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LETTER TO THE EDITOR:

An American medical economics phenomenon

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I recently wrestled with a medical economics-driven phenomenon like the one described in your article, “Mechanical thrombectomy for intermediate risk pulmonary embolism” 1,2. My patient, an 81-year-old with a complicated past medical history including a mild cognitive impairment and generally declining health, was recommended to have a cardiac angiogram to evaluate his coronary artery disease. Whether he had coronary artery disease was not in question – he did. The question was whether he should have further interventions. I recommended to the patient that we should continue with our medical management. I instant messaged both the general cardiologist and the interventional cardiologist through our electronic medical records to ask why he needed a cath. The cardiologists promptly responded stating his impression that the patient’s limited exercise capacity was an anginal equivalent. The patient had the angiogram the next week.3 It confirmed multiple vessel disease, but he was deemed very high risk for an angioplasty or a CABG. So, we are continuing his medical management unchanged from before the angioplasty. I call this an American medical economic phenomenon. Everyone involved sought high quality care for our patient. I know these cardiologists; they aren’t corrupt, but incentives matter. I should have just I told, them, "No."

References