Guest Editorial:
Research and its Distortions

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This issue contains a broad-based critique of a representative swath of published medical research. The problems described are not rare, and the practical implications are not trivial.

Physicians are the “purchasing agents” for our patients. We advise them on what is reasonable to try for relief or for prevention, but the cost and outcome are theirs to bear. While patients can now access data about their problems, they are unlikely to have a grasp of the context and limitations of the findings.

Meanwhile, they are bombarded with advertisements and other inducements for treatments. Physicians cannot be ignorant consumers of research and expect to help patients in this noisy marketplace. Our stock in trade leans now more heavily on interpretation and judgment than on mere information.

Medical research commonly produces disease-oriented evidence, known to some as “DOE.” The DOE research question is framed: “If all other things are equal, and if the patient is relatively free of the clutter of other morbidities, and if we are rather sure that the patient takes the treatment, is the disease relieved or averted?”

In real life, the treatment is not provided free, all other things are not equal, the patient may not stick with the treatment, and there are comorbidities. Further, other causes of morbidity and mortality can submerge any benefit from the one specific result such that there is no good net outcome for the patient.

Research that takes into account these complications is known to some as patient-oriented, evidence-based medicine, or “POEM.” POEMs try to answer the question: “If all other things are equal, and if the patient is relative free of the clutter of other morbidities, and if we are rather sure that the patient takes the treatment, is the disease relieved or averted?”

In centrally controlled rationing, the judgment about cost and benefit on a good day will be made on a herd mentality basis by those who do not know the patient or the situation. On a bad day, the judgment will be made on grounds of politics or in whose congressional district the drug is manufactured. There will be little leeway for risk-to-benefit judgment between an informed physician and a particular patient. Disease-oriented algorithms will rule.

The innate liberty of a patient and physician to sort through the information and arrange a mutually satisfactory contract for treatment will be at risk. If this scenario actually arrives—and pieces are already in operation— it will be partly because physicians haven’t been willing to examine research claims critically.

Research is sometimes crafted to produce predetermined results, and/or spin is applied if the results are weak. In A Man for All Seasons, Sir Thomas More looks at the ambitious young man whose testimony against him has been suborned by the reward of the office of attorney general of Wales.

“It profits a man nothing to give his soul for the whole world,” says More, “but for Wales?”

Some future generation may look back at us and marvel, “They traded away their liberty of contract for statin drugs?”

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REFERENCE