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LETTER TO THE EDITOR:

An American medical economics phenomenon

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Keywords: *ethics, medical economics, incentives*

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."

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