

TRENDS & Ideas

PATIENT CONFIDENTIALITY

Medical Records: The New Marketing Tool

As the movement toward increased automation of patient records escalates, confidentiality is a growing concern. Most patients assume that only their physicians and pharmacists have access to their medical records. But today many physicians and pharmacists are eager to sell prescription information and other pertinent medical facts about their patients to data collectors "that sell them to pharmaceutical companies hungry to know exactly how their products are selling," reports Michael W. Miller in the *Wall Street Journal*. Physicians and pharmacists believe this practice does not threaten patient privacy because the companies say

they delete patients' names.

Physicians and pharmacists find attractive the incentives to release patient information.

One physician explains that a data collector leases him a "top-of-the-line personal computer and software for about one-third what these would otherwise cost." Drug wholesalers often send pharmacists weekly price updates at a discounted fee in exchange for computerized prescription files, which the wholesaler downloads over the telephone each week.

An unsettling fact about these arrangements is that

physicians and pharmacists really do not know what information data collectors are gathering, explains Mil-



ler. The industry is unregulated, and providers only

have the collectors' word about what information they are gathering and selling.

Even if pharmacists and physicians refuse to deal with data collectors, many new sources are emerging "thanks to the growing chain of 'third parties' who handle confidential records," observes Miller. A score of new companies are automating physicians' insurance claims and keeping electronic copies of all patient records.

Drug marketers and insurance reviewers are not the only ones buying these patient data bases. To cut costs, many employers are

examining employees' medical expenses, reports Miller. He cites a 1991 study by the Office of Technology Assessment that concludes that "three out of 10 employers allow managers to review employees' medical records without permission."

This lack of confidentiality worries patient-privacy advocates, who know that leaks about a person's health status can lead to discrimination. Sometimes "people lose their friends, lose their jobs, get kicked out of their apartments" when news gets out that they have AIDS, asserts Michael Isbell, staff attorney in New York for the Lambda Legal Defense and Education Fund.

WARNING LABELS

Consumers Ignore the Proliferation of Warnings



What do drinking glasses, jars, and rugs have in common? They are among the 12 consumer products that most caused Americans to seek treatment in hospital emergency departments during 1990. Had rug manufacturers included warning labels that read, "Known to cause falls, use with

caution," would fewer people have tripped over them? A recent U.S. Consumer Product Safety Commission survey supposes probably not. "Warnings don't work awfully well," says Ted Gest in *U.S. News & World Report*.

Nevertheless, manufacturers of everything from toboggans to tile cleaner are printing warnings on their products—leading to overload that "may keep warnings from being heard, let alone heeded," Gest says. A recent study of toxic products found 88 percent of consumers saw the warning labels, 46 percent read them, and only 27 percent followed the recommended precautions.

Useful or not, warning labels are increasing because a lack of one can spell major legal trouble for a manufacturer of even seemingly harmless products. Gest cites a 1985 lawsuit in which a 15-month-old boy received brain damage after inhaling baby oil that his sister had poured into a different container. The boy's family won the lawsuit because the jury believed the company should have issued a warning label about the dangers of inhaling baby oil.

Fearful of an onslaught of ineffective warning labels, the American Tort Reform Association, an industry group, told the Washington Supreme Court (hearing the case on appeal), "He who warns of everything warns of nothing." The court upheld the verdict, stating that "predictable infant behavior necessitates that consumers and parents be alerted."

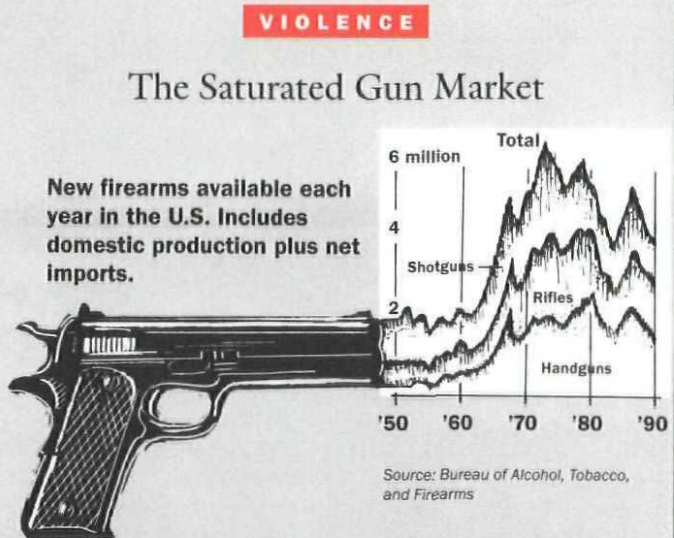
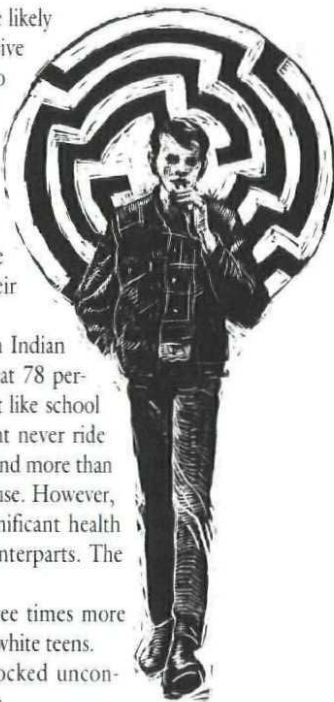
HEALTH STATUS

Native American Adolescents Report Poor Health and Risky Behaviors

Native American adolescents are more likely than their white counterparts to receive insufficient preventive healthcare, to drink heavily at a young age, to use peyote and marijuana, and to feel a general sense of hopelessness, Robert W. Blum et al. report in *JAMA*. Even more startling, the suicide rate among these youths is more than twice that of other groups their age.

Blum's survey of 13,454 American Indian and Alaska Native youths revealed that 78 percent are physically healthy, 85 percent like school a good deal or somewhat, 79 percent never ride with a driver who has been drinking, and more than 80 percent have never experienced abuse. However, a sizable minority do experience significant health risks compared with their white counterparts. The study found:

- The Native Americans were three times more likely to rate their health as poor than white teens.
- Almost one-fifth had been knocked unconscious by another person once or twice.
- Eighteen percent had experienced either physical or sexual abuse.
- Eleven percent knew someone who had killed himself or herself, and 17 percent had attempted suicide themselves.
- American Indian-Alaska Native youths have nearly twice the death rate as teens in other ethnic groups.
- Nearly half rarely or never use seatbelts, and more than one-third have driven after drinking.
- Although Native American youths began drinking alcohol in junior high school, at about the same age as their white counterparts, the rate of their drinking increased more rapidly.
- More than 14 percent of girls and 8.3 percent of boys reported "feeling so sad and hopeless in the last month that they wondered if anything was worthwhile"; 5.7 percent reported signs of severe emotional distress, such as feelings of nervousness, discouragement, hopelessness, and loss of control of the way they act, talk, think, or feel.
- Significantly few Native Americans, compared with rural Minnesota whites, had visited a physician for preventive healthcare in the last two years



Bleak economic times have hit industries from defense to healthcare, and now the shadow has fallen over gun makers as well. In 1975 Americans bought more than 6 million firearms from U.S. gun makers, but in 1990 they bought little more than half that, reports Erik Eckholm in the *New York Times*.

But the civilian gun supply is by no means dwindling. Eckholm notes that it is estimated to be at 200 million. This saturation of the market is one reason for sluggish U.S. gun sales. In addition, guns do not wear out; they are too durable. European companies are now selling more guns in the United States. And U.S. gun makers have offered no innovative designs. However, manufacturers of cheap handguns, selling for \$60 to \$100, have held their own during the slump. Cheap handguns are "favorites of gun runners and urban thugs," asserts Eckholm.

In response to the downward trend in gun sales, one U.S. manufacturer plans to market guns that "appeal to the technological lust

inside every gun fancier," says Eckholm. Another way gun companies and the National Rifle Association are trying to foster more gun enthusiasts is by sponsoring new kinds of target sports in which hunting or combat situations are simulated. And, according to Eckholm, gun manufacturers see women as a huge potential market as buyers of guns for protection and target sports.

These new marketing techniques worry gun-control advocates, who see the number of shooting deaths on the rise. "Adding to the gun supply is the worst thing we could do right now," says Jeffrey Y. Muchnik, legislative director of the Coalition to Stop Gun Violence. "The more guns we have, the more people get shot and killed."

Gun manufacturers counter that gun-control advocates blame guns to avoid dealing with what is really happening. "The issue is poverty, drugs, jobs," says Ronald E. Stilwell, president of Colt's Manufacturing Company, West Hartford, CT.

(54 percent versus 77 percent).

"Poor health and failure to utilize health services are highly correlated," write the authors. "So too are poor physical health and suicide attempts, physical and sexual abuse, polydrug use, body image distortion, and nutritional inadequacies."

They call for health promotion efforts "that are culturally appropriate and nested in a community development context." They note that what is culturally appropriate varies according to tribe, and they advise that health promotion efforts are most likely to succeed if they "build on the strengths of community identity and culture, . . . promote role models of accomplishment, [and] tap the exuberance, inherent optimism, and resilience of young people themselves."