



Better Healthcare Newsletter from Patrick Malone



Dear Jessica,

Americans received a bit of [good news recently about declines in lung cancer death rates](#). But we have many other causes to breathe uneasy about stubborn challenges to our respiratory health.

These assaults come from many directions: Climate change, experts say, is creating warmer conditions that encourage growth of allergen-releasing plants. It also is to blame for nightmarish wildfires that fill the air with smoke and ash. Too many of us persist in smoking. We're also vaping for the buzz from nicotine and tetrahydrocannabinol, or THC, the substance that produces marijuana's high. Some young people also try still to get stoned by huffing — inhaling aerosol sprays

IN THIS ISSUE

Lung cancer deaths are down. But respiratory ills plague millions still.

Hard-to-control harms keep worsening

Individuals can take steps to safeguard healthy breathing

Unmasking an unhappy trend with a wearable accessory

A top-ranking that neither Baltimore, nor nation's capital wants to retain

BY THE NUMBERS

2 million

Fewer U.S. cancer deaths since '91 due to 29% decline in lung cancer mortality rates, notably because of fewer Americans smoking. In 2016-17, the lung cancer death rate fell 2.2%, the largest such drop

or volatile solvents.

These factors, combined with regulatory inattention or outright hostility to environmental best practices, including efforts to reduce air pollution, are leaving more Americans vulnerable to breathing ailments such as asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, and pneumonia.

The world also has gotten a new jolt from Asia about lung health, with reports of a pneumonia-like viral infection exploding from central China and the city of Wuhan.

Earlier detection of the novel coronavirus may have eluded doctors, who may have mistaken some of its cases for a bad bug that got even worse.

Which offers the reminder that a common, "little" seasonal bug or "minor" allergic bout can cascade quickly in worst-case settings into a chronic, debilitating, and even fatal cardiopulmonary disaster without appropriate care. That's why it can be important to inhale even a little information about safeguarding the lungs. So, take a breath and let's plunge ahead

Lung cancer mortality may be improving. But respiratory ills plague millions still.



Anyone who has suffered a winter hack, spring wheeze, or illness-related shortness of breath has sampled the bad results that can occur when our breathing systems are under siege. Sure, for millions of Americans, the winter colds and flu, and soon the spring hay fever, may pass just as unpleasant annoyances.

But all of us should be wary of dismissing "little bugs," as a [pneumonia-like illness rapidly spreading out from central China and the city of Wuhan](#) reminds. The infection has been blamed on a coronavirus, a bug with a surface full of spikes like solar rays. It has sickened thousands and its death toll, heading into the hundreds,

reported.

61,000

2017-18 U.S. deaths blamed on seasonal flu, which sickened 45 million and hospitalized ~800,000. Flu-related serious illnesses, include pneumonia, which itself kills an estimated 50,000 Americans annually.

\$20.7 billion

Annual U.S. health care expenditure for asthma care.

1 in 6

Number of children with asthma who suffer an attack each year serious enough to require emergency room treatment.

QUICK LINKS

[Our firm's website](#)

[Read an excerpt from Patrick Malone's book:](#)

[The life you save](#)

[Nine Steps to Finding the Best Medical Care — and Avoiding the Worst](#)

increases by the day.

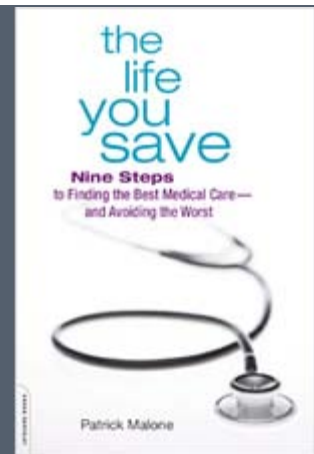
Doctors may have missed early warnings of this outbreak because the novel illness looks like other common infections. Indeed, though authorities have been careful not to alarm the public about the coronavirus, now deemed a [global health emergency](#), they also have emphasized that [another, familiar infection from this family of respiratory ills](#) already is a proven, widespread killer. The seasonal flu each year in the U.S. sickens tens of millions, hospitalizes hundreds of thousands, and kills tens of thousands with its attack on patients' respiratory and other systems.

These common ailments also underscore that significant and increasing numbers of Americans suffer serious and chronic breathing conditions like asthma and COPD. As [federal public health officials](#) reported:

“Currently more than 25 million people in the United States have asthma. Approximately 14.8 million adults have been diagnosed with COPD, and approximately 12 million [more may have or be a risk but have not been formally diagnosed] ... The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states ... Annual health care expenditures for asthma alone are estimated at \$20.7 billion.”

Even as COPD has become the No. 4 leading cause of death in the United States, asthma cases have spiked, starting in the 1980s. The asthma statistics have bounced around, [appearing first to be a problem plaguing big cities](#). Now, they point to significant and widespread problems, particularly affecting:

- children, with boys more affected than girls
- adult women
- African Americans and Puerto Ricans
- the poor
- residents of the northeastern United States, notably [in Baltimore](#)



LEARN MORE



Read our Patient Safety Blog, which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



PAST ISSUES

A new year and new decade come into 20-20 focus: Resolve to eat better and move more. For health benefits beyond the season, consider nurturing an attitude of gratitude, along with kindness and humility. Some surprises about the lifetime burdens of serious diseases. Why older patients may need to be wary about aggressive medicine. Marijuana may not be a shrieking menace, but it

and Washington, D.C., which one advocacy group in 2019 ranked in the nation's top 30 "asthma capitals"

Federal officials estimate that 1 in 12 Americans younger than 17 — 6 million kids — have asthma, and half of them with the condition suffer one or more attacks each year. These incidents can be scary for both grownups and kids, as the federal Centers for Disease Control and Prevention has reported. The agency has some good news about kids and asthma:

"[They] and their caregivers report fewer attacks, missed school days, and hospital visits. More children with asthma are learning to control their asthma using an asthma action plan. Still [every year] ... 1 in 6 children with asthma visits the Emergency Department with about 1 in 20 children with asthma hospitalized."

With grownups, a study found that "During 2011–2016, among an estimated 160.7 million working adults, 6.8% had current asthma. Among those with asthma, 44.7% experienced an asthma attack, and 9.9% had an asthma-related emergency department visit in the previous year."

Patients with respiratory conditions, especially if they are not well managed, can plunge into major distress and even death with startling alacrity, as anyone who knows someone with asthma or COPD may have learned. The afflicted may not realize how much trouble they are in, and loved ones may hesitate to seek medical help until patients are deep into a crisis.

A study on COPD patients' ER use found that when those with the condition did seek emergency care, 60% of them also required hospitalization — and in 7% of the cases, the stricken individual experienced what was described as a "near fatal event."

It also is worth noting that deaths of those in the public eye occur regularly and suddenly and are blamed on cases of pneumonia, with complications, that advance to a killer stage with lightning speed. This happened with Muppets creator Jim Henson, comedian Bernie Mac, and 34-year-old ESPN reporter Edward Aschoff.

Hard-to-control harms keep worsening

has real harms for young and old, and benefits are murky.

You Can Eat This... But Why Would You?

Looking Ahead: Preparing for Long-Term Care

Managing Chronic Pain: It's Complicated

Secure Health Records: A Matter of Privacy and Safety

Standing Tall Against a Fall

More...



While individuals can take significant steps to safeguard their lung health — more on that in just a second — external factors can contribute harder-to-control harms that cannot be ignored.

Air pollution, notably ozone and fine particulates thrown up by vehicles, aircraft, ships, and manufacturers, poses significant respiratory and general health risks, with increasing research sounding bigger alarms by the day. Washington, D.C., has experienced persistent ozone pollution problems, though concerted efforts are showing progress.

Global climate change may be worsening respiratory allergies and asthma, prolonging warm periods in which pollen-producing plants flourish. It has been linked to widening and worsening outbreaks of raging wildfires that blacken the skies with polluting particles and acrid smoke. Climate change also has a range of effects on air quality, including in increasing damaging ozone and worsening the spread of other fine and injurious particulates.

A key consideration for millions of voters this fall will be the current administration's indifference, if not outright hostility, to a range of evidence-based environmental policies and practices that rigorous science has supported to improve the nation's health. The administration has been under fire almost from day one for taking a pro-business view and trying to roll back dozens of regulations, many of them major, that aim to clean up the nation's air, water, and land by reducing Americans' reliance on everything from fossil fuels to gas-guzzling vehicles.

Even as policy makers also have helped to reduce use of cigarettes and other tobacco-burning products, regulators have found themselves on the griddle for allowing the rise of vaping and e-cigarettes — products promoted as less damaging but emphatically not harm free.

Parents, teachers, and vapers alike have expressed shock at the surge that started last summer in dozens of vaping-related deaths and thousands of significant lung-injury cases. As investigators have

narrowed their focus on Vitamin E acetate, a chemical additive or taint in many liquids used in e-cigarettes, particularly in illicit goods, the real harms of vaping have taken on a different look.

That also has renewed concerns about the spread and consumption of legalized marijuana, especially consumption of THC by vaping. Bluenose congressional actions have kept federal scientists from rigorous study of marijuana and other illicit substances. That has meant that experts, at best, could warn that pot smoking, as with inhaling burning tobacco, isn't a healthy practice. But experts have not been able to declare (as they have with tobacco) that marijuana smoking causes cancer, heart disease, and many other injuries to the body; they just don't have the evidence they need..

Officials are certain that another substance-abuse practice — huffing — is dangerous, and they have campaigned to stop it, though it persists and breaks out periodically.

We can do more than wait with bated breath to learn if medical scientists can conduct the needed THC and marijuana studies, or if official environmental and climate-change policies and practices increase or decline. We can, of course, vote. And we can take individual actions

Individuals can take steps to safeguard healthy breathing



The human respiratory system, in tandem with the heart and the body's blood circulatory network, performs a persistent miracle, providing us with life-giving oxygen that cells need to thrive. The lungs are hardy, performing well in great extremes, such the thin air of high altitude, the heat and humidity of the tropics, and the bitter cold of polar regions.

That resilience, however, has limits. Like any abused tissue or organ, damaged lungs require time and care if their users hope to restore optimal function.

The best way, of course, is to minimize the wear and tear on this critical system, which, because of its interactions with other body functions, plays such a vital role in our lives. As always, fundamentals

matter: You can [bolster your respiratory wellness](#) by keeping up your overall health. Keep moving (exercise), eat healthfully, control your weight and consumption of alcohol and other intoxicants, and get plenty of rest and stress relief.

(If you're looking for reliable information on lung care and respiratory health, consider these online sources: the federal Centers of Disease Control and Prevention, notably its pages on [asthma](#), [kids and asthma](#), and [COPD](#). The [National Heart, Lung, and Blood Institute](#) also provides online guides, indexed alphabetically. The [American Lung Association](#), the [Asthma and Allergy Foundation of America](#), and the [American Cancer Society](#) offer robust resources at their organizational websites.

If you don't smoke, please don't start. That's also true for vaping, a fad about which public [health experts have expressed increasing worry](#), even for those with minimal exposure. Smoking and vaping both expose the lungs needlessly to irritants that cannot be healthful. They also can give users powerful — maybe excessive — jolts of nicotine and intoxicating THC in ways that other methods cannot. They're addictive, and users find their pull powerful and hard to break.

Cigarette smoking, of course, has been in a steady decline, due in large part to sustained campaigns against this destructive habit. The dip in smoking was a big reason why the [American Cancer Society recently reported sharp declines in cancer mortality rates](#), especially in the 1 in 4 cases of the disease that afflict the lungs. Besides lung cancer, cigarette abuse has been exposed as a major factor in bronchitis, [COPD](#), and [emphysema](#). It also is worth noting that [1 in 5 lung cancer patients is a nonsmoker or someone who never smoked](#). Lung cancer can be caused by factors other than smoking. It has been a tough disease to detect early and to treat well, especially because diagnosed cases often are advanced. But medical scientists and doctors are improving diagnostics and therapies, especially for late-stage lung cancer: Patients may wish to [be skeptical of excessive claims by Big Pharma about costly drugs for advanced lung cancer](#) and what they do.

With allergies and chronic conditions like asthma and bronchitis, sustained medical management is vital. Be aware that over-the-counter pills and sprays can be helpful, [but they have their limits — and risks](#). Their side effects include drowsiness, increases in your blood pressure, and, long-term, possible ties to [heightened risk of cognitive disorders](#). They shouldn't be taken for more than a few days. They also not only can fail after short use but may create additional issues, such as the [boomerang effect with nasal sprays and decongestants](#) that may leave you more clogged up after repeated use than you were before.

If your problems continue, you should see your doctor. If she recommends medications, including inhalers, [learn to use these properly](#) and be diligent in following recommended treatment regimens. This can help patients not only maintain control over their situations but also avoid medical crises.

Don't listen to the crazy arguments about vaccinations: Get your annual flu shot. This is especially important for vulnerable kids and seniors. Older patients may wish to consider getting the high-dose [version for more protection once they are 65 or older](#). All vaccines carry risks, but their benefits far outweigh their downsides, especially in the added safeguards they can offer to those with respiratory problems or weak immune systems. Besides the flu shot, seniors may wish to [consult with their doctors about pneumonia vaccinations](#).

It's a good idea to keep up with the full range of recommended shots. Grownups, for example, don't want inadvertently to spread whooping cough to the new baby during a family visit. Infections, in general, also can compromise your immune systems and leave you at higher risk of getting sick, say, with diseases that attack your breathing. Measles, for example, has become resurgent, and researchers are [finding that it wipes out body systems' memory of how to attack and resist other diseases](#), causing so-called "immune amnesia."

If you find that existing therapies for your respiratory conditions begin to fail for you, alert your doctor and discuss alternatives. You won't get better, and you may get worse, if you fail to adhere to a treatment plan. If the medications make you drowsy, be careful when driving or engaging in activities that require mental acuity. If you dislike this or other side effects, ask your doctor to prescribe alternatives.

Be sure your doctor and your pharmacist explain to you, carefully and fully, any medications prescribed for you, including their side effects and long-term effects. Patients with lung conditions often may be [prescribed steroidal medications](#) that can carry their own harms when taken for long periods. It may be that [newer, nonsteroidal medications, notably for certain kinds of asthma](#), can be helpful, instead, or in addition (reducing the steroid use). Patients also may find that treatment of key symptoms may not only offer them relief but also avert the need for more potent treatments: appropriate and restrained use of nasal sprays, for example, might dry up an allergic drip, ending a persistent cough and avoiding its related damages.

Don't be a hypochondriac. But work with your doctor, so she knows about breathing problems you may be experiencing. Take, for example, that winter hack that won't go away. It may be that you need a short treatment with strong medications to break an injurious cycle, in which a dry cough becomes its own problematic irritant — a condition that can improve just by stopping the hack for a day or two. If you insist, though, on struggling through and you refuse to take time off for rest and treatment, that long illness could worsen. Many patients see a cold not only turn bad but also into more serious cases of pneumonia or bronchitis. The troubles could stack up more, becoming chronic and shifting into asthma. Untreated still? Poorly managed? Look out for emphysema and COPD.

Your family doctor or internist also may refer you to specialists for more intensive care for a respiratory condition. You may be sent to an allergist or immunologist for testing and targeted therapies that may

provide you with greater relief of your condition. You also may find yourself seeing a pulmonologist, who may have deep experience in treating specific lung conditions (asthma, COPD, emphysema, lung cancer) or types of patients (kids or seniors). Because this is a next level of care, take the time to research the specialist, including her credentials, where she practices, her experience, and exactly why your doctor or hospital is sending you to this expert. You also may need to undergo extensive tests and receive treatments that can run up your medical bills, so, frustrating and saddening though it may be, you will need to talk with your health insurer to understand your coverage.

In the meantime, help yourself further with your lung health. Avoid settings and materials that you know may [trigger problems for you](#). This may mean you skip the visit to your cat-crazy cousin, if you react to animal dander. You may need to put extra elbow grease in keeping your house and office clean and tidy, free of unwelcome critters, dust bunnies, and sprouting fuzzies (molds). You may need to stay indoors and off the highways when certain kinds of pollen explode, or when ozone and air pollution levels are high (you may need to research online forecasts for pollution and allergy conditions in your area). You may need to ask someone else at work to crawl around the archives for those historic records if you're dust sensitive. You may be better off if you can stay away from your home or office just after it is painted or gets a big scrub with harsh chemicals. [Poor children of color with asthma and allergies may benefit significantly](#) if local officials (government and public health) can force more landlords (especially slum lords) to improve basic hygiene in rentals, ridding them of cockroaches, mice, rats, and the accompanying grime that creates breathing hazards.

By the way, don't put yourself and your health at risk with false bravado: If you can't sleep because you are coughing and wheezing, or if a hack or shortness of breath interferes with your ability to speak or to move around as you normally do, seek help, fast. Don't tarry if your loved ones tell you that you're breathing with a scary rattle. If you've struggled with a cold or the flu for a few days, or if you're unable to shake a cough, call your doctor or consider going to an urgent-care facility or even an emergency room. It's better to not wait until the middle of the night, when you're deep in distress, to seek assistance. Delaying the inevitable as you slide into dire consequences makes no sense at all.

Of course, here's hoping that you stay remarkably fit, healthy, and well in 2020 and beyond!

Unmasking an unhappy trend with a wearable accessory

A top-ranking that neither Baltimore, nor nation's capital wants to retain



Californians, Australians, Asians, and Europeans have made them a must-have accessory — not for fashion’s sake but for their respiratory well-being.

But not all face masks look or work alike. Their [protective qualities, in fact, may differ greatly](#), and be limited. Sadly, as the need for them increases, it may be useful to acquaint yourself with these products.

They’re available in drug and hardware stores. They can be bought in quantity. Their cost differs greatly, depending on what they’re supposed to do.

At the light end of the spectrum, many pharmacies and medical supply stores sell boxes of “surgical masks.” They have straps that hook around the ears, and, basically, put a thin layer of paper across the nose and mouth — akin, perhaps, to wrapping a kerchief around the lower part of one’s face.

These masks don’t “protect” users from much. They can be inexpensive and handy, though. Commuters across the seas often don this gear politely, if they’re feeling poorly but must be in public. The masks can stop some contagions from spreading, by helping to contain the natural spray that results from coughs and sneezes. They might be useful to the allergy sensitive as they tackle small chores, like dusting or sweeping.

Public health officials are finding that consumers are [buying up and hoarding the lightweight masks](#), which is an unhelpful activity that may keep the potentially useful product from places and people most in need.

There are, of course, [lots of infection-fighting](#)



Baltimore and Washington, D.C., share a regrettable notoriety when it comes to the incidence of asthma among their residents.

They appear in [the top 30 of an advocacy group’s 100 asthma capitals](#). They both have characteristics that medical scientists have identified as high-risk for prevalence of the disease, including poverty, large African American populations, and run-down housing where children, in particular, get exposed to major irritants such as molds and filth from pests like roaches, rats, mites, ticks, and fleas.

Two news organizations — the independent, nonpartisan Kaiser Health News Service and the Capital News Service, run by the University of Maryland’s Philip Merrill College of Journalism — [ripped Baltimore’s medical establishment in late 2018](#) for neglecting their potential role in improving asthma care.

Reporters analyzed data, finding that two major academic medical centers, Johns Hopkins and UMMC, had as neighbors some of the state’s worst “asthma hot spots” — zip codes where residents sought medical care for flare-ups at four times the rate of their counterparts in wealthy areas. This occurred even as tax codes lavished the institutions with major breaks for their reported service and benefit to their communities, including their world-class research on diseases like asthma.

As this investigation, published in the Washington Post and Baltimore Sun, reported:

“[L]ike hospitals across the country, the institutions have done little to address the root causes of asthma. The perverse incentives of the health care payment system have long made it far more lucrative to treat severe, dangerous

steps that the public can take besides wearing masks. These include:

- covering up in other ways when sneezing and coughing
- washing those hands, thoroughly and often
- staying at home when ill and keeping the kids out of school if they're sick

By the way, those lightweight masks also aren't designed to screen out fine particulates, so they aren't much use if their wearers want help in smoky or smoggy conditions. In situations like these, experts recommend that users seek out in hardware stores, for example, heavier duty gear. They may wish to look for tight-fitting, molded masks with multiple straps and that carry ratings from the National Institute of Occupational Safety and Health (NIOSH) as [N95 or P100 respiration wear](#).

The N95 and P100 masks provide greater protection for users against particulates. But they can be hot, uncomfortable, and add to breathing burdens, so their longer use is not easy and often not recommended. If your respiratory system is sensitive or compromised, you may need to leave smoky or polluted areas until the situation improves. This may be true even if you are staying indoors with the doors and windows shut, and you're wearing a mask, and [possibly employing mechanical air purifying systems with HEPA filters \(and mixed effectiveness, by the way\)](#).

The higher quality N95 and P100 masks cost more than the flimsy "surgical" versions. But they have become go-to items for those in wildfire-prone areas (including in Los Angeles, the San Francisco Bay Area, and Australia). They also are seen in smog-afflicted capitals like Beijing, Mexico City, and New Delhi. These masks may be handy for homeowners stuck with heavy-duty chores, like cleaning out a musty attic or garage, or using power tools to clear an overgrown field or leaf-littered expanse.

A small number of consumers and hobbyists may

asthma attacks than to prevent them. Hopkins, UMMC and other hospitals collected \$84 million over the three years ending in 2015 to treat acutely ill Baltimore asthma patients as inpatients or in emergency rooms, according to the news organizations' analysis of statewide hospital data. Hopkins and a sister hospital received \$31 million of that. Executives at Hopkins and UMMC acknowledge that they should do more about asthma in the community but note that there are many competing problems: diabetes, drug overdoses, infant mortality and mental illness among the homeless. Science has shown it's relatively easy and inexpensive to reduce asthma attacks: Remove rodents, carpets, bugs, cigarette smoke and other triggers. Deploy community doctors to prescribe preventive medicine and health workers to teach patients to use it."

To be sure, [the state of Maryland](#) and the [city of Baltimore](#) both operate control programs, recognizing the severity of the asthma problem in the area and seeking to address it. In Washington, D.C., the public [school system](#) and health officials have worked together to develop asthma action plans.

And [Children's National](#) has created and supported [IMPACT DC](#), a program "dedicated to improving asthma care and outcomes for children through clinical care, education, research and advocacy." Children's has worked with the National Institutes of Health's (NIH) National Institute of Allergy and Infectious Diseases (NIAID) and community groups with its asthma-battling initiative.

Is that enough? It's worth noting that recent data shows Baltimore is 67% African American, while the District has a black population of 47%. And, as Stat, the medical and health news site, recently reported of asthma's burden on select minority groups:

"An estimated 15.3% of black children have the disease compared with 7.1% of white children, [according to the Centers for Disease Control and Prevention](#). Overall, African-Americans are nearly three times as likely to die from asthma as white people."

Stat also found that research is illuminating why minority groups struggle with the condition, noting that a recently published study "[paper \[came up\]](#)

go one level more with protective masks — models involving full-face coverage, including the eyes, and with filter-cartridge breathing elements. This is heavy-duty gear that enthusiasts — who really know what they're doing — might buy at some cost for use in spray painting or when handling volatile compounds or liquids, such as cleaners, paints, and solvents. If you're savvy and experienced enough to tackle big work on your car, house, or business, maybe you'll keep this specialized wear around. In the western United States, by the way, some reporters (especially field broadcasters) are keeping this gear in their work kits, in case they need to cover wildfires.

That brings up a topic that is more complex and requires more discussion than can be handled here: workplace safety, especially to safeguard your breathing. NIOSH, the federal Environmental Protection Agency (EPA), the Occupational Safety and Health Administration (OSHA), and state and local health and safety officials are charged with protecting workers' safety on the job, especially when there are known hazards. You have rights, and your employer may be required under the law to provide you with protective gear, equipment, and practices. If this is not occurring, you may need to contact authorities about unsafe situations. You also may wish to discuss problems with the Human Resources folks, and, if you feel needed protective and corrective measures aren't occurring, you may wish to contact a private lawyer or legal aid.

Judges and juries have awarded hundreds of millions of dollars to coal miners in lawsuits against the 3M company over claims that its heavy-duty face mask failed to protect workers against mine dust. Research has blamed those ubiquitous particulates for black lung, the deadly and debilitating coal-miner affliction whose incidence has spiked recently after years of decline. Media investigations have questioned whether this occurred as regulatory oversight decreased and the industry pushed miners into longer and more hazardous work exposures with flawed safety protections.

with one surprising explanation for those disparities. A set of genetic mutations found mostly in people of African ancestry may make them less likely to respond to albuterol, the most-prescribed asthma drug in the worldIn those with albuterol resistance, [researchers also] found common mutations in genes related to lung capacity and immune response. The most prominent was a variant in a gene known as NFKB1, which is associated with smooth muscle response in the lungs. It's the sudden constriction of these particular cells that albuterol targets. People of African ancestry — including both African-Americans and Puerto Ricans in the study — with low albuterol response were much more likely to have this mutation.”

Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest

you:

- For anyone concerned with the [quality and safety of prescription medications](#), this may be an especially displeasing commentary from a pharmaceutical expert about drugs raced to approval now: “Some of them are really great,” the professor observed. “And some of them [are] not so great. And a lot of them are very expensive.” That quote comes from a news report by NPR on so-called reforms of the federal Food Drug and Administration prescription drug oversight process. Big Pharma has howled for some time now at politicians, regulators, and the public for fixes to the system — and the industry has gotten its way. Now, as NPR reported, based on a new study posted online on the JAMA Network: “The [FDA] has gotten faster at approving new prescription drugs over the past four decades, but the evidence it relies on in making those decisions is getting weaker ... As a result, there are more cures and treatments on the market but less proof that they are safe and effective.”
- [Tipple much, much less](#) in 2020. That might be a life-saving bit of advice for too many Americans to follow, especially because of new data on a worrisome spike in alcohol-related deaths. As NBC News reported, based on published research by federal researchers: “The yearly total of alcohol-related deaths for people ages 16 and over more than doubled, from 35,914 in 1999 to 72,558 in 2017. There were almost 1 million such deaths overall in that time. While middle-age men accounted for the majority of those deaths, women — especially white women — are catching up, the study found. That’s concerning in part because women’s bodies tend to be more susceptible to the effects of alcohol.
- Even as economic inequity and inequality fuel a nationwide plague of “deaths of despair,” a runaway and inefficient health system hits Americans hard in their pocketbooks, in effect imposing an [\\$8,000 annual tax on every household](#), a pair of leading economists say. The crushing cost of the U.S. health system, exceeding \$1 trillion a year, forces all Americans to pay this “tribute,” as if it were going to a foreign power, except this is a toll on themselves that we tolerate and allow, say Anne Case and Angus Deaton. The Princeton economists have reached this conclusion, as part of their research for their upcoming book, “Deaths of Despair and the Future of Capitalism.”
- Big hospitals keep getting bigger. But, contrary to what the suit-wearing MBAs may claim, [the rising number of institutional mergers and acquisitions isn’t necessarily better for patients and their care](#). At hospitals subjected to corporate wheeling and dealing, the quality of care got worse, or, at best, it stayed the same and didn’t improve, a new study in the New England Journal of Medicine reported.
- In recent years, doctors, hospitals, and popular media have promoted emerging treatments to the public with enthusiasm that in each case would turn out to be overblown. Just consider the red-hot chatter that once surrounded regenerative medicine, precision medicine, gene therapy,

or immunotherapy. And now, it may be the turn of artificial intelligence to be hyped hard in health care. Caveat emptor, as Liz Szabo reported for the Kaiser Health News Service. She sets the stage, thusly, about developments in a field that might worry some who remember Hal 9000 from “2001: a Space Odyssey”

HERE'S TO A HEALTHY 2020!

Sincerely,

A handwritten signature in black ink that reads "Patrick Malone". The signature is fluid and cursive, with the first name "Patrick" being more prominent than the last name "Malone".

Patrick Malone

Patrick Malone & Associates

Copyright © 2020 Patrick Malone & Associates P.C., All rights reserved.