

# Book Reviews

**Calculated Chaos—Institutional Threats to Peace and Human Survival** by Butler D. Shaffer, 322 pp, softcover, \$24.95, ISBN 1-50526-349-7, Coral Springs, Fla., Llumina Press, 2004.

This book is dedicated “to Dorothy’s dog, Toto, whose natural irreverence and skepticism exposed to the awestruck the human purposes at work behind the screen.”

The book deals with the crippling of the human mind, body, and soul by the warping effects of subservience to institutional goals, inculcated so thoroughly from childhood that the phenomenon serves as a nearly invisible matrix of modern life. Those institutional goals work at cross-purposes to what one’s own goals might be if one had not been so warped.

In the author’s view, that warping causes personal and social conflict. Violence and suffering occur as institutions use human beings for their own ends. The concept of the zombie, “a...power through which a corpse may be brought to a state of trancelike animation and made to obey the commands of the person exercising the power,” may be helpful in thinking about the thesis of this book.

The author states his theme thus: “Institutions are the principal means by which conflict is produced and managed in society.... The success of institutions depends upon the creation of those conditions in which personal and social conflict will flourish.”

I ask myself what things were like at the point just before what we could term an institution existed, and I imagine there was conflict, but maybe the demands of cooperation for survival imposed a damper on it. Institutions do allow organization and division of labor, which make larger scale conflict much easier to carry on. I do not think the disappearance of institutions would abolish conflict, though large-scale conflict would be more difficult to engineer.

“Institution” is defined as “any permanent social organization with purposes of its own,

having formalized and structured machinery for pursuing those purposes, and making and enforcing rules of conduct in order to control those within it.” A noninstitutional form of organization, in contrast, has no disconnect between the organization and the members it comprises. The author emphasizes that it is our own dependencies upon institutions that we must confront, and that our method should be simply to leave the confining traps of institutionalized life. He urges thought and reflection to form an understanding of our lives—an understanding that we have neglected to seek in the manipulated dreariness of lives that are controlled by others.

The author explains the concept of enlarged ego boundaries, a form of identification of ourselves with various institutions. One can easily recognize that this phenomenon commonly occurs, although it seems to me that some people manage to shrink larger institutional boundaries into their own egos, to serve their own ends, as I shrank the American Revolutionary War into my own boundaries as a child, to serve me in my struggles with the adult world.

The state, schools, and churches come in for some lumps as major manipulators of people for their own ends. As I read, I tried to think of examples and counterexamples to match the author’s. The Gypsies, now called Roma, are a well-defined group that lives within its own laws, but has no institutions. Medieval Iceland is said to have had a government, but no state, and that was true of the Irish nation up to a certain point.

There are certainly times and places without the institutionalization that characterizes our lives. There are also cases in which people adhere to an institution that gives them strength and hope, and that seems congruent with their ends. The Roman Catholic Church in Poland and in Ireland seems to me to be such an example. In any case, churches, unlike the state, do not use force. One is free to join or leave, and we are not dependent on them for our livelihoods. In contrast, Islam seems to be

like an institution, identified with many states and having no counterbalance, which consumes huge numbers of individual lives in an apparent struggle to force their specific ideas on unwilling others, and which its adherents may not voluntarily leave.

The book asserts that institutions are *the* cause of conflict. I disagree: they are only one cause, although a major one. Institutions do foment conflicts, and conscript people to fight, really for nothing (World War I, our War Between the States, and most other state-sponsored conflicts are examples), but even without institutions, I do not think conflict would die out. Envy and causeless hatred do characterize the human race, just as cooperation and harmony do. Human beings may indeed be capable of emotional and moral evolution, but we have a long way to go.

Institutions do allow for organization of conflicts on a grand scale, and do entrain enlarged ego boundaries of human beings in conflicts that fundamentally have nothing to do with the thoughts and wishes of those individual human beings, who may be the best of friends once the armistice is signed. Institutions, however, are not necessary for conflict to flare. Interestingly enough, the American Revolutionary War represents a case in which many people rejected identification with a dominant institution, fought that institution, and won, without identifying with an institution, only with a set of ideas.

This book ambitiously grapples with questions of human need and awareness, the sanctity of each individual life, and the nature of the institutional constraints that hamper and warp us. The book gives us a picture of a very humane mind ransacking all the world’s knowledge and insights for clues to ways we can liberate ourselves. One step toward that liberation consists in identifying and analyzing an enemy: the institutions by which so many have been zombified, and in which so many have their beings cut off from human spontaneity and growth. Christ’s philosophy, whether one is an adherent of a

Christian church or not, certainly serves as an antidote against zombification by life-destroying institutions.

This is a thought-provoking book. You may take exception to a few of the byways the author explores, for example, speculation about whether the universe may be holographic, or with his hostility toward some institution you yourself would exonerate, but any optimist intent upon liberty will recognize in the author a kindred spirit.

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**Who Killed Health Care?** by Regina Herzlinger, 240pp, hardback, \$24.95, ISBN 0071487808, McGraw Hill, 2007.

About two-thirds of this book by Harvard Business School Professor Regina Herzlinger analyzes what's wrong with American medicine and how the degradation came about. The rest is about "consumer-driven health care."

The diagnosis is already well known to AAPS members. We not only know what's wrong, but many of us bear the burden of its drudgery day in and day out.

While we agree with Herzlinger's analysis of the problem, her prescription is problematic. It is not truly a free-market system, although it is built on health savings accounts (HSAs). The book praises the Massachusetts Connector—which I would call the equivalent or near equivalent of a single-payer system. Herzlinger admits that the Connector is based on Switzerland's "consumer-driven" system, which mandates that everyone buy a state-approved health plan. This is a vivid and glaring example not of the American tenet of rule *of* law, but of rule *by* law.

The Connector plan, in order to force everyone to get in line, imposes an increasing monetary penalty on those who have not purchased a state-approved plan. For a couple in their 50s, a Connector plan costs nearly \$9,000 per year, with no drug coverage and with a \$2,000 deductible per person before any insurance coverage.

Even ardent single-payer advocates Steffie Woolhandler and David Himmelstein say that the Connector will fail because it promises too much and delivers too little.<sup>1</sup> Whether they are being purposely ignorant or are simply out of touch, they

don't seem to recognize that the same can be said of government medicine.

Most importantly, the book is grossly deficient in overlooking the problem with health plans' requiring every medical encounter to generate a billable claim, even if the service is paid for from an HSA. Each must be assigned a code for reimbursement or for accounting purposes, as in determining when the deductible has been met. Thus, what the book professes to constitute a free-market or consumer-driven plan still involves a third party, which assigns a monetary value to every code in the AMA/CMS Current Procedural Terminology (CPT<sup>®</sup>) coding manual and has the power to deny coverage or to decide that the payment does not apply toward meeting the deductible.

Wherever third-party medicine exists, it has the potential to serve as the breeding ground for the Stalinist tools of sham peer review, revocation of hospital privileges or medical license, mandatory mental health examinations, and cancellation of government and insurance contracts with those who fail to serve the third party's interests. A third party that is backed by governmental power could potentially forbid treatment, or use coercive means to administer certain treatments, for example, psychiatric drugs.

To believe that the Connector will be transparent in its operations requires blindness to all previous experience with regulatory agencies. The political elite and the self-anointed illuminati apparently believe that they have a birthright to inflict upon us their vision of health care, which often happens to serve their own interests and desires. The Connector is not intelligent design, but instead a mutation of third-party hamster-wheel health care, which involves micromanagement, minutia, and mumbo-jumbo.

What is needed is a Declaration of Independence based on direct payment only—whether at the time of service or in periodic retainer or membership fees. Regrettably, the book contains only three small paragraphs about "concierge" practices, and it cautions that these practices may come under state insurance regulations.

On a broader scale, the Connector plan is a step in the direction of importing a European Union-style health care system. Herzlinger seems to confuse free enterprise

with state capitalism or a centrally planned and micromanaged welfare state.

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<sup>1</sup> Woolhandler S, Himmelstein D. Health reform failure. *Boston Globe*, Sep 17, 2007. Available at: [www.boston.com/news/globe/editorial\\_opinion/oped/articles/2007/09/17/health\\_reform\\_failure/](http://www.boston.com/news/globe/editorial_opinion/oped/articles/2007/09/17/health_reform_failure/). Accessed Nov 6, 2007.

**How Doctors Think**, by Jerome Groopman, M.D., 320 pp, hardcover, \$26, ISBN-10: 0618610030 ISBN-13: 978-0618610037, Boston, Mass., Houghton Mifflin, 2007.

Three currently common phrases ought to set off alarm bells in the minds of physicians: "data driven," "standard of care," and "evidence-based."

Medical orthodoxy has for more than a century distanced itself from quackery by reference to its evidence, logic, and obeisance to professional standards, yet our actual performance has partaken of a good deal more than these, as well as sometimes less. How do physicians meld the welter of particulars in each patient's situation into an actionable diagnosis?

The answer Dr. Jerome Groopman offers is that it is a very complex process with many pitfalls. He has the temerity to try to explain our variable processes, including our failures, not only to physicians, but to nonphysicians as well. He largely succeeds.

A complex process has required a variegated book. He references Bayesian reasoning, then points out that requisite knowledge of the probabilities is often lacking. Quoting James Lock, chief of cardiology at Boston Children's Hospital, the author points up the centrality of epistemology: "What we know is based on only a modest level of understanding. If you carry that truth around with you, you are instantaneously ready to challenge what you think you know the minute you see anything that suggests it might not be right."

Dr. Groopman further cites Dr. Lock: "Much of what we do in pediatric cardiology, we make up.... That is because children often have such unique problems with their hearts that there is little precedent.... The big problem is that most people assume that once it's made up, it's actually real. Especially the people who

make it up themselves.” Yet, “Not everyone in medicine can be constantly making calculations about the value of information.”

Dr. Groopman points out one of the errors of heuristic problem-solving—that some of the decision-making rules emanate merely from group votes or other groupthink rather than from actual evidence. Randomized, controlled trials may provide the most reliable evidence, but they are often lacking at key points, contradictory, or have selected out patients who have co-morbidities and who don’t adhere well to a treatment plan. In such common situations medicine is more art than science.

Dr. Groopman warns against “attribution error,” or glibly ascribing clinical findings to the wrong explanation. He also cautions against stereotyping patients based upon appearance, demeanor, or other gestalts, when the stereotype limits a differential diagnosis. He is frank about the constraints of time and third parties, though he cannot provide any definitive solution for these. They become one more of the complexities malignly hovering over the encounter with a patient.

Most of his points are illustrated by a case, and usually one in which a medical error was made. Unfortunately, a number of these examples selected are of extremely rare occurrences, constituting a kind of decision-making in which numerators of error float over unknown denominators of correctness. He seems to fault the decision of a pediatrician and emergency physician to suspend a diagnostic search short of a bone biopsy, when that painful procedure ultimately led to the correct diagnosis. We do not read of bone biopsies that found nothing. Unless one knows how much harm would ensue from a large number of negative bone biopsies in very rare situations, one is not helped in knowing when to do the procedure by hearing of one success. Yet, the problem of levitating numerators is part of the conundrum of medical decision-making, and the author’s failure to produce precise evidence or standards purposefully illustrates that our job is not solved by surrender to the swarm of algorithms and “best practices” that now beset us.

A recurring and beneficial theme in the book is to look at our errors after they occur so that we may better consider future potential errors before they occur. We should think about how we were thinking

(and feeling) when we went the wrong direction in diagnosis or treatment. We are all too good at making excuses for ourselves. More than 20 years of working with residents in primary care has revealed to me that when confronted with a diagnostic problem they tend to toss aside findings that don’t fit, or to start ordering more tests. Backing up to “square one” and reformulating, once known as thinking, is a distant third. It may be a failing peculiar to primary care, but I doubt it.

A neglected ally is our patient. The author poignantly describes his own encounters with our medical system as a patient himself, with a chronic and somewhat disabling condition. He reviews the conflict between therapeutic activism, which he calls “commission bias,” and a wait-and-see or more *laissez-faire* decision. We should be very frank with our patients about our uncertainties, and modest about expected treatment benefits. I found it sad that the author could not recall a single instance in his entire medical training track in which an attending physician taught him to think about social context. Clearly, Dr. Groopman overcame this gap in his training.

Despite coding systems for diagnosis and treatment, along with “quality indicators” that powerfully discourage including of “soft” data such as social context, primary-care doctors in family medicine are drilled in inclusion of social context. It is a constant amazement that physicians can pontificate about alleged violations of a “standard of care,” when the only information they possess is about the disease. Setting a “standard” without any knowledge of the patient as a person with a wallet, attitudes, odd beliefs, priorities, and an educational level, who must rely on public transit and lives in a household with an alcoholic, etc., is effectively to erase the patient from consideration. It is little wonder that some patients feel as though we have called in artillery fire on their own position.

Dr. Groopman’s explanation of the difference between absolute risk reduction and relative risk reduction is stated as simply as possible. We underestimate what patients can process if they are dealt with patiently and given time to digest. Even those patients who cannot manage this kind of reasoning often seem to appreciate a too robust assessment of their intellectual capacity.

In an epilogue on patients’ questions, he adjures seeking the reason the patient really

came to the doctor, rather than just making diagnosis. We can have an accurate diagnosis and still fail to answer the patient’s underlying concern—giving excellent answers to the wrong question. Ian MacWhinney, a Canadian family doctor, devised a taxonomy of why patients consult doctors in which there is no reduction to biomedical answers. Dr. Groopman is thoroughly on top of that concept.

The book is not too long, though given the complexity of the medical decision process it could have been encyclopedic. It is graced with thoughtful end-notes and an index. It is highly recommended for anyone wishing to improve his medical thinking. While it contains data, it is not “data driven.” Professional standards are considered, but the operating “standard of care” is settled in each patient encounter. Finally, the evidence upon which our decisions are based never speaks for itself. It always requires a translator, which is the work of a physician.

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**Crisis of Abundance: Rethinking How We Pay for Health Care**, by Arnold Kling, 120 pp, hardcover, \$16.95, ISBN-10: 1930865899, ISBN-13: 978-1930865891, Washington, D.C., Cato Institute, 2006.

While I enjoyed the book’s explanation of how various economic factors play out in American medicine, the author periodically goes off on tangents completely at odds with his main message. Kling presents his thesis like a Beethoven symphony. Yet from time to time, without warning, a sour note screeches into your consciousness.

Chapter one is a flawless opening movement with a discussion of the rise in technology over the last 30 years. Kling discusses why it routinely fails to yield benefits commensurate with the costs, and why the cost-benefit analysis will only worsen in the future.

In chapter two the performance continues with an analysis of three theories about what is ailing medical financing in America. The wrong note I hear is so subtle that it may have been my imagination. He fails to mention our personal behaviors as a factor in increased costs.

In chapter three the music continues with a sorely needed skill in America: the

ability to weigh the costs and benefits of medical care. We have to evaluate the use of marginally beneficial therapies, but as a patient decision, not a third-party decision. Our first disharmony occurs on page 42, where he states: "If the goal is to save as many lives as possible with the resources we have, then this type of analysis is indispensable." The wonderful music of markets and empowering people to make good decisions is interrupted with a bit of socialism. The slight is small, probably unintended, but we must always be on guard against talk of resource distribution. This can be deadly to the individual patient.

In chapter four, the summary paragraph concerning access, insulation from costs, and affordability of health care makes me want to cry, "Bravo!" But then he states, on page 46: "The health care system must not absorb an inordinate amount of resources. Health care spending should not crowd out more valuable public- or private-sector needs." This is counter to his market-oriented views in most of the book. Only the individual can decide on the correct allocation of income among a variety of commodities or services. If one is responsible, one cannot spend an inordinate amount of money on anything, as one will spend according to the balance of needs and values at any given moment.

In chapter five Kling regains maestro status with a discussion of insulation versus insurance and the introduction of some sample true insurance products. I would tend to agree with his assessment that the very poor will require some sort of assistance; however, I would not entirely rule out charity care to cover this need.

In chapter six he notes the difficulty of defining the very poor. This chapter is a masterful presentation of how to improve financing of medical services. Despite the constraint on freedom, it is hard to argue against mandatory health savings accounts to protect responsible individuals in the future, provided they are under personal, not government control. This would avoid a second Social Security nightmare.

Chapter seven, about markets and evolution, is phenomenal. This type of music brings goosebumps and tears of joy to the libertarian. Yet just when his prose seems about to reach the peak of perfection, page 83 brings a screech on the blackboard: "To the extent that we want to foster adaptability to rapid technological change,

it makes sense to maintain a large role for the private sector, with government limited to supporting basic research."

At this point Kling appears to completely ignore everything he has written in the previous seven pages. He has argued like a virtuoso how government interferes with progress and stifles creativity, and then he wants to give NIH bureaucrats control over research.

I hope he means only a minority role in research for government. We all know that government-supported research requires researchers to pay homage to the prevailing propaganda, as espoused by whatever NIH committee is handing out the funds. Good ideas, if counter to prevailing paradigms, are rarely given consideration. Simply read government-supported lipid research, if you would like this point driven home.

When we finally arrive at the last chapter, Policy Ideas, our Beethoven has left the building and the butler is writing the last notes. The concept of a Medical Guidelines Commission demonstrates that Kling has not considered a world where physicians do not accept payments from insurance companies or the government. He demonstrates that he does not fully understand that only patients can value physicians. He admits that measuring quality is difficult, but then moves on to compensation systems based on "best practices"—as if best quality could be measured accurately!

Groupthink is all too prevalent in America, so rewarding a physician based on following groupthink policies makes little sense. Physicians would welcome expert evaluations on the costs, benefits, and timing of various testing or therapies, but ultimately, it must be the patient and the physician who decide which course of action to take. Commissions, both government and private, too often make decisions based on personal gain or politics rather than pure scientific analysis. The money involved when the commission has the power to make or destroy a medical device or medication will inevitably guarantee politics trumps science. The only way to worsen the situation would be to fund the commission with a tax increase—which the author suggests on page 90.

Beethoven returns for a section on removing distortions in private health insurance, but the butler takes over again for "single point of accountability." Kling

ignores the obvious answer. The patient is the single point of accountability. If patients need help with organizing complex records and health histories, they will seek help from physicians or others. In a free market, professional recordkeeping assistants would drive the market for medical information systems.

The concluding paragraph on licensing restrictions will not make physicians happy, but it is completely correct economically.

In summary, Kling wishes to raise the level of understanding of the realities, issues, and tradeoffs in health-care financing. I believe he has accomplished this, and I definitely have learned much from reading his book. On the whole, it is a wonderful symphony, though marred by a few surprising bad notes.

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**Myths, Lies, and Downright Stupidity**, by John Stossel, 296 pp, \$24.95, ISBN: 1-4013-0254-8, New York, N.Y., Hyperion, 2006.

When it comes to conventional wisdom, many facts that people "know" are little more than myths, writes John Stossel, consumer reporter, author, and co-anchor for ABC News's *20/20*.

In 12 chapters he discusses topics such as the media, sexism, business, consumer cons, experts for everything, the power of belief, and the perils of parenting. Here is John Stossel:

- On our failed economic policies:

Price controls don't work. They create shortages and cause all kinds of harm, from starvation in Communist countries to long gas lines in the United States.

The competition of the free market protects business better than any battalion of bureaucrats and parasitic lawyers out to police it.

Everyone—whether poor or rich—benefits when politicians *don't* "protect" us with wage and price controls.

Less than 3 percent of all workers earn the minimum wage. The average American wage has jumped 6 percent over the last 10 years. But wages go up because of competition for workers, not government legislation. The minimum wage causes more harm than good and hurts the poorest workers most.

Outsourcing is good for America. It saves us money and creates American jobs. Companies that send jobs overseas hire twice as many workers at home.

Oddly, workers hate their employers, who pay them, but love the government, which takes 40 percent of their money and squanders it.

Many people hate the very mechanism that makes their lives better: capitalism.

- On our monster government:

Government has grown from “the founders’ genius vision to a monster that sustains itself with constantly increasing taxes, endless meddling, and ever-greater intrusion into what was once private life.” As one congressman noted, Congress can’t stop wasting money on anything.

With its War on Drugs, government arrests more than 1.5 million Americans per year on drug charges; eight out of 10 are just for possession of marijuana. More are arrested for such victimless crimes than for rape, robbery, murder, and aggravated assault combined. More than 90 million Americans have used marijuana. As Bill Clinton once said, “It is not a big deal.”

Public education is a government monopoly, and government monopolies routinely fail their customers. The U.S. Department of Education admits that a quarter of American high school seniors can’t read at a basic level. The decision to have public schools run by a government monopoly is stupid, but, as Stossel points out, having them run by a union-dominated government monopoly is even stupider. It’s like being in a Communist country, because there’s no freedom of choice.

The government’s agriculture subsidies are a disaster. The government pays hundreds of millions of dollars to sheep and goat ranchers. More than \$491,000 in farm subsidies has been paid to Ted Turner and more than \$524,000 to David Rockefeller. Hundreds of subsidized “farmers” live in New York City. Around 1900, America had six million farms and the Agriculture Department employed 3,000 people. Today with only 2 million farms it employs 100,000 people. At this rate, Stossel predicts, we will soon have more bureaucrats than farmers.

- On our failed legal system:

Lawsuits don’t help the little guy. For every one helped, hundreds are hurt.

Malpractice lawsuits don’t protect patients. Because 76 percent of American obstetricians have been sued, Caesarian

sections, which carry a three-to-five-fold increased risk of death, have more than quadrupled.

Class-action lawyers, instead of bringing justice to consumers, get rich at consumers’ expense.

“Public service” lawsuits are often shakedown.

Product lawsuits deprive us of safer products. Vaccine shortages occur because of them. Bendectin cured morning sickness for more than 33 million pregnant women for more than 27 years. But, after spending hundreds of millions of dollars on lawsuits, Merrell Dow quit selling it. Now morning sickness is a major contributor to dehydration during pregnancy.

- On our sick culture:

“Therapeutic touch” is very similar to voodoo, yet it is being practiced by more than 100,000 “practitioners” and is thriving in mainstream American hospitals. These practitioners supposedly channel the “healing energy of the universe” to the patient.

More than 6,000 Americans die every year waiting for an organ transplant. But selling body parts is “immoral” and illegal. Every association of medical ethics has condemned the practice, and nearly all countries have outlawed it. Stossel believes there’s nothing immoral about saving lives, and that sick people shouldn’t have to die because some people despise free markets.

Millions of Americans believe in astrology.

Maybe that’s why they love their government. But as Thomas Paine noted in *The Rights of Man*, society performs for itself almost everything that is ascribed to government. America really is run not by politicians but by “millions of free people, entertaining themselves, building spectacular buildings, distributing thousands of wonderful, new inventions.”

Read *Myths, Lies, and Downright Stupidity*. It’s a great reality check.

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**Unprotected**, by Anonymous, M.D. [Miriam Grossman, M.D.], 200 pp, hardback, \$23.95, ISBN 1-59523-025-4, New York, N.Y., Sentinel, 2006.

The very concept of protection implies danger. There’s no need for body armor if you don’t expect to be in the line of fire. And

those who counsel using “protection” when indulging in sexual “experimentation” know full well that it is fraught with hazards.

In martial arts or combat pistol shooting classes, the first and best piece of advice is to be alert to danger and avoid situations in which you might have to try your skills. Kevlar only protects the part of your body that it covers.

But when it comes to sex, young people are urged to be bold and unafraid—to shed inhibitions, modesty, and conventions, and to seek new experiences. Just about everything goes, as long as it is consensual. “Comprehensive” sex education assures that youngsters are aware of all the perverse possibilities. Just as long as they use hormonal contraceptives and condoms, it’s all safe—or at least safer.

Sex, after all, is so natural—at least as natural as aggression. But unlike our aggressive instincts, the sexual instinct is to be enhanced, inflamed, and maximally expressed—all for the sake of mental health, happiness, and self-fulfillment.

Immersed as they are in a sex-saturated atmosphere on our college campuses, we should expect our liberally educated young adults to be mature, contented, vibrant, and free of neurosis—if the gurus of the Sexual Revolution are correct in their theories. Their self-esteem should be high, as well as their accomplishments. Women in particular should be much closer to reaching their full potential.

Why, then, is the campus psychiatrist’s office jammed with distressed students, “seeking relief from crying jags, sleepless nights, relentless worrying, and thoughts of death”? Why are disorders such as eating disorders, depression, and substance abuse rampant? Psychiatric consultation hours have doubled, and more than 36 percent of campus centers report one or more suicides.

The author of this book thinks she understands the diagnosis. But campus mental health professionals hesitate even to raise the pertinent questions among themselves, much less to sign their names to an article or book. She writes:

You probably didn’t know what some insider psychologists are now revealing: that “psychology, psychiatry, and social work has been captured by an ultraliberal agenda” and that there are “special interest mafias” in our national organizations.... A past president of the APA...wrote: “I lived through the

McCarthy era and the Hollywood witchhunts and, as abominable as these were, there was not the insidious sense of intellectual intimidation that currently exists under political correctness.”

While physicians can and must warn their patients about tanning beds, smoking, insufficient exercise, and unhealthy snacks, the campus psychiatrist is not supposed to warn patients about the dangers of “hook-ups.” She’s just supposed to say, “Make sure you’re protected.”

Mental health professionals are supposed to be open and accepting of those with alternative lifestyles, including “trans folk,” but students with strong religious faith often have to go off campus to find physicians who are comfortable with them. Asking about sexual orientation is required; religion is largely considered irrelevant.

Therapists are no longer even supposed to *think* about men and women as being members of “the opposite sex.” But one of the most powerful lessons the author learned from the patients whose stories she tells is that men and women really are different. For example, they don’t have the same emotional response to transient relationships. One factor is oxytocin, the author suggests. In women, sexual activity causes release of the “bonding hormone.” But don’t look for information on “increased vulnerability to romantic attachment” on [goaskalice.com](http://goaskalice.com), a popular website recommended by Columbia University’s Health Education Program, Planned Parenthood, and many others. It has helpful advice on phone sex, sadomasochism, or drinking urine—but nothing about how being used and disposed of drives many women to Prozac.

Concerning two formerly upbeat high achievers, who consulted her for moodiness, low self-esteem, and bulimia, the author says: “Ask Heather and Olivia, two girls woefully unprotected: there is no condom for the heart.”

Condoms offer only partial protection to the body as well. Stacey had “only” three partners in a year, and they always used condoms. But she got infected with human papillomavirus (HPV) anyway. Stacey was intensely concerned about her health. Her life “was about self-restraint, self-control, and self-sacrifice in the name of a healthy body,” the author writes. “Except when it came to her sexuality.”

In one study of student health services, 43 percent of coeds having their yearly Pap smear get the same news as Stacey, the author writes. The health service has reassuring messages. The author summarizes:

[S]ure, you’re upset—you could get warts or cancer. But look at it this way: almost everyone’s in the same boat. Unless you were thinking of lifelong abstinence, you were bound to get this bug at some point. So chill out, and welcome to the club.

HPV vaccine may eliminate some of the concern about this particular sexually transmitted disease. But why accept risk *reduction* for STDs, as opposed to the risk *elimination* insisted on for other diseases?

Risk elimination is after all possible, if a woman saves sex for marriage—and marries someone who also waited. But professionals are loath to challenge the campus dogma holding that “latex protects, behaviors are entrenched, disease is unavoidable.”

The author discusses two stories pertaining to human immunodeficiency virus. Brian, who frequently engages in high-risk homosexual behavior, declines to be tested because he can’t “emotionally handle” bad news—and doesn’t want to cramp his lifestyle. Sophie is paralyzed with fear because of scary campus messages about the risk of HIV. Her husband was unfaithful to her, and though her actual risk is probably one in 500 million, she is completely unable to function. Why the “anyone can get it” scare message? “Because it serves a purpose: it supports the preposterous notion that male and female are the same, and their unions equivalent.”

Physicians are urged to make an early diagnosis of post-traumatic stress disorder (PTSD), even in persons traumatized by watching the devastation of Hurricane Katrina—on television. But generally left to suffer alone are patients coping with the emotional aftermath of abortion. “Neglected by mainstream mental health, they have nowhere to turn but a Web site.” The author notes that [afterabortion.com](http://afterabortion.com) has almost 90,000 threads, more than 600,000 posts, and receives about 1,000 new postings a day. In the chapter on “Kelly’s Summer Vacation,” the author also discusses a subject that is hardly ever mentioned: the *man’s* reaction to abortion.

What is probably the most serious danger in the Sexual Revolution is discus-

sed in “Delia’s Dream” and “Amanda’s Thirty-ninth Birthday.” “Reproductive health” is all about preventing pregnancy. Woman’s “choice” is about not having a baby. But most women, after all, do not really want to remain childless all their lives. What the sex educators leave out altogether is the discussion of how a young woman’s decisions affect her eventual prospects of becoming a mother.

Delia’s was one of 3 million cases each year of *Chlamydia*. Hers was diagnosed and treated—perhaps soon enough. Most women, the author states, find out about a past infection when they discover that they cannot conceive. Why aren’t women told, she asks, about the risks of infertility? Risk factors for *Chlamydia* include the size of the transformation zone in the cervix, which is larger in teenagers, and possibly increased by use of oral contraceptives.

Amanda may simply have waited too long to fulfill her lifelong dream of being a wife and mother. The window of opportunity closes at some point—and as the author explains, treatments for infertility are expensive, onerous, and often unsuccessful. In all her frequent visits to the campus health center, no one probably ever advised Amanda about the easiest and healthiest time to conceive.

The author does not touch on medical risks of abortion such as ectopic pregnancy, infertility, increased risk of breast cancer, or increased incidence of later premature births. Nor does she cover most of the risks of hormonal contraceptives—or ask about the long-term effects of being on powerful hormones starting as a teenager. But she does an excellent job on the medical topics that she does cover, as well as on the psychiatric topics.

Physicians should not only read this book, but buy it by the box. Leave copies in the reception room, along with some brown paper bags. Consider having a contributions box if you want to encourage people to take the book even if they have scruples about stealing it.

As the book shows, the hazards to be evaded on a college campus include most of the “helping” professionals. Let us hope that Anonymous, M.D., is still there for her patients.

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