

Self Journal



Angell Power

BY JOHN SEDGWICK
PHOTO: RUSSELL KAYE

When Dr. Marcia Angell speaks, medical companies, the media and even Presidents take note.

I have seen the future. I was in Marcia Angell, M.D.'s office at the *New England Journal of Medicine* when she accidentally showed me the next issue two days before its famous Wednesday evening embargo. It was the one in which a prostate drug called finasteride—known by the brand name Proscar—was shown to be effective at reducing some prostate enlargements that would have otherwise required surgery. Since it was positioned on the cover as the lead “original article,” I knew it could have a serious impact come Thursday. The global media could pick it up, which would make drug stocks move, and the way benign prostate enlargement is treated might be reconsidered in this country and around the world. I grasped all this in the instant before Dr. Angell

realized her mistake. “Oh, you’re not supposed to see that,” she said as she plucked the copy from my hands.

The *NEJM* doesn’t come to us directly from God, although it sometimes looks that way. It is the product of a long and arduous process of culling the 3,500 articles that come in from medical researchers every year, shaping the dozen they select for each weekly issue, adding editorials to establish context for them and sending them forth to the *NEJM*’s 240,000 subscribers. This work is done by approximately a dozen medical staffers and countless more peer reviewers who help evaluate the submissions. Foremost among them is Angell, the *NEJM*’s executive editor since 1988. “God help you if you cross swords with Marcia intellectually,” says Arnold S. Relman, M.D., editor-in-chief emeritus, who now lives with Angell. “In the

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sweetest, nicest and quietest way, she'll decapitate you. And you won't know until your head falls into your lap." Adds Timothy Johnson, M.D., the medical editor for ABC News and a longtime friend: "As an analyst, an intellectual and a communicator, Marcia's skills are superb. Combine that with her position at the *Journal*, and you have a very formidable presence."

Angell is one of the most powerful women in medicine at a time when this entails more clout than ever before. Medicine now vies with food production as the nation's largest industry, accounting for approximately \$1 trillion a year in expenditures, or about 15 percent of the nation's annual expenditures, up from just 5 percent 20 years ago. Health and Human Services has eclipsed the Pentagon as the government department with the largest annual appropriation in the federal budget. And Angell is the guiding hand of the journal that helps decide how all that money will be spent. It addresses the key questions: Which treatments work, and which don't? Which medical issues are worth tackling, and which aren't?

Angell carries herself with the exquisite self-control and self-confidence of a person who is fully aware that her words will be scrutinized on five continents—and who welcomes the attention. On the Clinton health care proposal: "It was not a fiasco. But it was badly done, too complicated, and it couldn't work." On alternative medicine: "Alternative to what? To medicine that works?" On the politics of modern medicine: "There's a tendency to think in terms of good guys and bad guys. That's childish. Nobody's right all the time, and nobody's wrong all the time." On physician-assisted suicide—yes. On obesity as an important disease—no. On supplemental estrogen—yes, she takes it herself.

This is Angell power. She has been approached by both the Bush and the Clinton administrations about top health jobs in Washington. "I don't have the political mind-set," she says. "I'd never be able to pull my punches. Besides, this is the best job in medicine right here."

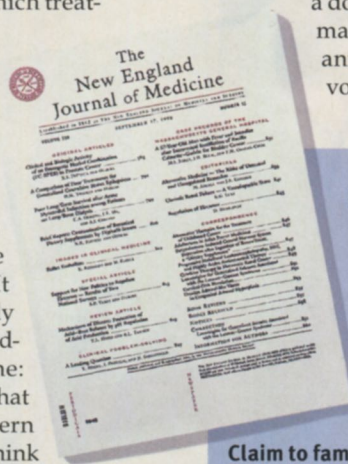
Angell is still one of the few women with such a lofty perch. The highest realms of power in medicine, from deanships to chiefs of surgery, remain overwhelmingly male enclaves. She is the first and only woman on the *NEJM's* editorial full-time staff in its nearly 200-year history. In fact, she is the only woman in a leadership position at any of the world's leading medical journals. In the meetings of full-time editorial staff that she runs, she is the only woman in the room. Angell listens to the oral presentations, concentrating as the various deputies go on about some extremely arcane aspect of neurology, psychopharmacology or a province of medicine so new it doesn't even have a name. If you think that's an easy task consider the title of a recent article: "Inhibition of the Platelet Glycoprotein IIb/IIIa Receptor With Tirofiban in Unstable Angina and Non-Q-Wave Myocardial Infarction." Angell can pick apart the lines

of argument as easily as if she were discussing the weather.

Angell says that some years ago when one deputy editor mentioned something about "pre-partum breast milk," she, as the mother of two daughters, had to tell him there was no such thing. How did the men take it? "Everyone laughed," she says cheerfully. At the *NEJM*, Angell has set out to quietly counter some of the inequities that can make the medical world feel inhospitable to aspiring women. When she arrived, she noticed that whenever there were two tables showing the results of a certain test on men and women, the men's results were always listed first as Table A, and the women's results were always second as Table B. Angell sent out an advisory to all authors asking them to randomize the tables so that the women would not always appear to be second class. Angell also noticed that women were drastically underrepresented as editorial writers and peer reviewers, so she applied a dose of what she terms "affirmative action." Whenever a male and a female candidate seemed equally worthy, she announced, select the female. The number of women involved in the *NEJM* has increased greatly as a result.

When Angell herself was a medical student at Boston

University in the Sixties, women were still such a rarity that she was subjected to routine slights. In one six-student seminar she attended, the professor addressed everyone in the room as "gentlemen." A male student asked her why she didn't want to be a nurse. "I hate to see a woman wearing a man's pants," he told her. But the greater difficulty came later, when she committed what she calls the "gravest sin" of getting married during her residency. After her first child, Lara, was born in 1969, she was obliged to leave her residency; her return to medicine was further prolonged by the birth of her second child, Liza, two years later. While off duty, she stayed involved with medicine by cowriting a pathology textbook with Stanley Robbins, M.D. That proved difficult, even for her. "The day after Liza was born, my husband brought me the proofs of the pathology text to correct in the hospital," she once told an interviewer. She dutifully began a new residency in 1977, but switched her focus from internal medicine to pathology, which had more regular hours. But she hated the work. "Pathology was a compromise, a concession to the fact that I could not be both *Continued on page 154*



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Biggest recent embarrassment The author of a critical review of a book about environmental causes of cancer was—whoops—the medical director of the chemical company W. R. Grace. —J. S.

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a mother and a medical resident," she says. "Dead tissues were not as interesting as living people." Dr. Relman, then editor of the *NEJM*, called Angell, with whom he had worked on a project during her senior year of medical school, to ask if she would be interested in a part-time position. Angell was happy to join the staff on a "trial basis." That was 1979, and she has been at the *NEJM* ever since.

As *Time* magazine recognized last year when it named her one of the 25 most influential Americans, Angell wields serious clout outside the *NEJM*'s office as well, bringing the full weight of its considerable global prestige to bear on whatever issue she chooses. And she's not afraid of controversy. She was first motivated to take a stand against the assumed dangers of breast implants in her controversial editorials and subsequent book, *Science on Trial*. She believed that U. S. Food and Drug Administration Commissioner David Kessler was being "patronizing" to women when he denied them the freedom to have breast implants if they wanted them only for cosmetic reasons. "I felt that a lot of what was going on was a diversion from a real problem of scarring to a pseudo-problem of connective-tissue disease. But, still, many women found it worth it. This was a price they were willing to pay. It was a nuisance, but not a deadly nuisance." Even so, Angell found herself vilified by some feminists who believed that implant-users were being victimized by a breast-obsessed culture. And last fall, she wrote a stinging editorial criticizing an AIDS research project on African mothers that was sponsored jointly by the Centers for Disease Control and Prevention and the National Institutes of Health. The idea was to see if a cheaper, shorter course of the AIDS drug AZT helped keep an HIV-positive pregnant mother from passing the virus to her newborn baby. Everyone had a pretty good idea it would, but the study called for half the women to get AZT and the others to get a placebo. Angell was outraged that the control group would be given a course of treatment that the researchers knew would be useless to prevent the spread of a deadly virus. In the concise, forceful and ultimately devastating style that

is her trademark, she compared the use of placebos with the infamous Tuskegee experiments in which men with syphilis were left untreated in the supposed interests of science. In the ensuing controversy, two recently appointed members of the *NEJM*'s editorial board, both of them prominent grant recipients of the NIH, quit. Earlier this year the CDC concluded the project.

This past September, Angell went after alternative medicine. She was appalled by the potential hazards of using such unproved remedies, and disdainful of the failure on the part of their purveyors to offer a credible mechanism of action for their products. She called for proper regulation of "dietary supplements," which might include several times as much of an active ingredient as is listed on the label. "It is time for the medical community to stop giving alternative medicine a free ride," Angell thundered. "There cannot be two kinds of medicine—conventional and alternative. There is only medicine that has been adequately tested and medicine that has not, medicine that works and medicine that may or may not work."

Although Angell is sensitive to women's feelings of being shortchanged by medicine, she is not a fan of the idea of establishing women's health care centers. "If you have women's health care, does that mean that everything else is men's health care?" she asks.

During her stint as a full-time mother, Angell came to realize what medicine actually looks like to most people. She found that many of her housewife neighbors would call her to discuss their medical complaints rather than their own doctor. "One woman thought she had heartburn," Angell recalls. "I asked her, 'Did you call your doctor?' And she said, 'Oh no, I'd never bother him. He's too busy.' I thought that was interesting, because she obviously didn't mind bothering me." Angell drew an important conclusion about American medicine: "I realized that most people see doctors as men who are too busy, too rich and too arrogant to talk to them. They have to engage in self-triage before they'll call the person who is being paid to answer their questions."

At the *NEJM*, she has become a fierce proponent of what she terms "patient autonomy." That is, she believes that the patient, not the doctor, should be the ultimate boss, the one who makes the final decisions. Thus, if a patient believes

she should see her doctor, she should be able to see her doctor. Beyond that, only doctors are qualified to handle what she terms the "technical components"—this pill or that one. For the larger "value judgments," after discussion with her physician the patient should ultimately be the one who is in charge.

The classic test of patient autonomy is physician-assisted suicide, and Angell has been a powerful advocate of the practice in the pages of the *NEJM*. In putting her argument across, she has drawn on a piece of evidence that, as an objective-minded medical scientist, she rarely acknowledges in her editorials—namely, her personal experience. Her 81-year-old father shot himself to avoid the grueling and painful end stage of his incurable prostate cancer. "I thought long and hard about including that," Angell admits. "But I decided that this was not a scientific matter like whether a certain calcium channel blocker increases the chances of a heart attack. This was a personal value judgment."

Angell notes with disapproval that some hospitals have enlisted nurses to act as ambassadors for doctors who are "too busy" for discussions with patients. "That just allows a doctor to evade the responsibility of sitting down and talking with the patient," she says. Still, she recognizes that a lot of doctors' perceived coldness stems from the nature of managed care. "I never thought that was a good idea."

She much prefers Canadian-style single-payer fee-for-service medicine. Because this system supposedly increased costs most medical insurance providers have opted for managed care, which usually pays doctors a set sum for each patient in their care, regardless of how much or how little they actually do for the patient. In theory, managed care saves health care dollars because it encourages doctors to provide fewer services, but Angell believes that patients simply get less care and any genuine savings are diverted to administrators of insurance plans.

Angell regards Medicare as the best part of medicine today, and she wishes it would be expanded to serve all age groups. Without universal health insurance, Angell believes that the American system of health care is rapidly coming to "look like a third-world country's," where only the wealthy get good care, the middle class is stuck with the increasingly miserly managed

care and the poor get nothing.

Angell notes that the women in her daughter's recent graduating class at Harvard Medical School formed a majority when they began studying medicine. It will take a while for this new infusion of women to reach the highest echelons of power, but Angell already sees that they are making medicine a friendlier place. She cites studies showing that women spend more time with their patients than men do, and are more likely to go into primary care, which is not as lucrative but more needed than the various specialties. Women are also less likely to join the American Medical Association, which she views as one of the forces resisting a single-payer health care system. Angell expects that the increased prevalence of women might also make the profession more pro-choice, encouraging abortion training as a part of obstetrics, for example.

While the *NEJM* gives Angell power to advocate for women, it will never become monopolized by any one set of views. The very quality that got Angell to the *NEJM*—a deep devotion to and feeling for the principles of scientific evidence—leaves no room for purely political advocacy. And at the age of 59, it seems unlikely she would make a big issue of being a woman now. Certainly, scientists have had their causes, but when they press for them, they inevitably leave pure science behind. This is something that Angell finds extremely hard to do.

This winter, I saw her give a talk at the Cold Spring Harbor Laboratory in New York on the topic of alternative medicine, and, as she has since made clear in her editorial, Angell does not believe there is any such thing. In her introductory remarks, she slammed alternative medicine as a branch of religion, not of science. "It is not a pretty religion, either," she added. "Most religions have an ethical content, setting out our obligations to our fellow humans. This religion is fundamentally narcissistic."

For someone whose publication is so influential, Angell is remarkably free to wield her power virtually as she chooses. While her boss shoulders the administrative responsibilities, she uses her pages to advance her convictions. "I have the soul of a missionary," she says. ♣

JOHN SEDGWICK is SELF's national correspondent.

THE YOUNG AND THE SELFLESS

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have a commons and trail system, so neighborhood families can easily visit each other in subzero weather and get acquainted in front of a roaring fire. Pensley says, "We encourage people to approach their homes not as transients but with the future in mind. This is an important spark for community spirit."

Dawn Hutchison, *Kaboom!, Washington, DC*

Hutchison's entrepreneurial focus was not always on the nonprofit sector. As an enterprising eight-year-old in Mount Carol, Illinois (population 1,700), she earned pocket money selling rocks from her driveway, and at 16, she opened a secondhand shop called Ragtime, which is still in business today.

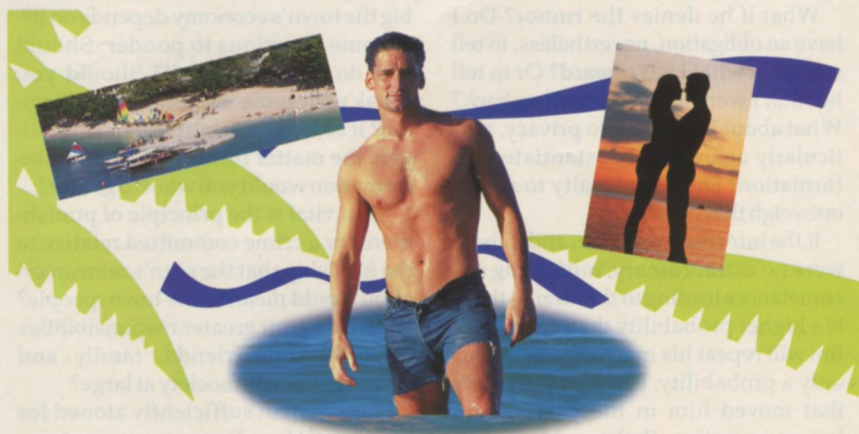
Fortunately for the 150 communities that have benefited from her vision, Hutchison, now 30, shifted her sights to swing sets in 1995, when she cofounded Kaboom! with Darell Hammond. The two friends were inspired to help needy communities build playgrounds after they worked with Youth Service America to build one in a depressed neighbor-

hood of Washington, DC. "Every time I thought the playground wasn't going to happen, more people kept showing up to help," recalls Hutchison. "At the end of the crash schedule, I sat on a bench and cried. I couldn't believe it had worked."

The process begins by asking the children to draw pictures of their ideal play space: "They might want a lion with a slide coming out of its mouth. Then we consult the adults, who are concerned about safety. In the next phase, our designers try to incorporate both visions into one playground." Kaboom! also raises corporate grants for the playground and helps the community organize grassroots fund-raisers such as bake sales and raffles.

With a playground's seesaws, sandboxes and monkey bars in place and a track record of cooperation among a wide variety of people, neighbors who might not have spoken to each other before Kaboom! came to town become well acquainted. Whether their next project is petitioning for a traffic light or disbanding a drug ring, a community that started with an empty lot ends up with a meeting place for all ages. ♣

ELISABETH EGAN is attempting to change the world as an editorial assistant at SELF.



IF MEN ARE DOGS...
yet somewhat **amusing**, and their presence in **large numbers** is enhanced by
a sensual, **romantic**, tropical paradise, with a great beach,
unlimited **cocktails**, unlimited watersports, **fine dining**,
a trapeze and a multitude of **blenders**, this is the place to be because...
it's all included.

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