In an April 1 article in the New England Journal of Medicine, Harvard’s Michael Chernew and others describe the current projections for health care spending in this country as a path to “financial Armageddon.” As I see it, the single-most important strategy that we can take in reducing the cost of health care is to address the cultural notion and imperative, seemingly unique to Americans, that the more we spend on drugs, devices, and procedures, the greater the likelihood that we can immortalize ourselves—even when there is no scientific evidence in support of the care being delivered. This conceit is fostered both by patients and physicians and is a consequence, I believe, of our great national success in powering our global stature through investment in high technology.

There are many examples of how we throw money around. Although our own Bernard Fisher established 25 years ago that breast cancer is a systemic disease and usually should be treated by lumpectomy and adjuvant chemotherapy, some surgeons still perform radical mastectomies when the breast could be preserved. Although research shows that it is generally safe to have vaginal births after an earlier caesarian section (VBAC), expecting mothers have to hunt to find a willing obstetrician and hospital in this litigious society. Although certain complex spinal surgeries tend to lead to more complications than traditional treatments, their frequency jumped 15-fold between 2002 and 2007 among the elderly with questionable effectiveness in reducing pain and at great cost. The list of dubious treatments goes on and is not confined to surgical procedures. (Consider the frequent use of antibiotics for viral upper-respiratory infections.) At Pitt, we are about to launch a major comparative effectiveness research initiative in which statisticians, epidemiologists, and clinical researchers will work with health-policy experts. The effort will include new clinical trials and also the mining of existing literature. Yet, absent a paradigmatic cultural shift, we are on course to continue to spend money on health care needlessly. This will compromise, if not doom, “health care reform.” In fact, costs will increase even more as 32 million more people gain health insurance coverage with no assurance that they will be treated with evidence-based medicine.

From a more philosophical perspective, I wanted to share the above haiku by the 19th-century Japanese poet Issa, written after the death of two of his young children. The intellectual knowledge of the transitory nature of life (symbolized by dew) does not stem a father’s grief. Of course, yearnings for immortality and a life free of suffering are part of human nature. (And the drive to heal and make whole motivates those of us who are physicians.) Even in cultures more comfortable with the inevitability of decay and death, people struggle with these yearnings. My intention is not to quash hope, but to implore us to revisit our standard practices with newfound humility—so that medical miracles can happen, without overtreatment and crippling waste. So that, “above all, we may do no harm.”