

November 2015

The Law of Unintended Consequences

Stephen Kamelgarn, MD

One of the great constants in our world is the multiplicity of effects that seemingly simple actions precipitate. A car having a flat tire on the freeway can lead to a traffic jam that lasts for hours, for example.

Medicine and medical care are full of these unintended consequences, and this is especially true of medication effects. For example the development of statins for treating high cholesterol has led to major breakthroughs in treating cardiac and lipid disorders. But now it seems that these same medications also predispose people to getting diabetes, another disorder that leads to cardiac disease. The use of medications like Nexium and Prevacid for treating acid reflux also seems to predispose to getting heart disease. I could go on forever on the adverse effects of different medications.

However, the Law of Unintended Consequences holds true for medical practice itself. Medicine is an inexact science, at best. A good practitioner relies on a combination of personal knowledge, scientific consensus and intuition to arrive at a correct diagnosis and treatment plan. Unfortunately, these skills are becoming increasingly undervalued in today's medico-economic climate of profit above all else. This has led us to a point today in which for-profit companies, some of which are listed on major stock exchanges, have opened thousands of for-profit clinics across the country. In these clinics financial gain is the only motive, overriding the clinical judgement of the practitioners and the real needs of the patient.

One of the unintended consequences of this business model is that "the customer is

always right.” Therefore, the patient satisfaction survey is the primary (and sometimes only) performance metric in judging physician effectiveness. Often, a second priority, is the selling of additional products within the clinic store. These two priorities matter far more than an effective treatment plan, or other, larger concerns, such as stemming antibiotic resistance induced by inappropriate antibiotic prescribing. Patients will go into these clinics with a viral illness, but will almost always leave with a prescription for an antibiotic for their sore throat, earache or other cold symptoms. Not only is this bad medicine, it is bad public health as we’re finding more and more antibiotic resistant organisms, organisms that cause real disease and harm. But that doesn’t matter. The patient demands *something* or it will reflect poorly in the almighty patient satisfaction survey.

Practitioners in these clinics may have the best of intentions but they feel tremendous pressure from the patients who come to see them that “they want what they want.” They feel this pressure because their employers do nothing to deflect it. In fact, many practitioners feel that these pressures are amplified by those who sign their paychecks. Out of a perceived eagerness for profit, the complexity of human health and illness is compressed into fragmented encounters and simplistic algorithms in medical decision support systems. When the ethics of such processes aren't given complete consideration, the unintended consequences can be substantial.

Inappropriate prescribing costs caused by improper and unnecessary use of medicines exceeded \$200 billion in 2012, according to IMS Institute for Healthcare Informatics estimates.¹ This amount is equal to 8% of the nation’s healthcare spending that year, and would be sufficient to pay for the healthcare of more than 24 million currently uninsured citizens.

Not only is this expensive, it also turns out that satisfied patients are not healthy patients.² They spend the most on healthcare and prescription drugs. If a physician will order up antibiotics

or pain meds or MRI's for no good reason other than improving his patient satisfaction scores, then costs and utilization are bound to go up. Physicians will have higher satisfaction scores when they give the patients whatever they (the patients) want whenever a patient asks for it.

Much of this is being driven by direct-to-consumer advertising on the part of the drug companies. Patients have heard about "the purple pill," and they want it, even if they don't know what it's used for. They just know that they'll get better if the physician gives them a "Z-pack" for their upper respiratory viral illness. They're convinced that their uncomplicated low back pain requires an MRI.

But practitioners who cave to patient demands are not helping the patient. Patients who are treated this way are more likely to be admitted to the hospital and are more likely to die, than their counterparts who are treated appropriately irrespective of their wants.³ This doesn't include the fact that we are also witnessing a huge increase in the numbers of people having infections caused by antibiotic resistant organisms, and much of this can be traced to the inappropriate use of antibiotics for the past 60 years. And we do this for the mere sake of a patient satisfaction survey? That's crazy. We all wish to be liked, but medicine isn't a popularity contest. It's an interaction between patient and physician to achieve health.

Meanwhile, the profits of the for-profit clinics go up, the US economy has a huge expense, and the health of our citizens is no better, if not worse, when it was before we adopted the profit-at-all-costs model of medical care. That is the ultimate unintended consequence.

Sources

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