

POLICY & PRACTICE

Stem Cell Support Drops Slightly

Most of the public supports the use of human embryonic stem cells for medical research, but that support may be faltering slightly, according to a new poll from Virginia Commonwealth University. The survey, which included 1,000 adults, found that 54% of respondents favored stem cell research in 2006, down from 58% in a similar VCU poll in 2005. The number of respondents who opposed stem cell research climbed from 32% in 2005 to 37% in the recent 2006 survey. However, when asked if they would support the use of embryonic stem cells to find a treatment for themselves or a family member with Parkinson's disease or spinal cord injury, 70% of respondents said yes. Only 21% would not support the use of stem cells in that situation, according to the 2006 poll. How people feel about stem cell research may also depend on their political affiliation. A recent survey by the Kaiser Family Foundation and the Harvard School of Public Health found that many more Democrats and Independents favor federal funding for embryonic stem cell research than do Republicans. In a national poll of 1,867 adults, the researchers found that 67% of Democrats and 61% of Independents favor broadening federal funding for stem cell research, compared with 37% of Republicans.

Gyn. Cancer Legislation Passed

Members of Congress passed legislation at the end of last year to raise awareness of gynecologic cancers. The Gynecologic Cancer Education and Awareness Act tasks the Health and Human Services secretary with carrying out a national public awareness campaign to increase understanding of these cancers by women and health care providers. The legislation, introduced by Rep. Darrell Issa (R-Calif.) in 2005, was expected to be signed by President Bush at press time. The bill authorizes the federal government to spend \$16.5 million over the next 3 years on awareness and educational efforts. "In creating a federal campaign to educate women and health care providers alike, as this legislation does, we can take a bold step toward ensuring women know which symptoms to look for and how to seek help before it is too late," Rep. Rosa DeLauro (D-Conn.), a cosponsor of the legislation and an ovarian cancer survivor, said in a statement.

Unborn Child Pain Relief Bill Fails

Congress failed to pass legislation that would have required physicians performing abortions at 20 weeks' gestation or later to offer women the option of receiving anesthesia or other pain-reducing drugs for the fetus. The Unborn Child Pain Awareness Act (H.R. 6099) failed to pass the House of Representatives in December. The legislation included findings that "there is substantial evidence that the abortion methods most commonly used 20 weeks or more after fertilization cause substantial pain to an unborn child."

—Mary Ellen Schneider

Under the legislation, physicians would have been able to offer their own views on the ability of the fetus to feel pain and whether pain-reducing drugs would be advised, as long as they also provided the required information. The legislation was supported by the Christian Medical Association, which asserts that women should be informed of the likelihood that the fetus experiences pain during an abortion. The National Abortion Federation applauded the defeat of the bill.

Emergency Contraception in Rape

Some Massachusetts hospitals are imposing hurdles that make it more difficult for rape victims to access emergency contraception, according to the results of a survey conducted by NARAL Pro-Choice Massachusetts. The organization called 69 hospital emergency departments in early 2006 to gauge the availability of emergency contraception to rape victims and to assess compliance with a 2005 state law requiring that emergency contraception be offered to all rape survivors. The calls were made by a rape counselor who called on behalf of a potential client to find out if she could obtain emergency contraception at the hospital. The survey found that 7% of the hospitals leave it up to the physician to decide if emergency contraception should be provided and another 7% said that emergency contraception may be contingent on undergoing a rape kit exam. However, the results show a significant increase in the number of hospitals offering emergency contraception in 2006 compared with 2004 when only 58% of hospitals offered emergency contraception to rape victims.

Easing Use of Experimental Drugs

The Food and Drug Administration is proposing to widen access to experimental drugs. The agency has been accused by patient advocates and some drug makers of obfuscating the criteria physicians need to seek to use investigational drugs in their patients. In 2003, an Arlington, Va.-based advocacy group, the Abigail Alliance, sued the FDA to get unfettered access to unapproved therapies. The plaintiffs were backed by a federal appeals court in May 2006, and a rehearing of the case is expected to begin in March. In the meantime, the FDA's proposed rule, published on Dec. 14, said the agency was going to make it easier for physicians to access experimental therapies, and for manufacturers to make them available. "FDA hopes this proposal will increase awareness in the health care community of the range of options available for obtaining experimental drugs for seriously ill patients," Dr. Janet Woodcock, FDA deputy commissioner for operations, said in a statement. A separate proposed rule would make it easier for manufacturers to recover costs. In a statement, the Abigail Alliance said the FDA proposals "merely clarify their existing policies."

Low Literacy Often Bars Understanding of Labels

BY ALICIA AULT

Associate Editor, Practice Trends

WASHINGTON — Patients who read at or below the 6th-grade level had a low level of comprehension of instructions on the labels of five commonly used medications, according to a study led by Terry Davis, Ph.D., of the Louisiana State University.

Even though labels seem short and to the point, "many patients need more specific, concrete information," including instructions on exactly what time of day to take a medication, Dr. Davis said in presenting the findings at a conference on health literacy sponsored by the American College of Physicians.

Along with colleagues at Northwestern University, the University of North Carolina, Western Michigan Area Health Education Center, and Emory University, she queried 395 patients at three clinics that primarily serve the indigent about their understanding of labels for the following drugs: amoxicillin for pediatric use, trimethoprim, guaifenesin, felodipine, and furosemide (*Ann. Intern. Med.* 2006; 145:887-94).

The goal was to determine whether primary care patients could read and correctly state how to take medicines after reading the labels on actual pill bottles, Dr. Davis said. The researchers hypothesized that patients with low literacy were more likely to misunderstand instructions. They also believed that the increasing number of medications taken by Americans is leading to growing confusion and medication errors.

Participants spoke English as a primary language and were not hearing or vision impaired. Half were African American and half were white. The mean age was 45 years, and 29% had a less than high school education. Literacy was assessed with the Rapid Estimate of Adult Literacy in Medicine (REALM) test. Of the 395 patients, 19% (75) were deemed to have low literacy, reading at or below a 6th-grade level, and 29% (114) had marginal literacy, reading at the 7th- to 8th-grade level.

All patients were asked how they would take the medicine. A "correct" answer was given if they included all aspects of the label instruction, including dosage, timing, and duration. Overall, 47% (185) of patients misunderstood at least one of the instructions. For marginal-literacy patients, 51% (201) misunderstood one or more instructions, and for low-literacy patients, 63% (249) misunderstood.

The majority—91%, or 359 patients—understood the felodipine instructions, which were, "Take one tablet by mouth once each day." The lowest level of comprehension was for trimethoprim, which had a label instructing to "take one tablet

by mouth twice daily for seven days."

Higher-literacy patients routinely understood instructions better than those with lower literacy, Dr. Davis said. The adjusted odds ratio of misunderstanding for low literacy was 2.32, and for marginal literacy, 1.94. Most misunderstandings had to do with dosage. For instance, patients commonly believed they should give children a tablespoon instead of a teaspoon of amoxicillin.

Patients who took more medications



The study found that 63% of low-literacy patients misunderstood at least one drug-label instruction.

were also more likely to misunderstand labels, with the adjusted relative risk rising from 2.29 for 1-2 medications to 2.98 for 5 or more medications.

In a substudy, patients were tested on their understanding of the instruction, "Take two tablets by mouth twice daily," on a bottle of guaifenesin. Overall, 84% were able to correctly state the instruction, but fewer patients knew how many pills to take. Among those with adequate literacy, 80% counted out the correct number of pills. That ability decreased with declining literacy: 63% of marginal literacy patients and 35% of those with low literacy could correctly count the pills.

Dr. Davis and her colleagues said that although this may have reflected patients' numeracy skills more than reading skills, numeracy is an aspect of literacy.

Limitations of the study included the fact that the authors only examined understanding of the primary label. They did not assess patients' actual compliance or drug-taking behavior, whether medication errors occurred, or if any of the patients had experience with any of the five medications.

In an editorial accompanying Dr. Davis' study (*Ann. Intern. Med.* 2006;145:926-8), Dr. Dean Schillinger wrote that the authors did not fully prove out their conclusion that low literacy is correlated with poor comprehension because they did not "account for patients' cognitive function or visual acuity—each of which can impair reading comprehension and could explain poor understanding of labels."

But, Dr. Schillinger added, that "does not weaken the conclusion that many patients do not comprehend prescription labels and cannot act on their instructions." ■