

## The New York Times

A version of this letter appeared in print on September 20, 2010, on page A30 of the New York edition.

To the Editor:

Your editorial correctly states that new health care technologies often lead to medical progress, but also regrettably to increased and unaffordable costs, unlike in other fields where new technology usually causes costs to decline.

The danger is that the proposed solution, comparative effectiveness research (CER), could turn into a blunt instrument that smothers the opportunity to improve care and reduce costs.

When President Obama sought to explain how it would work, he said that with the new funds allocated for CER, researchers would be able to compare the red pill with the blue pill to determine which worked better and thereby, presumably, save money.

The key question to ask, as neither your editorial nor President Obama does, is which medicines work for whom? While the blue pill may work for me, there is a good chance it won't work for you, especially if the diagnosis is cancer.

If we lock ourselves into a one-size-fits-all paradigm, we will strangle the power of personalized medicine to prescribe the right drug for the right patient at the right time. Personalized medicine enables us, over time, to save enormous sums because patients who should not receive particular medicines will not get them.

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President  
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Washington, Sept. 13, 2010