
April 1, 2007**OP-ED CONTRIBUTOR**

Feeding the Cancer Machine

By SHANNON BROWNLEE

Annapolis, Md.

HAVE you ever wondered why hospitals offer free cancer screening tests? You've heard the ads on radio, and seen them in newspapers, urging you to come to your local hospital for a free Pap smear, mammogram or prostate cancer blood test.

Hospitals would like you to think they are doing this out of the goodness of their hearts, that free cancer screening is a public service intended solely to improve your health. But there may be another motive at work here: providing free screening brings in new cancer patients, and cancer generates profits.

Has the profit motive gotten in the way of finding a cure for cancer or better treatment? Could it be that at least some of the \$100 billion we spend each year on detecting and treating this disease is used not to improve the health of patients, but rather to prop up hospital finances?

Cancer makes money for hospitals in a couple of ways. First, it's a disease of aging, and that means the majority of people who get it are covered by Medicare, which always pays its bills. Second, many treatments for cancer patients are particularly profitable, especially compared to those for other diseases.

Hospitals generally make money on surgery to remove cancer. Then there are all the imaging tests, like CT scans and M.R.I.'s, which are also well reimbursed by Medicare and other payers. The more cancer patients a hospital can attract, the faster it can recoup capital investments in imaging machines.

Another big source of profit is cancer drugs. Worldwide, we spend about \$35 billion a year on chemotherapy and other drugs related to cancer treatment. Hospitals make money on drugs by purchasing wholesale and charging insurers full price. Cancer doctors also purchase drugs wholesale, making as much as two-thirds of their income on the "chemotherapy concession," in which they sell and administer chemotherapy drugs in their offices.

Hospitals and doctors need to make money, of course, but the high profit margin in cancer has created a situation where providers have every reason to screen more people and treat those who are diagnosed with cancer more aggressively — and few incentives to hold back, even if that's what the patient might prefer. Recognizing this, Medicare reduced its reimbursements for chemotherapy in 2005, but even with those changes, cancer remains an enormous economic engine in our health care system.

Sure, aggressive treatment is reducing mortality and improving the quality of life for some patients. Sometimes it even cures. But for many others, the cancer machine offers only marginal benefits at best, and providers push screening and aggressive treatment in part because they have nothing else to give, but also because it's profitable.

How much of the money we spend on unnecessary or futile cancer treatment might be put to better use searching for real advances?

Shannon Brownlee, a senior fellow at the New America Foundation, is the author of the forthcoming "Overtreated: Why Too Much Medicine Is Making Americans Sicker and Poorer."

[Copyright 2007 The New York Times Company](#)

[Privacy Policy](#) | [Search](#) | [Corrections](#) | [RSS](#) | [First Look](#) | [Help](#) | [Contact Us](#) | [Work for Us](#) | [Site Map](#)
