

## Whither preventive medicine?

David L. Sackett's commentary on preventive medicine<sup>1</sup> is a breath of fresh air which should become a hurricane in this world where life is becoming increasingly "medicalized." His last paragraph is particularly apt: "Experts refuse to learn from history until they make it themselves, and the price for their arrogance is paid by the innocent. Preventive medicine is too important to be led by them."

One might add a remark from an essay by Lancelot Hogben, a British scientist and economist, born in Portsmouth in 1895: "No society is safe in the hands of its clever people."<sup>2</sup>

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It is ironic that just as HRT for menopausal women seems to be coming to an end (because of the recent announcement of significant health risks associated with these medications<sup>1</sup>), some drug companies and some physicians are pushing the use of testosterone products for "male menopause."

Disappointed, frightened and perturbed women are dumping their pills and patches, and many of them are also dumping on the medical profession. In my own practice, most of the women who have been taking HRT have just one question for me: "Should I quit cold turkey, or should I stop gradually?" Fortunately, I feel no need for any mea culpas — I have largely resisted the siren songs describing the putative benefits of female HRT. But now I am hearing the same story for male HRT.

We physicians must now be wary of claims that testosterone products can improve libido, energy, mood, stamina, strength, lipid ratios and heart disease<sup>2</sup> — the same benefits that have been claimed for estrogen replacement in women. We are told that approximately a million Canadian men over age 60 are at risk of problems in these domains,<sup>2</sup> but the "cure" may be worse than the "disease" — a number of rather scary adverse drug reactions for one such testosterone product are to be found in tiny print in the prescribing information.<sup>3</sup>

It's bad enough when ads on television and in the print media bombard men with examples of lethargic middle-aged men made youthful and potent again. When we physicians get on the bandwagon, our unwary patients are put at additional risk of being given these testosterone products. As suggested by David Sackett,<sup>1</sup> physicians are strongly influenced by favours from drug companies. We still get much of our information at luxuriously catered meetings where we listen respectfully to prominent endocrinologists and urologists, who are often spokespersons for these same drug companies.

Luckily, 85% of eligible women rejected HRT for all these years. Will as many men resist such temptation?

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David Sackett's wholesale condemnation of preventive medicine is neither original nor tenable.<sup>1</sup> For example, anti-vaccinationists have been with us for more than a century,<sup>2</sup> but vaccination and immunization have prevailed.

The major thrust of Sackett's com-

mentary is to rebuke the practice of "pursuing symptomless individuals and telling them what they must do to remain healthy." Have we all been wrong in diagnosing and treating symptomless hypertension, diabetes, HIV infection, silent coronary artery disease, dyslipidemia, and incidentally discovered breast cancer and melanoma? Is Sackett implying that the various associations and institutions issuing practice guidelines and standards of practice, with the advice and consent of clinical epidemiologists and biostatisticians, are all and always wrong? The conclusions of the WHI study<sup>3</sup> are not disputed. To generalize from it to unrelated fields is scientifically invalid and ethically wrong because it deprives patients of the potential benefit of treatment.

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In the first paragraph of his commentary, David Sackett noted that the force of law has been used to mandate seat belt use.<sup>1</sup> In the third paragraph, he asserted that no personal health intervention should be undertaken in the absence of positive randomized trials.

With these 2 statements, he apparently advocates that seat belt laws be repealed until a trial is conducted in which those who are about to be involved in motor vehicle accidents are randomly assigned to either seat belt use or no seat belt use, with the group using seat belts experiencing a lower mortality rate. Similarly, I can only assume that Sackett is also opposed to