

DR. MICOZZI'S

INSIDERS' CURES

MEDICINE'S HIDDEN COLONOSCOPY CRISIS

The grisly dangers behind
America's most routine exam

The U.S. is well-known for its massive expenditures on end-of-life care. On average, people here incur more medical costs during the last six months of life than during their entire life up until then. But it turns out the cost of ordinary care is nothing to sneeze at either.

“Routine” tests and exams add up to \$2.7 trillion per year (even more than the federal government’s annual deficit).¹ Colonoscopies are a case in point.

Colonoscopy is—by far—the most expensive screening test that Americans are exhorted to undergo. But there are several reasons you should think twice before “bending over” when it comes again. In fact, skipping your next routine colonoscopy might actually save your life.

There are some serious dangers associated with this supposedly safe test you won’t hear about from the public health “experts.” Or the mainstream hype. There are also alternatives to colonoscopy that are just as effective—and much safer (not to mention less expensive). More on that in just a moment.

But first, let me tell you why some real health experts are questioning whether it’s truly worth it to get a colonoscopy once you hit a certain age...

“Too old” for a colonoscopy?

The minute you hit 50, your doctor probably started encouraging you to get regular colonoscopies.

But at this point in life, is a colonoscopy really worth it?

You see, the major purpose of routine colonoscopies is to detect polyps growing from the mucosal surface of the colon. But it takes, on average, 15 years for cancer within a polyp to develop into full-blown colorectal cancer.²

Yes, some people have a specific genetic predisposition which can lead to multiple polyps and a higher risk of colorectal cancer. And these people should be followed and managed closely.

But anyone can potentially develop a colon polyp. And in light of that 15-year lag time, how old is “too old” to go through this uncomfortable procedure and be subjected to its risks? This question is important because “rou-

tine” colonoscopy can be quite dangerous—even fatal.

Horror-film injuries from a “routine” test

Colonoscopy is portrayed as a benign, safe procedure for everyone. But in my forensic medicine practice I have seen case after case of perforated intestines and peritonitis (a potentially fatal inflammation of the abdominal lining), lacerated and punctured livers with massive bleeding, and other fatal complications. All from “routine” colonoscopies.

I even had one case in which the air pumped into the colon (to inflate it for easy examination) escaped into the patient’s abdominal cavity. It put so much pressure on the liver that it cut off blood supply back to the heart. The patient died from shock.

To make matters worse, colonoscopies are often prescribed more frequently than medical guidelines recommend...

ACOG in the wheel

Ten years ago, apparently having run out of things to say on TV from one end, Katie Couric had her colonoscopy performed on the other end, live, on national TV. Patients began demanding them like the latest cosmetic procedure. Then, the American College of Gastroenterology (ACOG) successfully lobbied Congress to have the procedure covered by Medicare (in other words, us, the taxpayers).

So now, when you become eligible for Medicare at age 65, with the 15 year lag time for a polyp to become cancerous, this Medicare benefit can help you avoid coming down with colorectal cancer at age 80 years or older, on average. Just doing the math. But I digress...

The fact is, several much less expensive and less dangerous techniques are also effective. Yet specialist medical practitioners have (not surprisingly) picked the most expensive—and dangerous—option. Without any scientific data to support it. I know it sounds bizarre, given all the hype and increased recommendations for colonoscopy. But it’s true.

In fact, according to a study published in the *American*

Journal of Gastroenterology, colonoscopy has never even been compared to other, much safer—and less expensive—screening methods head-to-head in randomized trials.³ (This despite the continual call from mainstream medicine for ever more randomized, controlled, clinical trials—which are considered the “gold standard.”)

Until the last 10-15 years, colonoscopies were only performed in doctor's offices. And only on patients at high risk for colorectal cancer or who were experiencing intestinal bleeding.

Then doctors reported they could detect early cancers even in people who are not at high risk and don't have bleeding. But, according to an article published in the *Journal of the National Cancer Institute*, there is no compelling evidence that colonoscopy offers any additional benefit over the older, cheaper, safer tests.⁴

And the bottom line is no study has shown that colonoscopy prevents colorectal cancer incidence or mortality any more than the other safer, less expensive screening methods.

And don't forget—colonoscopies can miss polyps that are present.

In fact, with each passing hour of the day, gastroenterologists are nearly 5 percent *less likely* to detect a polyp during colonoscopy.⁵

Nonetheless, the ACOG unilaterally declared colonoscopy as the “preferred” approach to colorectal cancer prevention. It certainly was preferred when it came to collecting membership dues, apparently.

Of course, colonoscopy has also become very lucrative. One analysis even reported colonoscopy is the reason the U.S. leads the world in health expenditures!

But some primary care doctors don't realize the costs of the tests and procedures they prescribe.

The most expensive hour you'll ever spend

A colleague of mine in Hartford, CT recently called the local hospital in order to price a colonoscopy. And even he couldn't get an answer.

Because this “routine” screening procedure can cost anywhere from \$6,000 to nearly \$20,000. For an outpatient procedure requiring less than an hour.

Recently, two reporters for the *Washington Post* shined a spotlight on the problem. They investigated the workings of a powerful, yet little-known subcommittee of the American Medical Association (AMA).⁶

This small subcommittee meets confidentially each year to decide “values” for the many services that doctors perform. In other words, they decide how much medical procedures cost.

(In the business world, this is called “price fixing.” And it's illegal. But medicine is no longer a free market, since it now lies in the hands of the government and third-party insurers. And in their hands, price-fixing isn't illegal.)

Supposedly, this subcommittee comes up with these values based on how much time a doctor spends performing the service. And how much effort it requires.

The subcommittee then presents the values to the Center for Medicare and Medicaid Services (CMS). And private insurance companies reference them as well.

The CMS uses these recommendations to set Medicare/Medicaid payment rates. This determines how much a doctor gets paid when the patient has Medicare or Medicaid. And private health insurance companies use the AMA recommendations too.

As I said earlier, this is one powerful subcommittee. And its decisions have far-reaching effects. Yet, there's very little oversight or transparency about their work. The CMS actually even pays the AMA to develop these recommendations!

So, what stops the committee from inflating prices arbitrarily? Or even purposefully?

Not much, apparently.

In fact, the *Post* reporters found that the AMA subcommittee grossly overestimates how much time doctors spend performing many common procedures. Especially

colonoscopies.

In fact, the AMA estimates that a basic colonoscopy takes 75 minutes of a physician's time. This includes the work performed before, during and after the scoping.

But here's the problem...

It *doesn't* take doctors this long to perform colonoscopies.

Well, let me rephrase that.

Maybe it *should* take that long. But gastroenterologists *don't take* that much time.

In the *Post* article, one Florida gastroenterologist said he routinely performs 16 procedures a day. This includes 12 colonoscopies. He said it generally takes him nine to 10 hours to complete this work in a day.

But, according to the AMA estimates, it should take that doctor 26 hours to perform all these procedures.

So, either the doctor works more than twice as fast as the AMA says he should. Or he's being overpaid.

My guess is that it's a little of both.

The doctor is probably pushing to complete as many colon screenings as he can in one day to beef up his "bottom" line. And I'm sure he's not the only one. In fact, most gastroenterologists allot just 30 minutes for a routine colonoscopy.

Without a doubt, the AMA is still way off base in its time estimate.

As a result, the taxpayers (through Medicare/Medicaid) foot the bill for three days of work. But it only takes the doctor one day to do the work. The insurance companies overpay too because they use the same AMA estimates.

Again, colonoscopies are the most expensive screening tests that otherwise healthy Americans undergo. In fact, in the U.S. they often cost more than childbirth or an appendectomy costs in most other developed countries.⁷

But colonoscopies represent such a large financial burden because, unlike hip replacements, c-sections, or even nose spray, everybody gets them—or is supposed to,

whether they need it or not.

The final "knock-out" blow

And on top of all this, there is the "wild west" of administering anesthesia during colonoscopies. Not only does anesthesia add to the procedure's risk, but this service is billed separately—and is all over the map.

For anesthesia during one surgical procedure, for the exact same service, one anesthesia group practice charges \$6,970 from a large private health insurer, \$5,208 from Blue Cross Blue Shield, \$1,605 from Medicare, and \$797 from Medicaid.⁸

What is the real cost of providing this service?

Who knows!

A better question is: *Why* are anesthesiologists involved in colonoscopies at all?

Colonoscopy does not require general anesthesia. Moderate sedation—a drug like Valium, or another intravenous medicine that takes effect and wears off quickly—is all you really need.

Both of which could technically be administered by any nurse in any doctor's office. There is no clinical benefit whatsoever from having anesthesiologists involved in this procedure. But it adds a further cost of \$1.1 billion per year.^{9,10}

So, who is keeping the anesthesiologists where they don't belong? Our "friends" at the FDA.

They refuse to modify the drug labels advising that moderate sedation must be performed in the presence of an anesthesiologist (a policy that the American Society of Anesthesiologists lobbies strongly to keep in place, of course).

So all of this leads us to the \$1 billion question...

What are the alternatives?

Here we have yet another situation where the most expensive, most dangerous screening procedure has simply never been proven to be better than less expensive, safer

procedures. And there are three proven alternatives to colonoscopy.

1. The long-established **hemoccult test** detects blood in the stool as a sign of intestinal bleeding. When there is bleeding in the lower intestinal tract it can be seen as bright red blood in the stool. But when the bleeding is higher up, the blood breaks down and becomes invisible, or “occult.”

Fecal occult blood testing can decrease the risk of death from colorectal cancer by 33 percent.¹¹ Not bad for a test that is cheap, completely safe, non-invasive, and that you can administer yourself in the privacy of your own bathroom.

2. To get an actual look inside the lower intestine, opt for a **sigmoidoscopy**. Unlike colonoscopy, which examines the entire colon, sigmoidoscopy only enters the lower large intestine, which is where most cancers occur. Several recent studies have shown that this screening method is as effective as colonoscopy—if not more so.^{12,13}

In fact, according to one of these studies, getting just ONE sigmoidoscopy between the ages of 55-64 can reduce incidence of colorectal cancer by 31 percent and colorectal cancer mortality by 38 percent.¹⁴ A sigmoidoscopy can be done right in your doctor's office and doesn't require any sedation. Which makes it much less expensive—and also much safer—than colonoscopy.

3. A relatively recent development has been **CT colonography**, which involves doing CT scans to detect colon polyps. In general, CT colonography is done every five years, but radiologists have worked out several more specific guidelines for individual cases—including instances of positive fecal occult blood tests (FOBT), and to deal with the frequent problem of an “incomplete colonoscopy.”

Please don't misunderstand my intention. In no way am I downplaying the importance of colorectal cancer and effective screening for this potentially deadly disease. However, I—and many others—do take issue with the medical subspecialists' *carte blanche* recommendation

of colonoscopy. The available science simply doesn't support it as the be-all, end-all of colorectal cancer screening. And, as always, when it comes to your health, it's absolutely critical to follow the science.

The fact is, there are serious risks associated with colonoscopy...and its superiority is unproven. But there ARE alternatives. Safer ones. That do a better (or, at the very least, safer) job of reducing mortality from this disease.

If you have your doubts about getting a colonoscopy, make sure to consult with your primary care physician regarding your family history, personal medical history, and any current health problems or symptoms, to find out whether starting with safer, less expensive options—a hemoccult test, a sigmoidoscopy, or the new CT colonography scan—may be right for you for colorectal cancer screening and prevention.

And remember, you can lower your risk of colorectal cancer in the first place (and any other form of cancer, as well as many other chronic diseases, for that matter) by following the diet, exercise, and supplement recommendations you'll find throughout your issues of *Insiders' Cures*.

U.S. RANKS AS A WORLD LEADER —IN HEALTH CARE COSTS

It's not just colonoscopy that is too expensive. Americans pay more for almost everything we get from the healthcare system than people in other countries.

Hip replacements cost four times as much here as in Europe. Caesarian sections are three times more expensive than in Britain and New Zealand. A common nasal spray for allergies costs over five times more in the U.S. than in Europe. Hospital stays are three times more expensive in the U.S. compared to the rest of the developed world (even though they are being cut shorter and shorter by insurance companies).

We are prescribed more frequent, and more expensive, tests and procedures than in other countries—whether or not those countries have private or government health systems.

The International Federation of Health Plans compiled a list of drug treatments, scanning tests and other procedures which shows the U.S. is the most costly in all of their 21 categories—often by a huge margin.¹⁵

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