## Advocate

Continued from Page C1

of Sciences, also issued a landmark 1999 report on patient safety, revealing that up to 100,000 patients die each year in hospitals due to preventable medical errors.

But the new report is the academy's first to explore difficult to measure problems with diagnoses. The authors defined a diagnostic error as a "failure to establish an accurate and timely explanation of the patient's health problem or communicate that explanation to the patient.'

While the authors don't speculate about how many diagnostic errors occur, a "conservative estimate" found such errors affect 5 percent of U.S. adults who seek outpatient care each year. Such errors contribute to 10 percent of patient deaths, according to the

"Urgent change is needed to address this critical issue," said Elisabeth Belmont, corporate counsel for Maine-Health and a member of the committee that conducted the study. "Without a dedicated focus on improving diagnosis, these errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity.

Diagnostic problems stem from a range of causes, from too little collaboration among clinicians, patients and their families to "a culture that discourages transparency and disclosure," according to the report.

Improving diagnosis — a process that unfolds over time, involving doctors, specialists, nurses, pharmacists and others across various settings will require broad change within the health care system, the authors stated.

"The stereotype of a single physician contemplating a patient case and discerning a diagnosis is often not the case, especially given the increasing complexity of diagnosis and health care," Belmont said. "Moreover, diagnostic errors aren't always due to human error, but rather, they often occur because of errors in the health



with patients and families as part of a

The days of "if it was important, the doctor would have told me," are over, said Lisa Letourneau, executive director of Maine Quality Counts, a coalition working to improve health care in Maine. Patients must ask for questions up front, while clinicians need to be more proactive about bringing patients and their families into the fold, she said.

"That's a pretty profound change for a lot of people," Letourneau, who also is an emergency physician, said. "It's a little bit generational but it's also just a different way of people thinking about their health care.

At the same time, better care doesn't

The report urges clinicians to work necessarily mean undergoing more tests and treatments, she said. Overtreatment produces another kind of harm — costing the country at least \$210 billion a year, according to the Institute of Medicine — and leading to unnecessary pain, suffering and complications from some conditions that could have been left alone, experts say.

> The report's authors recommended that health care providers help patients to understand the diagnostic process and share their feedback, allow patients better access to their electronic medical records and find ways to identify, explore and learn from misdiagnoses. The medical malpractice and health care payment systems also must support improved diagnosis, they wrote.

# 'Right to try' laws may not help dying get drugs

BY LISA RAPAPORT REUTERS

of Washburn was misdiag-

nosed twice before learn-

ing his headaches were

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minal cancer,

according to

his daughter,

Tammi Scott

Easler. He

died on July

So-called right to try laws, intended to expand dying patients' access to experimental treatments, may not work as expected — and might strip patients of federal safety protections, some experts say.

The laws, enacted in at least 24 states, have been promoted as a way to help dying patients get hold of medicines and devices that haven't been approved by the U.S. Food and Drug Administration.

But the laws haven't yet helped patients gain access to experimental therapies, Alison Bateman-House, an ethicist at New York University Langone Medical Center, and colleagues argue in an article in Annals of Internal Medicine.

The state laws may also cover access only for terminally ill patients, excluding people with serious or rare diseases with limited treatment options that are not immediately life-threatening, the authors note.

And the laws may disrupt the current system for granting so-called "compassionate use" of unproven treatments to dying or seriously ill patients, which includes FDA oversight to track any safety issues, Bateman-House said by email

"The FDA's participation in this process helps protect patients from what may be an even worse outcome than what they are facing," Bateman-House said. "By seeking to remove the FDA from approving compassionate use attempts, right to try laws remove an essential safeguard."

Under current federal policy, when terminally ill patients want to use drugs and devices that are too early in their development to be approved by the FDA, their doctors typically ask for the drug or device companies to grant expanded access to the experimental therapies.

If the company agrees, the

where the physician works would also vet the request. Among other things, reviewers might assess whether the patient has exhausted other options and understands the potential risks and benefits of therapies that generally haven't yet been tested in large-scale human trials.

The FDA has not taken a position on right to try legislation, Sarah Peddicord, an FDA spokeswoman, said by email. The FDA approved more than 99 percent of compassionate use applications, also known as expanded access requests, received during the 2010 to 2014 fiscal years, she said. The FDA is required to respond to these requests within 30 days, but often does so much more quickly, she added.

States have approved right to try laws, however, because the current system doesn't move quickly enough for terminally ill patients who seek experimental treatments as a last resort, said Kurt Altman, director of national affairs at the Goldwater Institute, which has drafted model legislation and helped promote the laws.

He doesn't dispute the FDA's 99 percent approval rate for compassionate use requests. Instead, Altman argues that these requests represent only a fraction of the patients who might have benefited from getting experimental treatments.

'What the 99 percent figure does not tell us is how many terminal patients didn't know about expanded access, had a doctor with insufficient time to complete the process, etc.," Altman said by email.

The application can take doctors more than 100 hours to complete, he said. Though the FDA announced plans to streamline this process so it takes only 45 minutes, Altman said he isn't aware of this being implemented yet.

## Atwood

Continued from Page C1

Hatha yoga is a slow-paced form of yoga. You go into a posture and hold it anywhere from 10 seconds to one minute, allowing your body and nervous system to integrate the benefits of the posture.

"Hatha yoga is a mindfulness practice," Angela said. "It's contemplative. You're able to observe what's going on in your mind and body and experience a deep sense of awareness.'

A few years ago, another student told Angela that Maine Hatha Yoga had something special going on.

"He said I had no idea how many people from the recovery community come to this studio and used yoga to help them in recovery. He thought we should expand on that and reach out to the recovery community more," she said.

In response, they began to offer one class a week for people in recovery, with Kelly as the instructor. Angela said she often thought about what else they could do, but a year passed and then another.

Then her brother died. "I knew at that point I

needed to do more, I needed to," she said. "Another year went by because I was pretty downtrodden by grief. Then I snapped out of it, and I knew we had to put on a confer-

#### Orono walk to raise suicide awareness

ORONO — The University of Maine Counseling Center and St. Joseph Healthcare will host the seventh annual Out of the Darkness Community Walk at 2 p.m. Sunday, Oct. 4, after an opening ceremony on the mall in front of Fogler Library. Registration for the 5K walk will begin at 1 p.m. Participants will walk through the UMaine campus and surrounding areas.

The walk will emphasize awareness of servicemembers and veterans affected by suicide. Walk participants will carry a flower to represent a loved one they have lost. A remembrance ceremony will be held along the Stillwater River near the steam plant parking lot.

Funds raised will benefit research initiatives of the American Foundation for Suicide Prevention.

Guest speakers will include Emily Cain, a UMaine alumna and former state senator from Orono, and Kirk Grant, team leader at

the Bangor Vet Center. Volunteer and participant registration is online. For information, call Dr. Kelly Shaw at 581-1392.

ence and invite people to Chris Grosso, who writes said. "To say, we're starting speak about addiction. People who had brought themselves out of severe addiction.'

The result is the Yoga and Mindfulness for Recovery Conference, happening Oct. 9 and 10 in Portland.

"This idea was sparked by my grief," Angela said. "I had read 'Acrobaddict,' a memoir by one of our speakers, Joe Putignano. He described his journey from struggling with a heroin addiction to starring in Cirque du Soleil. I was so moved by his experience that I contacted him and asked if he would come to Portland and speak. He got back to me and help them get into a yoga right away and said, 'Of studio once they leave. They course, I would love to do will create a scholarship anything to help.

Other speakers include Kelly; representatives of PU-REAction, a nonprofit organization that documents the medical benefits of yoga; and recovery resources," Angela

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and speaks about his recovery from addiction. Chris will explain how the mental discipline of meditation can be a powerful tool in addiction recovery. He also will lead participants in a guided meditation.

Angela said they also will launch the Portland chapter of One Posture at a Time. The program, which has chapters in Texas and New York City, brings yoga to people living in long-term or residential substance abuse treatment facilities.

Kelly and Angela will be going into recovery settings to teach yoga to residents fund, and people will be able to donate yoga paraphernalia and, they hope, also classes throughout the state.

"We want to give people in

you here with a yoga program and then when you leave, we're going to help you stay connected so yoga can continue to be part of your recovery."

For information about the Yoga and Mindfulness for Recovery Conference, visit ymfar.com. Tickets are \$10.

You also are invited to an open house on Saturday, Oct. 10, at the studio. Classes will be free all day.

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### **Laser Therapy:** Healing at the Speed of Light

Now, in Bangor, Maine, one doctor is helping local residents with knee pain live more active, pain-free lives.

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- Bursitis Crunching and popping sounds

Let's face it, your knees aren't as young as they used to be, and playing with the kids or grandkids isn't any easier either. Maybe your knee pain keeps you from walking short distances or playing golf like

Nothing's worse than feeling great mentally, but physically feeling held back from life because your knee hurts and the pain just won't go away

My name is Dr. Gerard Graves, owner of Bangor Chiropractic & Functional Medicine. Since we opened, we've seen hundreds of people with knee problems leave the office pain free.

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This process also reduces inflammation, improves blood flow and accelerates healing. In general, the biostimulating effects of Lumix laser therapy are from its analgesic, anti-inflammatory, and anti-edematous effects

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**Wavne Haslam** 

What does this offer include? Everything I normally do in my "Knee Pain Evaluation." Just call and here's what you'll get..

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- A complete neuromuscular
- A thorough analysis of your exam so we can start mapping out your plan to being

examination.

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THE FIRST 25 CALLERS ONLY. can get everything I've listed here for only \$55. The normal price for this type of evaluation is \$250, so you're saying a considerable amount by taking me up on this offer.

Remember what it was like before you had knee problems – when you were pain free and could enjoy everything life had to offer? It can be that way again. Don't neglect your problem any longer – don't wait until it's too late!

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Due to the expected demand for this special offer, I urge you to call our office at once. The phone number is 207-947-9200.

Call today and we can get started with your talk, exam as soon as there's an opening in the schedule. Our office is called Bangor Chiropractic and Functional Medicine and you can find us at 689 Hogan Road, Bangor, Maine. Tell the receptionist you'd like to come in for the Knee Evaluation.

#### Dr. Gerard Graves

P.S. Now you might be wondering...

Dr.Graves,PSc.D is state licensed by the Maine chiropractic board to provide conventional health care services and is also licensed by the Pastoral Medical Association to provide natural health services and therapies to registered members of the Member Share Network. Conventional and pastoral services are completely separate services and each is provided in strict compliance with the rules and regulations set forth by the separate licensing agencies. If you wish to receive natural health services you must first register. Member registration is free and may be completed on-line.

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