'Get Money and Genocide Out Of the Health-Care System'

Cathy Helgason, MD

One of the hallmarks of the Affordable Care Act—Obamacare—is its emphasis on "evidence-based medicine." At first glance this might appear to be a good idea. After all, who would want to receive medical care that is not based on evidence? But these weasel-words conceal the real intent of those who promote medical care on the basis of statistical probability. This concept has been insidiously creeping into the U.S. health-care system since the HMO act of 1973, and what it means is that math and money trump the Hippocratic Oath.

Cathy Helgason, MD, a stroke neurologist based in Chicago, is an expert on the takeover of American medical care by the "evidence-based" ideology.[1] She was interviewed by Marcia Merry Baker on Nov. 16 for The LaRouche Show, a weekly Internet radio program (http://larouchepub.com/radio/index.html).

She described the start of her medical career in Iceland, where she "had the benefit of seeing a system where money was not an issue at all. Anyone who was a resident, or a citizen of the country, if you got sick, you went into the hospital; there was no paperwork, there was nothing, and that was the end of the story."

But then, when she did a residency in the United States, and came to realize that "the two big evils in this situation are money, and mathematics." "This was the first time," she said, "that I really had it hit me in the face that, my God, there were people who are not getting equal care here!" She even had a medical ethicist walk up to her and say, "You order too many tests. Do you know that that's unethical? Because if you order a test, and the patient can't pay for it, that's unethical."

A few years later she became an academic neurologist. "And as an academic neurologist, you're expected to publish, and do research, and be productive in how you take care of your patients, and how you gain a reputation for being a good doctor. And then suddenly, out of the blue, comes this measure of *productivity*. What is the measure of productivity expected of you? Guess what? How much money you bring in."

This was around the time that the HMOs were starting up, and "the case managers came up to the floor, telling us to get our patients out of the hospital, because the hospital wasn't going to get paid. And it all goes on and on up until this 'two-midnight rule' that we now have, for patient admissions to the hospital." The level of care that patients receive depends on whether they're going to spend two midnights in the hospital: If less than two midnights, then they are given outpatient care, which is less thorough and intensive than inpatient care, and for which the hospital receives a lower reimbursement.

"So, that's one aspect of the money issue," Helgason said. "The other one is the math, how this evidence-based medicine intruded itself into the situation."

Suddenly, "we were told as physicians, and especially as specialists, that not only did we order too many tests, but our decision-making process was not scrutable, and the only way to make it scrutable, or transparent, was to intrude mathematics into it. The math that was chosen was probability-based statistics. Well, of course, the focus of that is chance, and physicians were told that whatever they did, whatever happened to their patient, it was just by chance—they really had no control over it."

The medical societies started to judge whether a physician would be relicensed on the basis of whether he or she practiced medicine according to the results of large statistical studies.

1. See her articles in *EIR*, Aug. 21, 2009, and *21st Century Science & Technology*, Spring-Summer 2006 and Winter 2011-12.

Destroying the Thought Process

"And finally, it's gotten to the point, where at the bedside, when you're making rounds with medical students, the question now has become, not what's wrong with the patient, what's the process that's going on here, and what is the process we have to go through to change the future of this patient for the better—the question is, what are the *chances* that the patient has this or that? What are the *chances* that this or that will work?

"These are two completely different questions. When a physician asks what are the *chances*, he's gambling with the future of the patient! And that is how I think math has really destroyed the thought process. It's removed the physician from the actual individual pathophysiology of the disease process, and the physiology of the cure. You no longer are one to one with the patient; you're dealing with statistical results, which are far removed from this individual problem at hand."

This eliminates the concept of *causation*, she said, brainwashing physicians to believe that we live in a world of chance, that there is no connection between what they do and the future of the patient.

Helgason went on, "Don't underestimate how this evidence-based medicine has undermined this whole situation here. The whole scientific community in medicine has been taken over by probability-based statistics. You have physicians now being told that they have to practice according to the statistical results....

"Let's say you have a miracle drug for cancer, but it only works in 20% of cases. Because it doesn't work in 80%, you're being told you can't use that drug, or you're being given a hell of a lot of grief if you try to use it. Instead, you have to leave it to chance, what's going to happen to your patient. That's a real undermining, a dumbing-down, of the whole process. As a physician, you want to do absolutely everything you can to help the patient, to interrupt the disease process, to create a good future for that patient. And you can't do it, when you're told you have to make the choice based on statistics."

Helgason decided to make this the focus of her research. "And we proved over and over again, there is no way that statistics can be extrapolated to the individual case. *No way* do statistics address the issue of causation, which is a process that occurs *between* things. It's hidden. It's not a dot to be counted. We proved it over and over again. And I would go to my colleagues and say, 'Look at what we've shown.' They'd say, 'We don't care! Who cares?' They don't want to hear it.

"Somebody must have wanted to hear it because, we had papers published, but nonetheless, it's like, 'Shut up, go away—keep your nose clean.'"

Host Marcia Baker asked Helgason for an example of how this works in a hospital today.

Let's say a patient presents with dizziness and staggering and has neck pain, Helgason said. As a stroke neurologist, she knows that can mean that he's having vertebral artery dissection. That means, a tear in the artery leading to the back part of the brain, called the brain stem, and that this could cause a major stroke. It could cause him to be paralyzed in all four limbs, and locked in for the rest of his life.

"But, he hasn't shown any definitive signs on his exam. What this person needs is 24-hour, very close monitoring, an extensive workup. But because the physicians who see the patient in the ER don't understand necessarily what the implications of this particular set of symptoms are, and are forced to say, 'We can't guarantee this guy's going to spend two midnights in the hospital,' the patient, instead of admission as an inpatient, which is the highest level of intensity of monitoring, gets put in kind of a ratcheted-down, almost swingbed type of situation, which is totally inadequte for monitoring a patient like this....

"That could kill this guy. He could develop symptoms and signs that would be totally unnoticed for eight hours, or six hours, or whatever the monitoring is, on the ratcheted-down floor, as opposed to every-two-hours monitoring."

There Is a Solution

"It's not as if there's not a solution here," Helgason concluded. "Number one, Glass-Steagall, and number two, the Conyers bill,[2] which throws [the] money [issue] out the window. If we were to get Glass-Steagall and change the system from the top down, this is a nice little thing that fits in."

"You could call it Medicare for All," said Baker. "It's like the Veterans Affairs system: You come, you get treated, and cut out everything in between that is there now so that you don't get treated.

"It's—you can excuse my language—'cut out the crap,'" Helgason replied. "It actually creates a beautiful future for medicine, were it to be adopted....

"Get money and genocide out of the system."

2. HR 676.