

## **Doctors and Psychologists Don't Hate Science—They Treat Real Patients: A Reply to Sharon Begley and Newsweek**

Ivan J. Miller

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Sharon Begley is wrong when she compares the medical profession to “hysterical conservatives” who “seem to hate science,” as she did in her *Newsweek* column on May 4, 2009 in “Why Doctors Hate Science.” She is wrong when she claims that “psychologists reject science” as she did in her column on October 2, 2009 in “Ignoring the Evidence.” While she finds a few legitimate examples of problems, she is pushing a narrow interpretation of science that is not in the best interest of patients. When it comes to good science, good treatment, and good use of scientific evidence, medical doctors and psychologists are a lot closer to the mark than Begley and the critics she embraces.

In “Doctors Hate Science,” Begley decides that science shows that hypertension patients should be treated with inexpensive diuretics rather than medications that have fewer side effects because both lower blood pressure. Not if you ask the patient who knows that the diuretic causes frequent urination. Who would want to pee more than a dozen times a day, wake twice at night to go to the bathroom, fear getting stuck in a traffic jam without access to a toilet, avoid long meetings, get fatigued during exercise, and lose sexual function? There are good reasons that doctors prescribe more expensive anti-hypertensive medications that have fewer side effects than diuretics.

Again looking at research and not patients, she finds that the positive symptoms of schizophrenia (hallucinations) respond as well to the old generation antipsychotics that cost much less than the new, and scolds psychiatrists for prescribing the new generation medications. As a psychologist, I have known over 1,000 patients who had the old generation of medications prescribed, and I only know a few who did not find the medication awful. As one patient described it, it made him feel like a block of wood. The old generation makes emotions flat, and patients who take them are often unable to experience pleasure. The vast majority of patients resist or refuse these medications. With the new generation, people with schizophrenia can more successfully recover much of their ability to enjoy life, control symptoms, and have relationships. In other words, in addition to controlling the hallucinations, with the choice of new generation medications, more people with schizophrenia can have a life. Real doctors care about a patient's quality of life, and not just whether the scientific data suggested that a specific symptom response was equal.

Now Begley is attacking psychologists by siding with an academic scientist who says that practicing psychologists don't follow academic research closely enough. She complains that practicing psychologists report that their own experience is more informative than cookbook programs that are researched in academic and scientific settings. In the real world of treating patients, psychologists treat the concerns that patients bring into the office. Most psychologists have a Ph.D, which requires training to be a scientific researcher, and are therefore also doctors. Other psychologists have a professional doctorate degree, which involves the extensive study of scientific research. Psychologists are dedicated to evaluating the full range of research. When science has relevant information, it spreads through practice and is adapted. Research supports a wide range of approaches, but not all. The research does not just support the few approaches that Begley likes.

Patients each come in with their own unique and complex problems, which are not the simplified, single diagnosis, mild problems that are commonly researched in academic settings. Research does confirm that the psychologist's relationship with a real patient and with the patient's needs is more important than allegiance to scientific theory. As a psychologist who makes his living treating primarily self-pay patients, I know that I must be effective and responsive to my patients' needs. I

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also operate a referral organization for 78 therapists and am aware of the kind of therapist that patients find successful. If a therapist were to offer only scientifically proven, cookbook treatments, I know that therapist will be out of business. Rigid adherence to science, as Begley prescribes, does not inform psychologists as well as personal experience and the eclectic incorporation of scientific evidence. I do not know of any therapist who is not influenced by the cognitive behavioral approach that Begley favors. The eclectic approach often incorporates the research that Begley promotes, but is not blinded by it. The actual evidence supports multiple theoretical approaches.

Real evidence-based medicine not only looks at data, but also uses experience, judgment, and an awareness of patient needs and individuality. Simplistic comparative effectiveness research, as Begley and her medical critics prescribe it, would be a tyranny of bureaucrats. These bureaucrats may also be academics, but they are usually not in the business of treating real world patients. While there is great value in pursuing comparative effectiveness research, if it is properly interpreted, it will not save as much money as its proponents imagine, and the patient-provider treatment team will still be able to make their own treatment decisions. For now, it is a good thing for patients that health care is provided by doctors and psychologists, and not by Begley's idea of science.

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