

Question: What percentage of the US gross domestic product does healthcare consume?
A) 5% B) 10% C) 15% D) 20% E) 25%

How Good is Your Kidney Function?

Many of us watch our kidney function carefully to assess whether lowering GFRs suggest the need to implement strategies to reduce the rate of decline. The question we must ask: ‘Is the rate of my decline simply part of the ageing process, or is there some pathology at work?’ Accurate and consistent measures of GFR are essential; however, different equations may be used to estimate creatinine based GFRs, and inconsistencies in the equations may falsely indicate changes that are not occurring.



A large team of Swedish investigators asked about the inconsistencies in five commonly used methods of calculating GFR in about 3,000 older adults and their respective abilities to predict 15-year mortality rates.¹ The names of the methods are beyond the scope of this newsletter. The investigators looked for concordance across five stages of kidney function from the highest (GFR>90) to the least (GFR<30). Of the five GFR methods, all had the highest concordance in the 60-

90 range. The range of concordance was 62-76 %. The choice of calculation method may affect the apparent stage of kidney disease, which in turn may affect the applicable therapy. There were small differences in the ability of the GFR methods to predict 15-year mortality.

The point of all this is to ensure that a consistent method of calculating GFR is being applied by *your* clinician at each annual physical. I have seen apparent sudden changes > 10% in GFR be reversed on subsequent analyses. I cannot be certain that a change in calculation method was involved, but in at least one case I am convinced that this was the cause of the false change.

Parent-Child Relationships Affect Later Wellbeing

Intuitively, one would expect healthy parent-child relationships during childhood to have a positive effect on the wellbeing of children when they grow into adulthood. A team of five investigators applied measures of mother-child and father-child relationships to the wellbeing of their children when they become adults.² This was performed by questionnaire.

Regarding maternal parenting (n=10,700), young adults reported better health when as adolescents they enjoyed better warmth, communication, time-together, academic expectations and reasonable discipline. The findings for paternal parenting (N=8,200) were similar. Overall, quality parenting improved optimism and quality of romantic relationships as young adults. It

¹ <https://pubmed.ncbi.nlm.nih.gov/36951865/>

² <https://pubmed.ncbi.nlm.nih.gov/36943264/>

reduced nicotine dependence, drug abuse, and unwanted pregnancy.

This study was quite complex, involving many variables, both independent and dependent. The investigators suggest that improvements in parenting are likely to lead to improved physical and mental health in young adults. As parents, we must strive to improve relationships with our children. We will not get a ‘second chance’ to rear our children. Of course, there are no guarantees of favorable outcomes even with the best parenting.

Physician Burnout and Patient Centered Care

No patient wants to be seen by a burned-out clinician, yet burnout among physicians is a growing problem. One MD wrote his views on what needs to be changed to foster a reduced risk of physician burnout. The writer notes that the healthcare system in the US is dysfunctional and to make up for that, physicians are subjected a punishment/reward system that seeks to ‘fill gaps’ in this non-system. Specifically, there must be a change in payment models that allow more time with each patient, reduce the yoke of clerical tasks, and support physicians to address the medical and social needs of patients.³ They further note that many of the measures that drive the burdens are not evidence based.

One of the proposed factors I especially liked is the need to enhance the social drivers of health, which could be accomplished at the organizational level. Payment models should foster attempts to better manage social drivers of health by engaging social workers, thereby relieving this burden for physicians who could spend more time caring for the medical needs of vulnerable patients and then partner with social workers to cradle patients in a balanced care system.

It is easy to be cynical about how healthcare continues to fail the American people, especially those who are disadvantaged or poor. Mitigating physician burnout makes sense, but something must be done about the patient’s fear of costs they cannot pay. A study from 2022 found that Americans have

difficulty paying for needed healthcare, especially those citizens with no health insurance.⁴

Increases in Deaths among US Children

Three MDs examined the data showing that death rates among US children (ages 1-19 years) have recently increased.⁵ Their goal was to discern the root causes of this tragic reality. Between 2019 and 2021, the death rate increased 19% and this was not directly due to the COVID-19 pandemic; it was due to injuries. The pandemic may have catalyzed the increase. I would speculate that the isolation generated by the pandemic inordinately affected the mental health of our children.

The authors found that the death rate increases were due to what they call ‘manmade pathogens:’ bullets, drugs, and vehicles. The backdrop to all this is the crisis in mental health needs of youth and the failure of social programs to keep up with the need for more mental health services. In 2022, Texas was ranked last among the states in provision of mental health services.⁶ In my barbed opinion, there are some legislators in Austin who could stand some serious mental health care.

Beware Acetaminophen Liver Toxicity

A couple of MDs wrote about the history of regulation of acetaminophen and the struggles to further reduce the impact on liver toxicity.⁷ The drug was FDA approved in 1950, and then approved for over-the-counter sales in 1955. Since then, various efforts have been undertaken to manage its potential toxicity. According to the article, 52 million Americans currently consume acetaminophen weekly, and most are unaware of its presence in combination medications. Each year about 59,000 ER visits and 38,000 hospital admissions were due to acetaminophen overdose.

In 2011, the FDA limited the amount of acetaminophen allowed in combination drugs. It is

³ <https://pubmed.ncbi.nlm.nih.gov/36961455/>

⁴ <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/>

⁵ <https://pubmed.ncbi.nlm.nih.gov/36912829/>

⁶ <https://www.npr.org/2022/06/04/1103075887/texas-ranks-last-in-mental-health-care-among-u-s-states>

⁷ <https://pubmed.ncbi.nlm.nih.gov/36881043/>

typically paired with an opioid. This reduced the incidence of hospitalizations due to combination drugs from 10 to 4 per 100,000 per year. Hospitalizations for acetaminophen-alone increased from 87 to 107 per 100,000 per year. The question remains, ‘What further changes must be done?’ Improved labelling seems to offer little hope. Could the drug be packaged with an antidote? This seems impractical. The authors suggest that in the end, we may need to develop a safer and more effective analgesic drug.

Alcohol Consumption and Dementia

Just in case you thought the final word on health and alcohol consumption has been declared, a new study will warp your secure bubble. South Korean medical scientists examined the health records of almost 4 million South Koreans (average age 55 years) whose health was followed for a mean of 6 years.⁸ In this group, 100,000 cases of dementia developed. Alcohol drinkers were divided into non-drinkers, mild drinkers (<15g/day), moderate drinkers (15-30 g/day), and heavy drinkers (>30 g/day). Fifteen grams is about ½ ounce. This is about the volume of pure alcohol found in a 12-ounce beer with 5% alcohol content or a 6-ounce glass of wine with 10% alcohol content.

The investigators found that compared to non-drinkers the hazard for dementia was 0.79 for mild drinkers, 0.83 for moderate drinkers, and 1.08 for heavy drinkers. This suggests that mild to moderate alcohol consumption *reduces* the risk of dementia by roughly 20 % when compared to non-drinkers. Heavy drinking increases the dementia risk by about 8%. Moving non-drinkers and heavy drinkers into the mild-to-moderate categories seemed to reduce the risk of dementia.

Household Opioid Availability and Overdose Risk

It seems intuitively obvious that a person living in a household where another person has an opioid prescription is more likely to overdose on opioids than a person living in a household where no

such prescriptions have been present. A team of investigators used the Oregon Comprehensive Opioid Risk Registry to identify about 1.7 million records from 2015 to 2018 in which they found almost 29,000 cases of opioid overdose.⁹ They identified households in which an opioid prescription had been given in the 6 months before the overdoses.

They found that an opioid overdose was 60% more likely to happen when a person lived in a household where someone else had received an opioid prescription in the past 6 months. If both the overdosing individual and a household member had been issued an opioid prescription, the odds of overdosing were 6-fold higher when compared to a household where no opioid prescriptions had been given.

The lesson is obvious: when you are finished using your opioid prescription, get rid of the drug or at least lock it in a place where no one else can obtain access. Be careful what you assume. I have watched my young grandchildren climb on sinks and counter tops to gain access to high cabinets.

Links of Interest

Patients burned out by US healthcare industry:

<https://time.com/6257775/patient-burnout-health-care/>

Need a ‘butt lift,’ think twice:

<https://khn.org/news/article/brazilian-butt-lifts-florida-risks-patient-costs/>

You may need a COVID vaccine booster as often as every 6 months (Kevin Kavanagh, MD):

<https://www.infectioncontroltoday.com/view/how-soon-is-another-booster-needed-durability-vaccine-induced-immunity>

Still licensed in Texas, Stella Immanuel, MD.:

https://www.medpagetoday.com/special-reports/exclusives/103353?xid=nl_medpageexclusive_2023-03-06&eun=g403075d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=MPTExclusives_030623&utm_term=NL_Gen_Int_Medpage_Exclusives_Active

⁸ <https://pubmed.ncbi.nlm.nih.gov/36745453/>

⁹ <https://pubmed.ncbi.nlm.nih.gov/36930154/>

Coverups in medical records in the UK:

<https://www.thetimes.co.uk/article/005de2a8-bb67-11ed-b039-425ba6c60d6d?shareToken=153dc8ab8ab4b021f109ae7de641c459&s=03>

She got risky and unnecessary surgery thanks to Medtronic:

<https://www.latimes.com/business/story/2023-03-07/harbor-medical-surgery-medtronic>

CA judge rules law too vague when physicians deliver false information to patients:

<https://www.sacbee.com/news/politics-government/article271664917.html#storylink=cpy>

Who really benefits when malpractice caps are put in place? <https://www.wsu.edu/2023-03-08/who-really-benefits-when-damages-are-capped-in-medical-malpractice-lawsuits>

From 2011 – Malpractice caps harm patients (CATO): <https://www.cato.org/commentary/mandatory-medical-malpractice-caps-hurt-patients>

Be careful of online reviews of doctors and hospitals: <https://onlinelibrary.wiley.com/doi/abs/10.1111/jels.12338>

Is your ‘doctor’ going to be an AI algorithm? https://www.statnews.com/2023/03/13/medicare-advantage-plans-denial-artificial-intelligence/?utm_medium=social&utm_source=twitter&utm_campaign=twitter_organic

How hospitals continue to make medical errors and how some can be fixed:

https://www.wsj.com/articles/hospitals-medical-errors-how-they-reduce-them-edfa257f?st=3emq89b64rkc24k&reflink=desktopwebshare_permalink

Answer to question: D) 19.7%, article in Houston Chronicle March 31, 2023, entitled ‘U.S. health care costs more but gives less.’

How to search for a capable physician:

https://www.wsj.com/articles/doctors-red-flags-rating-websites-c8fcc98f?st=9zk96mbxjdrkewq&reflink=desktopwebshare_permalink

Troubling news on the long-term effects of COVID:

<https://www.infectioncontroltoday.com/view/covid-19-study-suggests-long-term-damage-immune-system>

Hospital black boxes may help reduce surgical errors:

<https://www.wsj.com/articles/surgery-technology-data-black-boxes-a8bc483b>

Live free and die early (NPR):

https://www.npr.org/sections/health-shots/2023/03/25/1164819944/live-free-and-die-the-sad-state-of-u-s-life-expectancy?utm_source=twitter.com&utm_term=nprnews&utm_campaign=npr&utm_medium=social

Drug overdose deaths near record high for first 9 months of 2022:

<https://www.commonwealthfund.org/blog/2023/overdose-deaths-declined-remained-near-record-levels-during-first-nine-months-2022-states>

Non-profit hospital losses due to investment losses, not operational losses (Health Affairs):

<https://www.healthaffairs.org/content/forefront/s-behind-losses-large-nonprofit-health-systems>



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<http://patientsafetyamerica.com/e-newsletter/>