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OPENERS

Choosing Health

KATHERINE T. ADAMS, Managing Editor

People, said Arnold A. Hutschnecker, MD, in his popular 1950s book, *The Will To Live*, choose the disease they have. “Almost every day, new and miraculous drugs are discovered, more infectious disease conquered, new marvels of surgical technique developed,” he wrote, yet, “uncounted millions of people still live in pain and anguish.” Hutschnecker, who served as President Nixon’s psychotherapist and lived to the age of 102, was a proponent of the idea that people contribute to their own disease. How else to explain why patients who have cancer, multiple sclerosis, rheumatoid arthritis, or any other life-threatening disease refuse to adhere to their medication regimen? Or change their eating habits? Or take any one of a number of actions to improve and maintain their health?

“Adherence is not a simple matter,” John A. Lincoln, MD, PhD, at the University of Texas Health Sciences Center, told Susan Worley during her research for this issue’s article about multiple sclerosis. Forgetfulness, another expert told her, is the excuse most patients give for not adhering to treatment. But, as one patient has noted, “You never forget you have MS.”

In “On the Cusp of Something Big?” Worley explores how biomarkers, along with oral MS drugs, could trigger new treatments and business models that address not only adherence issues but also the high costs of managing MS.

Jack McCain, in his article, capsules motivational interviewing, a behavior-change approach gaining traction among physicians looking for ways to improve medication adherence among their patients.

Education and instruction lead us to a multimedia initiative by the Midwest Business Group on Health to

help employers understand biologics and other specialty drugs so they can take a more active role in managing them. As Mike Dalzell makes plain, MBGH aims to turn “don’t know much” into “moving the needle” — and soon.

Ed Silverman tackles the new immunotherapy vaccines, weaving in some of the thorny ethical issues inherent in cancer care. Should research focus on specific populations? Can we afford personalized treatments?

Bob Carlson does a fine job of explaining how antibody-drug conjugates are advancing the war on cancer, and Matt Zubiller tells Bob how McKesson can help with an ongoing payers’ dilemma — sorting out diagnostics codes. John Carroll, as always, keeps us up to date on federal doings.

A bonus in this issue is BIO chief Jim Greenwood’s take on recent developments on Capitol Hill that could impact biotech.

Enjoy the issue — there’s much to think about. Contact me with any questions or discussion at editor@biotechnologyhealthcare.com.




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