

Letter to the editor: The Pundit Speaks

"Angioplasty And Patient Confusion"

A study published in the Sept. 7, 2010 issue of the *Annals of Internal Medicine*, showed that there is a serious disconnect between what doctors know and what patients understand, when it comes to angioplasty. Angioplasty involves inserting a tube at the groin and slipping up to a blocked artery, where a balloon is inflated and opens the blockage. A stent (a flexible mesh tube) is frequently left in place to help prop open the artery and maintain blood flow. Angioplasty involves some risk but the rate of death during the procedure is less than 1 percent. This new study found that 88% of stable patients who underwent angioplasty at a hospital in Massachusetts thought the procedure would reduce their risk of heart attack. And two-thirds (66%) of the patients didn't even suffer the kind of pain that angioplasty would likely remedy. Scientific evidence suggests that angioplasty only reduces angina (cardiac-linked chest pain) in stable heart patients -- people whose condition has not changed recently and who are not experiencing a heart attack. The procedure does not reduce the risk of heart attack or death for these patients. Yet, many heart patients harbor the misguided notion that angioplasty, a common procedure to open clogged arteries, will also cut their risk of heart attacks and death. Thus, it appears that many patients are placing false hope in angioplasty. Dr. Henry H. Ting, professor of medicine at the Mayo Clinic, said he was not surprised by the study findings and the problem of patient understanding isn't limited to angioplasty but is common in many areas of medicine. Dr. Ting pointed to a survey at the Mayo Clinic that found that 80% of patients signed consent forms they had not read, and did not know the benefits or risks of the treatment they were having. Of even more concern, most patients stuck to their beliefs even after spending time with a cardiologist who explained the risks and benefits to them, and had them sign an informed consent form prior to the angioplasty. Dr. Michael Rothberg, of the Division of General Medicine and Geriatrics at Baystate Medical Center, said, " In order to have real informed consent, patients have to understand not just the risks, but also the benefits of whatever treatment is proposed." According to the American Heart Association, about 1.3 million such procedures are done in the United States each year.

In the America that I love, we realize that one reason for patients' misunderstanding is the common belief, cited in the study, that if a treatment is offered, it must have curative benefits. This angioplasty study highlights the different perspectives of doctors and their patients. We can do better.

Randolph M. Howes, M.D., Ph.D.
Surgeon/Scientist/Patient Advocate
27439 Highway 441, Kentwood, LA 70444
985-229-6955-Home
985-229-3760 – Fax rhowesmd@hughes.net www.iwillfindthecure.org