

How We Do Harm A Doctor Breaks Ranks About Being

The Medical Summary R. H. Andrews.1904 Edited by R.H. Andrews.

Half-yearly Abstract of the Medical Sciences: Being a Practical and Analytical Digest of the Contents of the Principal British and Continental Medical Works Pub. in the Preceding Six Months William Harcourt Ranking, Charles Bland Radcliffe, William Domett Stone.1870

Hippocrasy Rachele Buchbinder, Ian Harris.2021-10 Two world-leading doctors reveal the true state of modern medicine and how doctors are letting their patients down. In Hippocrasy, rheumatologist and epidemiologist Rachele Buchbinder and orthopaedic surgeon Ian Harris argue that the benefits of medical treatments are often wildly overstated and the harms understated. That overtreatment and overdiagnosis are rife. And the medical system is not fit for purpose: designed to deliver health care not health. This powerful exposé reveals the tests, drugs and treatments that provide little or no benefit for patients and the inherent problem of a medical system based on treating rather than preventing illness. The book also provides tips to empower patients - do I really need this treatment? What are the risks? Are there simpler, safer options? What happens if I do nothing? Plus solutions to help restructure how medicine is delivered to help doctors live up to their Hippocratic Oath. "One of the hardest things for a doctor to do ... is nothing. This superb book explains how in medicine and surgery less is often not just more, it's closer to the oath we're all supposed to practise by." -- Norman Swan, award-winning producer and broadcaster of the Health Report and Coronacast "This eye-opening and enthralling book on the medical and moral hazards which beset the health profession is a must-read for patients and practitioners alike. From "tooth-fairy science" to medical disasters to the inflated business world of medicine, Hippocrasy is a profoundly thought-provoking and compelling work that challenges our perception of the practice of modern medicine." -- Kate McClymont AM, award-winning investigative journalist for the Sydney Morning Herald/The Age "Doctors are educated to do good. Yet, as the commercial imperatives of the medical industrial complex tighten their grip, doctors are becoming more and more worried that they are inflicting harm rather than creating benefit. This book is for them and, perhaps even more importantly, for their patients. The road to hell is paved with good intentions: read Hippocrasy and turn back." -- Iona Heath CBE, former President, The Royal College of General Practitioners "This brilliant book offers clear and compelling evidence that we're all at risk from too much medicine. Using the best of science, these two respected doctors blow the whistle on harmful healthcare. Buchbinder and Harris reveal how overdiagnosis, overtreatment and the medicalisation of normal life are major threats to human health. But this brilliant book also brings hope that we can wind back the harm and waste of unnecessary tests and treatments, and focus more on the great benefits medicine has to offer." -- Ray Moynihan, author of *Too Much Medicine?* and *Selling Sickness*, Assistant Professor, Bond University "About half of us in advantaged countries are now patients or "providers", or both, and a third of clinical interventions are futile at best. Seeking health is daunting and we could benefit from a guide. Rachele Buchbinder and Ian Harris have provided such with this volume." -- Nordin M Hadler, author of *The Last Well Person*, *The Citizen Patient* and *Worried Sick*, Emeritus Professor of Medicine and Microbiology/Immunology, University of North Carolina "Throughout medical history, doctors have routinely ignored the fundamental Hippocratic injunction: "First, do no harm". Most of their treatments produced lots of harms, with little or no benefit. This wonderful book punctures the hyped claims of modern medicine, showing that it is not nearly as scientific, safe, effective, and honest as it should be. Reading Hippocrasy is essential for doctors (to help make them become more cautious); but even more essential for patients (to help them become more self-protective)." -- Allen Frances, author of *Saving Normal*, Professor and Chairman Emeritus of the Department of Psychiatry and Behavioral Sciences, Duke University

School of Medicine "A timely book from two leading doctors. They present evidence that despite medicine's lip-service to evidence-based medicine, many unnecessary, wasteful and harmful investigations and treatments abound. Increasingly, the healthy are re-defined as having "predisease" and drawn into questionable investigations and monitoring programmes. The book's core message is that medicine's hubris and a creeping scientism has come to overshadow the doctor's commitment to care for and comfort their patients and, above all, do no harm. It is time to step back from the brink and revisit the founding principles and core values of our profession." -- Trish Greenhalgh OBE, Professor of Primary Care Research, University of Oxford

Hippocrates' Shadow David H. Newman.2009-09-15 A clear-sighted, heartfelt, and humane story of the needless tests and treatments that cripple healthcare...as a guide to good medicine, it may help us get back to the essence of what good doctors do: be with patients in healing. —Samuel Shem, M.D., author of *The House of God* and *The Spirit of the Place* In *Hippocrates' Shadow*, Dr. David H. Newman upends our understanding of the doctor-patient relationship and offers a new paradigm of honesty and communication. He sees a disregard for the healing power of the bond that originated with Hippocrates, and, ultimately, a disconnect between doctors and their oath to do no harm. Exposing the patterns of secrecy and habit in modern medicine's carefully protected subculture, Dr. Newman argues that doctors and patients cling to tradition and yield to demands for pills or tests. Citing fascinating studies that show why antibiotics for sore throats are almost always unnecessary; how cough syrup is rarely more effective than a sugar pill; and why CPR is violent, invasive—and almost always futile, this thought-provoking book cuts to the heart of what really works, and what doesn't, in medicine.

British Medical Journal .1921

Journal of the American Medical Association American Medical Association.1894 Includes proceedings of the Association, papers read at the annual sessions, and list of current medical literature.

Cracking Health Costs Tom Emerick, Al Lewis.2013-06-07 *Cracking Health Costs* reveals the best ways for companies and small businesses to fight back, right now, against rising health care costs. This book proposes multiple, practical steps that you can take to control costs and increase the effectiveness of the health benefit. The book is all about rolling back health care costs to save companies and employees money. Working hand-in-hand with their employees, businesses need to ensure that, whenever feasible, employees with the most expensive diagnoses get optimal treatment at hospitals not practicing "volume-driven" medicine for higher profits. Less than 10% of employees incur 80% of costs. About 20% of patients have been completely misdiagnosed, while many others are simply the victims of surgeons who are either practicing bad medicine or overtreating for profit. For example, some companies, such as Walmart and Lowe's, are turning to the "Centers of Excellence" approach author Tom Emerick helped to pioneer while running benefits for Walmart. By determining which hospitals are adopting the highest standards of care, benefits managers can reduce the number of unnecessary high-cost surgeries and improve employees' overall health. The solution-based approach offered by the book is unique, because it can be implemented by businesses today.

Cassell's Family Magazine .1889

Uncaring Robert Pearl.2024-05-14 With our health care system both dysfunctional and constantly changing, how can doctors actually keep us healthy and safe? The spread of COVID-19 has brought the lives of doctors into sharper focus than ever before. We now see how the daily work of making important, even life-and-death decisions is frequently made harder. Hospitals and medical offices face budget problems, the influence of big pharmaceutical and insurance companies, as well as stress and long hours and massive amounts of bureaucracy and paperwork. And that was before the pandemic. In this important book, Dr. Robert Pearl--the former CEO of Permanente and a Stanford professor--shows how all these stresses have led to a toxic culture in medicine. Doctors resist change, leading to important clerical mistakes. They don't offer equal treatment to nonwhite patients. Their competitive work ethic leads to burnout and bad decisions. All these mistakes can be

and frequently are matters of life and death. As we engage in a public debate about the appropriate role of government, technology, big pharma and insurance companies in our health care, we've paid little attention to what it actually feels like to be a doctor. In our rush to express gratitude for frontline doctors, we are also neglecting their humanity, for better and worse. If we want to improve medical outcomes, for doctors and patients alike, we need to start seeing health care professionals as the real and flawed human beings they actually are. *Uncaring* is a breakthrough book that draws just such a portrait, and offers a prescription for a safer and healthier system.

United States Medical Investigator .1884

The Nocebo Effect Stewart Justman.2016-04-30 The Nocebo Effect documents the transformation of normal problems into medical ones and brings out the risks of this inflationary practice. One notable risk is that people labeled as sick may find themselves living up to their label through the alchemy of the nocebo effect.

Letter from the Birmingham Jail Jr. Martin Luther King.2017-07-02 In Letter from Birmingham Jail, Martin Luther King Jr. explains why blacks can no longer be victims of inequality.

A Little Life Hanya Yanagihara.2016-01-26 NEW YORK TIMES BESTSELLER • A stunning “portrait of the enduring grace of friendship” (NPR) about the families we are born into, and those that we make for ourselves. A masterful depiction of love in the twenty-first century. NATIONAL BOOK AWARD FINALIST • MAN BOOKER PRIZE FINALIST • WINNER OF THE KIRKUS PRIZE *A Little Life* follows four college classmates—broke, adrift, and buoyed only by their friendship and ambition—as they move to New York in search of fame and fortune. While their relationships, which are tinged by addiction, success, and pride, deepen over the decades, the men are held together by their devotion to the brilliant, enigmatic Jude, a man scarred by an unspeakable childhood trauma. A hymn to brotherly bonds and a masterful depiction of love in the twenty-first century, Hanya Yanagihara’s stunning novel is about the families we are born into, and those that we make for ourselves. Look for Hanya Yanagihara’s latest bestselling novel, *To Paradise*.

The Boston Medical and Surgical Journal .1907

THIS IS GOING TO HURT Adam Kay.2020 This is a specially adapted version of Adam Kay's book 'This is Going to Hurt' for Quick Reads. Welcome to the life of a junior doctor. You work 97 hours a week. You make life and death decisions. You are often covered in blood (or worse) from head to toe. And the hospital parking meter earns more money than you do. Adam Kay's diary was written in secret after long days, sleepless nights and missed weekends. It is funny, moving and sometimes shocking. This is everything you wanted to know and more than a few things you didn't - about life on and off the hospital ward.

Don't Let Your Doctor Kill You Erika Schwartz.2017-02-21 Take charge of your health and stop turning over your life to our confusing and intimidating healthcare system—before it’s too late. Dr. Erika Schwartz believes that today’s patient is but a leaf blowing in the wind of group-think protocols, corrupt medical societies, insurance companies on the take, and a billion dollars in marketing and lobbying pressure from drug companies. What is the quick fix? The answers are here in the ten clear chapters, giving examples every step of the way. It’s a simple process that takes you, the patient, from being a victim to being in charge. Developing personal self-confidence, choosing the right doctor for you, walking out on the wrong ones with impunity, and making the right choices will add up to great healthcare with you at the center. Follow the plan and the facts and change your life and those of your loved ones. Life is to be enjoyed not feared. This book will put enjoyment back into your life and remove the fear and intimidation from your healthcare.

Bad Pharma Ben Goldacre.2014-04 Argues that doctors are deliberately misinformed by profit-seeking pharmaceutical companies that casually withhold information about drug efficacy and side effects, explaining the process of pharmaceutical data manipulation and its global consequences. By the best-selling author of *Bad Science*.

An American Sickness Elisabeth Rosenthal.2017-04-11 A New York Times bestseller/Washington Post Notable Book of 2017/NPR Best Books of 2017/Wall Street Journal Best Books of 2017 This book will serve as the definitive guide to the past and future of health care in America.”—Siddhartha

Mukherjee, Pulitzer Prize-winning author of *The Emperor of All Maladies* and *The Gene* At a moment of drastic political upheaval, *An American Sickness* is a shocking investigation into our dysfunctional healthcare system - and offers practical solutions to its myriad problems. In these troubled times, perhaps no institution has unraveled more quickly and more completely than American medicine. In only a few decades, the medical system has been overrun by organizations seeking to exploit for profit the trust that vulnerable and sick Americans place in their healthcare. Our politicians have proven themselves either unwilling or incapable of reining in the increasingly outrageous costs faced by patients, and market-based solutions only seem to funnel larger and larger sums of our money into the hands of corporations. Impossibly high insurance premiums and inexplicably large bills have become facts of life; fatalism has set in. Very quickly Americans have been made to accept paying more for less. How did things get so bad so fast? Breaking down this monolithic business into the individual industries—the hospitals, doctors, insurance companies, and drug manufacturers—that together constitute our healthcare system, Rosenthal exposes the recent evolution of American medicine as never before. How did healthcare, the caring endeavor, become healthcare, the highly profitable industry? Hospital systems, which are managed by business executives, behave like predatory lenders, hounding patients and seizing their homes. Research charities are in bed with big pharmaceutical companies, which surreptitiously profit from the donations made by working people. Patients receive bills in code, from entrepreneurial doctors they never even saw. The system is in tatters, but we can fight back. Dr. Elisabeth Rosenthal doesn't just explain the symptoms, she diagnoses and treats the disease itself. In clear and practical terms, she spells out exactly how to decode medical doublespeak, avoid the pitfalls of the pharmaceuticals racket, and get the care you and your family deserve. She takes you inside the doctor-patient relationship and to hospital C-suites, explaining step-by-step the workings of a system badly lacking transparency. This is about what we can do, as individual patients, both to navigate the maze that is American healthcare and also to demand far-reaching reform. *An American Sickness* is the frontline defense against a healthcare system that no longer has our well-being at heart.

Health Care Reform Jonathan Gruber.2011-12-20 A graphic explanation of the PPACA act-- Provided by publisher.

The War on Doctors Linda M. Girgis, M.d..2015-08-05 Doctors are being bombarded by wars on many fronts. The ability to practice medicine is being taken over by 3rd parties: insurance companies and the government. The way we learned to practice medicine is going extinct and this will harm the patients as well as the profession. The war on doctors is a war on patients as well, and they stand to suffer the most.

The New England Journal of Medicine .1907

When We Do Harm Danielle Ofri, MD.2020-03-23 Medical mistakes are more pervasive than we think. How can we improve outcomes? An acclaimed MD's rich stories and research explore patient safety. Patients enter the medical system with faith that they will receive the best care possible, so when things go wrong, it's a profound and painful breach. Medical science has made enormous strides in decreasing mortality and suffering, but there's no doubt that treatment can also cause harm, a significant portion of which is preventable. In *When We Do Harm*, practicing physician and acclaimed author Danielle Ofri places the issues of medical error and patient safety front and center in our national healthcare conversation. Drawing on current research, professional experience, and extensive interviews with nurses, physicians, administrators, researchers, patients, and families, Dr. Ofri explores the diagnostic, systemic, and cognitive causes of medical error. She advocates for strategic use of concrete safety interventions such as checklists and improvements to the electronic medical record, but focuses on the full-scale cultural and cognitive shifts required to make a meaningful dent in medical error. Woven throughout the book are the powerfully human stories that Dr. Ofri is renowned for. The errors she dissects range from the hardly noticeable missteps to the harrowing medical cataclysms. While our healthcare system is—and always will be—imperfect, Dr. Ofri argues that it is possible to minimize preventable harms, and that this should be the galvanizing issue of current medical discourse.

When We Do Harm Danielle Ofri, MD.2021-09-21 Medical mistakes are more pervasive than we think. How can we improve outcomes? An acclaimed MD's rich stories and research explore patient safety. Patients enter the medical system with faith that they will receive the best care possible, so when things go wrong, it's a profound and painful breach. Medical science has made enormous strides in decreasing mortality and suffering, but there's no doubt that treatment can also cause harm, a significant portion of which is preventable. In *When We Do Harm*, practicing physician and acclaimed author Danielle Ofri places the issues of medical error and patient safety front and center in our national healthcare conversation. Drawing on current research, professional experience, and extensive interviews with nurses, physicians, administrators, researchers, patients, and families, Dr. Ofri explores the diagnostic, systemic, and cognitive causes of medical error. She advocates for strategic use of concrete safety interventions such as checklists and improvements to the electronic medical record, but focuses on the full-scale cultural and cognitive shifts required to make a meaningful dent in medical error. Woven throughout the book are the powerfully human stories that Dr. Ofri is renowned for. The errors she dissects range from the hardly noticeable missteps to the harrowing medical cataclysms. While our healthcare system is—and always will be—imperfect, Dr. Ofri argues that it is possible to minimize preventable harms, and that this should be the galvanizing issue of current medical discourse.

Evidence-Informed Health Policy, Second Edition: Using EBP to Transform Policy in Nursing and Healthcare Jacqueline M. Loversidge, Joyce Zurmehly.2023-06-14 "Evidence-Informed Health Policy serves as a foundation for policymaking using an evidence-informed model with emphasis on the fact that the best policy is based on evidence. The second edition helps transform students into healthcare advocates who can work collaboratively throughout the policymaking process, preparing them to engage at any policy level in shaping the future of nursing." –Keeley Harding, DNP, APRN, CNS, CPNP-AC/PC; and Beverly Hittle, PhD, RN Assistant Professors and Course Faculty Leaders for Combined DNP-PhD Health Policy University of Cincinnati "This book is an essential resource for nurses and healthcare professionals who are engaged or interested in influencing health policy and navigating complex health policy environments." –Jacalyn Buck, PhD, RN, NEA-BC, FAONL Clinical Professor Director, DNP Executive Track The Ohio State University College of Nursing "This new edition is a valuable resource for those nurses wanting to learn more about evidence-informed health policy, development of such policies, as well as the importance of nurse participation in their development." –Jane F. Mahowald, MA, BSN, RN, ANEF Immediate past Executive Director of the Ohio League for Nursing What happens in health policy at local, state, and federal levels directly affects patients, nurses, and nursing practice. Some healthcare professionals, though, are intimidated by the complex and often nonlinear policy process or simply don't know how to take the first step toward implementing policy change. In the second edition of *Evidence-Informed Health Policy*, authors Jacqueline M. Loversidge and Joyce Zurmehly demystify health policymaking and equip nurses and other healthcare professionals with the knowledge, tools, and confidence to navigate the first of many steps into health policy. This book translates the EBP language of clinical decision-making into an evidence-informed health policy (EIHP) model—a foundation for integrating evidence into health policymaking and leveraging dialogue with stakeholders. TABLE OF CONTENTS Chapter 1: Extending the Use of Evidence-Based Practice to Health Policymaking Chapter 2: The Use of Evidence: The Changing Landscape in Health Policymaking Chapter 3: Health Policy and Politics Chapter 4: Government Structures and Functions That Drive Process Chapter 5: Policymaking Processes and Models Chapter 6: An Overview of an Evidence-Informed Health Policy Model for Nursing Chapter 7: The Foundation: Steps 0 Through 3 of the EIHP Process Chapter 8: Policy Production: Steps 4 and 5 of the EIHP Process Chapter 9: Follow-Through: Steps 6 and 7 of the EIHP Process Chapter 10: Health Policy on a Global Scale Chapter 11: Evidence-Informed Health Policymaking: Challenges and Strategies Appendix A: Resources Appendix B: Global Examples of Evidence-Informed Policymaking: An Annotated Bibliography

American Bee Journal .1892 Includes summarized reports of many bee-keeper associations.

Closing the Chart Steven D. Hsi.2004-04-30 Dr. Steven D. Hsi, a family physician and father of two

young sons, was diagnosed in 1995 with a rare coronary disease that caused his death five years later at the age of forty-four. Throughout his ordeals as a patient, including three open-heart surgeries, Dr. Hsi's outlook on the teaching and practice of medicine changed. In 1997 he began a journal intended for publication after his death. Written with the assistance of newspaper columnist Jim Belshaw and completed posthumously by Hsi's widow, Beth Corbin-Hsi, Dr. Hsi's writings urge his colleagues to become healers, to look at their patients as human beings with spiritual as well as physical lives. Every patient should read it, if only to be made aware that they are not alone with their thoughts. Every spouse of a patient should read it. . . . Every medical student and physician should read it to learn that the biology of the disease is really just a small part of the illness.--John Saiki, M.D., Medical Oncology, University of New Mexico Dr. Steven Hsi asks his fellow doctors to be more than physicians. He asks them to be healers. He says that when he thinks of healers, he sees traditional medicine men, people who are integral parts of their communities. They are in touch physically and spiritually with the people they serve.--Tony Hillerman Closing the Chart is built on the personal journals and experiences of Steven D. Hsi, M.D., as he travels on an intense 5-year journey from an assumption of health, professional success, and family stability to his progressive illness and eventual death. . . . Closing the Chart is both an engaging, page-turning read and a story told with so little artifice that you cannot close the cover unchanged.--Kenneth Jacobson, executive director, American Holistic Medical Association, Explore "There are lessons on every page, lessons to make us better caregivers, more discerning patients, and better advocates for family members and friends who are sick. . . . Every reader will take away different lessons from this book based on his or her role, age, and experience. This would be an ideal book for group study by medical and nursing students with some senior physicians, patients, and family members. What a great learning experience for all participants! . . . I exhort you to pick up and read this humble story. Nothing I have encountered in the medical narrative genre has been more worthy of my time." —David J. Elpern, M.D, Psychiatric Services

First, Do No Harm Lisa Belkin.2021-02-16 "Crammed with provocative insights, raw emotion, and heartbreaking dilemmas," (The New York Times) First, Do No Harm is a powerful examination of how life and death decisions are made at a major metropolitan hospital in Houston, as told through the stories of doctors, patients, families, and hospital administrators facing unthinkable choices. What is life worth? And when is a life worth living? Journalist Lisa Belkin examines how these questions are asked and answered over one dramatic summer at Hermann Hospital in Houston, Texas. In an account that is fascinating, revealing, and almost novelistic in its immediacy, Belkin takes us inside a major hospital and introduces us to the people who must make life and death decisions every day. As we walk through the hallways of the hospital we meet a young pediatrician who must decide whether to perform a risky last-ditch surgery on a teenager who has spent most of his fifteen years in a hospital; we watch as new parents battle with doctors over whether to disconnect their fragile, premature twins from the machine that keeps them breathing; we are in the operating room as a poor immigrant, paralyzed from a gunshot in the neck, is asked by doctors whether or not he wishes to stay alive; we witness the worry of a kidney specialist as he decides whether or not to transfer an uninsured baby to the county hospital down the road. We experience critical moments in the lives of these real people as Belkin explores challenging issues and questions involving medical ethics, human suffering, modern technology, legal liability, and financial reality. As medical technology advances, the choices grow more complicated. How far should we go to save a life? Who decides? And who pays?

The Law of Health Care Organization and Finance Barry R. Furrow.2004 A spin-off publication of Health Law: Cases, Materials & Problems, 5th Edition, the text begins with an introduction to fundamental concepts affecting law and policy. The next chapter considers quality control in the health care setting. The following four chapters examine issues central to structuring integrated systems and the organization of health care institutions. It also covers the problem of health care access and cost control issues, with particular attention paid to the ongoing policy debate about the proper role of government and the nation's responsibilities to provide health care for indigent

citizens. Examines legal oversight of private health financing, and looks at Medicare and Medicaid.

If I Betray These Words Wendy Dean, Simon Talbot. 2023-04-04 An incredibly important and captivating book for patients, families, and clinicians detailing how we're all hurt by corporate medicine "Wendy Dean diagnoses the dangerous state of our healthcare system, illustrating the thumbscrews applied to medical professionals by their corporate overlords... Required reading for all stakeholders in healthcare." — Danielle Ofri, MD, PhD, author of *When We Do Harm: A Doctor Confronts Medical Error* Offering examples of how to make medicine better for the healers and those they serve, *If I Betray These Words* profiles clinicians across the country who are tough, resourceful, and resilient, but feel trapped between the patient-first values of their Hippocratic oath and the business imperatives of a broken healthcare system. Doctors face real risks when they stand up for their patients and their oath; they may lose their license, their livelihood, and for some, even their lives. There's a growing sense, referred to as moral injury, that doctors have their hands tied – they know what patients need but can't get it for them because of constraints imposed by healthcare systems run like big businesses. Workforce distress in healthcare—moral injury—was a crisis long before the COVID-19 pandemic, but COVID highlighted the vulnerabilities in our healthcare systems and made it impossible to ignore the distress, with 1 in 5 American healthcare workers leaving the profession since 2020, and up to 47% of U.S. healthcare workers now planning to leave their positions by 2025. *If I Betray These Words* confronts the threat and broken promises of moral injury – what it is; where it comes from; how it manifests; and who's fighting back against it. We need better healthcare—for patients and for the workforce. It's time to act.

Transactions of the Section on Laryngology, Otology and Rhinology of the American Medical Association at the Annual Session American Medical Association. Section on Laryngology, Otology, and Rhinology. 1893

Kill as Few Patients as Possible Oscar London. 1987

The Trouble with Doctors: John Anderson. 2022-01-10 This book arose from the authors knowledge of a small number of doctors who were not behaving in a professional or proper manner. As he read about them, he found he was astonished at the extent of some offenders. Any human being can have flaws in their character, personality disorders or mental illnesses, what if that person is your doctor? This book takes the reader on a journey from the colorful life of Geoffrey Edelsten through Medawar's *The Strange Case of the Spotted Mice*, a fertility specialist who used his own sperm to impregnate over 50 women without their knowledge to the lasting and devastating effects of the MMR vaccine debacle. The author suggests that a test needs to be devised to detect character flaws such as greed before they harm innocent people through fraud and deceit. As much a reference book as it is a celebration of the brave 'whistleblower' and witty commentary on human nature, capturing the imagination, leading the reader to wonder why people make the decisions they do. Anderson himself had a colorful life and a brilliant career, leaving an immeasurable legacy to medicine. His wish was that this book would prompt change, leading to enhanced integrity in the medical and scientific world.

Boston Medical and Surgical Journal .1918

Doctors Dissected Jane Haynes, Martin Scurr. 2015 This is a story book about medicine, body, mind, doctors and caprices of human nature written by an experienced doctor (Martin Scurr), who has seen every untidy vagary of disease, and a psychotherapist (Jane Haynes), who has listened to personal narratives that rival the visceral emotions of *King Lear*. Doctors - who at their most profound are mercurial messengers between life and death, and who at a more comedic level must suffer our jiggling body parts - are also vulnerable men and women struggling to make sense of their existence. They are the only people other than our lovers to whom as adults we grant voluntary access to our naked bodies. The degree of such intimacy is emphasized by the concern of all medical ethics which promises that we will not be taken advantage of should we fall ill and become infantilized. As the Hippocratic oath instructs, First do no harm. In *Doctors Dissected* Haynes and Scurr steal behind cultural issues into the heartlands of doctors who are drawn to a life in medicine, and conduct an autopsy as to the consequences of choosing a profession in which the practitioner is

constantly being faced with lonely decisions that very often are a matter of life and death.

Medical Record George Frederick Shrady, Thomas Lathrop Stedman. 1898

When Doctors Become Patients Robert Klitzman. 2007-11-30 For many doctors, their role as powerful healer precludes thoughts of ever getting sick themselves. When they do, it initiates a profound shift of awareness-- not only in their sense of their selves, which is invariably bound up with the invincible doctor role, but in the way that they view their patients and the doctor-patient relationship. While some books have been written from first-person perspectives on doctors who get sick-- by Oliver Sacks among them-- and TV shows like *House* touch on the topic, never has there been a systematic, integrated look at what the experience is like for doctors who get sick, and what it can teach us about our current health care system and more broadly, the experience of becoming ill. The psychiatrist Robert Klitzman here weaves together gripping first-person accounts of the experience of doctors who fall ill and see the other side of the coin, as a patient. The accounts reveal how dramatic this transformation can be-- a spiritual journey for some, a radical change of identity for others, and for some a new way of looking at the risks and benefits of treatment options. For most however it forever changes the way they treat their own patients. These questions are important not just on a human interest level, but for what they teach us about medicine in America today. While medical technology advances, the health care system itself has become more complex and frustrating, and physician-patient trust is at an all-time low. The experiences offered here are unique resource that point the way to a more humane future.

To Err Is Human Institute of Medicine, Committee on Quality of Health Care in America. 2000-03-01

Experts estimate that as many as 98,000 people die in any given year from medical errors that occur in hospitals. That's more than die from motor vehicle accidents, breast cancer, or AIDS--three causes that receive far more public attention. Indeed, more people die annually from medication errors than from workplace injuries. Add the financial cost to the human tragedy, and medical error easily rises to the top ranks of urgent, widespread public problems. *To Err Is Human* breaks the silence that has surrounded medical errors and their consequence--but not by pointing fingers at caring health care professionals who make honest mistakes. After all, to err is human. Instead, this book sets forth a national agenda--with state and local implications--for reducing medical errors and improving patient safety through the design of a safer health system. This volume reveals the often startling statistics of medical error and the disparity between the incidence of error and public perception of it, given many patients' expectations that the medical profession always performs perfectly. A careful examination is made of how the surrounding forces of legislation, regulation, and market activity influence the quality of care provided by health care organizations and then looks at their handling of medical mistakes. Using a detailed case study, the book reviews the current understanding of why these mistakes happen. A key theme is that legitimate liability concerns discourage reporting of errors--which begs the question, How can we learn from our mistakes? Balancing regulatory versus market-based initiatives and public versus private efforts, the Institute of Medicine presents wide-ranging recommendations for improving patient safety, in the areas of leadership, improved data collection and analysis, and development of effective systems at the level of direct patient care. *To Err Is Human* asserts that the problem is not bad people in health care--it is that good people are working in bad systems that need to be made safer. Comprehensive and straightforward, this book offers a clear prescription for raising the level of patient safety in American health care. It also explains how patients themselves can influence the quality of care that they receive once they check into the hospital. This book will be vitally important to federal, state, and local health policy makers and regulators, health professional licensing officials, hospital administrators, medical educators and students, health caregivers, health journalists, patient advocates--as well as patients themselves. First in a series of publications from the Quality of Health Care in America, a project initiated by the Institute of Medicine

The Truth About Big Medicine Cheryl L. Brown, John T. James. 2014-12-05

Many Americans believe that their healthcare is second to none. Most patients, therefore, fail to appreciate the flaws and dangers present while receiving medical care. In fact, the American health care industry is one

of the great tragedies of this country, which is now being brought to its knees by the medical industry run amuck. *The Truth About Big Medicine: Righting the Wrongs for Better Health Care* divulges secrets of the industry, which keep it focused on its own economic needs to the detriment of public health. The cost of American health care per person far exceeds other developed countries, yet it delivers life expectancies and infant mortalities that are shamefully ranked low among developed nations. Special interest groups and weak legislation created a “tapeworm” that continues to devour the American economy and shorten the lives of hundreds of thousands each year. Using true stories throughout, the authors illustrate that it is time for the public, students, educators, and legislators to clearly recognize medical deception and secrecy and to consider clear solutions on how they can achieve a safer health care system. A rich variety of authors with experience in revealing unsafe medical practices bring recommendations for changing health care delivery by taking an aspect of the health care system, identifying its shortcomings, and proposing ways to reduce harm plus correct the injustices. Included are discussions of imaging, medical devices, pharmaceuticals, hospital practices and procedures, and medical malpractice and negligence, among other topics. No consumer of health care should ignore the dangers; this book helps reveal them and suggests useful remedies. The authors maintain a website at <http://truthaboutbigmedicine.com/>

When Doctors Finally Said No Rob Tenery M.D. 2019-03-06 The physicians’ oath ‘Do no harm’ is attributed to the ancient Greek physician Hippocrates, but it isn’t a part of the Hippocratic Oath. It is actually from another of his works *Of the Epidemics*. Hippocrates’ *Of the Epidemics* says: The physician must be able to tell the antecedents, know the present, and foretell the future — have two special objects in view with regard to disease, namely, to do good or to do no harm. In this work, Hippocrates acts as a prognosticator, raising concerns about not just one malady and one patient, but encompassing the past, present and future of many patients and the maladies they might face. Following this rationale, this book, *When Doctors Finally Said No*, came to be. Although fiction, these true, medically related stories weave together a movement that is building barriers between doctors and their patients by using criteria based on outcomes instead of efforts. The oath, once the bedrock of this still unpredictable science has now become its Achilles heel. Many of those in the federal government, the insurers, the hospital corporations and the bottom-feeders from the legal community feel they can legislate, regulate, administrate and litigate without real concern what harm might come from their actions, because doctors pledged to do no harm. Hippocrates’ pronouncements laid out an additional duty for doctors beside do no harm and that is doing nothing. *When Doctors Finally Said No* is the gripping story of the intrusions into the practice of medicine by the payers, the government, and the large hospital corporations that force physicians into a battle they never anticipated.

How We Do Harm Otis Webb Brawley, MD, Paul Goldberg. 2012-01-31 *How We Do Harm* exposes the underbelly of healthcare today—the overtreatment of the rich, the under treatment of the poor, the financial conflicts of interest that determine the care that physicians' provide, insurance companies that don't demand the best (or even the least expensive) care, and pharmaceutical companies concerned with selling drugs, regardless of whether they improve health or do harm. Dr. Otis Brawley is the chief medical and scientific officer of The American Cancer Society, an oncologist with a dazzling clinical, research, and policy career. *How We Do Harm* pulls back the curtain on how medicine is really practiced in America. Brawley tells of doctors who select treatment based on payment they will receive, rather than on demonstrated scientific results; hospitals and pharmaceutical companies that seek out patients to treat even if they are not actually ill (but as long as their insurance will pay); a public primed to swallow the latest pill, no matter the cost; and rising healthcare costs for unnecessary—and often unproven—treatments that we all pay for. Brawley calls for rational healthcare, healthcare drawn from results-based, scientifically justifiable treatments, and not just the peddling of hot new drugs. Brawley's personal history - from a childhood in the gang-ridden streets of black Detroit, to the green hallways of Grady Memorial Hospital, the largest public hospital in the U.S., to the boardrooms of The American Cancer Society—results in a

passionate view of medicine and the politics of illness in America - and a deep understanding of healthcare today. *How We Do Harm* is his well-reasoned manifesto for change.

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