

## These are a few of my least favorite things (part two)



Last week, I weighed in with a few of my top choices for things that are an affront to *Intelligent Medicine*. Here are some more of my picks:

**E-bikes:** As an inveterate cyclist, I hailed the development of modern e-bikes with compact electric motors. Some are virtually indistinguishable from the ultra-light aerodynamic road bikes that I favor—only that e-bikes lend you a mechanical assist when tackling challenging hills.

I'm not ready to trade in my sleek rides in for an e-bike, but it's reassuring there'll be an option to keep me on scenic routes when I'm into my eighties.

But as a city dweller, I'm convinced the advent of e-bikes has wrecked our quality of life, and poses a hazard to life and limb. It's an example of the law of unintended consequences; an unusual confluence of events has led to a proliferation of dangerous e-bikes.

First, there was a campaign to make city streets bike-friendly. The vision was to transform New York into Amsterdam or Copenhagen, where suit-clad businessmen and women on bikes routinely commute to work in droves.

The idea was to reduce congestion by cars, lower vehicle pollution, and offer a healthful exercise option. But with bike lanes everywhere, installed on already narrow Manhattan streets, traffic is worse than ever. And then came the e-bikes, that zoom at speeds unimaginable by comparison with regular bikes, and are heavier, increasing their lethality to pedestrians.

Enter Covid, whose stay-at-home mandates supercharged food delivery apps like UberEats and DoorDash. The bike lanes were appropriated by fleets of delivery people who, convinced they are riding bicycles, and not powered motor vehicles, constantly ride on sidewalks, run red lights, and speed the wrong way on one-way streets.

“The quick and the dead” is a phrase from the Bible, but I believe it applies to New York pedestrians. Day-to-day I am literally more in dread of being killed or maimed by an errant e-biker than I am of developing cancer or heart disease!

And for good reason: **pedestrian deaths from e-bike collisions are soaring.** Just in the past few months, a 69-year-old woman in my neighborhood was killed in an e-bike collision. The cyclist stopped at the scene to talk to police, but has since disappeared. A second 69-year-old woman was critically injured; her assailant sped off.

Even if you escape death, injuries like that are game-changers for fragile seniors, whose hearing, vision, and mobility deficits may make them targets.

The police do nothing to apprehend e-bikers who violate traffic rules; the City, pleased with the success of its CitiBike program, has now expanded it to e-bike rentals. Many e-bikes use faulty illegal batteries that have a tendency to start fires when charging. My building has prohibited them after dozens of New Yorkers have died in battery fires.

Paris has banned e-bikes. Elsewhere the EU has placed limits on their power: The motor assistance works only when pedaling and speed cannot exceed 25km/h (15 mph). They’re a health hazard, so why are they unregulated here? Let’s rein them in, or outright ban them.

**Unnecessary spine surgeries:** Back problems are ubiquitous, but the majority can be managed with physical therapy, acupuncture, chiropractic, cognitive behavioral therapy or even just “tincture of time”. Unfortunately, unscrupulous spine surgeons are over-treating susceptible patients. **In this study,** a high percentage of patients received “unnecessary” surgery.

Failed back surgery is all-too-common. The advent of MRIs, which has the power to reveal “culprit lesions”, **has accelerated back surgery rates.** And soaring rates of obesity—a risk factor for back trouble—have fueled the epidemic.

According to a recent *Forbes* article, 50% of spinal surgeries may be unnecessary. Scandals are rife involving surgeons receiving kickbacks from spinal device makers, steering accident victims to unnecessary operations, or even billing for procedures never performed. Plaintiffs routinely garner rewards for botched surgeries, sometimes requiring multiple revisions.

When appropriately done, back surgery can be a lifesaver, but it needs to be a last resort.

**Excess cardiac stents:** While we’re talking overtreatment, another pricey procedure that’s overdone is coronary artery stenting. The devices are like little metal scaffolds, shaped to prop heart arteries open, guaranteeing flow. Makes sense from a

strictly plumbing standpoint, but arteries are living tissue, not pipes; they tend to re-occlude quickly due to local injury and scarring.

To address that problem, stents are now coated with drugs intended to tamp down local inflammation; moreover, stent recipients must take blood thinners indefinitely.

The prestigious Lown Institute recently released a **bombshell** report which revealed:

- U.S. hospitals performed over 229,000 unnecessary coronary stents from 2019-2021. That's a rate of one every seven minutes.
- Of the approximately 1 million stents placed by hospitals, 22 percent met criteria for overuse.
- Medicare wasted as much as \$2.44 billion on unnecessary stents from 2019-2021.
- Rates of overuse varied widely: at some hospitals, more than 50 percent of all stents met criteria for overuse, while at others, fewer than 5 percent were unnecessary.

Stents are often placed in patients who are without symptoms when "blockage" is discovered during cardiac catheterization. But rigorous studies show that, while stents may relieve pain and improve exercise tolerance in patients with angina, and improve survival after heart attacks, **they don't improve cardiac outcomes in asymptomatic patients**. Even patients with angina can be safely managed without them. A review concluded:

*"These numbers suggest that there is no need to rush to revascularization before first initiating robust pharmacologic secondary prevention, lifestyle intervention, and effective antianginal therapy."*

Yet all too many patients are put on the conveyor belt to unnecessary coronary artery stents.

**Cinnabon Ensure®**: During my arduous medical training, we'd pull all-nighters while on duty at the hospital. The cafeteria was closed, so we'd order Chinese takeout, deli sandwiches or pizza. Once, when I missed putting in my order for a delivery, I grabbed a can of Ensure® from the nurses' station.

After all, I reasoned, it claimed to offer "complete nutrition". I greedily downed it, but immediately felt queasy; I broke out into a sweat from the high sugar content and felt an urgent need to go to the bathroom. Needless to say, I didn't repeat the experiment.

Now Ensure® has teamed with Cinnabon to roll out a new **ultra-addictive variant** of its toxic brew. As anyone who's frequented an airport can attest, the aroma of Cinnabon is a powerful enticement to gorge on a soft, sweet, gooey calorie-bomb.

But a lawsuit **alleging misleading claims** may put a crimp in Abbott Labs assertion that Ensure® is a "Complete, Balanced Meal Replacement" and "#1 Doctor Recommended Brand".

After all, how can something that delivers 22 grams of sugar per serving be "balanced, nutritious, and healthy"?

Admittedly, some sick patients who have trouble eating may need a nutritional boost. But that can be provided with healthier blends. What's troubling is that shakes like Ensure® and Boost® are now marketed as all-purpose meal substitutes for ordinary

busy people to grab while on-the-go. That sounds like a sure recipe for diabetes and gastrointestinal mayhem.

What are some of *your* least favorite things? Share them with us via [questions@drhoffman.net](mailto:questions@drhoffman.net).