

# The New York Times and pacemaker “overtreatment”

Kate Randall, David North  
30 June 2010

The *New York Times* is continuing its promotion of the Obama administration’s cost-cutting health care legislation three months after it was signed into law. Central to the newspaper’s support for the bill is its drive to cut back on “unnecessary” treatments and procedures and to target for elimination “overly generous” insurance benefits.

The *Times* has conducted a sustained campaign to reduce “overtreatment” for cardiovascular disease. This began several years ago, when it argued against the use of heart stents to open up blocked arteries, claiming that treatment with statin drugs was equally effective. In what was to become a pattern of employing half-truths and misleading arguments, the *Times* grossly oversimplified and distorted complex scientific and medical issues to give its readers the impression that stent implantation was a generally useless procedure, and that its only purpose was to line the pockets of the doctors involved.

After publishing numerous articles promoting drug-only therapy, the *Times* turned its guns against the use of statins, making the argument that what it termed “healthy” people were being given a drug that places them at dangerous risk for developing diabetes. To support this contention, the article’s author distorted research published in the *Lancet*, which in fact concluded the exact opposite of what the *Times* claimed. (See: “New York Times distorts research on statin drug therapy”)

The newspaper’s latest effort is a piece by Katy Butler, “What Broke My Father’s Heart,” published in the June 14 edition. The article is a cynical attempt to utilize the author’s family’s personal story—unarguably tragic and heartrending—to make the case that artificial pacemakers are being widely over-utilized.

“Hard cases make bad law” is a well-known saying. Political reactionaries readily seize upon legal “horror stories”—like the one about the criminal released from prison on a legal technicality who commits murder two hours after he leaves his jail cell—to demand the repeal of large portions of the Bill of Rights. Similarly, the *Times* cites one or another example of medical procedures with unfortunate outcomes to justify the curtailment of health care.

In this case, the author’s father, Jeffrey Butler, professor of history emeritus at Wesleyan University, died in Middletown, Connecticut at the age of 85 after several years of debilitating dementia. His deteriorating condition during this period took a devastating emotional and physical toll on his wife, the author’s mother, who was his primary caregiver.

Butler suffered a stroke in November 2001, which left him physically disabled and permanently incapable of completing a sentence. Later that year he developed an intestinal hernia. He was referred by his internist to a local surgeon, who sent him to a cardiologist for preoperative clearance. Due to Butler’s slow heartbeat, the cardiologist would not clear him for surgery unless he received an artificial pacemaker. In January 2003, a pacemaker was implanted and Butler’s hernia was repaired a few days later.

Katy Butler’s main thesis is that the pacemaker unnecessarily prolonged her father’s life, causing needless suffering for him and his family, and

that the current health care set-up promotes such a state of affairs. She writes that implanting her father’s pacemaker “was a case study in what primary care doctors have long bemoaned: that Medicare rewards doctors far better for doing procedures than for assessing whether they should be done at all.”

The article is peppered throughout with references to alleged overtreatment, particularly under Medicare, to make the case that artificial pacemakers—devices that have prolonged the lives of hundreds of thousands of people over the past half century—are being widely over-prescribed and implanted.

She also targets fee-for-service payments, another feature of the current health care system criticized by Obama: “Middletown is part of the fee-for-service medical economy. Doctors peddle their wares on a piecework basis; communication among them is haphazard; thinking is often short term; nobody makes money when medical interventions are declined; and nobody is in charge except the marketplace.”

Butler continues, “Last year, doctors, hospitals, drug companies, medical equipment manufacturers and other medical professionals spent \$545 million on lobbying, according to the Center for Responsive Politics. This may explain why researchers estimate that 20 to 30 percent of Medicare’s \$510 billion budget goes for unnecessary tests and treatment.”

The author’s references to the marketplace and health care profiteering are hypocritical. As in the months-long campaign of the *Times* to promote Obama’s health care agenda, she makes no argument that the multi-billion-dollar capitalist health care industry needs overhauling. Rather, it is the “unnecessary tests and treatments” that should be scrutinized and should face the ax.

This is the entire purpose of Katy Butler’s thoroughly disingenuous piece. She has detailed what was certainly a painful episode in her family’s life and provided it as ammunition in the *Times*’ crusade to slash health care costs for ordinary Americans, particularly the elderly.

Other cases where artificial pacemakers have prolonged life—but under circumstances where dementia and other conditions diminish quality of life for patients and their families—can undoubtedly be found. On the other hand, it would not be difficult for the *Times* to write about, if it wanted to, people whose lives were saved and given additional productive years as a result of pacemakers. The newspaper could have run, perhaps, an inspiring story of a centenarian who works out each day at the gym, and who received a pacemaker many years earlier.

Let’s take a look in the archives of the *Times* to see if such a story exists. As it turns out, way back on March 9, 1994 the newspaper ran an article by Jane E. Brody, the *Times*’ long-time health care specialist, about the famed Broadway producer George Abbott. It began:

“At the age of 96, George Abbott, the grand old man of American theater, had a pacemaker installed to maintain a normal rhythm in his aging heart. The surgeon told him that it would last about a decade, to which the distressed Mr. Abbott replied to the bemused doctor, ‘You mean I’m going to have to come back here in 10 years and go through all

this again?"

"Well, last month at the age of 106, Mr. Abbott returned to have a new pacemaker battery installed, leaving him well prepared to attend last week's Broadway opening of a revival of one of his greatest triumphs, 'Damn Yankees.'

"Mr. Abbott's experience is testimony to the extraordinary life-prolonging power of a relatively simple implantable device that keeps the heart from slowing down to a point that is incompatible with normal living."

The article offered other inspiring examples of lives saved and transformed by the use of pacemakers. Ms. Brody wrote of 77-year-old George Piskiel, whose pacemaker meant "he has been able to return to his bicycle and the tennis court free from the nausea, dizziness and fainting spells caused by a pulse rate that periodically dropped to about 35 beats per minute." She also cited the example of Doris Kapp, 72, for whom the pacemaker meant "she is once again free to travel widely with her husband, George, a retired science teacher."

Since 1994, Jane E. Brody, who still writes the "Personal Health" column for the *Times*, has battled cancer and, fortunately, survived. Less fortunately, she has become, at the behest of her employers, an unscrupulous campaigner for the curtailment of life-saving medical procedures.

There is no question that the artificial pacemaker has had a revolutionizing effect on cardiac care and provided a lifeline for millions of people worldwide.

American physiologist Albert Hyman coined the term "pacemaker" in 1932 to describe his invention, which pumped electricity into the heart via a needle through the chest wall. The device was powered by a hand crank and a spring motor. It is notable that this invention was initially condemned by the medical community for interfering with "natural events"—i.e., death.

In 1958, the first fully implantable pacemaker was surgically placed in a human at the Karolinska Institute in Solna, Sweden, where patient Arne Larsson was fitted with the device. He went on to receive 26 different pacemakers during his lifetime, dying in 2001 at the age of 86.

In late 1959, Drs. William Chardack and Andrew Gage at the Veterans Administration Hospital in Buffalo, New York, along with electrical engineer William Greatbatch, devised an implantable pacemaker that used primary cells instead of rechargeable batteries as a power source. In 1983, the National Society of Professional Engineers recognized Greatbatch's work as "one of the two major engineering contributions to society during the past 50 years."

The most popular use of the surgically implanted pacemaker is to regulate cardiac arrhythmia, or problems with the rate or rhythm of the heartbeat. It is most frequently prescribed when the heartbeat decreases to under 60 beats per minute at rest, at which point the heart is unable to pump enough blood to the body. Pacemaker implantation can relieve symptoms of arrhythmia, which can include heart palpitations, shortness of breath, dizziness and fatigue.

According to the American Heart Association, an estimated 3 million people currently have an implantable permanent pacemaker device. In Britain, the 500,000th pacemaker was implanted in April 2009. The *Times* article notes that about 80 percent of the more than 400,000 Americans who receive pacemakers each year are over the age of 65.

Katy Butler writes disapprovingly, "The typical patient with a cardiac device today is an elderly person suffering from at least one other severe chronic illness." This is a rather vague statement. What is meant by "typical?" What definition of "elderly" is being used? Which "severe chronic" illnesses are being referred to? Are these illnesses untreatable? And what is Ms. Butler recommending? That these "typical" and "elderly" people, suffering "severe chronic" illness, be denied treatment and packed off to hospice facilities as quickly as possible?

To support the argument that pacemakers are being excessively prescribed, the *Times* article calls attention to studies by Dartmouth Atlas of Health Care. This medical research group maintains that much of the health care treatments and services by US health care providers are unnecessary, and that major cuts can be made in health care costs without detrimentally affecting the quality of care.

It should be noted that a June 1 article in the *Times* noted the rising criticism of Dartmouth Atlas by health care professionals, writing: "The mistaken belief that the Dartmouth research proves that cheaper care is better care is widespread—and has been fed in part by the Dartmouth researchers themselves." (See: "The New York Times and the Dartmouth Atlas study—Fraudulent study used to sell Obama health plan")

For the purposes of this article, however, the *Times* is quick to overlook these criticisms and cite calculations by Dartmouth Atlas research which the author says show that "patients are far more likely than their doctors to reject aggressive treatments when fully informed of pros, cons and alternatives—information, one study suggests, that nearly half of patients say they don't get."

The aim of this latest *Times* article is clear. As in the entire debate over Obama's health care legislation, the newspaper is again promoting a reduction in medical procedures—in this case, the use of pacemakers, particularly among the elderly—and attempting to pass it off as a reform. In a typical manner, the story of a family's suffering is exploited to make the case that a life-saving procedure that has benefited hundreds of thousands of people in the US should be severely restricted.

Finally, our readers might wonder what became of the subjects of Jane Brody's 1994 article on the benefits of pacemakers? George Abbott died less than a year later, at the age of 107. Dorothy Kapp lived another nine years. When she died in 2003, at the age of 81, she was mourned as a "kind and gentle woman, a loyal friend, and a fierce fighter for peace and justice." George Piskiel lived for almost 15 more years. He died in late 2008, in his 93<sup>rd</sup> year.

*The authors also recommend:*

Dr. Richard Cooper, critic of Dartmouth health study, speaks to the WSWS

[21 June 2010]

New York Times continues cost-cutting campaign with "doctors thoughts"

[29 March 2010]

The New York Times and the Obama health care plan

[23 March 2010]



To contact the WSWS and the  
Socialist Equality Party visit:

**[wsws.org/contact](http://wsws.org/contact)**