

Cost ineffective

There's been some intriguing news of late on the medical front. In July, the National Institutes of Health Women's Health Initiative (WHI) announced that, for some people, hormone replacement therapy (HRT) can cause more problems than it ameliorates. Also in July, the Houston Veterans Affairs Medical Center and Baylor College of Medicine reported in *The New England Journal of Medicine* that arthroscopic knee surgery for the treatment of osteoarthritis is no more beneficial than a placebo surgical operation. And then in the middle of August, *The New York Times* came out with a front page story on the increasing costs of health care in the United States. All this makes one wonder if health care dollars, whether ours personally or the government's collectively, are being well spent.

In the case of the WHI report (available at www.nhlbi.nih.gov/whi), 16,608 postmenopausal women between the ages of 50 and 70 were to be monitored for 8.5 years to determine the health impact of taking a daily dose of estrogen plus progestin. As is not unusual in this type of study, the results were mixed. To quote from the WHI press release, compared with the placebo group level of 30 heart attacks and 20 strokes, "for every 10,000 women taking estrogen plus progestin, we would expect 7 more women with heart attacks and 8 more women with strokes." At the same time, "we would expect 6 fewer colorectal cancers and 5 fewer hip fractures" in women taking HRT medication compared with the placebo group. Given these data, the NIH terminated the study after only 5.2 years and recommended that women in the WHI Hormone Program cease taking HRT medication. There will undoubtedly be many other women, now taking HRT drugs, who will stop as well.

Then there is osteoarthritis in knees, a topic dear to some of us of a certain age. In the research reported in *The New England Journal of Medicine* (available at <http://content.nejm.org>), 180 patients were randomly divided into two groups, one that received a \$5000+ knee surgery and one that received only superficial surgical incisions. After 24 months, the results were that "at no point did . . . the group [receiving knee surgery] report less pain or better function than the placebo group." The report went on to state that "if the efficacy of arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no greater than that of placebo surgery, the billions of dollars on such procedures annually might be put to better use."

And finally, in *The New York Times*, reporters Robin Toner and Sheryl Gay Stolberg show that "the cost of health care, which had stabilized in the mid-1990s with the advent of managed care, is climbing rapidly again, putting new strains on employers, workers, and government programs that cover 75 million Americans."

So here we are, spending billions on drugs that can cause some of us harm and indulging in surgeries that do us no good. No wonder health care costs go up. The question is, what's the solution? One part of the answer is that we need to continue to improve our scientific understanding of medical processes and pharmaceuticals, making sure that both are doing, without harm, what they're supposed to do. Studies such as those reported by *The New England Journal of Medicine* and WHI were based on large numbers of participants in double-blind experiments (and interestingly both studies were publicly funded). We need more of them.

