

From the Editor's desk

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Dear friends,

With the boom in the information technology, access to scientific knowledge has become easier at the click of a mouse. Also the emphasis on Evidence Based Medicine has brought with it a few dilemmas to the attending clinician.

We are sure a few of these below mentioned questions have crossed your mind.

1. How much of the scientific literature that we read is genuine?
2. Is it feasible to apply every thing that we read in a journal on to our patient?
3. Is it too much to apply western parameters to the indian population?
4. Are we justified in citing lack of indian literature and recommendations?
5. How do we strike a balance between what is right in a journal and what is feasible in our set up?
6. Am I wrong in customising as per my societal needs ?
7. Can I publish something in spite of my busy private practice? Is it possible?

The common concern shared by many a clinician is that a significant amount of research is funded by the industry. This makes the findings and conclusion prone to suspicion (which might or might not be true).

We, at Vitus Spine, have also been through this and many more similar thoughts have crossed our mind. This edition of our newsletter has been written keeping these aspects of literature in mind.

Hope you enjoy reading through a few of our thoughts.

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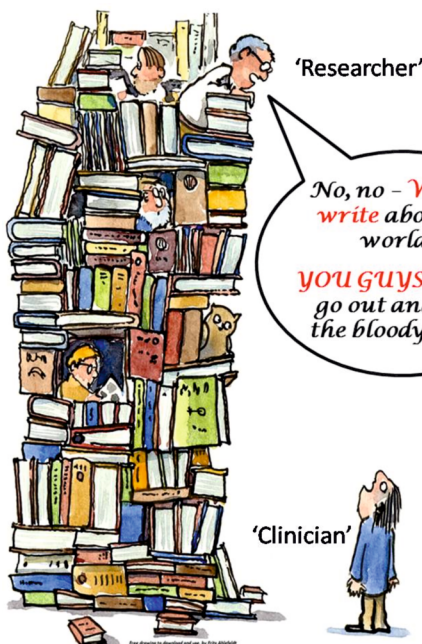
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The changing perspectives of Medical practice - The adversities and the opportunities



'Researcher'

No, no - **WE** just write about the world...
YOU GUYS have to go out and **save** the bloody thing!

Is there disconnect between the "researchers" making the guidelines and the "clinicians" delivering the healthcare?!

'Clinician'

- There has been an explosion of literature and research publications in the last 2-3 decades.
- In 2006 alone, approximately 1.3 million peer reviewed scientific articles were published, aided by a large rise in the number of available scientific journals from 16,000 in 2001 to 23,750 by 2006 [1].

Is all the literature we see today coming from unquestionable evidence?

As end care providers, we (surgeons or physicians) rely on this body of evidence to treat our patients every day. However, it is matter of great pain that medical evidence is no longer sacred and is being seen with suspicion. The reason for this has been the erosion of faith in research and publications with many works being found to be fraudulent in the recent years.

The dark side:

Case of Dr. Joseph L. Biederman, professor of psychiatry at Harvard Medical School and chief of pediatric psychopharmacology at Harvard's Massachusetts General Hospital

Former Editor-in-Chief at the New England Journal of Medicine, Dr. Marcia Angell wrote [2]

"Thanks largely to him, children as young as two years old are now being diagnosed with bipolar disorder and treated with a cocktail of powerful drugs, many of which were not approved by the Food and Drug Administration (FDA) for that purpose, and none of which were approved for children below ten years of age."

In June 2009, an American senate investigation revealed that drug companies, including those that make drugs he advocates for childhood bipolar disorder, had paid Biederman \$1.6 million in "consulting" and "speaking" fees between 2000 and 2007 and all his publications were found to have been funded to get favorable results.

The New York Review of Books

Drug Companies & Doctors: A Story of Corruption

Marcia Angell

JANUARY 15, 2009 ISSUE

A Note to Readers

Fig 1: The book by Former Editor-in-Chief at the New England Journal of Medicine, Dr. Marcia Angell exposed the unholy nexus of companies with renowned physicians.

The NASCIS Study - for use of High steroids (methylprednisolone - Solumedrol from Pfizer) in acute spinal cord injury was regarded as standard of care worldwide for years since its publication in 1990, only to be proved wrong by numerous studies later. Today, it is mentioned in conferences and literature only to be condemned. Michael Bracken, the primary author of the NASCIS trials, was paid huge amounts by Pfizer during the course of the study. The net result - the pharmacy company laughed to the banks, leaving an indelible scar of mistrust on medical research and funding.

Fact vs. Fiction

High steroids (methylprednisolone - Solumedrol from Pfizer) in acute spinal cord injury, is mentioned in conferences and literature only to be condemned.

Hormone Replacement Therapy (HRT): Through the 1990s, HRT was touted to prevent cardiovascular disease, osteoporosis, Alzheimer's disease, colon cancer, tooth loss, and macular degeneration. However, many documents revealed in the litigation against HRT provided insights into how pharmaceutical companies promote drugs, use vendors to produce ghostwritten manuscripts and placed them into medical journals. Today, despite definitive scientific data to the contrary, many still believe that the benefits of HRT outweigh the risks in asymptomatic women. This non-evidence-based perception may be the result of decades of carefully orchestrated corporate influence on medical literature.

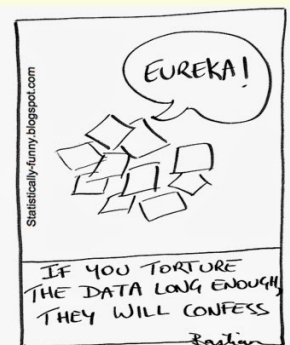
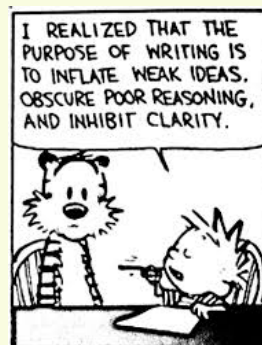
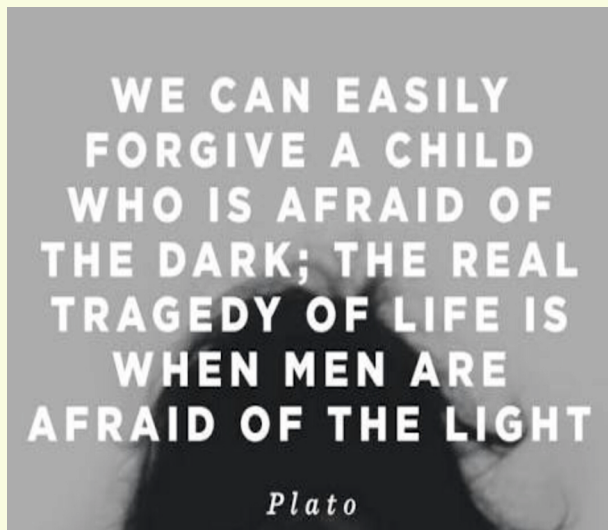




Fig 3: PLOS medicine acted as a whistleblower and made public all the ghostwritings of the HRT propaganda.

The darker underbelly:

The unholy nexus between the drug companies, Health care consumable industry (Implants/instruments/sutures,etc) and the healthcare professionals is no longer under covers. The companies are not only influencing the research and medical body of evidence but are also playing an unholy role in our daily practice. It would be naive of a doctor if he believes that patients nowadays do not know about the "cuts" when we are prescribing an investigation. This has prompted self-corrective measures by various professional bodies, before the damage becomes too much.



For example, the Tamil Nadu Indian Radiological and Imaging Association took a unanimous decision in their extraordinary general body meeting to stop all unethical practices and incentives provided to the referring personnel or institutions from December 1, 2016. This has been followed in spirit by associations of radiologists in various other states and a similar resolution has been announced in the state of Karnataka effective from March 1st 2017.

Today, the larger nexus and the unchecked, non-transparent implant and consumable pricing in corporate and even public hospitals have come to the scrutiny in the public domain. Unless the involved players get together and find a transparent and ethical solution to the practices with questionable background, we may find that the enforcement agencies and the law of the land coming down heavily in the times to come.

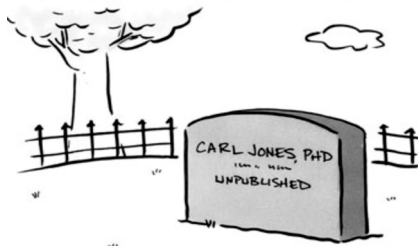
The law enforcement is usually much harsher and we may find ourselves not even being heard for the unfair nature of the laws curbing these practices. The case of enforcement of stent pricing is probably an eye-opener where even though most of the lawmakers and the health experts know of the unfair and harsh nature of the blanket curb on the stent pricing, we find that our voices do not have any takers!.



“Publish or Perish”

The other side of the coin is the increasing pressure on doctors to publish, to stay relevant in the field and get research grants and academic prominence in order to promote their careers, especially in the west. It was said that James Watson had a mere 18 published papers when he applied for the professorship at the Harvard University in 1956. Today the minimum number of publications runs into few hundreds to be eligible to apply for a professorship.

Humanities scholar Camille Paglia has described the “publish or perish” paradigm as “tyranny” and that “The academic profession has become obsessed with quantity rather than quality. - One brilliant article should outweigh one mediocre book”.



So the numbers game has begun and the universities and the central institutes in India are blindly following the west and have setup a race for having the highest number publications in your respective fields. This has led to fabrication of data, plagiarism, ghostwriting, Salami slicing etc to name few practices fuelling the surge in publications with little truth or relevance.

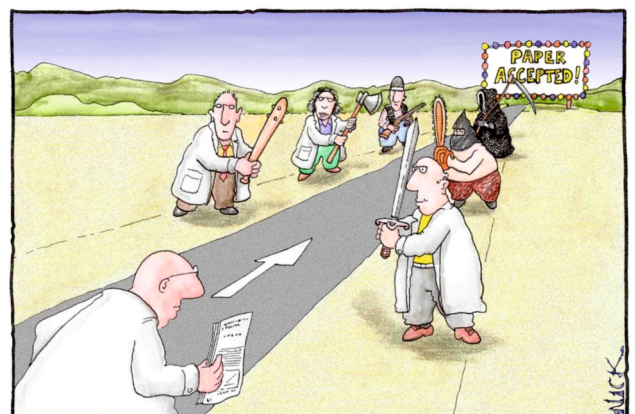


Due to the rising trend in these false research and publications, there also seems to be a tendency among journals to believe the research from known authors leading to selective publication of work from known authors and institutions even with blinding of peer reviews.

This makes one wonder if medical practice and evidence based practice has become the privilege and property of a few authors and institutions in the west?!

Have you ever wondered why doesn't your work with probably equal, if not more importance and data, compared to a few well known authors publications, get published?

- Is it possible for us private practitioners in India to contribute meaningfully to medical literature?
- May be the problem probably lies in we trying hard to emulate the western practice and our research, dwelling on fulfilling their standard of practice in India.
- Is it possible that we generate evidence for what works in our hands, in our daily practice?



Every Adversity brings Opportunity!

We, at VITUS spine, probably have had the freedom to practice what we believed and found that a few practices were actually giving consistent benefits to our patients. Take the example of our published technique of cervical pedicle screws in one of the most famous journals of spine surgery - The Spine Journal. Cervical pedicle screws are not used in the west due to feared complication of vertebral artery injury with lateral perforations. However, they have been used safely for 2 decades in the east (Japan and Korea). We found a new technique which not only decreased the lateral perforation of these screws but also decreased the pressure on the unstable cervical spine while inserting these screws. It took us 3 years to see our work published in the western literature (Started in 2011, Publication 2014 feb). Fig 5.

Cervical pedicle screws also helped us to avoid an additional surgical procedure in many pathologies in the cervical spine. In patients with cervical kyphosis and cervical spinal stenosis the usual surgical procedure involves both posterior and anterior approaches to the cervical spine. With cervical pedicle screws we were able to avoid an additional anterior surgical procedure in elderly patients with progressive cervical myelopathy. This resulted in quick and uncomplicated postoperative recovery in the elderly and led to another publication on our series of patients with cervical myelopathy and kyphosis Fig 5.

Today, we have the highest number of cervical pedicle screw placements in our country and the technique of our placement was recently demonstrated in a workshop at the annual conference of Association of Spine Surgeons of India at Hyderabad, Jan 2017. A large series of our screw placements with their postoperative angulations was published in the March 2017 issue of the Spine Journal Fig 5. The editor's comments before acceptance of this paper on cervical pedicle screws was amusing to us - " Though we have philosophical differences with the authors on the issue of cervical pedicle screws, that does not prevent their work from being published " (cervical pedicle screws are not used in the USA and is not FDA approved).



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Fig 5: Shows our three publications related to cervical pedicle screws. Our work and Publications on cervical pedicle screws have made us to be known by default, as the cervical pedicle screw people, in the spine academic circles, even though our work on cervical pedicle screws constitute a mere 10% of our work!

The Limitations:

However, publications and academic acknowledgements have their own importance and also limitations. Though they are received well and appreciated as original works, they are recognized only as individual works, which are sporadic and do not challenge the unquestioned superiority of the western practices in the field of medicine.



Though the world appreciates the individual excellence and contributions of Indians overseas, we are still not known to work together as a unit to make a larger difference.

What drives our medical practice today?

Is it not the huge hold of the west on the pharmaceutical companies and the implant/consumable companies that makes all of us to not only use their company products but also propagate their "funded" research and evidence?

Though there are many Indian companies, both in pharmacy and the implant industry, they are somehow branded and seen as inferior to the western counterparts. This is in part true, as the complete set-up for manufacturing and quality control is not still established in India and many components of the drug or the implant/instruments are still imported. Further, it is taken for granted that the quality of Indian products are supposed to be lower as they are cheaper!.

Is it not possible to have the same quality of manufacturing, if not better, as compared to the western counterparts in India?

Though the world appreciates the individual excellence and contributions of Indians overseas, we are still not known to work together as a unit to make a larger difference. India, being home for 1/5th of the world population is witnessing a huge demand in every sector with our economy growing and health sector is no exception and we would be doing a huge injustice to ourselves to hand over the Health sector to the western industries and continue to play catch-up to them both in manufacture of healthcare consumables and also in developing the medical body of evidence.

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