Why & How Ezekiel Emanuel Came to Write His ‘What Cannot Be Said on Television about Health Care’ Commentary for JAMA

By Andrew Holtz, MPH

The title grabbed me right away: “What Cannot Be Said on Television about Health Care.” The commentary by NIH bioethicist Ezekiel J. Emanuel, MD, PhD, which appeared in the May 16th issue of the Journal of the American Medical Association (http://jama.ama-assn.org/cgi/content/full/297/19/2131), echoed some of the themes of this column—that the words and frames used on TV reveal much about the fundamental beliefs of people that shape their health behaviors, and also the beliefs of legislators and others that shape health care policy.

“Today, the United States is undergoing a significant change in the language of medicine,” Dr. Emanuel wrote. “There are three phrases that should and can no longer be said about the US health care system without qualification, embarrassment, criticism, or even denunciation: ‘The United States has the best health care system in the world,’ ‘Health care is special,’ and ‘New is better.’ I rang up Dr. Emanuel to ask him why he wrote the piece.

“I wanted people to wake up. I really wanted to challenge people. And I’ll tell you, if my e-mail is any indication, I’ve obviously hit a nerve and I’ve obviously been tendentious. I thought this was just me letting off steam, but I’ve obviously hit a nerve, which I have to say I didn’t anticipate.”

Ending the subsidy the government pays to Medicare Advantage plans is one way to find money to prevent Medicare physician pay cuts, Dr. Wilson said. The subsidy, he said, increases reimbursement by 12% for Medicare Advantage plans compared with traditional fee-for-service Medicare plans.

If the Medicare Advantage subsidy were eliminated, it would save about $65 billion over five years, Dr. Wilson added. In April CMS announced the Medicare Advantage capitation rates for 2008, which will increase by about 3.5%—a rate of growth that is less than the 4.3% estimated Medicare growth trend for 2008.

Action to prevent the cuts should be taken sooner rather than later, Dr. Wilson said. “We would really like not to come back next year and tell you, ‘We told you so.’ We think it makes a lot of sense to do something now.”

Curtailing Services in Response to Medicare Cuts

In addition to finding that physicians will curtail the number of Medicare patients they treat unless deep Medicare cuts are averted, the AMA survey also found that physicians will make potential changes to their practices.

- **67%** will begin to refer complex cases.
- **58%** will discontinue nursing home visits.
- **65%** will stop providing certain patient services.
- **57%** will discontinue rural outreach.
- **54%** would reduce their staff.
- **60%** will discontinue rural outreach.
- **80%** will begin referring complex cases.
- **72%** will stop visiting nursing homes.
- **85%** will stop providing certain services.
- **72%** will discontinue rural outreach.
- **77%** will reduce their staff.

remedy the steep Medicare cuts, Dr. Wilson said that none had been introduced yet.

This year Congress needs to reauthorize the State Children’s Health Insurance Program (SCHIP) for low-income children, and Dr. Wilson said “we would be comfortable with” a piece of legislation that would both reauthorize SCHIP and address the Medicare cuts.

There’s long been bipartisan support for stopping Medicare cuts, and where there’s a will, there’s a way.” He added, “When something is important enough, Congress finds a way to fix the problem.”

Asked if any of the presidential candidates have Medicare remedial plans that the AMA supports, Dr. Wilson said, “We look forward to working with all of them.”

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**Letter Provides Evidence of Erosion in Confidence**

One e-mail sent to Dr. Emanuel offered evidence of widespread erosion in confidence in the US health care system. The note from Princeton professor Angus Deaton, PhD, referred to international polling he’s been doing with colleagues and the Gallup group.

“He said the response has been both much bigger and more supportive than he expected. The responses were still coming in several days later when I checked back. “If anything it’s gotten more positive,” he said. “A lot of people calling me and e-mailing me and saying how much they liked everything I had to say. People are quibbling about this and that, but even people who quibble appreciate things I said.”

There’s an important difference between long-held concerns about access to health care or insurance coverage and the three points Dr. Emanuel highlights. Instead of just talking about how to get more health care to more people, the media chatter indicates growing doubt about the essence of how the US organizes and delivers health care.

**SCRIPTDOCTOR: MEDICINE IN THE MEDIA**

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Andrew Holtz, MPH, is a former CNN Medical Correspondent and the author of “The Medical Science of House, M.D.” Send questions to him about how the media treat medical topics or suggestions for future columns to OT@lwwny.com.
By Ed Susman

HOLLYWOOD, FL—Despite the advent of targeted therapies for advanced breast cancer, the search continues to find agents that will offer more than just life extension, a topic that was discussed here during a featured lecture at the National Comprehensive Cancer Network’s 12th Annual Conference on Clinical Practice Guidelines and Quality Cancer Care.

Present knowledge allows doctors to treat advanced breast cancer on the basis of the biology of the tumor, especially indicating an earlier role for use of trastuzumab if tests indicate that the tumor overexpresses the HER2 gene, noted George Somlo, MD, Director of Breast Oncology and High-Dose Therapeutics at City of Hope Cancer Center.

There remain large gaps in knowledge about how to use trastuzumab.

“The patients getting trastuzumab are doing better,” he said, pointing out that treatment with biological agents can be effective in treating patients with HER2-overexpressing tumors. “However, when it comes to second-line and third-line treatment we haven’t the tools to create a cure.”

For about half the women with advanced breast cancer an anti-estrogen approach is reasonable, since about 50% of women have estrogen-positive tumors, Dr. Somlo said. For the women with non-estrogen positive breast cancer, chemotherapy is the main treatment modality. For about 25% to 30% of women who overexpress HER2, trastuzumab and other newer agents such as lapatinib are possible treatments.

There have been a variety of combination trials with drug such as docorubicin and paclitaxel, and while those studies have produced increased responses, they have not extended overall survival. In some cases—specifically the use of combination docetaxel and capecitabine, and paclitaxel with capecitabine—survival time has increased by about three months.

None of the combinations, however, have been attempted sequentially. “If there was a mandatory crossover design in these studies, it is possible the results might have been similar,” he said.

Eszkiel J. Emanuel, MD, PhD, wrote in his JAMA piece: “The evolution in what can and cannot be said on TV regarding the US health care system confirms and reinforces that there is an important change occurring in how many Americans view the health care system. The change in language suggests Americans now recognize that the system has deep structural problems....Reform cannot occur without acknowledging that there is a problem.”

Outside of Health-Care-Work-World

Yet critiques of the US health care system, in everyday conversations and in the media are still in the primal scream stage. Outside of health-care-work-world, most people lack the background and vocabulary to articulate the specifics of their dissatisfaction beyond financial pain and overwhelming confusion about how to navigate the system.

Dr. Emanuel agrees: “The first is, the system is so damn complex it’s hard for people to figure it out. They understand they don’t like it, but it’s hard for them to figure out what needs to be changed and the second thing that I think is true is that the alternatives—are too many of them, they are too cacophonous—it’s very hard for people to figure out what the key points are.”

It will take time, and some skilled reporting, to move the public discussion (as seen on TV) from a general plaint to a nuanced conversation about solutions. It’s still hard to find much beyond the false dichotomy of status quo vs single-payer or “exposés” of various alleged bad guys (greedy docs or greedy lawyers or greedy CEOs, etc.).

Dr. Emanuel said he looks forward to reporters and editors taking the next step. “The media need to begin challenging—and I think they have gotten a little more aggressive about this—the pabulum that comes out, and they need to be more skeptical of what is passed out about the health care system,” he said. “I want the media to be skeptical and to challenge anyone who uses one of these common tropes.”

Fifteen years ago, when the Clinton administration proposed a mammoth new health care financing system, it didn’t take much beyond the “Harry & Louise” ads for supporters of the status quo to gain control of the media discussion and ultimately the political process. Dr. Emanuel’s observation that you can no longer blithely assert on TV that “the US system is best” or that “health care is special” or that “new is better” indicates that the ground rules for the health care reform debate are fundamentally different now.