

# TESTING TREATMENTS

## Chapter 10

### **10 Research – good, bad and unnecessary**

---

In earlier chapters we emphasized why tests of treatments must be designed properly and addressed questions that matter to patients and the public. When they are, everyone can take pride and satisfaction in the results, even when hoped-for benefits do not materialize, because important insights will have been gained and uncertainty lessened.

Although much health research is good – and it is steadily improving as it conforms with design and reporting standards<sup>1</sup> – bad and unnecessary research continues to be done, and published, for various reasons. And as for the perpetual demand ‘more research is needed’, a better strategy would be to do less, but to focus the research on the needs of patients, and so help to ensure that it is done for the right reasons. We explore these issues in this chapter.

#### GOOD RESEARCH

##### Stroke

Stroke is a leading cause of death and long-term disability. The death rate is between one in six and two in six during a first stroke, rising to four in six for subsequent strokes. One of the underlying causes of stroke is narrowing (stenosis) of the carotid artery, which provides blood to the brain. The fatty material that coats the inside of the carotid artery sometimes breaks away, blocking smaller arterial tributaries, and thus causing a stroke. In the 1950s surgeons began to use an operation known as carotid endarterectomy to remove these fatty deposits. The hope was that