

Trust...But Verify: How to Be an Informed Doctor in the 21st Century

Stephen Cohen

MA, DDS, FICD, FACD

Diplomate

American Board of Endodontics

San Francisco, California



For many generations, becoming a physician or a dentist was regarded as a calling. Medicine and dentistry were the worthiest of professions, and ethical behavior was intrinsic to the practice of the calling. Those called to the profession felt deep respect for those who had gone before them, and it was inspiration that propelled them through many years of academic study and supervised practice. Medical and dental students, residents, and fellows were all motivated by the mission to relieve pain and suffering and to honor the tradition of service that distinguished the practice of medicine.

Patients trusted their doctors, and those doctors trusted their professors and postgraduate lecturers, the medical and dental manufacturers, and the pharmaceutical companies to tell them the truth about technologies and medicines. Unfortunately, we now live in a world in which this sacred trust has been compromised and in some cases broken. There certainly are countless reasons why this has changed, but the most powerful reason is money.

Examples abound. How many times have we heard of medical or dental products being recalled because defects were discovered? How

many times have we heard of drugs being recalled due to crippling side effects?

"It is incumbent upon on all of us to take a few extra steps in vetting something new that is being introduced into the medical or dental market."

How many times have we heard of counterfeit medical or dental devices or drugs imperilling countless patients and the health care market? What underlies many of these egregious faults is the rush to get to market and make money; thus, sloppy basic research is overlooked and

unchecked.

So what can we doctors do today to protect and serve our patients? It is incumbent upon on all of us to take a few extra steps in vetting something new that is being introduced into the medical or dental market. We must submit

penetrating questions to journal authors, weekend lecturers, manufacturer representatives, and others, including:

- Where are the published studies in peer-reviewed journals to support the claims being made? Unpublished investigations or in-house studies do not count, because they have not been scrutinized by our esteemed peer-reviewing colleagues.
- Even if a study has been published in a peer-reviewed journal, what is the evidence level of the investigation? A highest-level randomized, double-blind, controlled trial, or a lower-level study with a minimum number of cohorts. Doctors willing to take the time to investigate a new development more thoroughly can always go to the Cochrane Collaboration (CC). The CC is an independent non-profit Organization dedicated to vetting the quality of evidence-based published papers. In fact, one branch of the CC is located in Tamil Nadu, India!
- What organization funded the investigation? Stated differently, did the funding come from a research branch of a non-profit organization or government agency (e.g., in the USA, that could be the National Institutes of Health)-or was it a private manufacturer that stands to make money if we doctors adopt the new device or drug? If it was a private manufacturer, a bit of scepticism is appropriate; in other words, we should look for independent corroboration (i.e., more peer-reviewed independent studies) before we adopt a new device or drug. The fact that the sponsor of the investigation funded the study does not necessarily detract from its quality or conclusions; nevertheless, independent corroboration is prudent, whenever possible. Attractive advertising by manufacturers or pharmaceutical companies might attempt to mesmerize some doctors into adopting a new device or drug without questioning, so we all have to be careful not to fall into this trap.
- Do the authors of published studies or weekend lecturers stand to gain financially if we doctors embrace what they are recommending? In fact, we all notice that major peer reviewed medical and dental journals now require that authors submitting a manuscript for publication reveal any financial benefit they stand to gain if the manuscript they submitted is published. Because in times past there have been so many hidden conflicts-of-interest by contributing authors, this has become the new protocol. When a respected doctor, with a recognized name, lectures on a particular technique, device, material or drug, it is appropriate to politely inquire, unless it has been mentioned or written earlier, whether the lecturer is a consultant for the company's new device, material, or drug. For example, a consulting lecturer for a commercial company might report on only the best aspects of a product or drug, but sometimes the limitations, deficiencies, or serious adverse effects of the product might not be fully disclosed.
- Is the journal with slick pages and gleaming colors that we received in the mail free? Free journals may be published solely by sponsors; in other words, these free journals may simply be a camouflaged form of marketing. Good objective journals are not free! An impartial journal dedicated to objectively imparting the latest

developments in our field requires a subscription fee. So we all must be careful where we obtain our clinical information. Even major journals might receive some advertising subsidy from a sponsor to help partially offset publishing expenses, but this will not affect the vetting by the esteemed peer-reviewers.

The logarithmic explosion of new devices and drugs being introduced into the medical and dental market today has caused many of us to feel rushed to embrace these new developments so that we can feel that we remain current and up-to-date in our respective fields. But we must remind ourselves that our devotion to our patients is paramount, so we can do no less than remain constantly vigilant in serving our patients.