

DR. MICOZZI'S

# ***INSIDERS'* CURES**

## **Nothing “ROUTINE” About it:**

*10 Medical Procedures That Do  
More Harm Than Good*

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Hundreds of thousands of Americans are injured, poisoned, and killed each year by modern medical technologies. Even the most respected medical journals and institutions have confirmed in various reports over the past 10 years the failures of American “modern medicine.”

Including deaths from unnecessary surgery, medication errors, clerical errors, hospital-acquired infections, and even from the “expected” negative side effects of drugs. All the while, health care costs are spiraling out of control and insurance companies are requiring patients to pay a greater share of the cost.

So despite all of our breakthrough technology, American medicine often appears to be doing more harm than good. In fact...

### **You may be surprised at what can be done without it!**

It’s time to rethink some of the medical myths and rituals that result in millions of useless tests, procedures, and “interventions” that appear to do more harm than good. Besides the huge waste of time and money they represent.

And now the American Board of Internal Medicine Foundation is doing just that with a new project called “Choosing Wisely.” The foundation consists of doctors from nine of the top medical societies in the U.S. And the Choosing Wisely program has identified 45 different medical procedures that are of little or no value, from tests, to surgeries, and even commonly prescribed medications. Below I’ll review the most commonly performed tests that are now considered inappropriate. Removing this kind of waste and abuse from the healthcare system could save billions of dollars a year.

Even the benefit of the routine yearly “checkup” is being questioned for most patients now. As reported in a New York Times article, back in 1979 a Canadian government task force recommended giving up the standard top-to-bottom annual physical exam.<sup>1</sup> They said it was “inefficient, nonspecific” and even “potentially harmful.”

That Canadian diagnosis was made the same year I graduated from a U.S. Ivy League medical school where we all sincerely believed the annual “checkup” was just practicing good medicine!

But the potential danger or harm of unneeded exams is that they may show “false positives,” potentially lead to risky procedures and treatments, and/or more tests, which leads to more of the same. It’s a vicious cycle. And every step along the way comes with the potential for harm. The controversy over the PSA test to try to detect prostate cancer is a good example.

But from the first day out of medical school, there remains a lot of simple inertia about what doctors expect they should be doing for their patients, and about what patients expect from their doctors. Not to mention all the economic incentives from the health care industry to provide more “care” whether needed or not.

There are also perverse incentives in medical research to discover more and more “biomarkers” for screening and “early detection” of diseases like cancer, despite the repeated abject failures of this approach for decades (as I reported for ovarian cancer biomarkers in the *Daily Dispatch* “The cancer test women should avoid at all costs”).

And now the new Director of the National Cancer Institute, Dr. Harold Varmus (a past director of the NIH) is back like a bad penny, poised for another jump over the precipice with an obsessive focus on finding ever more “biomarkers.”

And, sad to say, there are many diseases where early detection, even if “biomarkers” are found, simply doesn’t make any difference in the prognosis, management, or treatment of the disease. There are also many problems that may correct themselves over time due to the body’s ability to heal itself without any need for dangerous tests, procedures, or treatments.

### **Before you make your next doctor’s appointment...**

Be sure to consider the following very carefully. According to the American Board of Internal Medicine and National Physicians Alliance, these are the “top 10” most commonly performed tests you can actually omit:

**Annual physical exam:** On average for healthy adults, rather than detecting real problems, it is more likely to find false positives or meaningless results leading to useless and dangerous procedures and/or more tests that lead nowhere.

**Annual EKG:** On average for people without heart disease, it is more likely to mislead than to find early problems—leading to further needless and dangerous tests, drugs, and even surgery.

**Annual “blood panel” tests:** For people who feel well in the first place, it is more likely to lead to false positives than to detect new disease.

**Annual cholesterol test:** If cholesterol previously tested “normal” (although what is considered normal is constantly being manipulated by industry-motivated NIH “reviews”), this test is needed only once *every five years*.

**Annual Pap Smear:** Although this is one very important and successful test for early detection of cervical cancer, it is only needed *every three years* in women who have tested normal.

**Prostate Specific Antigen (PSA) to detect prostate cancer:** Experts from the U.S. Preventative Services Task Force no longer recommend this test, saying it causes more harm than benefit. The harm is not from this test itself but that it is frequently misleading, resulting in useless procedures and surgery that frequently cause permanent disability or even death. Studies show that patients not given the PSA test have no higher mortality than patients faithfully screened for prostate cancer by this test.

**Pre-operative chest x-ray:** Many hospitals still require a routine chest x-ray prior to surgery but it is a wasted effort unless the patient has heart or lung disease. The annual routine chest x-ray as part of a yearly physical exam was given up long ago, since the risk from radiation far exceeded any benefit at detection of lung cancer. Of course, now you can give up the annual physical as well.

**Bone scans in women under 65 years:** Efforts to detect osteoporosis in younger women have resulted in many women taking dangerous drugs with terrible side effects that are unnecessary (besides, if you wait until you’re 65, Medicare will cover this test if medically necessary).

**Radiologic tests for low back pain:** If back pain is of short duration (less than 2- 4 weeks), doing imaging studies add no benefit or improvement in outcome. And, as I’ve said before, the vast majority of patients with low back pain should be treated first with spinal manual therapy, provided by physical therapists and chiropractors, rather than drugs or surgery.

**Radiologic tests for headaches:** The common headache is sufficiently diagnosed by taking a careful medical history and doing a comprehensive neurological exam. Find a doctor who still knows how to provide that.

These 10 recommendations are not just theoretical. They are already being tried with positive results.

And I’ll even throw in one more so-called life-saving test to beware of...

### The cancer test women should avoid at all costs

The facts about ovarian cancer screening are downright damning.

The U.S. Preventative Services Task Force (USPSTF) has found problems with ovarian cancer screenings on three separate occasions. In fact, it has received a “grade D” in 1996, 2004, and 2008.

Primarily because the two methods used—transvaginal ultrasonography (TVU) and a serum tumor marker called cancer antigen 125 (CA-125)—continually fail to accurately detect ovarian cancer in women.

But of course these screening have continued. Wasting time and money, and purveying false hopes for prevention, with no improvement in their “grades” for 15 years.

And once again, in April of 2012, the USPSTF cited continuing evidence that ovarian cancer screening has little effect on reducing mortality rates. Moreover, it actually increases risk of harm.

The bottom line is that there is still no scientific justification for routinely screening women for ovarian cancer.

### Is anyone paying attention?

Local health care providers and some insurers are already improving the system by treating their patients better by providing less care. Following are just a few examples as reported in an editorial in *The New York Times*.<sup>2</sup>

Premier Inc. is an alliance of hospitals around the country that has ceased doing useless blood tests

and screenings. Over three years in 157 hospitals in 31 states they have saved almost 25,000 lives and reduced costs by almost \$5 billion, saving 12 percent of their overall spending.

Virginia Mason Medical Center in Seattle stopped doing useless radiologic tests for headache and back pain, decreasing the use of CT scans by one-quarter.

Also, in collaboration with Seattle-based Starbucks and Aetna Insurance they stopped sending people with low back pain to expensive orthopedic specialists (who could only see them after lengthy and painful waits, and then order a costly CT scan before providing any therapy).

Instead they sent back pain patients directly for spinal manual therapy to physical therapists on the same day. Most patients were pain free and back to work in less time than it would have taken them to wait to see a medical specialist. And they avoided dangerous drugs and surgery.

That’s true healthcare reform.

### **So what are the most common regular tests you should get?**

They are actually few and simple.

For women over 40 it is useful to get a mammogram every two years.

After much controversy about the risks of mammograms, the optimal screening interval and hundreds of millions of dollars spent on research, the data indicate that it’s simply not necessary to get a yearly mammogram. Bi-annually is just fine.

However, women should perform frequent breast self-examinations (while standing in the shower or otherwise). Breast cancer remains the leading cancer among women, while heart disease is the leading cause of death overall (as in men).

So for heart disease, getting your blood pressure checked regularly is the single most important

step you can take to prevent or control your risk. Unfortunately, as I reported in my *Daily Dispatch*, the healthcare system is failing miserably to detect and treat high blood pressure—which is an extremely treatable condition. (For more on how to address high blood pressure effectively, see volume three of *The Micozzi Files*, which you received free with your subscription).

It’s time to give up on all the dangerous and wasteful testing and focus on the things that really make a difference—and can literally mean the difference between life and death.

If your doctor is recommending any of the other 10 tests above, it can’t hurt to talk to him candidly about the real risks and benefits. You can refer to the “Choose Wisely” campaign of the American Board of Internal Medicine Foundation. And of course, you can always get a second opinion.

And if he doesn’t recommend these tests, before you argue to have them just because everyone else is...you may want to consider counting your blessings. Instead, focus on what’s really needed to ensure optimal health for whatever area of concern you may have.

#### Citations

1. Rosenthal, Elisabeth. “Let’s (not) get physicals,” *The New York Times*, Sunday Review, June 2, 2012
2. “Treating you better for less,” *The New York Times*, Sunday Review, June 3, 2012, pg. 12



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