

# MEDICAL TUESDAY . NET

## Community For Better Health Care

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**The Annual World Health Care Congress**, co-sponsored by **The Wall Street Journal**, is the most prestigious meeting of chief and senior executives from all sectors of health care. Renowned authorities and practitioners assemble to present recent results and to develop innovative strategies that foster the creation of a cost-effective and accountable U.S. health-care system. The extraordinary conference agenda includes compelling keynote panel discussions, authoritative industry speakers, international best practices, and recently released case-study data. The 3<sup>rd</sup> annual conference was held April 17-19, 2006, in Washington, D.C. One of the regular attendees told me that the first Congress was approximately 90 percent pro-government medicine. This year it was 50 percent, indicating open forums such as these are critically important. **The 4<sup>th</sup> Annual World Health Congress has been scheduled for April 22-24, 2007**, also in Washington, D.C. The **World Health Care Congress - Asia** will be held in Singapore on May 21-23, 2007. The **World Health Care Congress - Middle East** will be held in Dubai, United Arab Emirates, on November 12-14, 2007. **World Health Care Congress - Europe 2007** will meet in Barcelona on March 26-28, 2007. For more information, visit [www.worldcongress.com](http://www.worldcongress.com).

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### 1. **Featured Article: Cancer Clues from Pet Dogs, *Scientific American***

Studies of pet dogs with cancer can offer unique help in the fight against human malignancies while also improving care for man's best friend.

By David J. Waters and Kathleen Wildasin,

Imagine a 60-year-old man recuperating at home after prostate cancer surgery, drawing comfort from the aged golden retriever beside him. This man might know that a few years ago the director of the National Cancer Institute issued a challenge to cancer researchers, urging them to find ways to "eliminate the suffering and death caused by cancer by 2015." What he probably does not realize, though, is that the pet at his side could be an important player in that effort.

Reaching the ambitious Cancer 2015 goal will require the application of everything in investigators' tool kits, including an openness to new ideas. Despite an unprecedented surge in researchers' understanding of what cancer cells can do, the translation of this knowledge into saving lives has been unacceptably slow. Investigators have discovered many drugs that cure artificially induced cancers in rodents, but when the substances move into human trials, they usually have rough sledding. The rodent models called on to mimic human cancers are just not measuring up. If we are going to beat cancer, we need a new path to progress.

Now consider these facts. More than a third of American households include dogs, and scientists estimate that some four million of these animals will be diagnosed with cancer this year. Pet dogs and humans are the only two species that naturally develop lethal prostate cancers. The type of breast cancer that affects pet dogs spreads preferentially to bones--just as it does in women. And the most frequent bone cancer of pet dogs, osteosarcoma, is the same cancer that strikes teenagers.

Researchers in the emerging field of comparative oncology believe such similarities offer a novel approach for combating the cancer problem. These investigators compare naturally occurring cancers in animals and people--exploring their striking resemblances as well as their notable differences.

Right now comparative oncologists are enlisting pet dogs to tackle the very obstacles that stand in the way of achieving the Cancer 2015 goal. Among the issues on their minds are finding better treatments, deciding which doses of medicines will work best, identifying environmental factors that trigger cancer development, understanding why some individuals are resistant to malignancies and figuring out how to prevent cancer. As the Cancer 2015 clock keeps ticking, comparative oncologists ask, Why not transform the cancer toll in pet dogs from something that is only a sorrow today into a national resource, both for helping other pets and for aiding people?

### **Why Rover?**

For decades, scientists have tested the toxicity of new cancer agents on laboratory beagles before studying the compounds in humans. Comparative oncologists have good reason to think that pet dogs with naturally occurring cancers can likewise become good models for testing the antitumor punch delivered by promising treatments.

One reason has to do with the way human trials are conducted. Because of the need to ensure that the potential benefits of an experimental therapy outweigh the risks, researchers end up evaluating drugs with the deck stacked against success; they attempt to thrash bulky, advanced cancers that have failed previous treatment with other agents. In contrast, comparative oncologists can test new treatment ideas against early-stage cancers--delivering the drugs just as they would ultimately be used in people. When experimental drugs prove helpful in pets, researchers gain a leg up on knowing which therapies are most likely to aid human patients. So comparative oncologists are optimistic that their findings in dogs will be more predictive than rodent studies have been and will help expeditiously identify those agents that should (and should not) be tested in large-scale human trials.

Pet dogs can reveal much about human cancers in part because of the animals' tendency to become afflicted with the same types of malignancies that affect people. Examples abound. The most frequently diagnosed form of lymphoma affecting dogs mimics the medium- and high-grade B cell non-Hodgkin's lymphomas in people. Osteosarcoma, the most common bone cancer of large- and giant-breed dogs, closely resembles the osteosarcoma in teenagers in its skeletal location and aggressiveness. Under a microscope, cancer cells from a teenager with osteosarcoma are indistinguishable from a golden retriever's bone cancer cells. Bladder cancer, melanoma and mouth cancer are other examples plaguing both dog and master. In a different kind of similarity, female dogs spayed before puberty are less prone to breast cancer than are their nonspayed counterparts, much as women who have their ovaries removed, who begin to menstruate late or who go into menopause early have a reduced risk for breast cancer.

Canine cancers also mimic those of humans in another attribute--metastasis, the often life-threatening spread of cancer cells to distant sites throughout the body. Solving the mystery of how tumor cells metastasize to particular organs is a top research priority. When certain types of cancers spread to distant organs, they tend to go preferentially to some tissues over others, for reasons that are not entirely clear. Because metastasis is what accounts for most deaths from cancer, researchers would very much like to gain a better understanding of its controls. Studies in pet dogs with prostate or breast cancer might prove particularly useful in this effort, because such tumors frequently spread in dogs as they do in humans--to the skeleton. Indeed, research in pet dogs is already attempting to work out the interactions between tumor cells and bone that make the skeleton such a favorite site for colonization.

Scientists also have deeper theoretical grounds for thinking that pet dogs are reasonable models for human cancer. Evolutionary biologists note that dogs and humans are built like Indy race cars, with successful reproduction as the finish line. We are designed to win the race, but afterward it does not matter how rapidly we fall apart. This design makes us ill equipped to resist or repair the genetic damage that accumulates in our bodies. Eventually this damage can derange cells enough to result in cancer. In the distant past, our human ancestors did not routinely live long enough to become afflicted with age-related cancers. But modern sanitation and medicine have rendered both longevity and cancer in old age common. Much the same is true for our pets. Pet dogs, whom we carefully protect from predation and disease, live longer than their wild ancestors did and so become prone to cancer in their later years. Thus, when it comes to a high lifetime risk for cancer, pets and people are very much in the same boat.

Aside from acquiring cancers that resemble those in people, pet dogs are valuable informants for other reasons. Compared with humans, they have compressed life spans, so scientists can more quickly determine whether a new prevention strategy or therapy has a good chance of improving human survival rates. Finally, although veterinarians today are far better equipped to treat cancer than they used to be, the standard treatments for many canine tumors remain ineffective. Because most pet cancer diagnoses end in death, dog owners are often eager to enroll their animals in clinical trials that could save their pet's life--and possibly provide the necessary evidence to move a promising therapy to human clinical trials. . .

### **Taking Aim at Cancer Prevention**

But cancer researchers are shooting for more than improved detection and better treatment; they also want to prevent the disease. Surprisingly, prevention is a relatively new concept within the cancer research community. What cardiologists have known for a long time--that millions of lives can be saved through the prevention of heart disease--is just now gaining traction in the cancer field. The term "chemoprevention" was coined 30 years ago to refer to the administration of compounds to prevent cancer, but scientists did not gather nationally to debate cutting-edge knowledge of cancer prevention until October 2002. . .

### Why Uncle Bill Avoided Cancer

Because cancer in pet dogs is so commonplace, the animals might be able to assist in solving an age-old mystery. Almost everyone has an Uncle Bill who smoked two packs a day and never got lung cancer. So what factors determine cancer resistance? One way to tease out the answer is to find populations resistant to cancer and study them closely--their genetics, their diet and their lifestyle. Such a population has been found--human centenarians. It turns out that most folks who live to be 100 die of disorders other than cancer. But it is nearly impossible to collect reliable information from a 102-year-old woman on her dietary habits and physical activity when she was a teenager or in her mid-40s. So one of us (Waters) asked a simple question: Is this phenomenon of cancer resistance in the oldest old operational in pet dogs? The answer is yes. Now by interviewing owners of very old pet dogs, comparative oncologists can construct accurate lifetime histories of "centenarian" dogs. Combine this prospect with the ability to collect biological samples (such as blood for genetic analysis and for tests of organ function) from very old dogs as well as from several generations of their offspring, and you have a unique field laboratory for probing the genetic and environmental determinants of cancer resistance. . .

### A Growing Effort

Historically, comparative oncology research has been conducted in university-based hospitals and laboratories where veterinary oncologists are trained. But other organizations have begun to recognize the potential for this kind of research to translate into better care for people, and these institutions are now actively engaged in comparative oncology research. . .

The intriguing similarities between the cancers of people and pets--once a mere curiosity--are now being systematically applied to transform cancer from killer to survivable nuisance. Comparative oncologists are not inducing cancer in animals but are compassionately treating pet dogs suffering from the same kinds of lethal cancers that develop naturally in both man and man's best friend. They are putting our canine companions on the trail of a killer in ways that can save both pets and people.

DAVID J. WATERS and KATHLEEN WILDASIN share an interest in stimulating fresh thinking about cancer. Waters is professor of comparative oncology at Purdue University, associate director of the Purdue Center on Aging and the Life Course and executive director of the Gerald P. Murphy Cancer Foundation in West Lafayette, Ind. He earned his B.S. and D.V.M. at Cornell University and a Ph.D. in veterinary surgery at the University of Minnesota. Wildasin is a Kentucky-based medical and science writer.

Read the entire article at [www.sciam.com/print\\_version.cfm?articleID=C9F7F979-E7F2-99DF-3D97694D2A702FED](http://www.sciam.com/print_version.cfm?articleID=C9F7F979-E7F2-99DF-3D97694D2A702FED).

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## 2. In the News: Freedom Man, By Thomas Sowell, *WSJ*, November 18, 2006

PALO ALTO, Calif. -- Milton Friedman was one of the very few intellectuals with both genius and common sense. He could express himself at the highest analytical levels to his fellow economists in academic publications and still write popular books such as "Capitalism and Freedom" and "Free to Choose," that could be understood by people who knew nothing about economics. Indeed, his television series, "Free to Choose," was readily understandable even by people who don't read books.

Milton Friedman may well have been the most important economist of the 20th century, even if John Maynard Keynes was the most famous. No small part of Friedman's achievement was rescuing economics from the pervasive and virtually unquestioned Keynesian orthodoxy that reigned in many places.

Ironically, Friedman began his career as a believer in both Keynesian economics and in the liberals' vision of the world with which it was so compatible. Yet, in the end, no one did more to dethrone both. It is doubtful whether Ronald Reagan could have been elected president in 1980 without the changes in public opinion produced by Friedman's work in the previous decades.

The Keynesians' belief that government policy could wisely make trade-offs between rates of inflation and rates of unemployment was epitomized in the Phillips Curve, which seemed to lend empirical support to that belief. Friedman dealt that analysis a body blow when he argued that it was not the rate of inflation which reduced unemployment but the fact that inflation exceeded expectations.

In other words, even a high rate of inflation would not reduce unemployment if inflationary policies became so common as to be expected. The "stagflation" of the 1970s -- with simultaneous double-digit inflation and double-digit unemployment -- validated what Friedman had said, in a way that no one could ignore.

Unlike so many intellectuals who have aspired to positions of power, Friedman preferred to remain outside of government and independent of politicians. His influence was nevertheless great because his ideas moved others, whether in the economics profession, in the general public or among policy makers.

Friedman's many contributions to economics, recognized by the Nobel Prize that he received in 1976, were only part of his

contributions to society at large. His decades-long campaign to promote school vouchers has been enshrined in the foundation named for him and his wife, the Milton and Rose D. Friedman Foundation for Educational Choice. He was a compassionate conservative long before that term was coined, for the rich obviously do not need vouchers to get a decent education for their children.

Friedman's own personal background made him familiar with the problems of those who begin life without the privileges of the elite -- and of the importance of education as a way to advance beyond their beginnings. Born in Brooklyn in 1912 to immigrant parents, he grew up in New Jersey, living over his family's store, and worked his way through Rutgers University. Later, he went on to postgraduate work at the University of Chicago. The rest, as they say, is history.

As the central figure in the "Chicago School" of economists, and an outstanding teacher, Friedman over the years sent forth into the world -- overseas as well as in the U.S. -- a stream of economists who influenced the thinking, and in some cases the policies, of countries all around the world. These students, along with his writings, are part of his enduring legacy. His popular writings, speeches and television appearances spread his ideas through successively wider circles of people, who passed these ideas on to others, many of whom may never had known where these ideas originated. . .

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Although in recent years we were both members of the Hoover Institution at Stanford University, we each lived miles away and neither of us was physically present there with any great frequency, so the chance that we would both be there on the same day was virtually nil. The last time I saw Friedman in person was in 2004, when we were jointly interviewed on television. Afterwards, he gave me a ride in his little sports car over to the Stanford faculty club, where we joined a group for lunch. Then he drove back to his home in San Francisco, 30 miles away, though he was at the time in his 90s.

More recently, I happened to chat briefly with Friedman on the phone a few days before his death, and found his mind to be as clear and sharp as ever. That will always be a special memory of a very special man, one of the giants of our time -- intellectually, morally, and as a human being.

*Mr. Sowell is the Rose and Milton Friedman Senior Fellow at the Hoover Institution, at Stanford. (A selection of excerpts from Mr. Friedman's op-eds for The Wall Street Journal is posted today on [OpinionJournal.com](http://OpinionJournal.com)<sup>1</sup>.)*

Dr. Sowell's entire article is at [http://online.wsj.com/article\\_print/SB116381313044126974.html](http://online.wsj.com/article_print/SB116381313044126974.html) (subscription required).

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**3. International Medicine: To be a fit nation we have to be weaned off the NHS,** By Eamonn Butler, in *The Business*, 17/09/2006

EVENTUALLY, the penny dropped. The Conservatives came to realise (sic) that New Labour (sic) was in fact New. They were no longer facing a government bent on gleeful re-nationalisation of the commanding heights: rather, it was putting many of their own ideas in place. And that is when they elected David Cameron.

Now, the penny has dropped on the other side too. The unions have realised that the reform agenda is for real. And even when Tony Blair steps down, its momentum will keep it rolling for some time to come.

The penny started to drop as the trade unions saw the spread of private companies providing health treatment paid for by the NHS. But it hit bottom with a loud clang this week, with the decision to outsource the NHS logistics system to DHL in a £1.6bn deal. The company will manage expenditure of £22bn a year, taking over the supply of 500,000 products -- from safety-pins to hip joints -- to 600 hospitals. It hopes to shave £1bn off NHS costs.

Unison, the public workers' union, were particularly furious, attacking it as "creeping privatisation". (sic)

Really? In what sense is it creeping? The private sector now designs and builds NHS hospitals, provides NHS operations, manages the buying-in of hospital services, and runs the back-office supply chain too. It is firmly ensconced in every part of the acute care system. . .

But as the saying goes -- a billion here, a billion there, and soon the savings add up to serious money.

The unions extracted the promise that no more than 15% of NHS acute care would be provided by the independent sector. But now,