Consumer health goes far beyond the decision to buy or not to buy. The ever increasing perplexity of the health care delivery system; the prevalence of myths and misconceptions about health, disease, and remediation; the widespread usage of unproven health products and services; and the rapidly escalating costs of health care have ushered in the need to educate individuals in the proficient, judicious and economical utilization of health information, products, and services.

Niles L. Kaplan

Evidence clearly demonstrates that people are susceptible to error even when choosing among a handful of alternatives to which they can devote their full attention.

Barry Schwartz
Key Concepts

Keep These Points in Mind as You Study This Chapter

- To get the most out of our health-care system, consumers must be knowledgeable and appropriately assertive.
- Virtually all legitimate health products and services have bogus counterparts.
- Intelligent consumers maintain an appropriate level of skepticism and recognize their susceptibility to perceptual distortions and cognitive biases.
- Consumer protection agencies are unable to deal with many of the complaints they receive.
- Everyone in a free society has a stake in maintaining high standards in the health marketplace.

C

onsumer health encompasses all aspects of the marketplace related to the purchase of health products and services. It includes such things as buying a bottle of vitamins, a cold remedy, a dentifrice, or exercise equipment and selecting a physician, dentist, insurance policy, book, Web site, or other source of information.

Consumer health has both positive and negative aspects. Positively, it involves the facts and understanding that enable people to make medically and economically sound choices. Negatively, it means avoiding unwise decisions based on deception, misinformation, or other factors. Worksheet 1-1 provides an opportunity to test your knowledge of consumer health issues.

This chapter comments on misleading information; quackery; health frauds; and problems with health-care products, services, costs, and access. It also outlines the strengths and weaknesses of consumer-protection forces, how consumers make health-related decisions, and the characteristics of intelligent consumers.

Misleading Information

Health information has become increasingly voluminous and complex. Even well-trained health professionals can have difficulty sorting out what is accurate and significant from what is not. Table 1-1 lists questions faced by many of today’s consumers.

Worksheet 1–1

Test Your Consumer Health I.Q.

1. Everyone should have a complete physical examination every year or two. T F
2. Fluoride toothpaste works so well that water fluoridation is no longer important. T F
3. It is difficult for busy people to eat a balanced diet. T F
4. People intelligent enough to graduate from college are unlikely to be victimized by quackery. T F
5. Accreditation of a school indicates that a regulatory agency considers its teachings sound. T F
6. Cigarette smoking is the leading cause of preventable death in the United States. T F
7. Sugar is a major cause of hyperactivity and other childhood behavioral problems. T F
8. In most states no special training is legally required to offer counseling to the public. T F
9. Antioxidant supplements have been proven to protect against heart disease, stroke, and cancer. T F
10. Homeopathic remedies are a safe and effective alternative to many drugs that doctors prescribe. T F
11. Taking large daily doses of vitamin C can cut the risk of catching colds in half. T F
12. All people age 21 or older should have their blood cholesterol levels checked once a year. T F
13. Administering more than one vaccine at a time can overload the immune system. T F
14. The American Medical Association can revoke the license of a doctor who is practicing improperly. T F
15. Government reports indicate that the best person to consult for back pain is a chiropractor. T F
16. Most retailers of dietary supplements and herbal products are well informed about the products they sell. T F
17. Protein or amino acid supplements help bodybuilders and other athletes improve their performance. T F
18. The emergency department of a nonprofit hospital is a relatively inexpensive place to get medical care. T F
19. Natural cancer cures are being suppressed because drug companies don’t want competition. T F
20. Most health-related books and magazine articles are vetted by experts prior to publication. T F
21. Government agencies screen many ads for mail-order health products before they are published. T F

Only 6 to 8 are true. Print correct answers suggested below you are fairly well informed. Twenty correct suggests that you are very well informed.
### Table 1–1

**CONSUMER HEALTH QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can the significance of research reports be judged?</td>
<td>Will taking calcium supplements help prevent osteoporosis?</td>
</tr>
<tr>
<td>How trustworthy are the media? How can trustworthy information sources be located?</td>
<td>Are any herbal products worth taking?</td>
</tr>
<tr>
<td>What are the best ways to keep up-to-date on consumer health issues?</td>
<td>How trustworthy is the advice given in health-food stores?</td>
</tr>
<tr>
<td>How can quacks and quackery be spotted?</td>
<td>Are food additives dangerous?</td>
</tr>
<tr>
<td>What should be done after encountering quackery or health fraud?</td>
<td>What is the safe way to lose and control weight? Are diet pills helpful or harmful?</td>
</tr>
<tr>
<td>Is it sensible to try just about anything for health problems?</td>
<td>Are electric vibrators and massage equipment useful for weight control or body shaping?</td>
</tr>
<tr>
<td>How should advertisements for health products and services be analyzed?</td>
<td>Which exercise equipment provides good value for its cost?</td>
</tr>
<tr>
<td>How should physicians, dentists, and other health-care specialists be selected?</td>
<td>Is it a good idea to join a health club or exercise center?</td>
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<tr>
<td>What should be done about excessive or unreasonable professional fees?</td>
<td>What principles should guide the evaluation and management of blood cholesterol levels?</td>
</tr>
<tr>
<td>When is it appropriate to obtain a second opinion about recommended surgery?</td>
<td>Can magnetic devices enhance athletic performance?</td>
</tr>
<tr>
<td>What periodic health examinations are advisable? How much should they cost?</td>
<td>Can any food or dietary measures prevent or influence the course of arthritis or cancer?</td>
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<tr>
<td>Where can competent mental help be obtained?</td>
<td>Does it make sense to undergo detoxification?</td>
</tr>
<tr>
<td>What kinds of toothbrushes and dentifrices are best?</td>
<td>How do pain relievers compare?</td>
</tr>
<tr>
<td>Can mouthwashes and dentifrices control the development of plaque on teeth?</td>
<td>Should laxatives be used? By whom?</td>
</tr>
<tr>
<td>When are dental implants appropriate?</td>
<td>Is it a good idea to use generic drugs?</td>
</tr>
<tr>
<td>Do amalgam fillings pose any health hazard?</td>
<td>What products are useful for self-care and family care?</td>
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<tr>
<td>What rights should buyers and sellers have in the health marketplace?</td>
<td>What is the best strategy for protecting against sun exposure?</td>
</tr>
<tr>
<td>How trustworthy are chiropractors, naturopaths, and acupuncturists?</td>
<td>Can any product help to grow, restore, or remove hair?</td>
</tr>
<tr>
<td>Is it advisable for people with back pain to see a chiropractor?</td>
<td>Can wrinkles be removed with any product or with plastic surgery?</td>
</tr>
<tr>
<td>What is the best schedule for vaccinations?</td>
<td>What forms of birth control are safest and most effective?</td>
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<tr>
<td>Is vaccination with Gardasil prudent?</td>
<td>Are over-the-counter pregnancy test kits reliable?</td>
</tr>
<tr>
<td>When are self-diagnosis and treatment appropriate?</td>
<td>Are any over-the-counter drug products effective for menstrual cramps?</td>
</tr>
<tr>
<td>How should a hospital, nursing home, or convalescent facility be selected?</td>
<td>What can women do about premenstrual syndrome (PMS)?</td>
</tr>
<tr>
<td>What are the pros and cons of using an ambulatory health-care center?</td>
<td>Does the patenting of a health device ensure its safety and effectiveness?</td>
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<tr>
<td>What facilities are available for people who need long-term care?</td>
<td>How do the different types of contact lenses compare?</td>
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<tr>
<td>How can a balanced diet be selected?</td>
<td>Who should determine the need for eyeglasses, contact lenses, or a hearing aid?</td>
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<tr>
<td>Does vegetarian eating make sense?</td>
<td>How safe and effective is surgery to improve vision?</td>
</tr>
<tr>
<td>When is it appropriate to use vitamin or mineral supplements?</td>
<td>Does it make sense to prepay funeral expenses?</td>
</tr>
<tr>
<td>Do antioxidant supplements prevent future diseases?</td>
<td>What services are available for the terminally ill?</td>
</tr>
<tr>
<td>Should “organic foods” or “health foods” be purchased?</td>
<td>Which health coverage provides the best protection?</td>
</tr>
<tr>
<td>Are they worth their extra cost?</td>
<td>How can consumers reduce their health-care costs?</td>
</tr>
<tr>
<td>Can taking vitamin C supplements prevent or cure colds?</td>
<td>How much money should be budgeted for health care?</td>
</tr>
<tr>
<td>Should extra vitamins be taken during pregnancy?</td>
<td>What agencies and organizations help protect consumers?</td>
</tr>
<tr>
<td></td>
<td>Which consumer groups are trustworthy?</td>
</tr>
<tr>
<td></td>
<td>How can one register a complaint about a health product or service?</td>
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</tbody>
</table>
The media have tremendous influence. Thousands of radio and television stations broadcast health-related news, commentary, and talk shows. Thousands of magazines and newspapers carry health-related items, and thousands of health-related books and pamphlets are published each year. Thousands of books recommend unscientific health practices, as do countless Web sites, blogs, and other computerized information sources.

Gunther\(^1\) has noted that the mass media have four main functions: to entertain, to inform, to carry advertisements, and to make money for their stockholders. In many cases what is transmitted depends on (a) how much it is expected to interest the target audience and (b) how advertisers may feel about it. Larkin,\(^4\) for example, has noted that many women’s magazines publish sensational claims and deliberately avoid information that might upset their advertisers.

Fast-breaking news should be regarded cautiously. Many reports, though accurate, tell only part of the story.\(^5\) Unconfirmed research findings may turn out to be insignificant. The simplest strategy for keeping up-to-date is to subscribe to trustworthy newsletters and other review sources that place new information in proper perspective (see Chapter 2).

Advertising should also be regarded with caution (see Chapter 4). Many advertisers use puffery, “weasel words,” half-truths, imagery, or celebrity endorsements to misrepresent their products. Some marketers use scare tactics to promote their wares. Some attempt to exploit common hopes, fears, and feelings of inadequacy. Cigarette ads have used images of youth, health, vigor, and social acceptance to convey the opposite of what cigarette smoking will do to smokers. Alcohol ads stress fun and sociability and say little about the dangers of excessive drinking. Many ads for cosmetics exaggerate what they can do (see Chapter 18). Food advertising, though not usually deceptive, tends to promote dietary imbalance by emphasizing snack foods that are high in fat and calories. Radio and television infomercials abound with promoters of health misinformation.

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**Personal Glimpse**

Physicians were once able to carry in their little black bags most of the tools needed to diagnose and treat patients. They could store in their own minds the information necessary for the majority of their work. Experience broadened one’s ability to handle difficult or unusual cases, and patients relied upon their physicians as the primary source of information on both health and disease.

The logarithmic increase in biomedical knowledge ... has changed the doctor-patient relationship dramatically. The history and physical examination, once the basis for all medical practice, are now only the first exploratory steps in the process of making a diagnosis and planning a treatment regimen. The immense proliferation of laboratory tests, imaging techniques, and diagnostic procedures is stunning. The specialties of medicine have further branched into subspecialties as basic research and clinical knowledge have greatly expanded. Medical journals and textbooks have multiplied in number, along with the arrival of new means of information delivery.

No individual physician, no matter how capable or experienced, is able to absorb and memorize more than a small portion of this database. This is true despite the fact that convenient access to the information is developing rapidly. One can search the literature rapidly with the National Library of Medicine’s MEDLINE service to discover the latest in diagnosis, treatment, and outcome for any disease, common or rare.

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**Doctors and Patients in Cyberspace**

With the rapid growth and popularization of the Internet, access to the universe of medical information has been fundamentally altered. Physicians and the public may draw on the resources of medical discussion groups and reference databases with unprecedented ease.

But a new dilemma comes with this wonderful advance. For decades, inquisitive patients have turned to health letters and magazines to supplement the information gained from consultation with their physician. These publications filled a gap in doctor-patient communication. As demands on the physician’s time have multiplied, the explanations offered to patients are too often cursory and incomplete. As the concept of individual responsibility for health has grown, the computerized medical database has broadened the patient’s horizons....

It is too early to analyze the virtues and problems of the information revolution. But some are obvious.

For example, a World Wide Web query for the keyword “health” found ... documents, ranging from commercial health products and alternative therapies to issues of sexuality, obesity, aging, and environmental health....

Since even physicians can have difficulty sorting out the truth in cyberspace, imagine the problem for the average person browsing the Internet.

Michael Kashgarian, M.D.\(^6\)
Although many authoritative publications are available, greater numbers of books, magazines, newsletters, and Web sites promote false ideas. Chapter 2 discusses this problem in detail and provides guidance on choosing trustworthy sources.

**Quackery and Health Fraud**

*Quackery* is definable as the promotion of a false or unproven health method for profit (see Chapter 3). Fraud involves deceit. Despite tremendous progress in medical science and health education, Americans waste billions of dollars each year on products and services that are unsubstantiated or bogus. Dr. William Jarvis calls quackery “a national scandal.” Barrett and Herbert have noted:

People generally like to feel that they are in control of their life. Quacks take advantage of this fact by giving their clients things to do—such as taking vitamin pills, preparing special foods, meditating, and the like. The activity may provide a temporary psychological lift, but believing in false things can have serious consequences. The loss may be financial, psychological (when disillusionment sets in), physical (when the method is harmful or the person abandons effective care), or social (diversion from more constructive activities). . . .

Quacks portray themselves as innovators and suggest that their critics are rigid, elitist, biased, and closed to new ideas. Actually, they have things backwards. The real issue is whether a method works. Science provides ways to judge and discard unfounded ideas. Medical science progresses as new methods replace less effective ones. Quack methods persist as long as they remain marketable.

Quackery promoters are adept at using slogans and buzzwords. During the 1970s their magic sales word was “natural.” During the 1980s the word “holistic” was popularized. Today’s leading buzzwords are “alternative” and “complementary.” These terms are misleading because methods that do not work are not reasonable alternatives to proven treatment and combining them with standard methods increases cost but not effectiveness. This textbook places the words “alternative” and “complementary” in quotation marks when referring to unsubstantiated methods that lack a scientifically plausible rationale. Chapter 8 discusses them in detail.

Although most people think of themselves as hard to fool, the majority of Americans are victims of quackery. Contrary to popular beliefs, for example: (a) most people who take vitamin supplements don’t need them; (b) vitamins do not make people more energetic, more muscular, or less stressed; (c) “organically grown” foods are neither safer nor more nutritious than conventionally produced foods; and (d) no nonprescription pill can produce rapid or permanent weight loss. Chapters 3, 11, and 12 cover these subjects thoroughly.

Victims of quackery usually have one or more of the following vulnerabilities:

**Lack of Suspicion:** Many people believe that if something is printed or broadcast, it must be true or somehow its publication would not be allowed. People also tend to believe what others tell them about personal experience.

**Desperation:** Many people faced with a serious health problem that doctors cannot solve become desperate enough to try almost anything that arouses hope. Many victims of cancer, arthritis, multiple sclerosis, and AIDS are vulnerable in this way.

**Alienation:** Some people feel deeply antagonistic toward scientific medicine but are attracted to methods that are “natural” or otherwise unconventional. They may also harbor extreme distrust of the medical profession, the food industry, drug companies, and government agencies.

**Belief in Magic:** Some people are easily taken in by the promise of an easy solution to their problem. Those who buy one fad diet book after another fall into this category.

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**False Beliefs Can Kill**

The danger of denying that the human immunodeficiency virus (HIV) is the causal agent of AIDS was spotlighted in 2005 by the sudden death of 3-year-old Eliza Jane Scovill of Van Nuys, California, during a bout of AIDS-related pneumonia. Eliza’s mother, Christine Maggiore, was HIV-positive. Medical management of infected pregnant women had reduced the reported incidence of HIV/AIDS in children under age 13 from 952 in 1992 to only 59 in 2003. But Maggiore refused treatment for herself and did nothing to prevent transmission of the virus to her daughter. In fact, during her pregnancy, she even appeared on the cover of *Mothering Magazine* with the word AZT in a circle with the slash through it and the headline “HIV+ Moms Say NO to AIDS Drugs.” (AZT is an anti-AIDS drug.)

Maggiore ran Alive & Well AIDS Alternatives, a nonprofit organization which falsely proclaimed that (a) most of the AIDS information the public receives was based on unsubstantiated assumptions, unfounded estimates, and improbable predictions and (b) the symptoms associated with AIDS were treatable with “non-toxic, immune enhancing therapies.” Maggiore herself died in 2008. Although an autopsy was not obtained, knowledgeable observers believe that she died of AIDS-related pneumonia.

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**Personal Glimpse**

### False Beliefs Can Kill

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overconfidence: Despite P.T. Barnum’s advice that one should “never try to beat a man at his own game,” some strong-willed people believe they are better equipped than scientific researchers and other experts to tell whether a method works.

Problems with Products

In light of scientific and technologic advances, it is not surprising that many people believe that health is purchasable. The health marketplace abounds with products of every description to accommodate people’s desires. The problem areas include dietary supplements; herbal and homeopathic products; exercise devices; diet pills and potions; self-help books, recordings, and gadgets; youth and beauty aids; magnets; and some types of over-the-counter drug products.

Thousands of “supplement” products are marketed with false claims that they can boost energy, relieve stress, enhance athletic performance, and prevent or treat numerous health problems (see Chapter 11). Ads for “ergogenic aids” feature champion bodybuilders or other athletes without indicating that the real reason for their success is vigorous training. Few supplement products have any usefulness against disease, and most that do—such as niacin for cholesterol control—should not be taken without competent medical supervision.

Although some herbs sold for medicinal purposes are useful, most are not, and some are dangerous (see Chapter 11). Because the U.S. Food and Drug Administration (FDA) does not require standards of identity or dosage for herbal products, consumers may be unable to tell what the products contain or how to use them. Moreover, many of the conditions for which herbs are recommended are not suitable for self-treatment.

The vast majority of mail-order health products are fakes (see Chapter 4). The common ones include weight-loss products (mostly diet pills), “hair restorers,” “wrinkle removers,” and alleged sex aids. Figure 1-1 illustrates the flamboyant claims found in ads for mail-order diet and “nerve” pills.

Many worthless devices are claimed to “synchronize” brain waves, relieve pain, remove unwanted fat deposits, improve eyesight, relax stress, detoxify the body, and ward off disease. Thousands of self-instructional products and programs are marketed with false claims that they can help people lose weight, stop

**Figure 1-1.** Ads for dubious mail-order products. The diet pill ad was published in many magazines during the late 1970s. Although no product can “neutralize calories” or fulfill the other promises in this ad, countless “weight-loss” products have been advertised in this way. The “nerve tonic” ad is from a 1996 flyer from a company that specializes in herbal products. Some of its statements about body physiology are true, but most are not related to each other, and the overall message is pseudoscientific gibberish. No ingredients are identified, and no product can remedy the long list of problems listed in the ad. Promotions like these are still common today because regulatory agencies lack the resources to control them, many people are unsuspecting enough to buy them, and many magazine and newspaper publishers value ad revenues more than ethics.

**Doctors’ Program Featuring Crash-Burn Diet and Amazing New Capsule Forces Your Body To Burn Away Fat As It**

Neutralizes All The Calories In The Food You Eat!

Meaning: After Each Time You Eat, Your Body Breaks Down Burning Fat and Burns It Away — No Need to Starve

2 POUNDS GONE THE FIRST 24 HOURS
6 POUNDS GONE THE FIRST 48 HOURS
10 POUNDS GONE THE FIRST 7 DAYS

NOW EASY TO GAIN—UP TO 20 LBS. — EAT ALL YOU WANT.

Taste Every Last Bit of the Food You Eat with Burned Away Energy Instead of Stored Up Fat.

Medical science has proven conclusively that in your body there exists a fighting weapon at work to keep you thin and healthy. This weapon is FORCED TO WORK AT ITS MAXIMUM POSSIBLE EFFECT OF ALL THE CALORIES IN THE FOOD YOU EAT. That was until you decided how to unlock these fat-destroying chemicals against raging pounds of fat...you can actually consume your meals...as if you were Slimmer, instead of fatter. After Each Meal You Eat.

**BEST OF ALL — YOU STAY SLIM FOR EVERMORE BECAUSE AT LONG LAST, YOU HAVE IN YOUR HANDS A SYSTEM DESIGNED TO BURN OFF YOUR EXCESS WEIGHT AND TO STAY OFF FOREVERMORE AND WITHOUT EVER FEELING HUNGRY!**

Now just think what this great ANTI-FAT weapon means to you if you eat fat-laden meals that are anything but low in fat.

**Reg. Price $19.96 - 200-ONLY $9.95**

**It May Be Your Nerves**

Do you suffer from

Lack of Energy
Cold hands and feet
Poor Concentration
Jealousy and Bad Temper
Irritability
Depression
Melancholia
Decline In Sex Drive

FEARS AND UNEASY FEELINGS
Short Temper
Impatience
Fatigue
Wandering of the Mind
Doll Pains
Dizziness
Physical Exhaustion
Self-consciousness

**IT MAY BE YOUR NERVES**

Nerve Force is an energy generated by the nervous system. It is the dominant power of our existence. It governs our whole life. It is life.

Our Brain, Heart, Stomach, Liver, Pancreas, Spleen, every Vital Organ, every muscle, in fact, every cell of the body are directly governed by the nerves receiving their power through the nerves. Nerve Force, therefore, is the basis of all efficiency — Mental, Organic and Muscular.

The entire body contains a network of tiny fibers and nerve filaments. The extreme delicacy of the nervous system is shown in reflex actions. Any derangement of these nerve fibers may interfere with the proper functioning of the entire nervous system. The nervous system is extremely complex and frequently misleading. Pains may be felt in parts of the body far remote from the actual seat of the trouble.
smoking, enhance athletic performance, quit drinking, think creatively, raise IQ, make friends, reduce pain, improve vision, restore hearing, cure acne, conquer fears, read faster, speak effectively, handle criticism, relieve depression, enlarge breasts, and do many other things (see Chapter 6). Magnets embedded in clothing, mattresses, or other products are falsely claimed to relieve pain, increase blood flow, boost immunity, and provide other health benefits (see Chapter 20).

Multilevel companies market a wide variety of health-related products, almost all of which are either inappropriate or overpriced (see Chapter 4). The products are sold by individual distributors who also attempt to recruit friends, neighbors, relatives, and others to do the same. Several million people are involved in multilevel marketing.

Most over-the-counter drug products can be useful in self-care. However, many ads encourage pill-taking for insomnia, lack of energy, constipation, and other problems that may have better solutions. Homeopathic “remedies” are the only category of spurious products legally marketable as drugs. Figure 1-2 illustrates a product that does not contain any molecules of its alleged “active ingredient.”

Exercise equipment varies greatly in quality, usefulness, and price. Before investing in equipment, it is important to determine what it can do and whether it can meet one’s needs or will be too monotonous for regular use (see Chapter 13). Some devices are gimmicks that have little or no effect on fitness.

**Problems with Services**

Although health care in America is potentially the world’s best, many practitioners fall short of the ideal, some are completely unqualified, and many consumers have problems with access and affordability.

Many physicians prescribe too many drugs, order too many tests, fail to keep up-to-date, or pay insufficient attention to preventive measures. Some do not spend sufficient time interviewing, examining, or advising their patients. Unnecessary surgery is also a significant problem. The percentage of physicians who furnish seriously deficient care is unknown. The Public Citizen Health Research Group (HRG)\(^1\) estimates that about 0.8% of physicians commit serious offenses each year, more than double the number actually disciplined. Practitioner discipline is covered in Chapter 25.

The mental health marketplace is replete with unqualified therapists, some of whom have no training whatsoever (see Chapter 6).

Most dentists provide competent care, but consumers should be alert to the signs of overselling and dental quackery. Dodes and Schissel\(^1\) also warn that many dentists fail to get optimal results because they work too quickly (see Chapter 7).

Many people who represent themselves as “nutritionists” lack adequate training and engage in unscientific and quack practices (see Chapter 11). Many commercial weight-loss clinics lack qualified personnel and promise too much in their advertising (see Chapter 12).

A wide variety of practitioners engage in “alternative” practices that are not science-based and lack proven value. This includes small percentages of medical and osteopathic physicians; large percentages of chiropractors, naturopaths, massage therapists, and acupuncturists; and others whose activities are described in Chapters 8 and 9.
The quality of care in hospitals and nursing homes varies considerably from one to another. The best ones have well-trained nurses who monitor their patients closely. In some facilities, unlicensed personnel provide services for which they are not adequately trained. Patients confronted with a succession of tests and consultants may feel frustrated and bewildered if the reasons for them are not explained. Noise may interfere with getting adequate rest. In some nursing homes, physical restraints or sedative drugs are used excessively, patients receive insufficient medical attention, and neglect by the nursing staff results in infections and bedsores. Hospitals, long-term care facilities, and other health-care delivery systems are discussed in Chapter 22.

Problems with Costs and Access
Rising costs and lack of adequate insurance coverage have made high-quality health care unavailable to many people in the United States. The cost of health care in the United States has risen much faster than inflation for several decades and is approaching 18% of our gross domestic product. In 2009 close to 50 million Americans ages 19 to 64 had no health insurance and many others were underinsured. A recent study concluded that illness and medical bills were linked to nearly two thirds of bankruptcies. Inefficiency, waste, and fraud are also serious problems.

In 2009, after decades of inaction, the U.S. Congress enacted a hotly contested reform bill in an attempt to improve access and decrease the cost of health care. However, the new law only partially addresses the problems, and powerful vested interests and many confused members of the public oppose its implementation (see Chapters 23 and 24).

The funeral industry has a disgraceful record of price-gouging. Many funeral directors fail to disclose costs, add dubious items to their bills, and/or pressure emotionally vulnerable survivors into spending more than necessary (see Chapter 21). Although comparison shopping or joining a memorial society can greatly lessen the cost of death care, many people are not in a position to do these things. Prepaid funeral plans that are badly managed or fraudulent are also a serious problem.

Problems with Risk Perception
People are most likely to take steps to take care of themselves when they perceive that doing so will reduce important health and safety hazards. But risk-communication expert Peter M. Sandman, Ph.D. has concluded:

"If you make a list of environmental risks in order of how many people they kill each year, then list them again in order of how alarming they are to the general public, the two lists will be very different. The risks that kill you are not necessarily the risks that anger and frighten you . . . ."

Media reports can greatly influence what people perceive as hazardous. For example, at various times, the media have promoted widespread fears that cellular phones, video display terminals, coffee, electric blankets, the artificial sweetener saccharin, commercial hair dyes, and potato chips pose serious risks. The American Council on Science and Health has noted that all of these scares were based on “questionable, hypothetical, or nonexistent scientific evidence.” FDA scientist Robert Scheuplein has noted that “scientists, managers and regulators who study risks for a living are constantly dismayed because the public seems to worry about the wrong risks.”

Chapter 14 discusses health and safety risks and appropriate consumer responses to these risks.

The Need for Consumer Protection
The caveat emptor doctrine (“let the buyer beware”), which originated in the Middle Ages, was based on the assumption that buyers and sellers had equal bargaining positions. This was reasonable because (a) goods (such as fresh vegetables and cloth) could be examined thoroughly for defects and (b) people bargained almost entirely with neighbors who risked severe social repercussions if they acted dishonestly. However, as trade expanded and technology advanced, it became apparent that individual caution is not enough. Even highly intelligent individuals may go astray in situations in which they lack expert knowledge or are emotionally vulnerable.

Protective Forces
Because the caveat emptor philosophy is inadequate to protect health consumers, many of today’s laws are based on the concept of caveat vendor (let the seller beware), but gaps in consumer protection remain. Better enforcement of existing laws is also needed.

The FDA is concerned about the safety, effectiveness, and marketing of foods, drugs, cosmetics, medical devices, and other health-related products. The FDA operates under powerful laws but lacks sufficient resources to handle the enormous number of violations it encounters. In addition, a 1994 law generated by the health-food industry and its allies has decreased the agency’s ability to regulate claims for dietary supplements and herbs (see Chapters 11 and 25).
The Federal Trade Commission (FTC) has primary jurisdiction over most types of advertising. It administers a powerful law and has been enforcing it vigorously during the past decade. But, like the FDA, it can only act against a small percentage of the problems it encounters.

State attorneys general enforce several types of consumer-protection laws. In most states, however, few health-related cases are pursued.

State laws for licensing health professionals set minimum requirements for training and knowledge but do not specify that practices must be science-based. Even physicians and dentists are not required by law to practice according to scientific principles, although they generally do so. The quality of state regulation varies from state to state and from board to board. Many licensing boards lack the resources to investigate all of the complaints they receive. Those that oversee chiropractors, naturopaths, acupuncturists, and massage therapists do very little to protect consumers against unscientific practices.

Accreditation agencies set standards for education and quality of care. Those serving schools for the science-based professions generally to do an excellent job but have failed to protect students from an invasion of “complementary and alternative medicine” teachings. The agencies that oversee chiropractic, naturopathy, acupuncture, and massage therapy schools make little or no effort to prevent unscientific teachings (see Chapters 8 and 9). Accreditation of hospitals, nursing homes, and other health-care facilities generally increases the quality of their care, but it also adds to the cost of administering that care.

Hospitals oversee the activities of their staffs (see Chapter 22). Those that do so effectively provide a very valuable consumer-protection service to their communities.

Insurance companies and other third-party payers can refuse to cover services that are excessive or unsubstantiated. However, state legislatures and courts sometimes force them to pay for inappropriate treatment.
Professional societies set standards for their members, but they lack the force of law and have little or no influence on nonmembers. Some societies can help consumers settle disputes over billing and ethical issues.

Recognized specialty boards set standards (through examinations) to identify practitioners who have achieved a high level of professional competence. Some “specialty boards” lack professional recognition, and some are bogus (see Chapter 5).

Many health-related agencies and organizations issue voluntary guidelines for science-based practices. The most comprehensive set is maintained by the U.S. Preventive Services Task Force. Its reports, as discussed in Chapter 5, examine the best current evidence for benefits and harms of various screening tests and preventive measures and make recommendations based on the benefit/harm ratio.

Voluntary and consumer groups serve as watchdogs, information sources, and legislative advocates. Some deal with many health-related issues; others deal with few. Some advocate strengthening consumer-protection laws. Groups that represent the interests of “alternative” practitioners and the health-food industry want the laws weakened (see Chapters 8, 11, and 25).

Table 1-2 summarizes the functions and limitations of the protective forces just discussed.

**Intelligent Consumer Behavior**

Intelligent health consumers have the following characteristics:

1. They understand the logic of science and why scientific testing is needed to test and to determine which theories and practices are valid. Chapter 2 covers this in detail. They also understand and guard against their own vulnerabilities and cognitive biases (see Personal Glimpse Box on page 12).

2. They seek reliable sources of information. They are appropriately skeptical about advertising claims, statements made by talk-show guests, and “breakthroughs” reported in the news media. New information, even when accurate, may be difficult to place in perspective without expert guidance. Most physicians, dentists, allied health professionals, health educators, government professional societies set standards for their members, but they lack the force of law and have little or no influence on nonmembers. Some societies can help consumers settle disputes over billing and ethical issues.

**It’s Your Decision**

**Cognitive Bias**

Cognitive bias is a general term for distortions of thinking that are difficult to eliminate and can lead to inaccurate judgment and faulty conclusions. Many types of cognitive bias influence choices related to health care. Some common ones are listed below. How vulnerable do you think you are to each type?

**Availability Cascade:** A self-reinforcing process in which a collective belief gains more and more plausibility through its increasing repetition in public discourse (“repeat something enough and it will become true”).

**Bandwagon Effect:** The tendency to do (or believe) things because many other people do (or believe) the same.

**Halo Effect:** The tendency for a person’s positive or negative traits to “spill over” from one area of their personality to another in others’ perceptions of them. We are inclined to accept statements by people we like.

**Illusory Correlation:** Inaccurately perceiving a relationship between two events, either because of prejudice or selective processing of information.

**Interloper Effect:** The tendency to value third-party consultation as objective, confirming, and without motive.

**Mere Exposure Effect:** The tendency to express undue liking for things merely because of familiarity with them.

**Ingroup Bias:** The tendency for people to give preferential treatment to others they perceive to be members of their own groups.

**Negativity Bias:** The tendency to pay more attention and give more weight to negative than positive experiences or other kinds of information.

**Neglect of Probability:** The tendency to completely disregard probability when making a decision under uncertainty.

**Overconfidence Effect:** Excessive confidence in one’s own answers to questions.

**Illusion of Control:** The tendency to overestimate one’s degree of influence over external events.

**Pseudocertainty Effect:** The tendency to make risk-averse choices if the expected outcome is positive, but make risk-seeking choices to avoid negative outcomes.

**Reactance:** The urge to do the opposite of what someone wants you to do out of a need to resist a perceived attempt to constrain your freedom of choice.

**Wishful Thinking:** The formation of beliefs and the making of decisions according to what is pleasing to imagine instead of by appeal to evidence or rationality.

**Zero-Risk Bias:** Preference for reducing a small risk to zero over a greater reduction in a larger risk.
agencies, professional societies, and health-related voluntary organizations are reliable (for more information see Chapter 2 and the Appendix).

3. They maintain a healthy lifestyle. This reduces the odds of becoming seriously ill and lowers the cost of health care. Prudent consumers avoid tobacco products, eat sensibly, exercise appropriately, maintain a reasonable weight, use alcohol moderately or not at all, and take appropriate safety precautions (such as wearing a seat belt when driving).

4. They select practitioners with great care. It has been said that primary-care physicians typically know a little about a lot and specialists typically know a lot about a little. The majority of people would do best to begin with a generalist and consult a specialist if a problem needs more complex management.

5. They undergo appropriate screening tests and, when illness strikes, use self-care and professional care as needed. Excellent guidebooks are available to help decide when professional care is needed (Chapter 14).

6. When a health problem arises, they take an active role in its management. This entails understanding the nature of the problem and how to do their part in dealing with it. People with chronic illnesses, such as asthma, diabetes, or high blood pressure, should strive to become “experts” in their own care and use their physicians as “consultants.”

7. They communicate effectively. They present their problems in an organized way, ask appropriate questions, and tactfully assert themselves when necessary.

8. They are wary of treatments that lack scientific support and a plausible rationale. These are discussed throughout this book.

9. They are familiar with the economic aspects of health care. They obtain appropriate insurance coverage, inquire in advance about professional fees, and shop comparatively for medications, eyeglasses, and other products.

10. They report frauds, quackery, and other wrongdoing to appropriate agencies and law enforcement
officials. Consumer vigilance is an essential ingredient of a healthy society.

Worksheet 1-2 can help you evaluate your approach to the health marketplace.

SUMMARY

Consumer health encompasses all aspects of the marketplace related to the purchase of health products and services. Although health care in America is potentially the world’s best, many problems exist.

Health information is voluminous and complex. Many practitioners fall short of the ideal, and some are completely unqualified. Quackery is widespread. The marketplace is overcrowded with products, many of which are questionable. Rising costs and lack of adequate insurance coverage have reached crisis levels. Consumer protection is limited.

Only well-informed individuals can master the complexity of the health marketplace. Intelligent consumers maintain a healthy lifestyle, seek reliable sources of information and care, and avoid products and practices that are unsubstantiated and lack a scientifically plausible rationale.

REFERENCES*

6. Kashgarian M. Doctor and patient in cyberspace, or take two aspirins and e-mail me in the morning. Yale Medicine 30(2A):22–24, 1996.

*In this text, citations numbered in boldface type are recommended for further reading.

How to Locate References

The format this textbook uses for references to magazine and journal articles is:

Author   Title


Publication Volume(Issue):Pages, Year

Online documents and journal article abstracts are easily accessed through the “references” pages of the Consumer Health Sourcebook Web site (www.chsourcebook.com).

Since 2000, more than 45 million online journal articles have been assigned permanent Digital Object Identifier (DOI®) numbers that enable them to be located with the search engine at www.doi.org/index.html.

Scientific journals are also housed at medical school and hospital libraries. Many libraries have full-text online access, and most can obtain books and article reprints through the interlibrary loan process. Using Google to search for an article’s title may locate a full-text-copy that has been posted.