

# Stop playing 'House,' start playing doctor

Physicians fixate on diagnosis, neglect treatment, says **Darshak Sanghavi**

**W**hen doctors are freed from commercial pressure, how well do they perform? We've grown accustomed to scapegoating pharmaceutical companies for health care ills. The implication is that if left alone by money-grubbing drug companies and health insurers, physicians make the right decisions on behalf of their patients.

Not so fast. It turns out that improving the quality of health care has only a little to do with drug companies. The real trouble is that doctors — somewhat paradoxically — are simply not focused on actually treating disease.

A key indicator of this problem emerged last year, when a team of researchers led by Rita Mangione-Smith reviewed children's medical records from 12 major American cities and found that less than half of children got the correct medical care during doctor visits.

The researchers asked basic questions such as: *Did doctors properly inform mothers to continue feeding infants who had diarrhea? Was HIV testing offered to all adolescents diagnosed with a sexually transmitted disease?* These were all simple things doctors should have been doing yet weren't.

This seems absurd. Physicians are some of the most hypereducated professionals around. They must pass some of the most exacting and complex licensing exams ever written. What is going on?

There are at least two explanations. First, clinical training in primary care — including pediatrics, internal medicine and family practice — excessively focuses on the diagnostic hunt rather than the more routine rounds of treatment that follow.

It's tempting to think most doctors are detectives nailing baffling diagnoses, like Hugh Laurie's character on *House*. In almost every educational venue, medical trainees spend hours learning about how to diagnose rare ailments. And then, abruptly, discussion ends, as though treatment were an afterthought. The not-so-subtle subtext: Medicine is about the exciting search for a diagnosis, and any doctor can write a prescription once the real work is done.

Second, medical education today fixates on acquiring knowledge that is largely unrelated to patient care. Consider the college prerequisites to attend medical school (for example, physics and organic chemistry) and the morass of molecular biology, anatomy and pharmacology that follows.

Of course, a general foundation is important. However, the sheer abundance crowds out an important skill that matters in treating a patient: how to critically appraise published clinical trials. Few doctors ever read them. In effect, medicine has become a priesthood of practitioners who never review or learn to interpret the Bible to minister to their flock; they instead rely on secondhand wisdom. Or, worse, on Google.

That is why, for example, the average internist can describe the branching patterns of the major coronary arteries but not the primary clinical trials assessing how much, if at all, various cholesterol-lowering agents cut heart-attack risks.

Filling the training vacuum, an unregulated, for-profit industry of information peddlers is emerging to interpret clinical trials and guide treatment.

These groups essentially write Cliffs Notes for doctors, and their influence on medical care cannot be overstated. The most widely used service is UpToDate.com, a private-equity-backed, subscription-only Web site. Eighty-seven percent of U.S. teaching hospitals subscribe.

On the site are thousands of recipe-like entries on everything from toddler ear infections to drug therapy for heart failure. UpToDate.com has become the cookbook for medical treatment.

Fundamentally, by neglecting treatment, doctors have outsourced it to private contractors who don't answer to any authority.

Even if perfect treatment guidelines were to appear magically, it takes a lot of work to teach doctors to follow them. Consider ear infections in children, which are vastly overtreated with powerful antibiotics. In 2000, a group of Boston researchers created an ambitious three-year program to educate local pediatricians about proper ear-infection treatment. They explained how to talk to patients, control symptoms without antibiotics and create educational handouts for patients.

They taught doctors what they should have learned in medical school and, as reported in *Pediatrics* this year, substantially cut antibiotic use. The only sticking point is that it all took a big investment of time and money.

Treatment neglect has big consequences beyond ear infections. Medical errors may claim almost 100,000 lives each year, often from basic skills like poor handwriting on prescriptions.

Refocusing doctors on actual treatment, instead of pointy-headed diagnostic puzzles, will take serious effort. In the meantime, patients should ask a simple question: "Can you describe the evidence for my treatment?"

For better or worse, the answer will tell you a lot about the care you're getting.



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