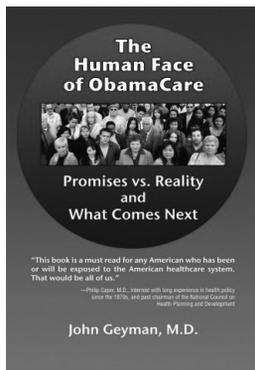


BOOK AND MEDIA REVIEWS

The Human Face of ObamaCare: Promises vs. Reality and What Comes Next

John Geyman, MD

Friday Harbor, WA, Copernicus Healthcare, 2016, 232 pp., \$16.95, paperback



With America's ever-changing political climate, it is important to stay informed on policies that directly impact the health care profession and its patients. It is almost impossible to get practical and unbiased data on this subject.

This particular book is split up into three sections: 1) A Myriad of Problems and Experiences 2) System Trends Under the Affordable Care Act and 3) What comes Next? Three Alternatives with Different Futures.

The first part of the book does a beautiful and descriptive job of explaining many of the problems that Americans had and have with the health care system under the original Affordable Care Act (ACA). This section of the book focuses on the countless number of promises that were simply not kept under the ACA. Dr Geyman highlights many plights of Americans who lost their employer plan, were not able to keep their doctors, and saw rising costs of premiums as the ACA was implemented.

The second section of this book explains the unintended consequences that were seen because of the ACA: The increased bureaucracy, the increased consolidation, and the increased costs after the passage and implementation of the ACA. The charts and graphs presented in this section are easy to understand and shed some light on consequences that are not very obvious upon first glance.

Dr Geyman offers a thorough presentation of facts that are easy to understand in the first two parts of the book. In section three, however, his arguments become less clear.

Obviously, a solution to the health care crisis is heavily debated. Dr Geyman argues for a single payer system. His arguments in favor of this system lack depth.

However, his best argument questions the practicality of having a truly transparent health care system. He claims this is because it can be very confusing and difficult to compare rates and services as compared to car dealerships or grocery stores, where the comparisons are simpler.

Overall, this book is informative and thought-provoking. The first two sections of the book are extremely helpful and fair. The subject of this book will likely remain a source of conflict and discussion for many years to come. It is important to reflect on changes in American health care and what can be learned from the successes and failures of the past and present so as to not regress but progress.

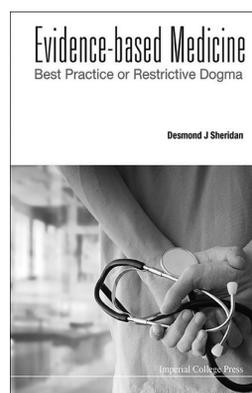
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Evidence-Based Medicine: Best Practice or Restrictive Dogma

Desmond J. Sheridan

London: Imperial College Press, 2016. 281 pp., hardcover. \$106



Evidence-Based Medicine: Best Practice or Restrictive Dogma, by Emeritus Professor Desmond J. Sheridan of Imperial College, London, traces the development of evidence-based medicine (EBM) from its growth out of a relatively new medical school in Canada—

McMaster University—to its current status as guiding force of medical care across the world.

Dr Sheridan explores two main themes that run through this book. The first is that EBM, with its origins in epidemiology and population-level health, is not sufficient for making

decisions about individual patients. He proposes that EBM can be—and is being—used as restrictive dogma that both redefines and stultifies the professional role of physicians.

His second concern is that the hierarchy of evidence, as defined in the EBM paradigm, relegates pathophysiologic reasoning to the bottom of the pile, also limiting decision-making by physicians to clinical trial-based evidence and thereby stifling medical discovery. As guidelines, health policy, and other applications of EBM are used to standardize medical care, he argues, they also serve to diminish the role of the “clinician as scientist,” arguing that this standardization somehow prevents clinicians from creating unique approaches to the diagnosis and treatment of each patient.

The book correctly characterizes the origin of EBM as a movement that itself was not based on evidence but on the reasoning process that it decries. Each chapter charts the course and result of the movement through interesting anecdotes of the development of both EBM and medical care. For example, he overviews the career of Archie Cochrane, the tireless agitator for what would become EBM and for whom the Cochrane Collaboration is named, characterizing him as having a “lifelong dystopian view of medicine” (p. 32) He also points out that this champion of the randomized controlled trial only participated in one comparative study, one that failed to show a benefit of aspirin following myocardial infarction.

The book is full of such tidbits. A later chapter charts the origins of epidemiology with a description of how Dr John Snow demonstrated the water-based transmission of cholera, rather than the “miasma” theory of the time, by mapping the proximity of cholera deaths to a single well in London. History of medicine buffs will appreciate these deep reaches back.

The book characterizes the achievements of EBM: advocating the need for evidence of efficacy and cost effectiveness in assessing new therapies; contributing to the development of clinical guidelines, advocating the need for full disclosure of clinical trial data, and contributing to the awareness of overdiagnosis. It also explores its limitations: a restricted view of what constitutes evidence; the difficulty applying clinical trial results to individual patients; and the development of research questions based on what is easily measurable rather than on identifying what is important.

While I appreciated some of the limitations of EBM covered in the book, I felt that some of arguments were weak, and that the author

stood up straw men and then knocked them down. Also, the book does not consider the evolution of EBM over the past 30 years to the more applied approaches of information mastery and as being just one of many supports for clinical decision making.

As I read the book, I noticed a glaring omission—David Sackett, often described as the “father” of evidence-based medicine and the most recognizable leader of the movement, is not mentioned by name once in the book. It might have been intentional, or the result of the UK focus of the book, but it made me scratch my head.

The book will be interesting to those who are fans of EBM and wish to know more of its origins and its philosophical and other limitations. It will also be useful for opponents of EBM who are looking for support for their thinking. I could imagine each chapter being used as the basis for a seminar for students, residents, or fellows interested in a deep dive into the underlying basis of a paradigm that is now taken for granted.

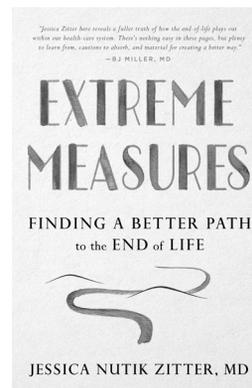
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Extreme Measures: Finding a Better Path to the End of Life

Jessica Nutik Zitter, MD

New York, Avery, 2017, 352 pp., \$27, hardcover



Jessica Nutik Zitter, MD is a board certified critical care and palliative care physician with over 3 decades of clinical experience practicing in Oakland, California. She is the cofounder of *Vital Talk*, a telephone-based resource for patients with life-altering illnesses. She

is also the driving force behind the Netflix documentary *Extremis*, featuring patient care in her ICU. In her recent book, *Extreme Measures: Finding a Better Path to the End of Life*¹, Dr Zitter details her journey of self awareness in her quest to help patients find a “better path.”

The stories of her experiences caring for patients with critical and life-ending illness from

trainee to present reveal her own transformation, as well as medical culture's corresponding shift over the course of her career, as both moved toward more patient-centered end-of-life care. She explores several aspects of our current system that lead to critically ill patients being put on the "end-of-life conveyor belt" where the focus is on invasive medical interventions for marginal benefit, instead of on the patient's quality of life and personal goals (p. 19). Dr Zitter argues that the "conveyor belt" often leads to death in an intensive care unit or a long-term care facility, instead of at home with family (p. 48).

Dr Zitter's very personal account of her transformation is refreshingly humble. She freely admits that she does not have all the answers and is honest about her self-doubt. It is as personal as *When Breath Becomes Air*,² but more reflective. In fact, the book is as much about a process of physician self-growth as it is about educating the reader about a better path to the end of life. In contrast to *Being Mortal*,³ in which Dr Atul Gawande focuses more on the history of end-of-life care in our country and cultural thoughts on mortality, this book documents one physician's personal journey as her perspective on end-of-life care changes.

As personal as this account is, the intended purpose and audience are unclear. Was the purpose to help the lay public gain insight on how they themselves may want to think about the end of life? Or was the purpose to raise awareness among providers and lend her experience as a way to educate us? The book achieved both, but it may have been more powerful with a clearer purpose.

Furthermore, the book is from her perspective as an intensivist and hospital-based palliative physician. As such, she does not highlight or acknowledge the large role ambulatory care settings and primary care providers play in prevention by clarifying goals of care before patients develop life-ending illnesses or end up in the ICU. Nor do the accounts acknowledge the role of primary care providers in the hospital setting when end-of-life issues arise.

While the intended audience may be unclear, laypeople and health care professionals would benefit from reading this book. For the lay public, it offers glimpses of end-of-life care and an opportunity for insight into what "full-court

press" truly means (p. 61). The book would be an excellent teaching tool for students, residents, and practicing physicians to understand the importance of developing patient-centered, goal-oriented skills around advance care planning.

From a resident physician and medical student's perspective, this book struck a chord regarding communication. How many times have we as a team talked about "a difficult family" (p. 75)? Dr Zitter highlights the difficulty even medical teams have in accepting that patients are dying, and the miscommunication that occurs during this time for families. Many of her experiences demonstrate the importance of communication within a team and with families.

Some aspects of her experiences were likely contrary to those experienced by family medicine providers. She describes focusing on curing a disease rather than treating the patient from a humanistic standpoint, eventually leading to loss of her own humanity. Treating patients holistically is an area where family medicine excels. As family medicine physicians, we are able to have longitudinal, meaningful relationships with patients allowing patient-centered care rather than treating the patient as "just a body to be kept alive" (p. 216).

As Dr Zitter points out, mortality is inevitable, and through sharing her transformation from physician to healer, this book encourages providers to self-reflect so that we may usher our patients peacefully into this phase of life in a way that is spiritually, emotionally, and physically true to the patient.

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