Hospitals less safe than most people think

By Marty Makary, Newsweek

When I was a medical student, modern medicine began to seem as dangerous and dishonest as it was miraculous and precise. The defining moment came when I saw a sweet old lady I cared about die after a procedure she didn't need and didn't want.

I had been assigned to follow Ms. Banks, whose scans revealed advanced ovarian cancer. Despite the poor prognosis, the conventional treatment is major surgery to remove the uterus, cervix, fallopian tubes, and ovaries. But I got to know Ms. Banks, and she told me that she just wanted to spend time with her family and do a few more things before she died. I explained to her that she could be passing up a potential, albeit unlikely, cure; then at the morning staff meeting I tried to communicate her wishes to forgo both a biopsy and treatment. I was shredded up, down, and sideways.

The drive for the doctors to do a biopsy was like a train no one could stop. Eventually, by overstating the benefits and understating the risks, the doctors convinced Ms. Banks to undergo the biopsy to confirm her diagnosis. Then, during the procedure, the biopsy needle accidentally punctured a major blood vessel, which resulted in an added six-week stay in the hospital, marked by blood transfusions, multiple CAT scans, and malnutrition, since most of the time she was not able to eat. Those six hellish weeks turned out to be six of her last nine on earth. Despite the apparent problems with her care, information about her preventable complication and prolonged hospitalization were never presented in our staff meeting or reviewed internally in the same way that other industries learn from their bad outcomes. I realized that hospitals did not have to disclose their outcomes to anyone, even when they

were much worse than the national average. In fact, when I explained to the head attending surgeon what happened and recounted Ms. Banks's objections to the biopsy, I was told that sometimes patients don't know what they want and we need to decide for them.

A host of new studies examining the current state of health care indicates that approximately one in every five medications, tests, and procedures is likely unnecessary. What other industry misses the mark that often? Others put that number even higher. Harvey Fineberg, M.D., president of the Institute of Medicine and former dean of the Harvard School of Public Health, has said that between 30 percent and 40 percent of our entire health-care expenditure is paying for fraud and unnecessary treatment. While patients are encouraged to think that the health-care system is competent and wise, it's actually more like the Wild West. The shocking truth is that some prestigious hospitals participating in a national collaborative to measure surgical complications have four to five times more complications as other hospitals. And even within good hospitals, there are pockets of poorly performing services.

A new generation of doctors has been developing fair and simple ways to measure how well patients do at individual hospitals. In hospital-speak, we call the information "sensitive data"—data that would tell you which hospitals have much worse outcomes than others.

It's the kind of data that, if you had access to it, would help you know just where to find the best care. But you don't. And that is precisely the problem with the entire system: because a hospital's outcomes are hidden from the public, neither consumers nor payers have any way of measuring whether the medicine they provide is good, adequate, or even safe. Much as the financial crisis was incubated when bank executives turned a blind eye to the ugly details about their mortgage-backed securities, so too does medicine's lack of

accountability create an institutional culture that results in overtreatment, increased risk, and runaway costs.

Politicians debate different ways to pay for our broken system. But if we are going to get serious about reducing health-care costs—and improving health-care outcomes—we need to address the 20 percent of medical care that is unnecessary and dangerous. The public should demand disclosure of a hospital's patient-outcome statistics. After all, we have information on a car's safety record to inform our decision about which car to buy. But when it comes to choosing medical care, the consumer is left to walk in blind. While we currently have a free market for health care, the competition is at the wrong level. Many patients tell me they choose their medical care based on parking. For an industry that represents one sixth of the U.S. economy, we can do better than that.

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