***From the Kitchen***

7 December 2011

We live in complex societies. We elect various levels of government and we pay taxes for the services those governments provide. We buy services from any number of providers.

In dealing with government and business, we divulge a great deal of information about ourselves. We may readily understand the need for some of that information to be handed over, but why is the rest needed? One answer may be that the procedures and forms used are designed to cover as many customers as possible. This means less tailoring to individuals' circumstances and therefore less work for those designing the forms.

Have you ever been in the situation of filling in a form, and finding that in some part none of the options given reflect your situation? What do you do? Do you pick the one closest or the least innocuous? If there is no option of 'other…', do you write in an extra option? Or do you ignore that part completely?

When did we become a 'one size fits all' society? Or have we always been one?

Talking of size, do you easily fit into to the clothes sizes available in the shops? Is your individual size and shape catered for? What about shoes? Do you have a wide foot and find it hard to fit into the current, fashionable, narrow shoes?

When you go to the hardware store, needing three plugs to secure a coat rack to a plaster wall, can you buy three? Or do you have to buy two packs of two, or a pack of six? What happens if you want two large bolts with corresponding washers and nuts? Can you still buy them individually?

An area that particularly interests me is medicine. Most of us need the services of a doctor from time to time. Increasingly, those services are available through a large medical practice where we often take pot luck as to which doctor we see. Or we go to a hospital outpatient department and we deal with whoever is rostered on. The service we receive is usually excellent, but it is not as personal as it used to be, when there was a local doctor we would see almost every time we needed to.

The biggest change, however, is probably in the area of medication. Most prescriptions are for pharmaceutical drugs which are designed to alleviate symptoms, rather than deal with underlying causes. As most symptoms may be a reflection of any one of a number of underlying causes, we are not really being treated. And is the drug we are being prescribed really suitable for us?

All drugs have side effects and whether you will manifest any of these depends a lot on you: your genetic make-up; the underlying causes of your symptoms; your diet; and a host of other factors peculiar to you. Add to this that trials for the efficacy and dangers of drugs are carried out using an atypical group of people, and you have drugs that are anything but tailored to the individual.

Drug trials are conducted to obtain statistics about the effects of the drugs. A group taking part in a trial typically consists of healthy men in early adulthood. Usually excluded are women, non-Caucasians and anyone not in good health. This is done to make the statistical

analysis easier – to have fewer factors to correct for. Until recently, pharmaceutical companies were not required to publish the details of trials with negative outcomes and there are many instances where, if the negative results had been taken into account, a drug may not have received regulatory approval. There are also instances where the drug showed little benefit greater than the placebo effect (comparing the drug with a substance – a placebo – which has no pharmacological effect), but through careful manipulation of data, the drug was 'shown' to have significant benefit. One recent example is a group of antidepressant drugs, which were actually only marginally more effective than a placebo.

The placebo effect is a term applied to the observed phenomenon that if people are given something which they are told will benefit them, it does so to some extent in a large number of them. The reason for this effect has not been properly explained. There are indications that the effect is largely psychological, because red placebo pills are often more effective than green placebo pills. It also seems important that the person taking the placebo thinks that it is active medication. 'Bedside manner' may also be a factor – some doctors seem to have better results than others, and this may be a consequence of how they relate to their patients. However you look at it, most people respond positively to medication, whether it contains anything therapeutic or not.

One notable Canadian doctor, Sir William Osler (1849-1919), famously said that his favourite prescription was "time in divided doses".

[to be continued in the next post]