

An expert's guide: How to evaluate health disclosures from Donald Trump and Hillary Clinton



Hillary Clinton and Donald Trump have promised to disclose more details about their health soon, but it's not clear what records they will or won't release. There are no guidelines for disclosures when it comes to a candidate's health, and as this race has shown so far, the campaigns can say what they want when they want.

STAT turned to physicians and scholars who have studied presidential health to ask what they would look for in the records to better assess the candidates' health.

Here's what they said:

What are the basics?

Both Clinton, 68, and Trump, 70, have already released some details about the medications they take and other vital information about their overall health. A two-page letter from Clinton's physician offered more details than the one-page letter from Trump's doctor, including cholesterol levels and heart rate.

Doctors say basic data points such as cholesterol levels, blood pressure, and heart rate — particularly if taken consistently over years — can provide a rough assessment of someone's health. "You might want to go so far as [body mass index], but that's a very touchy subject," said Dr. Michael Coates, a family medicine doctor at Wake Forest.

All these measurements change with time, and it's not as though doctors look for a candidate's blood pressure to hit an ideal mark. But the information can be used to rule out or at least minimize the risk factors for certain conditions. "We're asking for a snapshot of your current status and a look in the past," said Dr. William Schaffner, a professor of preventive medicine at Vanderbilt University. "You would like to know, for example, that a patient's blood pressure was within a range."

Any additional information about medications could also be telling — not only about diagnoses but also about a person's risk of experiencing side effects. Do they have any chronic medical conditions?

Trump's doctor said he has had "no significant medical problems" over the past four decades. Clinton's physician says she has hypothyroidism and seasonal allergies, but no other known medical issues or cardiovascular disease.

Information about any chronic medical conditions — and how they're being treated — would raise important questions about how the candidates might fare in the White House.

"How well are those chronic medical illnesses controlled? Should we expect flares of those chronic medical illnesses during their administration?" said Dr. Leonard Feldman, an internist and pediatrician at Johns Hopkins. What immunizations have they gotten?

Neither candidate has said anything about immunizations.

We tend to think of vaccines that infants and teens need to get, but some immunizations are specifically recommended for older people. According to the Centers for Disease Control and Prevention, people 60 and older should get a shingles vaccine, and those 65 and older should get two kinds of pneumococcal vaccines. Schaffner said the pneumococcal vaccine was especially relevant in this case because the bacteria that the immunization protects against can cause pneumonia. Pneumonia is forcing Clinton to take a few days off the campaign trail, although the cause of her case isn't clear.

And then there's the annual flu shot, which some doctors say candidates should be

getting as a way of encouraging other people to get them.

How diligent they've been in getting those flu shots "could give you a sense of their judgment, whether they're actually interested in maintaining their health and whether we have to worry about them getting sick in office from the flu," Feldman said. What preventive tests are they getting?

Clinton's doctor says that "her routine health maintenance is up to date and has included a normal colonoscopy, gynecological exam, mammogram, and breast ultrasound." And her cancer screenings? "All negative."

Trump's doctor, meanwhile, disclosed the results ("very low") of a test that measures the blood level of a protein that's often elevated in men with prostate cancer. The PSA test, as it's called, was designed to screen for prostate cancer three decades ago but has begun to fall out of favor in some camps. There was no word on any colonoscopies or other cancer screenings.

It's worth watching what the candidates say about getting the recommended screenings and tests for people their age. "They're recommended for a reason," Feldman said.

It's also possible Clinton or Trump have received additional screenings or tests, like whole-body CAT scans or cardiac stress tests. VIPs like presidential candidates often undergo those kinds of procedures even when they are not recommended for the general population, Feldman said. Could past medical history shine a light on future risks?

Clinton has had blood clots and takes a blood thinner regularly, while Trump takes daily aspirin and a low dose of a cholesterol medication, according to their doctors' letters. Experts said that having certain health conditions or risk factors isn't a disqualifier for any candidate, but that they would want to see that any problems are being addressed.

"Those are the kinds of things that can happen to people when you put on a little mileage over the years," Schaffner said. "Both of the leading candidates are over 65 years of age. It wasn't so long ago that once you reached your 65th birthday, that's the time you retired — it wasn't the time you took one of the most strenuous positions you could think of."

Candidates who have had certain cancers or heart attacks or strokes in the past could be at higher risk for health problems during their presidencies, which is why doctors say aspects of medical histories are relevant to voters.

Whether Trump has ever been treated for a medical problem that his doctor doesn't characterize as "significant" — such as hypertension or something that's turned up in a colonoscopy, if he's ever had one — could help predict his likelihood of poor health in office.

In Clinton's case, information about whether she's ever had a breast biopsy could offer context about her likelihood of developing breast cancer in office. And those blood clots that have prompted speculation? More specifics about the reassuring "follow-up testing" she got in 2013, as her doctor put it, might help put conspiracy theories to rest. How much does all of this actually matter?

Without question, experts say the public should be aware of any health condition or risk factor that has a significant possibility of affecting a candidate's ability to fulfill his or her duty while in office. But just how much do we need to know?

To some who study this issue, only the critical details. "We're in an area where information is easily twisted and distorted both on purpose and accidentally — some of it is quite complicated," said Robert Streiffer, an associate professor of bioethics at the University of Wisconsin, Madison. "The standard should be pretty narrow in terms of what kind of things are required for a candidate to disclose."

Streiffer and his colleagues wrote in a paper published in 2006 in the *Journal of Medicine and Philosophy* that "candidates are morally required to waive their right to medical privacy concerning a very specific set of medical conditions." But underlying their argument was the idea that even presidential candidates have a right to medical privacy.

Streiffer told STAT that the notion of opening complete medical histories up to the public is problematic. It could, for instance, prevent a state representative who has aspirations of running for higher office from going to the doctor for an important medical issue that might not even be relevant to his or her fitness for public office.

"We have and value our right to medical privacy — many of these things are personal and private," he said.

A particularly thorny area where this can play out is mental illness. Perhaps candidates shouldn't have to disclose their past counseling sessions, but experts say that hospitalizations for mental illness and conditions that could have an effect on the person's cognitive ability in office should be made public.

In their 2006 paper, Streiffer and his colleagues wrote that such conditions could include depression. In some cases, depression could “be severe enough to undermine one’s ability to adequately perform the core responsibilities of a position like the presidency,” they wrote, adding that the notoriously stressful environment of the West Wing “could easily trigger a recurrence of depression.”

But today’s voters might expect complete disclosure; as Schaffner said, “This is an era of transparency.” Now, the instinct might be to question what someone is hiding if he or she releases only the fewest of details.

That’s why it might be worth including surgeries or hospitalizations from even decades prior, Coates said. “You don’t want to be secretive about things,” he said, “because then people speculate.”