
FROM THE FRONTLINE: Herd mentality

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Herd mentality

FROM THE
FRONTLINE
Des Spence



Until 2008 the mantra was, “You can’t lose on housing.” Everybody became a property developer. The chatter was always “location, location, location.” House prices kept rising. Remortgaging to release capital for cars, holidays, and school fees was common. But did it make sense that house values could double in a short period? Economics is behavioural; we follow the herd. Our vested interests in the rise blinded us to this asset bubble.

James Penston’s book *Stats.con: How We’ve Been Fooled by Statistics-Based Research in Medicine* challenges the numbers in current medical practice. As a card carrying sceptic this plays to my prejudices because I believe that we are in the middle of a medical bubble. Risk factors such as blood pressure and cholesterol have morphed into monster diseases. Medical corporations, the pharmaceutical industry, and doctors have grown rich on the back of these interventions. Newspapers, television, and news programmes have unquestioningly and simplistically accepted these conditions because medical stories sell. The polypill is the latest media darling, and reports suggest it will halve cardiovascular disease. Yet the polypill hasn’t actually saved one life, and all of these claims are based on the flimsy science that is medical disease modelling.

And in the real world, millions take preventive drugs, but there is limited direct evidence that this policy has improved health outcomes. Even if these drugs do work, few appreciate

the treatment paradox: the majority of patients never benefit directly, despite decades of treatment. Then there is seductive “screening.” Intuition suggests that earlier diagnosis should lead to better outcomes. But breast cancer screening has had little impact on survival and has caused massive overdiagnosis and overtreatment (*BMJ* 2009;339:b2587, doi:10.1136/bmj.b2587). Bowel screening, the new kid on the block, has not been shown to reduce mortality but is being rolled out irrespectively. And there is a screening paradox too: individuals screened will never directly benefit but have a high chance of iatrogenic harm.

How have we got here? There is vast financial, professional, intellectual, and institutional vested interest in promoting these interventions. Interests that underpin people’s careers and livelihoods, so that questioning—let alone stopping—interventions like breast screening is met with anger and hostility. Just as with economics, change will come not from silly “nudge theory” but only after a catastrophic crash. Perhaps this will be a drug disaster, an overdiagnosis lawsuit, or, most likely, some unforeseen event. Until then the media and doctors will, in a well intentioned but misguided and wilful way, continue to use relative risks over simple benefit and marginalise dissenters. The numbers might not stack up, but no one wants to listen; we are just a herd.

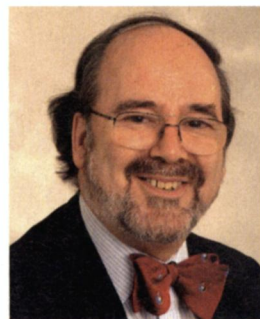
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When I’m 64

IN AND OUT OF
HOSPITAL

James Owen Drife



Last weekend, the 1971 medical graduates met in Edinburgh. We’ve had reunions before but this one was special. With most of us retired, for the first time in our lives we felt relaxed. The hospital and medical school have moved to the suburbs, so we could admire the new site and reminisce among the luxury apartments that have replaced the old one.

But the real thrill was the rebirth of our student band, the Unbelievable Brass, complete with trumpets, trombones, sousaphone, rhythm section, and contingent of non-medical players. We drew heavily on Herb Alpert and the Tijuana Brass, who were big in the 1960s. What style we brought to those student parties and posh balls. Man, we were cheap.

Forty years on, an out of town rehearsal seemed a good idea. Village halls today are equipped

with sound systems, spotlights, immaculate toilets, and almost enough parking for our rather nice cars. Our pianist, now director of music in a cathedral, brought the scores, reprinted on his computer. Concentration was intense as the jaunty syncopations re-emerged, occasionally juddering to a halt when the repeat marks were missing.

I loved that first run-through. After decades in medical politics and academia, it was bliss to be part of a gathering with no subtext. All that mattered was the music—and the logistics. Shifting a drum kit doesn’t get any easier. My role was to play maracas, do introductions, and sing a little: mainly Beatles classics, added to our repertoire when they first appeared.

We were scheduled to perform after dinner in a historic library. When the university heard about

this, their emails became tense. Evidently they had heard about bands from the swinging ’60s. How loudly would we be playing? I shall treasure our reply, written by the sousaphone player, now professor of musical acoustics in the department of physics and astronomy.

Our playlist includes Lennon and McCartney’s *When I’m 64*. Coincidentally the gig was two days after my 64th birthday. As a student vocalist I never really thought about the deeper meaning of the lyrics, but I think I expected still to be working. Of the boys in the band, it is the doctors and schoolteachers who have retired, beaten down by bureaucracy. Bit of a waste, maybe, but at least we have time for maraca practice.

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