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## Lynn Payer's *Medicine & Culture* Revisited

We are very sad to learn of the recent death of Lynn Payer, the author of several books including her most important, *Medicine & Culture*. This book was first published in 1988, republished in 1995 and is still in print. Over the years we have shared copies of *Medicine & Culture* with many friends, family and clients. It is delightfully easy to read yet has many important things to say.

*Medicine & Culture* compares and contrasts the practice of medicine in the U.S.A., Britain, Germany and France. This is not a book about different health care systems, but rather a book about how doctors in the four countries diagnose and treat disease – and the evidence is that they do so very differently. To the layman at least, the differences are at worst scary and at best provide a dramatic illustration of how little medical care is really “evidence-based” and how much medical care depends upon fundamental assumptions about the body and disease which are not based on clinical research or outcomes data. What Lynn Payer made clear is that these assumptions differ dramatically from one country to another, that what is consensus-based medicine in one country would often be considered malpractice in another.

In his foreword to the 1988 edition of *Medicine & Culture*, Kerr White wrote that “only about 15% of all contemporary medical interventions are supported by objective clinical evidence that they do more good than harm.” In her preface to the 1995 edition, Payer wrote that this may have risen to 25%. Let's be optimistic and hope that it is now up to 30%. Over the last two years Harris Interactive has conducted and published new surveys of physicians, large numbers of whom continue to practice medicine in ways which are neither evidence-based (where solid evidence exists) nor “consensus-based.” Many people are surely unaware of how little diagnosis and treatment is evidence-based. If so they will find *Medicine & Culture* a true eye-opener – whether they live in the United States or anywhere else.

We have therefore devoted this issue of *Health Care News* to reminding those who read *Medicine & Culture* of some of its contents and to encouraging those who have not read it to buy and read it.

Most of what follows are therefore quotations from *Medicine & Culture*, so that Lynn Payer can speak to you in her own words.

The big picture which emerges from *Medicine & Culture* is that doctors in the four countries practice medicine very differently because their national culture, history and medical training are fundamentally different.

In the introduction to the 1995 edition Payer wrote:

“British, Canadian and American specialists in genitourinary oncology were asked how they personally would want to be treated if they had cancers. For locally advanced bladder cancer, 92% of American and Canadian specialists wanted radical surgery, compared to only 30%

of British specialists. In the case of localized prostate cancer, 79% of the American specialists, 61% of the Canadian specialists, and only 4% of the British specialists wanted radical surgery.”

“Patients and doctors in England and America, while often taking opposite sides on the issue of whether it is better to do something or nothing, tend to see disease as something that comes from the outside. By contrast, Continental doctors and patients are more likely to emphasize weaknesses of particular organs or imbalances between various organs and/or systems.”

“French doctors will diagnose vague symptoms as spasmophilia or something to do with the liver; German doctors will explain it as due to the heart, low blood pressure, or vasovegetative dystonia; the British will see it as a mood disorder such as depression; and Americans are likely to search for a viral or allergic cause.”

“When psychiatrists from six countries tried to agree on who was dangerous, the overall level of agreement was under 50% for three-quarters of the cases considered, and the psychiatrists did not agree any more among themselves than did nonpsychiatrists.”

In **France**, Payer shows, medicine focused on the liver, and the *terrain* and the practice of Cartesian medicine (as opposed to evidence-based).

“In France, we would call vague digestive troubles a liver crises; in the United States you would call it food allergy. You prescribe anything at all, because it’s not a scientific diagnosis, but rather a different use of placebos,” said a professor of medicine at Paris’s Hôpital Cochin.”

“Not only do the French take their temperatures rectally, but many of the thermometers are pointed,” he said. The practice will continue, according to one Frenchman because: “Who would put a thermometer in his mouth that might have been in someone else’s rectum? Nobody, which is why we’ll probably never switch over in France.”

“Nine in ten French patients believe that their headaches are due to the liver...French people and their doctors attribute an extremely wide range of complaints to the liver, including painful menstruation, paleness, yellowness, and general fatigue. Both patients and dermatologists sometimes accuse the liver of causing acne or rash, dandruff, herpes, and other skin complaints.”

The *terrain* – the health of the body and its ability to fight disease is of great importance.

“A belief in the *terrain* also undoubtedly plays a role in the fact that fewer invasive procedures are used in intensive care units in France than in the United States - with patients doing equally well in both countries.”

“The English and Americans have a saying, ‘Cleanliness is next to godliness.’ The French don’t. While Americans assume that if it’s clean it must be healthy, the French are quick to point out the health advantages of dirt, or at least the health advantages of tolerating dirt.”

Payer quotes French sources that deodorant suppresses sexually stimulating smells, including Napoleon's letter to Josephine not to bathe as he was coming home.

In **Germany**, Payer considered mainly West Germany (the first edition was published before Germany was reunited). She addressed the German focus on the heart and their use of very different medications.

“West Germans use about six times the amount of heart drugs, per capita, as do the French and English.”

“Herzinsuffizienz really has no translation into English because it would not be considered a disease in England, France, or America. German doctors often translate it as ‘cardiac insufficiency’.”

“...that the German physician considers any heart more than thirty years old to be defective by definition, and he may well prescribe a cardiovascular product for all patients above a certain age...Taking digitalis for *Herzinsuffizienz* is something of a status symbol.”

“Poor circulation is held in West Germany to be the underlying cause of many diseases of specific organs.”

“Hydrotherapy - a 1980 book on Kneipp therapy used by West German doctors recommends as therapy for a patient with low blood pressure to have, on Mondays, an early bath of the upper body, a morning knee shower alternating between hot and cold water, an afternoon arm shower, and a walk in fifteen inches of water (known in Germany as “Kneipping”) in the evening; on Tuesdays, an early bath of the lower body, an arm with rosemary in the morning, an alternating hot and cold footbath in the afternoon, and Kneipping in the evening, and so on for the rest of the week, except Sunday.”

Another peculiarity of present-day West German medicine: their comparatively low use of antibiotics.

“A doctor is considered bad if he gives penicillin too soon.”

“If a patient needs an antibiotic, he generally needs to be in the hospital.”

“Still another legacy of romanticism to Germany medicine is the healing powers accorded to nature, whether it be in the form of long walks in the forests, mud baths, or herbal medicine.”

In **Britain**, Payer focused on their reluctance to intervene, the stiff upper lip, “caring” and “kindness” and the commitment to the evidence of clinical trials.

“The most striking characteristic of British medicine is its economy. The British do less of nearly everything...The British doctor is much less likely to do routine examinations... British doctors prescribe fewer drugs (6.53 *per capita*) than French (10.04) or West German (11.18) doctors.”

“The British patient is less likely to be labeled as sick.”

“English GPs, who handle the bulk of all medical complaints have had fewer restrictions as to which tests or medications they could prescribe than their colleagues in France, West Germany, or even in the United States. Yet British doctors prescribe half as much medicine as their colleagues in France and West Germany and, at least according to one study, one-eighth the number of lab tests as do Canadian doctors.”

“By far the strongest philosophical movement in Britain has been that of the empiricists. ‘But because it ought to work doesn’t mean it does...The data are more important than the hypothesis...’ This respect for factual details explains why the British have been the chief proponents of the randomized, controlled trial in medical research.”

“Another British excess - concern about their bowels. A daily bowel action as almost a religious necessity.”

“Britain is generally recognized to be ten to fifteen years ahead of Canada and the United States in geriatric medicine. The British medical system may not provide old people with high-tech treatments, but it will give them a geriatrics specialist and possibly even a psychogeriatrician.”

“Kindness...not only are they more skeptical about whether medical treatment is actually doing any good; they are more sensitive to the ‘soft’ side effects that may affect a patient’s quality of life...‘There is a fit between hospice and the British temper that does not seem to exist in America.’”

In the **United States**, Payer noted the aggressive, “if in doubt, do a lot” medical culture and the focus on viruses and allergies.

“The aggressive approach that has characterized American medicine was evident even before the American revolution. Dr. Benjamin Rush (friend of Jefferson and Adams), believed that one of the hindrances to the development of medicine had been an ‘undue reliance upon the powers of nature in curing disease.’”

“Rush’s success in promulgating his thesis meant that for many years to come massive purging and bloodletting were to characterize American medical practice. Rush promoted his therapies in part by convincing practitioners and patients alike that they were heroic, bold, courageous, manly and patriotic...When confronted by a sick patient, they gathered their purgers and emetics, couched their lancets, and charged the enemy, prepared to bleed, purge and vomit until the disease was conquered.”

“This ‘can-do’ attitude is as much a characteristic of American medicine as it is of the American character in general.”

She quotes a British medical student in an American hospital: “There seemed to be an overwhelming number of so-called ‘type A’ personalities around - and the only explanation I could offer for this was that American medicine selects, and is selected by, a different type of student than in England.”

“...more is better. No one ever talked about the negative aspects of intervention, and the one time a student asked about the ‘appropriateness’ of fetal monitoring, the question was cut off with a remark that there was no time to discuss issues of ‘appropriateness’.”

“The same clinical trials that will be interpreted cautiously in England are often touted in the United States as definitive proof that treatment works.”

“In the United States the favored ‘wastebasket explanation’ is a virus, alias low-grade virus. What doctors don’t know, they attribute to a virus, or when a condition doesn’t respond to treatment, they attribute it to a virus...America has an overall virus mentality.”

“American medicine is aggressive partly because doctors are trained to be aggressive but also because many patients equate aggressive with better.”

### In summary:

**“ Not all French doctors are Cartesian, not all German doctors authoritarian romantics, not all English doctors kindly but paternalistic, not all American doctors aggressive. As with most caricatures, these pictures may be distorted, but they are based on truths found in the overall practices of each country.”**

No doubt some of the many examples given by Lynn Payer are now out of date, but many differences surely remain. We are deeply indebted to Payer for making us aware of the different medical cultures, and we deeply regret that she will not be around to keep us informed. We would like to know if “*plus ca change, plus c’est la meme chose.*”

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