Disease, Diagnoses, and Dollars: Facing the Ever-Expanding Market for Medical Care

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The last chapter closes with current trends in the study of rabies. The impact of a disease that kills 55,000 individuals per year globally does not match that of major infectious diseases such as AIDS, malaria, tuberculosis, and infantile diarrhea. Nonetheless, there are exciting opportunities in which basic science, epidemiology, clinical medicine, and public health can collaborate and stimulate research as well as improve clinical outcomes by using the techniques outlined in this chapter.

Older texts on rabies are available, including Rabies, edited by Alan Jackson and William Wunner. That book is authored by 15 respected researchers and focuses on the scientific aspects of rabies. If one wants a more exhaustive scientific treatise, the book by Jackson and Wunner is perhaps more suitable. Biographies of Disease: Rabies should not be used as a daily guide, because the epidemiology of rabies remains a dynamic area. Local public health authorities and the Centers for Disease Control and Prevention should always be consulted to ensure that interventions are current. However, Biographies of Disease: Rabies is an excellent current reference that is both informative and enjoyable to read.

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DISEASE, DIAGNOSES, AND DOLLARS: FACING THE EVER-EXPANDING MARKET FOR MEDICAL CARE

By Robert M. Kaplan

187 pp, $25
Katlenburg-Lindau, Germany, Copernicus Books, 2009

As President Obama initiates new policies of health care reform, he emphasizes that these are aimed toward achieving universal coverage and must include reduction of health care costs as well as a broadening of access to care. These aims are inseparable and mutually dependent. In Disease, Diagnoses, and Dollars, Robert Kaplan brings his professional experience and research to bear on “the ever-expanding market for medical care” and the challenge it presents to achieving cost control and better outcomes. He proposes a variety of opportunities for reducing costs while increasing effectiveness of medical practice. This involves his confronting “disquieting conflicts between consumers and their healthcare providers” and his recognizing the need for greater accountability for too-often unwanted outcomes by patients as well as medical practitioners seeking to make decisions within a humanly as well as systemically complex field of interaction.

Kaplan makes it clear that he is a PhD rather than an MD, but he also emphasizes as well that for 30 years he has been a medical school professor in a school of public health and has extensive experience as chair of the Department of Family and Preventive Medicine at UCLA and so has been involved in oversight of a substantial medical practice. He has worked with and trained primary care physicians as well as medical students and carefully watched them in action. As a result, he has solid experience with the costliness of medical care and with the complexities, human as well as systemic, in seeking “cost control.” But he also has conducted substantial research in specific fields of diseases dealt with in medical practice, and this research complements and informs his practical experience.

In the opening chapters, Kaplan begins by examining concepts of disease and health along with mental models of health and health care, which shape what patients and physicians do. He then discusses cost and outcome problems in several specific areas: screening for cancer, deciding whether blood pressure is “too high,” dealing with cholesterol control, and treating obesity and diabetes. These middle chapters dealing with specific fields lead him to make recommendations in his final chapters for achieving better shared decision making by patients and physicians—for example, through use of better-prepared evidence-based guidelines and stronger control of advertising by pharmaceutical companies.

Kaplan points to areas for exercising knowledgeable choice that can diminish waste of money invested in health care even as it can prevent useless or even harmful outcomes of diagnostic and therapeutic interventions. He points to the harms that can result to patients from unneeded use of medical interventions that can have unwanted “side effects” and yet have questionable benefits where marginal “disease” is located because of the greater capacity to diagnose. It is in these areas that he recommends more effective mutual understanding by patients and physicians as they seek to make decisions. His enemy is the commonly shared conviction that more consumption of medical diagnosis and treatment is simply an obvious benefit whatever it costs. He shows that the costs in dollars and lack of beneficial outcomes belie such conviction.

Disease, Diagnoses, and Dollars is an exceptionally practical, carefully argued study of what can be done to control health care costs by improving the approach to medical decision making. Kaplan persuasively demonstrates the practical wisdom he has learned from wide-ranging research and insightful clinical observations. His book challenges the assumptions of patients and physicians. I believe that many of his concrete recommendations can save not only dollars but the health of patients and the satisfaction of physicians in their professional practice.

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