informed consent, but more importantly we must form a connection. Evidence supports that continuity of care results in better outcomes and lower costs. In particular, the book highlights a study that showed “if the doctor was interested in the patient, positive, and clear in communication, patients were more

satisfied with the consultation as well as more enabled to deal with their illness. If doctors failed in the consultation, patients were likely to suffer symptoms for longer and have unnecessary referrals made to hospital.”²

It then follows that medical professionalism must re-emerge from its long slumber. “It is only with ‘making the care of the patient the first concern’ that the current patient paradox can be ended, that ill can be properly cared for, and the well escape futile tests and treatment.”

As health care providers we must hold ourselves to a higher standard, and this book implores us to do so. McCartney invites us to “demand evidence and think critically.” Start by reading the book, reconsidering the way you view health care, and gathering the courage to joyfully care for people the way you’ve always known was right.

—Jessica Otte, MD, CCFP
Nanaimo

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References

1. Hart JT. The inverse care law. *Lancet* 1971;297(7696):405-412.
2. Little P, Everitt H, Williamson I, et al. Observational study of effect of patient centredness and positive approach on outcomes of general practice consultations. *BMJ* 2001;323:908-911.

Recommendations target overuse of unnecessary medical procedures

Avoid CT scans for mild head injury and avoid psychostimulants for preschool children with ADHD. These are 2 of the 49 new recommendations pertaining to various medical specialties recently released by Choosing Wisely Canada.

The recommendation concerning CT scans was developed by the Canadian Association of Emergency Physicians and recognizes that most adults and children with minor head injuries do not suffer from serious brain injuries requiring hospitalization or sur-

gery. Further, performing CT head scans without signs of significant injuries can expose patients to unnecessary radiation that can increase a patient's lifetime risk of cancer.

Avoiding psychostimulants as first treatment for preschool children with ADHD recognizes the need to assess children for environmental stressors such as neglect, abuse, or exposure to domestic violence before prescribing drugs as the solution. In some cases, education and support of parents followed by advice on behavioural management and community placement might be the alternative. The recommendation was developed through collaboration of the Canadian Psychiatric Association, the Canadian Academy of Child and Adolescent Psychiatry, and the Canadian Academy of Geriatric Psychiatry.

Choosing Wisely Canada is a campaign aiming to provide information to help physicians and patients make effective choices about tests, treat-

ments, and procedures to ensure high-quality care. To access all of Choosing Wisely Canada's 150 physician recommendations, patient materials, and additional resources, visit www.choosingwiselycanada.org.

Support for Aboriginal health care providers

Two \$1 million donations will help support UBC's Centre for Excellence in Indigenous Health, created in 2014 to train more Aboriginal health providers, to optimize indigenous curriculum in the health sciences, and to foster research into Aboriginal health issues. Both gifts are dedicated to the centre's goal of recruiting and retaining Aboriginal students in UBC's health professional programs and ensuring Aboriginal people are encouraged to pursue health sciences from an early age and are supported throughout their careers.

Last month, five Aboriginal stu-

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dents earned MDs from the Faculty of Medicine, bringing the number of Aboriginal students who have graduated from UBC under its Aboriginal MD Admissions Program to 54. Created in 2001, the program had been aiming to graduate 50 students by 2020.

The centre's co-directors are Dr Nadine Caron, an assistant professor of surgery based in UBC's Northern Medical Program in Prince George and the first Aboriginal woman to earn a medical degree from UBC, and Dr Martin Schechter, an epidemiologist who specializes in HIV and urban health, and the former director of the School of Population and Public Health.

The gifts were received from Chancellor Lindsay Gordon and his wife Elizabeth, and from Rudy, Patricia, Caroline, and Rory North.

Vancouver radiologist recognized for excellence in medical practice



Dr Peter L. Cooperberg received the 2015 Award of Excellence in Medical Practice from the College of Physicians and Surgeons of BC.

Considered a pioneer in developing and teaching ultrasound imaging, Dr Cooperberg has been recognized by his peers for his leadership, innovative thinking, and passion in radiology.

After obtaining his medical degree from McGill University, Dr Cooperberg came to BC in 1971 to train as a radiologist and quickly became a sought-after teacher. Throughout his career he has been invited to lecture and present at institutions around the world, raising the profile and strengthening the reputation of the University of British Columbia's Department of Radiology. Dr Cooperberg continues

to write and teach at UBC, currently serving as an emeritus professor.

To date Dr Cooperberg has authored 173 peer-reviewed papers and contributed to 48 books. He has been active in the Radiological Society of North America for more than 35 years, and he co-founded the annual Practical Radiology at Whistler conference in 1983, which attracts radiologists from around the world.

For his many contributions to the medical community, Dr Cooperberg has also received the Queen Elizabeth II Diamond Jubilee Medal (2013), the Lawrence A. Mack Lifetime Achievement Award from the Society of Radiologists in Ultrasound (2013), and the Order of British Columbia (2012).

Through a peer nominations process, every year the College recognizes outstanding physicians who have made an exceptional contribution to the practice of medicine in teaching, research, clinical practice, administration, or health advocacy.

Honorary degree to former Doctors of BC CEO



Dr Mark Schonfeld received a Doctors of Law degree, honoris causa, from the Justice Institute of British Columbia for his contributions to the

medical profession and the community at large.

Dr Schonfeld practised family medicine for 22 years and was an active health care advocate for much of his career. In addition to his general practice, he served as head of family practice at BC Children's Hospital and medical director of the Discharge Planning Unit at Vancouver General Hospital.

As an advocate, he held key positions with Doctors of BC, serving as a board member, director of profession-

al relations, president, and then CEO for 14 years prior to his retirement in 2011. Dr Schonfeld also contributed nationally to the advancement of the medical profession, serving as a board member of the CMA, chair of the CMA Provincial CEOs Forum (2002 to 2005), chair of the CMA Health Information Technology Committee (2003 to 2011), and co-chair of the Ministry of Health Physicians Services Committee. He also served as chair of the Board of Governors of the Hamber Foundation, a member of the Justice Institute Foundation Board of Directors (2003 to 2006), and a member of the Justice Institute Board of Governors (2006 to 2012).

Dr Schonfeld continues his work as a physician, educator, advocate, and community leader. He serves as visiting staff at Vancouver General Hospital; a clinical assistant professor at the UBC Faculty of Medicine; a board member of Pacific Blue Cross, MD Financial Holdings, and the Vancouver Board of Trade; and a member of the UBC Faculty of Medicine's Admissions Selection Committee, and the Sauder School of Business EMBA Healthcare Advisory Board.

Kelowna's first pediatrician honored



Dr Cliff Henderson received a Lifetime Achievement Award from the BC Association for Child Development.

Dr Henderson is a founding member of the Starbright Children's Development Centre and remains on the board to this day. Launched in 1966 by Dr Henderson and a group of parents of children with cerebral palsy, Starbright is a nonprofit organization that serves children with physical and develop-

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mental needs. Programs offered focus on infant development, autism, occupational therapy, speech language therapy, physical therapy, counseling services, and hippotherapy.

For more information about the organization, visit iwishimight.ca. For more information about the BC Association for Child Development, visit www.bcacdi.org.

Orofacial clefts and the impact on academic achievement

Children with orofacial clefts face challenges in school concerning cognition, reading, language, hearing, speech, and developmental and behavioral problems, which leads

to poor academic achievement compared with their peers. The article “Academic Outcomes of Children with Isolated Orofacial Clefts Compared with Children without a Major Birth Defect,” in *The Cleft Palate-Craniofacial Journal*, discusses a comparative study among children 5 to 12 years old with and without orofacial clefts born between 1996 and 2002. Parents were surveyed and academic data were collected including letter grades, grade retention, and school days missed. Overall, 1008 surveys were mailed; 289 were completed with 150 being from parents of a child having an orofacial cleft and 139 without. The surveys concluded that children with an orofacial cleft had more developmental disabilities,

hearing problems, speech problems, and ear infections. They were also more likely to receive lower grades and miss more school days than children without a major birth defect. There was no difference in children being held back a grade between the two groups.

The authors felt that parents, health care providers, and educators should be aware of potential academic differences in children with an isolated orofacial cleft so that these children could be monitored and provided necessary services as early as possible. The authors recognized that the small sample size was a limitation to the study and that a broader range of children should be sampled, and that a follow-up study looking at high

Why offer employee benefits?

Employee benefits are a form of optional, non-wage compensation provided in addition to wages or salaries. They may include coverage for health and dental benefits, life insurance, and disability protection. But why offer these additional benefits to your employees?

- **Attracting employees.** Acquiring skilled and dedicated staff will help create a strong foundation for your practice. To bring these individuals on board, it helps to have tangible benefits to differentiate your office from others and to demonstrate that you are willing to invest in your employees, care for their well-being, and value their job performance. Next to salary, employee benefits coverage is the most important tool in attracting and retaining key staff.
- **Retaining employees.** An important component of running a successful practice is keeping staff happy and providing them with incentives to maximize their productivity. When staff turnover is high it's difficult for a business to make progress and establish a veteran team. A benefits package will often persuade employees to stick around for the long run.
- **Morale booster.** Access to benefits may also help to boost employee morale. If you understand and address the needs of your workforce, it's likely that employees will be dedicated and take their jobs more seriously. Employees experience peace of mind, which leads to increased productivity and satisfaction, by being assured that they and their families are financially protected.

- **Healthier workforce.** Offering an employee benefit plan also contributes to healthier employees. If your employees have solid health insurance plans in place there is a higher likelihood that they will have regular checkups and take preventive medical steps.
- **Loyalty and pride.** By offering benefits you give employees more reasons to care about your practice and to remain loyal. Employees can feel a sense of pride in their employer if they are satisfied with the coverage they receive.

While offering employee benefits may cost a bit more initially, the advantages of attracting long-term staff to your practice outweigh those costs.

Doctors of BC offers a comprehensive health and dental benefits plan for members and their office staff through our Health Benefits Trust Fund Plan. It also includes an employee benefits package of life, accident, and disability insurance specifically for medical office staff.

If you are interested in learning more about our plan, including its eligibility and participation requirements, and obtaining enrollment forms, please visit our website at www.doctorsofbc.ca/member-area/insurance/health-dental-plan.

If you have any questions, please contact one of the Doctors of BC plan administrators: Darlene Laird (604 638-2818) or Miriam Burden (604 638-7856). Our toll-free number within BC is 1 800 665-2262, ext. 2818 or ext. 7856.

school children would be beneficial so as to compare the progression of how the orofacial cleft group has been impacted over time academically.

The full-text article is available at www.cpcjournal.org.

Wearable device to monitor anxiety in autistic children

UBC students have developed a wearable device, called Reveal, to measure three indicators of anxiety (sweat, heart rate, and skin temperature) using sensors integrated into clothing to potentially prevent children with autism from losing control. The readings are immediately transmitted to a parent's smartphone, allowing a caregiver to step in before a situation escalates.

Parents of autistic children in the Lower Mainland are invited to provide input in fine-tuning the product before pilot testing starts. To participate, contact hello@awakelabs.com or contact Ms Andrea Palmer at 604 790-9805.

Look for FAST signs of a stroke

The Heart and Stroke Foundation has launched a province-wide FAST signs of stroke awareness campaign to ensure Canadians learn the signs of a stroke and implement the FAST approach to improve chances of survival and recovery:

- Face: Is it drooping?
- Arms: Can you raise both?
- Speech: Is it slurred or jumbled?
- Time: Call 9-1-1 right away.

The FAST theme is an easy way to remind people of the major signs of stroke and the urgency of seeking medical attention.

As part of the campaign, BC Emergency Health Services, which operates ambulances and emergency services across the province, will display the FAST message on ambulances in Victoria and the Lower Mainland, the BC Pharmacy Association will distribute FAST-themed magnets to the

public through its member pharmacies, and BC libraries will distribute FAST bookmarks province-wide. The Heart and Stroke Foundation is also providing additional resources about the signs of stroke at heartandstroke.ca/FAST.

Understanding pregnancy after breast cancer

Rethink Breast Cancer, a registered Canadian charity, is raising awareness and funding for the Canadian research arm (Baby Time) of the international POSITIVE clinical trial to understand and overcome the challenges some women face when trying to get pregnant after cancer. The trial will evaluate the pregnancy outcomes and safety of interrupting endocrine therapy for young women with ER+ breast cancer who desire pregnancy.

Drugs administered during cancer treatment and in the adjuvant setting can have adverse effects on a woman's reproductive system. The study will investigate what will happen if young women take a break in their hormonal treatment to try to conceive naturally.

Most hormone-responsive breast cancer patients follow up adjuvant treatment with 5 to 10 years of endocrine therapy to reduce the chances of recurrence. While chemotherapy can put young women into early menopause, limiting their fertility, endocrine therapy can impact the ovaries as well as carry associated risks to a growing fetus.

Research associated with the risk of pregnancy after breast cancer is limited. The study will provide oncologists and other physicians data to be able to inform a woman about the possible risks.

More than 60 breast cancer centres in 20 countries are participating in the international study, and Rethink has committed to funding the Canadian research arm, led by Dr Karen Gelmon, co-chair of the NCIC Clinical Trials Group Breast Site Commit-

tee and medical oncologist with the Department of Medical Oncology, BC Cancer Agency.

Rethink Breast Cancer has committed to raising \$100 000 to cover the costs of each patient entered into the study over 4 years (each patient will be followed for up to 10 years) and has launched a crowd-funding campaign to raise the initial \$15 000 required to enter the first patients into the study in 2015. To learn more about the study, visit rethinkbreastcancer.com.

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