www.nicoledelepine.fr

SYMPOSIUM

Conference theme: experience of a unit of pediatric oncology with drugs, prescription, observance and market

Consequences of the Act of March 4 (Kouchner law), 2002 on doctor-patient relationship, quality of treatment and choice of drugs

Nicole Delepine, H. Cornille, S. Alkhallaf, B. Markowska, Z. Lankri

University Raymond Poincare Hospital Garches France

Oncologic pediatric service

The 4th of March 2002 French law reinforced the right of patients to inform consent .This was already highlighted for clinical trials by the 1988 Act “Huriet Sérusclat”. This evolution seemed necessary, in favour of "health democracy" wanted by most French people.

A decade later, we evaluate in our daily practice the consequences of this Act. In the trials for cancer treatment for example, it changed very little. While patients or their parents sign more detailed consent, they are still not informed about physician and / or hospital compensation and about other possibilities of cure. Conflicts of interest among medical researchers, the laboratory investigator (over 90 % of trials) and their relationship to therapeutic choices remain hiding.

The patient facing the drama of the illness revelation is not able to detect these conflicts. He just hears what his doctor proposes (the patient cannot imagine his doctor as a researcher). He can hardly imagine that the proposed treatment, test or protocol could not be the best one with the best chance of survival. So the vast majority of patients accept it. We cannot wait through patient reaction for a better readability of the trials or a greater transparency. The patient wants to be treated in 2010 as in 1936 and still waits “careful and conscientious care tailored following the current scientific data” as required by the Judgement of 1936 .The fundamental well-known Mercier Act funded the contractual relationship

between a patient and a doctor. This was the truly definition of medicine from two millenary. Patients are still on this planet, but medical researchers are embedded in a system in which there is no more individual to individual medicine, no longer one patient-doctor dialogue.

Exit off Mercier, lawyers are already saying. No more individual medicine. Opaque teams decide of your future. The number of participants is supposed to bring the quality. Illusion! In meetings, the dominant male who appoints or hires, decides. Someone who knows sometimes decides. Chance! Exit quality improved by multidisciplinary consensus meetings! Most serve only to fill the boxes to justify that the patient will be included in the trials imposed by recommendations. These are ordered by the “evidence-based medicine” new gospel, the famous EBM.

After several weeks of treatment, some patients, after time to digest diagnosis get information. They ask Internet (more than half) and other doctors and discover the backgrounds of the new system. Outside the official protocol looking for other ways, they find some islands of true medicine. They find again classical medicine and can receive an individually treatment. Informed consent is meaningful. But lost confidence with the medical world does not catch up. Despite initial better relationships, it is very difficult to give them an adapted treatment. Some could benefice of an effective scheme of treatment with high chances of cure. But it is too late. Confidence is lost definitely.
The constant interference in the daily treatment affects the consistency of treatment leading to increased risks. This refuses a transfusion, an antibiotic, a type of surgical approach. This one requires growth factors such as new drug (advertising seen on television makes miracle). Everyday, hospital medicine practice likes discussions of “carpet merchant” that exhaust doctors and nurses. They often lose sight of the basics. The loss of confidence with medicine is certainly the origin of these new practices. The consequences are harmful, treatments denied, rejected, accepted too late, too soon interrupted. The influence of a nebula of "complementary" medicine tinged with naturopathy, nutrition, even medium exacerbates this trend. Medicine has lost the confidence of patients, other s' engulf the gaping hole.

The Kouchner law of conciliation for patients and doctors after a great hope only leads to more confusion. The loss of the individual medical decision concept is contradictory with the judiciarisation of medicine. Doctors must apply imposed treatments but they are personally responsible and must answer to justice. They often depress. Suicide among doctors is more frequent than in the general population.
Most doctors are hiding behind the obligatory references without trying to circumvent them for both administrative and judicial fear of trouble. But where is the patient in this scheme?

We must discard the new gospel of medicine, EBM. We must return to medicine, first clinical, individual to individual. Medical research must be also individual. Clinical trials must be supervised by the Institutional Research and no more by the laboratories. A revolution is to do! "evidence medicine" has perverted the teaching, research, clinical practice for three decades. Is a long way to go to regain the trust of patients and to once again practice medicine dedicated to each patient without the constant interference of the nebula, which revolves around patients, families, friends, and social network.