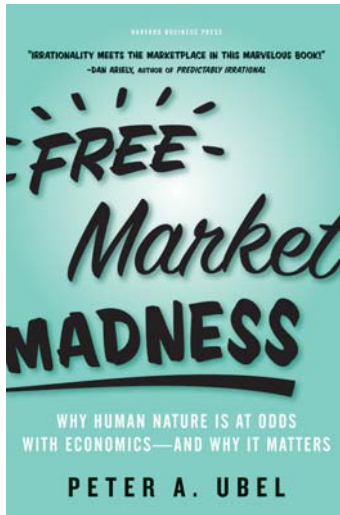

Peter Ubel's Third Book Published



January 20, 2009, was not only Inauguration Day in the United States but also the official release date for *Free Market Madness: Why Human Nature Is at Odds with Economics—and Why It Matters*, by Peter A. Ubel, MD, published by Harvard Business Press. CBDSM posed a few questions to the author.

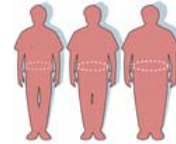
You're a physician, so why have you written a book about free markets?

PAU: I have a passion for understanding human nature and feel blessed to have a job where I have been able to contribute to our understanding of what Woody Allen once described as his second favorite organ—the brain. (I can only conjecture that the brain is second because Woody has a special relationship with his jejunum.) Our decisions and behaviors arise from the stuff between our ears, where many mysterious things go on that we owners of these same brains remain unaware of. But there's an even more important reason to care about what influences people's behavior in the marketplace: There is increasing evidence that our purchasing decisions are reducing our health and well-being.

As a physician, I work every week with patients who struggle with problems like diabetes, heart disease, emphysema, and lung cancer—problems that arise in part because of their own behaviors. The decisions my patients make in the grocery store and in restaurants leads them to become obese, which shortens their life spans and increases their misery. Caught up in consumer debt, my patients experience bouts of anxiety and depression, but still find it hard to resist the latest consumer gadgetry. Living in Michigan, many of my patients have a hard time exercising in the winter, complaining to me that it's too cold to walk outside and that they can't afford to go to the local YMCA. At the same time, many of them spend more on cigarettes in a month than it would cost to join a fitness center.

How does this clinical experience of yours link specifically to how our economy functions?

PAU: If you believe that consumer decisions are largely rational, then you probably won't see much reason to intervene to change people's decisions. In fact, as I show in the book, many respected social scientists believe that things like the obesity epidemic, drug addiction, and cigarette smoking are largely rational behaviors and that, therefore, the government should not intervene to protect people from themselves. The freer our markets are, by this view, the better chance people have of maximizing their own best interests. We all have different preferences and values, after all. Some people are happy to pay to attend exercise classes, and some wouldn't go to a Pilates class if you paid them. Some people's taste buds are well enough educated to appreciate a \$50 bottle of wine while others, like me, can't tell that wine from Two Buck Chuck. Freedom allows people to pursue their goals, which vary from one person to another. It allows us to choose what career to pursue, what person to marry, how many kids to have, and what bottle of shampoo to buy.



Then why does your book argue that the free market is "madness"?

PAU: Because people aren't nearly rational enough to make decisions that promote their best interests. We're influenced, instead, by all kinds of surprising unconscious forces. How, for example, do people choose where to live? People named Paul, as it turns out, are more likely to migrate to St. Paul, Minnesota, than are people named Joe, unconsciously influenced by what social psychologists

call implicit egotism. And how do we choose whom to marry? Unbeknownst to us, we're influenced by whether a prospective partner's earlobes resemble our own earlobes, a fact evolutionary scientists attribute to unconscious genetic selection.

What makes teenagers decide to smoke cigarettes? They're actually more likely to give smoking a try if they are exposed to a tobacco industry "Public Service Announcement," purportedly aimed at convincing adults to quit smoking. By emphasizing the risks of smoking, the ad appeals to their love of danger. How does an employer decide whether an applicant is qualified for a job opening? Sad to say, the employer's evaluation of resumes will be influenced, however unconsciously, by racial stereotypes, evaluating a Hernandez differently from an O'Brien, even when the applicants' qualifications are identical.



If people's choices of where to live, who to marry, whether to smoke, and who to interview for a job opening can be influenced by such subtle, unconscious forces, why, then, should we have any faith that our choices of what food to place in our grocery carts will be solely the product of efficient, rational calculation? There is, in fact, no reason to have such faith.

Hear more about *Free Market Madness* at peterubel.com.

Post-Doctoral Fellows Sought



CBDSM is recruiting post-doctoral fellows for the 2009-2010 academic year. We're looking for candidates whose research in health care decisions and policy is approached using theories from social cognition, motivation and emotion, risk communication, ethics, and/or economics. The successful candidate will be encouraged to conduct independent research with an emphasis on study inception, manuscript writing, and applying for grants. Salary is competitive and commensurate with experience and education. CBDSM resources and collaborative support will enable the candidate to build his/her own research program. **Email communication is preferred. Deadline for the receipt of all materials is March 1, 2009.** Applicants should send a letter of research interests, reprints/preprints, CV, and three letters of recommendation to **Angie Fagerlin**, PhD, Post-Doctoral and Doctoral Fellowship Director, Center for Behavioral and Decision Sciences in Medicine, 300 North Ingalls, Room 7C27, Ann Arbor, MI 48109-5429, fagerlin [at] med [dot] umich [dot] edu

Therapeutic Misconception and the Ethics of Sham Surgery



CBDSM's **Scott Kim**, MD, PhD, has recently been funded by the NIH for a major bioethics project. Ethicists have raised concerns that elderly patients with a progressively debilitating disease such as Parkinson's disease (PD) may be too vulnerable for

research that involves novel, invasive interventions (such as gene transfer and cell transplants) that use a controversial masking design, i.e., sham neurosurgical controls. Are these subjects laboring under a therapeutic misconception (TM), a phenomenon in which subjects erroneously believe that research, rather than being an experimental procedure for the sake of creating knowledge to help future patients, is actually a novel form of treatment intended to help them? Dr. Kim's

project will study enrollees and decliners of four actual PD neurosurgical clinical trials that involve a sham surgery control. A semi-structured interview method has been developed to provide an in-depth account of the subjects' motivations, expectations, understanding, and decision-making process. This project will provide insights for optimizing informed consent practices for future sham surgery controlled trials and clarify the key controversial aspects, and the complex contours of, TM and related phenomena. Collaborators include R. DeVries, K. Kiebertz, R. Wilson, S. Frank, and H.M. Kim. Pilot funding came from the Michael J. Fox Foundation.



Center Spotlight: Brian Zikmund-Fisher, PhD

Brian J. Zikmund-Fisher is a Research Assistant Professor and Director of the Internet Survey Lab at CBDSM. Brian studied economics and psychology at Swarthmore College before getting his doctorate in behavioral decision theory at Carnegie Mellon University. Although he began his academic career in behavioral economics, he moved from studying consumer choice to medical decisions after surviving a bone marrow transplant. Brian's research focuses on

- risk perceptions
- graphical displays to improve understanding of risk
- the affective experience of risk
- how decision making processes vary across different medical decisions
- communication of genetic test results to patients
- individual numeracy
- discrepancies between decisions for others vs. for oneself
- the effects of uncertainty and information evaluability on treatment choices



Which projects are you proudest of?

BZF: Two papers in particular stand out: "Improving understanding of adjuvant therapy options by using simpler risk graphics" (*Cancer*, 2008) and "Does labeling prenatal screening test results as negative or positive affect a woman's responses?" (*American Journal of Obstetrics and Gynecology*, 2007). I think these two are very cleanly designed, methodologically. The challenge is to get that one example, that one finding that will be persuasive to others. Does it start to change people's thinking? Does it have a long-term impact? When I presented my findings about prenatal testing at an obstetrics conference, clinicians told me that the field had been arguing about this point for decades but had never before had any data.

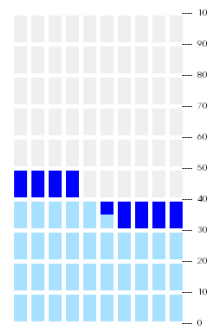
Which areas of your research do you see expanding in the next couple of years?

BZF: I think the National Survey of Medical Decision Making among older Americans (which I did with Mick Couper) has a lot of potential. I don't know all that we'll learn from it—it's a rich data set.

How does CBDSM fit in with your research agenda?

BZF: The interdisciplinary work that CBDSM does in decision making reminds me of the field of behavioral economics about 25 years ago. When behavioral economists were springing up in between economics and psychology, people asked them what they were about. Now behavioral economics is much more accepted as one of the pieces of what the

field of economics is. There are even popular books on the subject, like *Predictably Irrational* by Dan Ariely. In business schools, marketing courses now draw heavily on behavioral economics and decision sciences. In the future, I predict that medicine, nursing, and public health will all have behavioral components integrated into what it is to be a professional in those fields. We're at least a couple of decades behind economics, but if the faculty at CBDSM all show the power of behavioral thinking, the kind of work the Center does eventually won't be so unique.



You've published widely on graphical displays about risk. If you had to choose one graphic to represent your work, what would it be?

BZF: That's a hard question! But it would have to be a two-color pictograph to show incremental risk.

You're known as a rollercoaster aficionado. Which is your favorite rollercoaster?

BZF: I like the Maverick at Cedar Point [in Sandusky, Ohio]. It's not about speed for speed's sake or shaking you up for shaking you up's sake. It's a ride, a sensory experience, very well designed. It's fun every time I ride it.

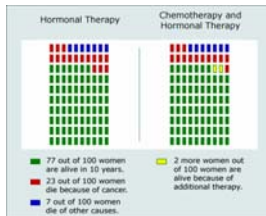
Brian Zikmund-Fisher can be easily identified at CBDSM by his purple shirts—purple polos in the summer.

New Staff at CBDSM



In November 2008, CBDSM welcomed an additional research associate, **Katy Downs**, MS, who is working with both **Angela Fagerlin**, PhD, and **Peter A. Ubel**, MD, on decision making and health policy issues. Katy holds a master's degree in genetic counseling from the University of California, Berkeley. She's a proud native of Detroit, an American Sign Language interpreter, and a genetic counselor. When describing her research interests, Katy notes her "longstanding commitment to changing health disparities into health parity."

In February 2009, **Mark Wiacek** will join the Internet Survey Lab as a part-time Web Software Developer, specializing in Flash/Flex applications and in graphic design. Under a grant to **Brian Zikmund-Fisher**, PhD, from the Foundation for Informed Medical Decision Making, Mark will be working on interactive graphics as a means of communicating risk to patients making health-care decisions. Mark holds a degree from Eastern Michigan University and previously worked for a number of years in the auto industry as an interface designer and an interactive art director.



How Much Will Chemotherapy Really Help?

After breast cancer surgery, additional treatments such as chemotherapy can reduce the risk of cancer coming back. But do women understand how much (or how little) benefit chemotherapy provides? A recent **Decision of the Month** at cbdsm.org sets up an imaginary scenario and asks viewers to decide. This Decision of the Month is based on a recent article by **Brian Zikmund-Fisher**, PhD, **Angela Fagerlin**, PhD, and **Peter A. Ubel**, MD, that

attracted considerable media attention. See Improving understanding of adjuvant therapy options by using simpler risk graphics, Zikmund-Fisher BJ, Fagerlin A, Ubel PA. *Cancer* 2008; 113(12):3382-3390.



International Doctoral Fellow

Visiting at CBDSM from January to April 2009 is **Yvette Peeters**, a doctoral student in medical decision making at the University of Leiden Medical Center in the Netherlands. Yvette holds an MSc in clinical and health psychology plus psychometrics and research methodology. Her academic mentor at CBDSM is **Dylan Smith**, PhD. We wish Yvette many productive research hours in Ann Arbor!

CBDSM Congratulates . . .

- **Angie Fagerlin**, PhD, her husband, Tony Tsai, and son Nate on the birth of Lincoln Chuan-Jie Tsai on October 29, 2008.
- **Michael Volk**, MD, and his wife, Teresa, on the birth of Alexander Synowiec Volk on January 7, 2009.
- **Chris DeVries** and Genevieve Ferraro, who are engaged and planning a wedding in August 2009.
- **Caitlin Weber** and Larry Mayotte who are engaged and planning a wedding in February 2010.

Revamped Website: peterubel.com

Peter Ubel, MD, has recently updated his personal website, peterubel.com. He blogs on huffingtonpost.com and on psychologytoday.com ("Scientocracy"), and these posts can also be accessed at peterubel.com, along with comments about Peter's books, videos of his presentations, and information about his speaking engagements. Check it out!



A Selection of Recent Publications by CBDSM Investigators

Go to cbdsm.org for a searchable listing of CBDSM publications.

Free Market Madness. Ubel PA. Harvard Business Press 2009.

Surrogate consent for dementia research: A national survey of older Americans. Kim SY, Kim HM, Langa K, Karlawish JH, Knopman D, Appelbaum PS. *Neurology* 2009; 72: 149-155.

Can a moral reasoning exercise improve response quality to surveys of healthcare priorities? Johri M, Damschroder LJ, Zikmund-Fisher BJ, Kim SY, Ubel PA. *Journal of Medical Ethics* 2009; 35(1): 57-64.

Designing Effective Web Surveys. Couper MP. Cambridge University Press 2008.



Are they really that happy? Exploring scale recalibration in estimates of well-being. Lacey HP, Fagerlin A, Loewenstein G, Smith DM, Riis J, Ubel PA. *Health Psychology* 2008; 27(6): 669-675.

The impact of the format of graphical presentation on health-related knowledge and treatment choices. Hawley ST, Zikmund-Fisher BJ, Ubel PA, Jankovic A, Lucas T, Fagerlin A. *Patient Education and Counseling* 2008; 73(3): 448-455.

Impact of the model for end-stage liver disease allocation policy on the use of high-risk organs for liver transplantation. Volk M, Lok AS, Pelletier SJ, Ubel PA, Hayward RA. *Gastroenterology* 2008; 135(5): 1568-74.

Communicating side effect risks in a tamoxifen prophylaxis decision aid: The debiasing influence of pictographs. Zikmund-Fisher BJ, Ubel PA, Smith DM, Derry HA, McClure JB, Stark AT, Pitsch R, Fagerlin A. *Patient Education and Counseling* 2008; 73(2): 209-214.

Racial/ethnic differences in adequacy of information and support for women with breast cancer. Janz NK, Mujahid M, Hawley ST, Griggs JJ, Hamilton AS. *Cancer* 2008; 113(5): 1058-67.

Mispredicting and misremembering: patients with renal failure overestimate improvements in quality of life after a kidney transplant. Smith DM, Loewenstein G, Jepson C, Jankovic A, Feldman H. *Health Psychology* 2008; 27(5): 653-8.

Beyond utilitarianism: A method for analyzing competing ethical principles in a decision analysis of liver transplantation. Volk M, Lok AS, Ubel PA, Vijan S. *Medical Decision Making* 2008; 28(5): 763-772.

Coping with spousal loss: potential buffering effects of self-reported helping behavior. Brown S, Brown, RM, House JS, Smith DM. *Personality and Social Psychology Bulletin* 2008; 34(6): 849-61.

Pain & suffering awards: It shouldn't be (just) about pain & suffering. Ubel PA, Loewenstein G. *Journal of Legal Studies* 2008; 37(2): S195-216.

Considering adaptation in preference elicitations. Damschroder LJ, Zikmund-Fisher BJ, Kulpa JJ, Ubel PA. *Health Psychology* 2008; 27(3): 394-9.

The potential impact of decision role and patient age on end-of-life treatment decision making. Zikmund-Fisher BJ, Lacey HP, Fagerlin A. *Journal of Medical Ethics* 2008; 34(5): 327-31.

Publication of Note

<http://www.nature.com/nature/journal/v457/n7229/pdf/457534a.pdf>

For human-subjects research, maximum regulation does not mean maximum protection. Stop regulating minimal risk research, say Scott Kim, Peter Ubel, and Raymond DeVries in their commentary in *Nature*, "Pruning the Regulatory Tree."