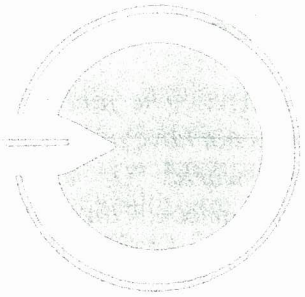


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IS U.S. HEALTH REALLY THE BEST IN THE WORLD?

[The following information is derived from the above titled article in the *Journal of the American Medical Association*, Vol. 284, No. 4, 483-5, 26 July 2000, by Barbara Starfield, MD, MPH.]

JAMA: "Information concerning the deficiencies of US medical care has been accumulating. The high cost of the health care system is considered to be a deficit, but seems to be tolerated under the assumption that better health results from more expensive care, despite evidence from a few studies indicating that as many as 20% to 30% of patients receive contraindicated care."

BP: The "deficit" reference to the high cost of health care in the United States is so strong that many, if not most, Americans have been priced out of the market. Most readers of this newsletter are health care professionals. Even so, without insurance would you be able to afford major health care expenses? Criticism of HMOs is easy and popular, but few Americans would have health care without them. Alternative solutions affordable to most Americans had better soon be found.

JAMA: "In addition, with the release of the Institute of Medicine (IOM) report "To Err is Human," millions of Americans learned, for the first time, that an estimated 44,000 to 98,000 among them die each year as a result

Table of Contents

Is US Health Care Really The Best In The World?.....	1
Doctors' Group Opposes Mandated Vaccines.....	3

Science

In Vitro Toxicity of Mercury, Cadmium, and Arsenic to Platelet Aggregation. Kumar, SV; Bhattacharya, S.....	4
Steady-State Transfer and Depletion Kinetics of Mercury From Amalgam Fillings. Halbach, S; et al.....	4
Augmentation of Mercury-Induced Nephrotoxicity by Endotoxin in the Mouse. Rumbelha, WK et al.....	5
Mutagenicity of Mercury Chloride and Mechanisms of Cellular Defense: Schurz, F et al.....	5
Concentrations of Arsenic, Cadmium, Copper, Lead, Mercury and Zinc in Human Placentas from Two Cities in Ukraine. Zadorazhnaja, TD et al.....	6
The Effect of Ethylenediamine-Tetraacetic Acid on Candida Albicans. Sen, BH et al.....	6
Mercury Accumulation and Accelerated Progression of Carotid Atherosclerosis. Salonen, JT et al.....	6
Urinary Mercury Levels in Patients With Autoantibodies to U3-RNP. Arnett, FC et al.....	7
Dental Restorative Biomaterials Induce Glutathione Depletion in Cultured Human Gingival Fibroblast. Stanislawski, L et al.....	7
A Study of Metallic Mercury Polluting a Room After Being Spilled From a Sphygmomanometer. Ye, H et al.....	8

Forum

IAOMT 2001 Mid-Year Meeting.....	8
American Academy of Head, Neck & Facial Pain.....	8

of medical errors."

BP: The findings of 44,000-98,000 deaths per year from medical errors and that 20-30% of patients receive contraindicated medical care are astounding! We claim to have the best, and most expensive, health care system in the world. Yet, the documentation places the United States far from the best. Where have we gone wrong?

JAMA: *"The fact is that the US population does not have anywhere near the best health in the world. Of 13 countries in a recent comparison, the United States ranks an average of 12th (second from the bottom) for 16 available health indicators. Rankings of the United States on the separate indicators are:*

**13th (last) for low-birth-weight percentages.*

**13th for neonatal mortality and infant mortality overall.*

**11th for postneonatal mortality.*

**13th for years of potential life lost (excluding external causes).*

**11th for life expectancy at 1 year for females, 12th for males.*

**10th for life expectancy at 15 years for females, 12th for males.*

**10th for life expectancy at 40 years for females, 9th for males.*

**7th for life expectancy at 65 years for females, 7th for males.*

**3rd for life expectancy at 80 years for females, 3rd for males.*

**10th for age-adjusted mortality.*

The poor performance of the United States was recently confirmed by the World Health Organization, which used different indicators. This report ranked the United States as 15th among 25 industrialized countries.

The perception is that the American public "behaves badly" by smoking, drinking, and perpetrating violence. The data show otherwise, at least relatively. The proportion of females who smoke ranges from 14% in Japan to 41% in Denmark; in the United States it is 24% (5th best). For males, the range is from 26% in Sweden to 61% in Japan; it is 28% in the United States (3rd best).

The data for alcoholic beverage consumption are similar; the United States ranks fifth best. Thus, although tobacco use and alcohol use in excess are clearly harmful to health, they do not account for the relatively poor position of

the United States on these health indicators. The data on years of potential life lost exclude external causes associated with deaths due to motor vehicle collisions and violence, and it is still the worst among the 13 countries. The United States has relatively low consumption of animal fats (5th lowest in men aged 55-64 in 20 industrialized countries) and the third lowest mean cholesterol concentrations among men aged 50 to 70 years among 13 industrialized countries."

BP: *Is the medical profession feeding the country a bill of goods? The country has been told that if we stop smoking, exercise regularly, and limit intake of fats and cholesterol we will be healthier and will live longer. The data from these two reports do not support that hypothesis.*

JAMA: *"The real explanation for relatively poor health in the United States is undoubtedly complex and multifactorial. From a health system viewpoint, it is possible that the historic failure to build a strong primary care infrastructure could play some role. Although better access to care, including universal health insurance, is widely considered to be the solution, there is evidence that the major benefit of access accrues only when it facilitates receipt of primary care. The health care system also may contribute to poor health through its adverse effects. For example, US estimates of the combined effect of errors and adverse effects that occur because of iatrogenic damage not associated with recognizable error include:*

**12,000 deaths/yr from unnecessary surgery.*

**7,000 deaths/yr from medication errors in hospitals.*

**20,000 deaths/yr for other errors in hospitals.*

**80,000 deaths/yr from nosocomial infections in hospitals.*

**106,000 deaths/yr from nonerror, adverse effects of medications.*