

OP ED: Mammogram Cutbacks – Make No Mistake, Rationing For Women Has Begun

By Elizabeth Lee Vliet, M.D. ©11-18-09

I am shocked and appalled at the cataclysmic shift in the guidelines to later age and less frequent mammograms. This is diametrically opposite from the American Cancer Society guidelines, and from what most oncologists and practicing physicians think is needed.

Fundamentally, I do not agree with delaying mammograms to age 50, or reducing screening to every two years, or stopping mammograms at age 74. I think these new guidelines are detrimental to our goals of getting early detection and prompt treatment for women with breast cancer.

Even more ominous, the recommendation to start mammograms at age 50 instead of age 40 comes at a time when physicians are seeing more *younger* women developing breast cancer. It makes no sense to me as a women's health physician to suddenly decide to wait until an *older* age to screen for breast cancer when we know that survival is improved the earlier the diagnosis is made and treatment is begun.

It makes no sense, that is, unless you realize that this change is primarily designed to *cut costs*, not improve women's health. I think this is just the start of government-mandated guideline-based rationing of healthcare. As has been the case my whole career, I see that women are the first group to suffer when cost cutting takes precedent over sound medical care.

Poor women, who depend on Medicaid or Medicare coverage, will be hurt most of all since they are less likely to have the resources to get mammograms if government insurance has decided to cut back and pay for mammograms less often, or limit payment for the test based on age.

This is exactly what has been going on with the government-controlled health service in Britain! Due to cost cutting, British women can only get NHS coverage for mammograms every *three years* from age 50 to 70. What's been the impact on survival rates? British women have about 20% *lower survival rates* with breast cancer than do American women.

Breast cancer is tragic and traumatic at any age. But breast cancer does not have to cause *death* if it is caught early with a mammogram so that treatment can be started before it spreads. In fact, if caught earlier, there is a 90% cure rate for women with breast cancer in the United States. American women have the best breast cancer survival rates in the world because of our current guidelines that help early detection.

Cutting back mammograms to every two years beginning at age 50 and ending at age 74 is a change made by a *government sponsored panel*, much like the ones being set up to decide your care under the Senate and House healthcare “reform” bills now being discussed.

Who were *not involved in making these new recommendations*? The very physicians you are most likely to see if you feel a lump: cancer specialists, radiologists, and primary care physicians—who are your first ally in getting prompt diagnosis.

The change in guidelines came from the distant and impersonal “review of data” from published studies. This is very different from physicians seeing patients and dealing one on one, face-to-face with the emotional trauma that comes from a cancer diagnosis. As a women’s health physician, I want the best and most timely diagnostic tools available to help my patients determine what’s wrong. I am profoundly concerned that government “experts,” far removed from the daily care of patients, are sitting “on high” to proclaim that women don’t need to start mammograms at age 40.

Even more disturbing: I think some of the reasons these experts have given are paternalistic and demeaning to women. Example: It causes “anxiety” to have a false positive mammogram. So? Women are strong. Women can handle “anxiety.” What is worse? Brief anxiety to find out a lump is *not malignant* (false positive)? To have the greater trauma and anxiety from waiting until age 50 to have your first mammogram, only to find you have a walnut-sized cancer that has spread to your lymph nodes?

Breast cancers grow slowly. By the time a cancer has grown large enough to be felt, it has generally been there for about 8 to 10 years. Cancers are caught on mammogram that are too small to be felt, so treatment can be started sooner and women live longer. A walnut-sized cancer clearly could have been diagnosed ten years earlier if your first mammogram had been done at age 40, as under today’s guidelines.

For my patients, I am continuing to prescribe annual mammograms beginning at age 40. I believe this is sound medical practice. I believe this is in each woman's best interest. And I am not going to stop ordering mammograms just because a woman reaches age 74.

Older women are just as worthy of early diagnosis and prompt treatment as are younger women. If you are the woman who is missed because the "guideline" did not fit, it's your life at stake.

Remember: Today's guidelines quickly become tomorrow's mandates. Then you lose control of your freedom to have you and your physician determine what screening frequency is best for you.

I feel strongly that we are not just an "age number" – we are individual human beings with different risk factors who deserve the freedom to make our own health choices free of government interference with arbitrary, impersonal guidelines.

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DISCLAIMER: Dr. Vliet speaks as an independent physician, not as an official spokesperson for any organization. Dr. Vliet has no financial ties to any health care system, pharmaceutical company, or health insurance plan. Her allegiance and advocacy is to and for patients.



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