When Experts Disagree

The Art of Medical Decision Making

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Disclosure Statement

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Should Healthy People Take Cholesterol Drugs to Prevent Heart Disease?

Heart disease is the biggest killer in the country. But an argument is raging about a popular way of preventing it.

Most of the medical community thinks that a good approach is to prescribe cholesterol-lowering drugs, or statins, to patients who have high levels of so-called bad cholesterol as well as other risk factors—but who are otherwise healthy.

These doctors say that reducing levels of bad cholesterol helps prevent heart disease and extends life. And, they argue, there's a mountain of research that backs up their case.

But there's a vocal minority of doctors that opposes the practice of giving statins to otherwise healthy people. These doctors argue that studies don't show that taking statins leads to longer life, and they say that much of the research into the question is fundamentally flawed.

What's more, these critics say, there's mounting evidence of troublesome side effects, such as diabetes, from statin use. These critics argue that diet and exercise are better ways to stave off heart attacks and strokes.

Yes: They Save Lives

By Roger S. Blumenthal

Good habits like diet and exercise are the foundations of good health—but sometimes they're not enough. Every major medical guideline calls for doctors to prescribe a statin to certain seemingly healthy people with high levels of "bad" cholesterol, which signals elevated risk for a heart attack. Doing so is one of the certainties of life, like the Cubs falling out of the pennant race by Labor Day.

We don't prescribe drugs to through one of these life-shattering events before we prescribe a statin. It makes no sense why a medication that slows the progression of hardening of the arteries would be harmful the day or week before a heart attack, but helpful the day or week after. 

The totality of the available biologic, observational and clinical-trial evidence strongly supports the selective use of statin therapy in adults demonstrated to be at high risk for heart disease. Studies have conclusively aggerated, in my view—but many other large prevention trials of people with multiple risk factors have consistently shown reductions in total cardiovascular events of 30% to 40% with the use of a statin.

Critics argue that these studies are fundamentally flawed, because we don't follow patients for the rest of their lives to see the total effect that statins have on mortality, instead of just looking at the effect after a few years. Many doctors have taken the evidence from studies of people with heart disease and made a leap of logic: They've treated millions of people with statins to prevent heart disease.

But there's a serious problem with that logic. For most healthy people, data show that statins do not prevent heart disease, nor extend life or improve quality of life. And they come with considerable side effects. That's why I don't recommend giving statins to healthy people, even those with higher cholesterol.

No: High Cost, Little Gain

By Ryna Redberg

Heart disease is the leading cause of death in the U.S., and people with higher cholesterol are at higher risk for heart attacks. There's good evidence that people who already have heart disease benefit from cholesterol-lowering medications, or statins. Among those people, statin treatment reduces risk of heart attack and may prolong life.

But what about healthy people with high cholesterol? Many doctors have taken the evidence from studies of people with heart disease and made a leap of logic: They've treated millions of people with statins to prevent heart disease.

But there's a serious problem with that logic. For most healthy people, data show that statins do not prevent heart disease, nor extend life or improve quality of life. And they come with considerable side effects. That's why I don't recommend giving statins to healthy people, even those with higher cholesterol.

Despite research that has included me, believe that we need clinical trials that actually follow healthy people treated with statins for the long term to see if treatment really results in lower mortality. Statin proponents think such trials would be prohibitively expensive. That's a disappointing stance, considering the billions that have already been spent on statin prescriptions and advertising.

Boosters of statins argue that I'm setting the burden of proof too high. But the examples they use—don't we treat high blood pressure without proof of death reduction—are flawed. Yes, we often treat conditions for which there is substantial evidence of benefit, but high blood pressure is not among them. At the least, we need much more hard data about the effectiveness of statins in the long term to justify their use in healthy people.
Mammogram’s Role as Savior Is Tested

By TARA PARKER-POPE

October 24, 2011, 4:01 pm

Has the power of the mammogram been oversold?

Stuart Bradford
The Morning Line
HEALTH — October 17, 2011 at 2:00 PM EDT

PSA Testing Controversy Reignites 'Over-Screening' Debate
BY: JASON KANE

Photo by AFP/Getty Images
Bernoulli Formula

Expected Utility = Probability of Outcome x Utility of Outcome

The highest expected utility is the “BEST” choice.
Putting A Number on Utility

- Linear Scale
- Time Trade Off
- Standard Gamble
Medical Mindsets

- Maximalist
- Minimalist
- Naturalism
- Technology
- Believer
- Doubter
Cognitive Traps

• Availability
• Framing
If you have atrial fibrillation (AFib) not caused by a heart valve problem, you’re 5 x more likely to have a stroke.

In a clinical trial, PRADAXA 150mg reduced your stroke risk by 35% compared to patients whose blood tests showed lower levels of control.

Risk reduction was greatest when compared to patients whose blood tests showed lower levels of control.
You would like to know that you are choosing the right doctor, choosing the right procedure, and will have the right outcome.
Expert Committees

- Mammograms
- PSA Screening
Medical Mindsets

• Maximalist
• Minimalist
• Naturalism
• Technology
• Believer
• Doubter
The Gray Zone

No one right answer for everyone.
Why Experts Disagree
Different Mindsets
End of Life

Advance Directives
Surrogate Decision Making
Medical Decisions

• Mindset
• Numbers
• Stories
Thank you