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# Personalized Healthcare Choice Vs. Government Mandated Obamacare – Part 1

**By: John Goodman** **August 18, 2012**

Personalized medicine is the future. It's where the science is going. It's where the technology is going. It's where doctors and patients will want to go. Yet, unfortunately for many of us, this is not where the Obama administration wants to go.

First, the good news. Biosensors that can be worn on clothing or jewelry, held against the skin by a Band-Aid-like patch, or inserted beneath the skin are now capable of monitoring a host of chronic diseases. Among the technologies that have been, or soon will be, developed are devices that can continuously monitor blood glucose levels in diabetics; the rate of breathing, blood oxygen saturation, etc., of asthmatics; and the heart rate and other parameters of patients with heart disease. There are even heart attack and stroke attack detectors. In some cases, personalized devices can activate therapies. A wearable, automatic insulin pump can be coupled with a blood glucose measuring device to create a virtual artificial pancreas. (See this fascinating summary.)

The science of genetics is also about to explode. As many as 1,300 genetic tests currently are available that relate to some 2,500 medical conditions. These tests can predict your probability of getting particular types of cancer, whether you'll respond to routine chemotherapy or whether there's a special therapy that only works on people with your particular physiology. The days when experts argued over whether men should get a prostate cancer test could be long gone. A simple test can tell if you have a high probability of contracting the disease, or a low one.

We're not that far away from the day when:

Sequencing the personal genome will take an hour and cost perhaps $300, or less than an MRI. It is not too much of a reach to postulate cell-phone-sized analytical devices able to test for 500 biomarkers that cross the body's more than 50 organs in a single drop of blood.

All this is great news. Unless you happen to be in traditional Medicare. Or in Medicaid. Or unless you acquire subsidized insurance in a health insurance exchange. Or in some cases, even if you get health insurance from an employer.

So what exactly is personalized medicine?

[It] means gathering specific physiological information pertaining to individuals, compiling that information into a digestible and actionable form, and presenting that compiled information to the individuals themselves (and to their doctors or other designated agents), in order that they may decide what action to take on behalf of their own well-being.

Today, individualized medicine…is feasible for the first time in history. It is feasible because of the fortuitous convergence of several technologies, including the Internet, ubiquitous wireless communication, massive data processing power, new physiologic sensors, the power of genomics, social networking, and smartphones (i.e., personal information and communication systems)…[T]his remarkable technological convergence has made it possible to devise systems with which people can control their own healthcare in ways that were unimaginable a decade or two ago.

In the area of gene therapy, progress has been slow, but in some cases remarkable. For example, there is now a genetic test that can determine with uncanny accuracy whether a patient's eye cancer is curable or fatal. In another path-breaking example, consider the case of Dr. Lucas Wartman, a young physician who developed adult acute lymphoblastic leukemia, a disease that is usually rapidly fatal, and for which there is no effective treatment. After his colleagues at Washington University worked around-the-clock for many days using the university's 26 sequencing machines and a supercomputer:

[T]hey discovered a single gene mutation in his cancer cells that was producing a protein that appeared to be stimulating the cancer's growth. It turned out that a new drug existed that was targeted specifically at shutting down the offending protein, a drug that to that point had been used only for kidney cancer. When they administered the drug to Dr. Wartman, his cancer went into complete remission. [more]

Now for some bad news. In an interview with CNN the other day former White House health adviser Ezekiel Emanuel called "personalized medicine a myth." According to his own center's summary of the interview:

[He] characterized excited public discussion of the potential of population-wide individual gene-based medicine as "hyperbolic." He said tailoring medical treatments to individual characteristics of each patient is both overly optimistic and cost-prohibitive and likened the process to buying a custom-made suit versus one off the rack.

But if custom-made suits fit better and look better, what's wrong with that? Ditto for health care. And if individualized care is better and more promising care, how does Emanuel know it would be cost-prohibitive? Even more puzzling, given the spectacular results with eye cancer, why would anyone — especially an oncologist — react so hostilely?

The answer is: ObamaCare's entire approach to cost control is premised on the idea that we are all alike. And if we aren't alike, everything they are doing doesn't make sense. More about this in the column that follows.

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