

Book Reviews

Worried Sick: a Prescription for Health in an Overtreated America, by Nortin Hadler, M.D., 392 pp, hardback, \$28, ISBN-13: 978-0-8078-3187-8, Chapel Hill, N.C., University of North Carolina, 2008.

With this book Dr. Nortin Hadler extends his strong arguments against medical practices that have grown far beyond reasonable scientific underpinning. His earlier book, *The Last Well Person*, overlaps somewhat with this volume.

Enticed by money and power, mainstream medicine in the United States is engaging in an expensive, dangerous, fruitless application of unproven remedies, Hadler writes. He is not trimming off some fringe practices. His chief weapon is an exposé of the trivial reductions in the absolute in risk of disease, and its inverse, the outrageously high “number needed to treat.” Percutaneous coronary artery angioplasty lacks any sound overall benefit and is not rescued from futility by drug-eluting stents. Coronary artery bypass grafting benefits only a very few. Screening colonoscopy is successful at finding the \$1,000 in the cecum, but at nothing else that matters to the patient. Screening mammography holds only net trouble for women. Prevention of bone fractures through screening and medication is bootless. There are bullet holes enough here for everyone in medicine.

The profession is too enthralled by mechanisms, models, and money; we have disdained, doctored, and discarded outcome studies. We manufacture excuses for failure to see the beneficial outcomes our models predict. If our model says one thing and the outcomes the opposite, we cling to our models. We torture data until we find something of statistical significance, and then imagine that there is a practical benefit. We are the tools of the pharmaceutical and medical device industries, whose influences are woven into many of the studies we use to justify our actions.

As one who was introduced to Hadler’s more rigorous scientific clinical reasoning by Sackett, Haynes, and Tugwell’s 1985 book, *Clinical Epidemiology*, there was nothing new for me in the tools Dr. Hadler uses to dissect and destroy so many of

America’s darling medical procedures. What is different is his take-no-prisoners warfare based on hard-nosed scientific logic. He made me reexamine my affection for this rigorous methodology.

Do I want to go where he leads? No, not all the way. While the author’s rigor and consistency are commendable, he starts his critique downstream from some epistemological assumptions that predetermine the outcome.

A fan of Karl Popper, he is quite aware of these assumptions and comfortable with them. His world is relentlessly material. It is all phenomena and no noumena, a kind of scientism. He does not accept a mind-body dualism and would exile such considerations from the medical clinic. He avers, “the ‘mind’ is no longer an abstraction.” He believes that such maneuvers as positron emission tomography (PET scanning) and neurochemistry can fully absorb the nonmaterial aspects of existence. It is this relentless materialism that gives pause. One can believe that love, mercy, and other nonmaterial considerations are best reduced to physical phenomena in the medical context. Or, one may choose not to do so. The scientific method does not yield the scientific method. It is a social construction. A different set of assumptions upstream yields a very different picture.

Indeed, it is psychosocial and sociocultural theory into which he would consign all forms of our patients’ failure to cope with the vicissitudes of life—the things that are inappropriately crowding into the medical model and fouling up its functionality. In a single sentence he admits that these social theories have themselves failed the very kind of rigorous testing he would demand of medicine. Undaunted by this lack of data, he proceeds to thump the sociocultural relationships hard, and quite convincingly. His vantage point is a good one, given his familiarity with regional musculoskeletal pain disorders. He sees a potential for better outcomes, at least judged by costs, if sociocultural interventions were substituted for back surgery, implanted medical devices, and the endless array of nonsteroidal drugs. Workmen’s Compensation attorneys will particularly hate this book.

As I read this book I was reminded of another book by (now) U.S. Supreme Court Justice Stephen Breyer, *Breaking the Vicious Circle: Toward Effective Risk Regulation*. Breyer details many environmental and occupational risks and the outrageous expense of reducing them through regulations. It is excellently put, but utterly spoiled as he moves toward his solution—expert civil servants who rotate between government service and supposedly politically insulated positions in agencies like the Occupational Safety and Health Administration (OSHA).

Dr. Hadler wants to fix the medical ailment he outlines by having someone dictate what can and cannot be sold into the medical device, insurance, and pharmaceutical markets. He wants insurance to pay only for interventions that have a number needed to treat between 5 and 20. He wants a 12 percent tax on workers to be divided into two parts, one for treatments with a demonstrated outcome in the 5-to-20 range, and the balance to be expended in sociocultural services such as child care, learning English, and skills training. At the very least, he doesn’t want to have to pay for futile screenings and treatments demanded by others. He wants the FDA to take a much stronger role.

In his prescription he thus fails even to approach the depth of the systemic problem with American medicine. Our overly expensive and underperforming enterprise will not be mended by more central controls, but by deleting those controls as the very cause of the problem.

Medicine industrialized in order to handle the enormous malinvestment caused by perverse incentives in place for decades. Since 1943, medical insurance has been stupidly connected with one’s employer. We need to remove that. Let patients shop around. States have burdened medical insurance policies with dozens of expensive mandates. Medical payments are tax-favored.

The insertion of powerful “third parties” into medical decision-making has insulated patients from the painful but necessary decisions of cost vs. benefit. It all seems mostly free, so why not get that [worthless] DEXA scan? Private corporations have

seized control of vast sums of money through their control of medical education, which has stretched out in duration and hence cost. The cost of “continuing medical education” has been passed through to patients despite little evidence that it brings about better quality care.

Medicare and Medicaid have promoted the notion that medical care is a positive right. We need fewer of these central mandates and incentives. Free-market medicine has not failed. It was wounded on the battlefield and left there bleeding to death. Scarcely anyone in medicine can recall it today.

I could not find reference to Thomas S. Szasz, a New York psychiatrist, in Hadler’s bibliography. In a series of books, Dr. Szasz pointed out the nefarious uses of psychiatry in totalitarian hands. Hadler could take a lesson from Szasz. Putting someone into a prison for political reasons and calling it psychiatry is not all that different from putting a population into a mandatory politically controlled medical system and calling it the best treatment. While objective data are core to a profession that claims to be scientific, to make them the only determinant is a sociocultural belief. The care of human beings is not reducible to objectivity alone. At its base medicine is a subjective enterprise that uses objective information.

Hadler is a graduate of the Harvard School of Medicine and a professor of medicine and microbiology and immunology at the University of North Carolina. He has served as an attending rheumatologist at Chapel Hill. He has extensive experience in disability and compensation schemes in back and arm pain. He holds board certification in four specialties and has lectured worldwide.

The book is written for intelligent laymen and medical professionals. There are 227 pages of primary text followed by 83 pages of supplementary readings that take the place of footnotes. Organized to go with each chapter, the supplement contains adequate information to locate his key references. There is also a 43-page bibliography. There are a few pertinent tables, but nothing overwhelming.

This is recommended reading even if you are determined in advance to despise it. You will be better off having wrestled with his arguments and, except for the economic and political positions, probably will not find them easy to refute.

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Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill, by Robert Whitaker, 334 pp, hardcover, \$27, ISBN 0-7382-0385-8, Cambridge, Mass., Perseus Publishing, 2002.

Robert Whitaker’s superb 2002 volume asks a fundamental question: does current psychiatric treatment help its patients? After proving that it doesn’t, he demonstrates its considerable and increasing harm. These revelations make this volume perhaps the most important psychiatric book of the 21st century.

The first half of the book examines the treatment of insanity before the psychiatric drug era, which began in the 1950s. The second half examines the increasingly harmful drug treatment that has dominated psychiatry since.

Two contrasting attitudes toward the insane have long coexisted within psychiatry: seeing them either as “beings without their reason, descended to the level of animals” and therefore requiring “harsh therapeutics to tame and subdue them,” or as our “brethren, fellow human beings worthy of our empathy.” These attitudes evoke different, though often overlapping ways of relating to patients: working *upon* them, as if they were anesthetized, and working *with* them, as physicians do in all chronic illnesses. While raving patients may require being worked upon against their will, their autonomy should be restored as soon as possible, rather than continuing them indefinitely under the control of others.

The age-old notion of the insane as permanently different from the rest of us received ideological support from the eugenics movement of the 1920s, and the biological psychiatry of today. Over the years, doctors with these views have subjected patients to a “bounty of remedies”—all touted and then dropped.

The 19th century featured purges, emetics, bleedings, and “drowning therapy,” intended “to break the patient’s will and make him learn that he had a master.” The early 20th century was characterized by gynecological surgery, hormone therapy, and dental and intestinal surgery (supposedly with 85 percent cures, but actually with 43 percent fatalities), and deep sleep therapy. Then came the shock treatments: insulin, metrazol, and electroshock; lobotomy, which won the 1949 Nobel Prize; and then the drugs. Whitaker suggests that, “head trauma had replaced the whip of old for controlling the mentally ill” (p 106).

To Dr. Philippe Pinel (1745–1826) and his humanitarian successors, treatment was to be based on kindness and understanding. Finding little help for patients from remedies prescribed in medical texts, Pinel focused instead on “management of the

mind” (“*traitement morale*”). He talked to his patients, listened to their problems, and came to appreciate their many virtues. And his treatment results were much better than those of his colleagues.

In the early 19th century, British Quakers’ similar emphasis on working with patients evoked comparably good results. So did “moral treatment” in mid-19th century Massachusetts mental hospitals. Good results were also obtained in the 1980s by Dr. Loren Mosher’s Soteria project. Its deliberate destruction by psychiatric officialdom is but one of the many scandals Whitaker reveals.

Psychiatry’s takeover by drugs began in 1954 with the introduction of chlorpromazine (Thorazine). Reports of the drug’s short-term symptom reduction were used successfully by its manufacturer, Smith, Kline and French (SKF), for state-by-state public hospital proselytizing. Although the drug was originally marketed as an adjunct to psychotherapy—helping patients discuss their problems—it (and its successor drugs) came largely to be seen instead as the definitive treatment for schizophrenia.

The advent of the drugs created a “profound rift in the doctor-patient relationship in American psychiatry” (p 96), and therefore in the nature of the specialty. Acting *upon* patients increasingly replaced acting *with* them. The drugs’ unpleasant effects made patients reluctant to take them, as shown by the high drop-out rates in investigative studies. Claiming, according to an SKF psychiatric journal advertisement, that “mental patients are notorious drug evaders,” the company created a liquid chlorpromazine that they could not escape. Forced drug treatment was further enhanced in 1963 with introduction of long-lasting injectables. A single injection, usually good for a week, made resistant patients “cooperative enough to take whatever drug and whatever mode of drug administration is chosen for them” (p 213).

Labeling patients, and drugging according to the labels—which often takes but a few minutes—has replaced attention to each patient’s unique problems. People “with widely disparate emotional and behavior problems [are] regularly funneled into a single diagnostic category, schizophrenia, and then treated with neuroleptics. At that point, their behavior and underlying brain chemistry did become more alike. They would all show evidence of drug-induced deficiency in dopamine transmission” (p 174).

The neuroleptic drugs “induce a brain pathology, similar in kind to encephalitis lethargica and Parkinson’s disease.” They “do not fix any known brain abnormality,

nor do they put brain chemistry back into balance. What they do is alter brain function in a manner that diminishes certain characteristic symptoms. We also know that they cause an increase in dopamine receptors, which is a change associated both with tardive dyskinesia and an increased biological vulnerability to psychosis” (p 291).

Nevertheless, a *New York Times Magazine* advertisement on Aug 18, 1996, by America’s pharmaceutical companies proclaimed that “scientists now know that schizophrenia and psychosis can result when the brain has abnormal dopamine levels. Because of recent advances, drugs that are able to alter dopamine levels free many patients from the terrible effects of mental illness.” To Whitaker, this advertisement shows how “a scientific hypothesis had finally given way to a bold-faced lie” (p 199).

Further doubts about these drugs’ value are cast by at least two sets of retrospective studies. Long-term follow-ups in this country and in Europe show far higher recovery rates in patients who stopped taking medication, compared to those who continued with them. And the World Health Organization found far worse treatment results in advanced countries where medication use is heavy, such as in the U.S., England, and Japan, than in poorer ones, such as India, Nigeria, and Colombia, where far fewer psychiatric drugs are used. Only a third of patients in the wealthier countries recover, as opposed to two-thirds in the poorer ones.

But the drug companies became even more blatant. In the 1990s they began heavily publicizing new “atypical” drugs as “breakthrough” treatments. After clozapine (Clozaril), which allegedly produced fewer other side effects than older drugs, was found to have a dangerous side effect of its own—agranulocytosis—it was marketed with weekly blood tests: at \$9,000 per year. This opened the door for risperidone (Risperdal), Janssen’s new blockbuster, which the *Washington Post* called “a glimmer of hope for a disease that until recently had been considered hopeless.” It was to be marketed at \$240 per month, or more than 30 times the cost of chlorpromazine.

In 1996, risperidone’s sales topped \$500 million, a sum greater than that spent on all other neuroleptics combined. Next came Eli Lilly’s olanzapine (Zyprexa), which cost patients almost \$10 a day, and whose sales in 1998 exceeded \$1 billion in the United States alone. That year, sales of antipsychotic drugs hit \$2.3 billion, about six times what they had been before risperidone. Creation of private “research” facilities, which could skillfully “cook” the

results submitted to the Food and Drug Administration, was one reason for these drugs’ wide acceptance. Only now are the serious side-effects of the “atypicals”—including gross weight gain and the creation of diabetes—and questions about whether they are any better than their predecessors, finally being addressed.

When writing this book in 2002, Whitaker doubted whether any rethinking would occur about the “merits of a form of care that is bringing profits to so many.” But, he insists, “the day will come when people will look back at our current medicines for schizophrenia, and the stories we tell to patients about their abnormal brain chemistry, and they will shake their heads in utter disbelief.”

Disclosure: I am quoted twice in the book, but have no financial interest in it.

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Attention Deficit Democracy, by James Bovard, 281 pp, paperback, \$14.95, ISBN-13: 978-1-4039-7666-6, New York, N.Y., Palgrave Macmillan, 2005.

Fear is the principle of despotic governments. The mystery is not that politicians lie, but that citizens believe.

—James Bovard

Ignorance...explains much of what we see.

Ignorance is curable.

—Walter Williams

Rather than a republic, the United States is an elective dictatorship, in which every four years voters simply choose a master who will violate the laws and Constitution and send them to die in foreign lands, in wars based on mass deceptions, James Bovard writes. Even worse, thanks to voter ignorance and delusions, “pack journalism,” and lying politicians, Attention Deficit Democracy is leading us to political collapse.

Here are some of the many examples he offers:

While he ridiculed Americans who distrusted government, President Johnson told lies that led to the deaths of more than 50,000 Americans and a million Vietnamese.

Although Social Security is the heaviest federal tax most workers pay, in 1989 only 25 percent of people knew what the FICA deduction on their payroll stub meant.

In 1996, only 60 percent of the public knew that Republicans controlled Congress, and half believed the Democratic Party was more conservative than the Republican.

In 1998–1999, more attention was given to what Clinton did to the intern than what the government was doing to the people.

“The percentage of Americans who exercised informed consent in casting ballots for Bush in the 2004 election was likely less than 15 percent of the electorate,” Bovard writes.

New prisons have mushroomed across the land, and one of the nation’s fastest growing employment categories is that of prison guards.

James Bovard, author of *Lost Rights and Freedom In Chains*, has been described as a one-man GAO (Government Accountability Office). In this hard-hitting expose he observes that when people blindly assume that their leaders are trustworthy, the biggest liars win, and the vast majority of liars get reelected.

In Washington, power is the highest truth and deception is the norm, Bovard states. There is only one natural right, the right of the superior to rule over the inferior. These ideas emanate from prominent University of Chicago professor of philosophy Leo Strauss, the “philosopher of the noble lie.” His followers include many top Bush administration advisers, media commentators, and neo-conservative champions of greatly increased federal power. They believe there is no morality, that rulers have a right to deceive, and that truth is only for the elite.

Author Ron Suskind quoted a senior Bush advisor who stated, “We’re an empire now, and when we act, we create our own reality. And while you’re studying that reality...we’ll act again, creating other new realities.”

Truth—in the view of Washington politicians—is whatever serves one’s ideology. Francis Fukuyama, a Reagan political appointee at the State Department, popularized the current cult of “democratic inevitability” with his 1989 article on “The End of History.” He described German philosopher G.W.F. Hegel, whose philosophy equates government and truth, and whose ideas previously were invoked to sanctify both communism and fascism, as the supreme “philosopher of freedom.” Hegel declared that “...all the worth which the human being possesses...he possesses only through the State.” Instead of Hegel, as Bovard points out, Bush uses God to sanctify his foreign policy.

The Founders intended the United States to be a constitutional republic—not a democracy. Democracy, which means unlimited majority rule, is a form of collectivism or totalitarianism that denies individual rights. It is the tyranny of the

majority. Implying that it is a form of freedom is itself tyrannical.

But thanks to voter ignorance, “democracy” is America’s newest form of Manifest Destiny, Bovard believes. That has come to mean nothing more than America’s divine right to impose pro-American governments upon foreign peoples. The theory of “democratic peace” provides a pretext for war. Warring to spread democracy is the same as working for peace. Apparently few Americans remember George Orwell’s “war is peace” slogan from his novel *1984*.

Of course, lying is nothing new in American politics, as Bovard points out. Woodrow Wilson represented military might as a supreme force for goodness, and more than 300,000 Americans subsequently were killed or wounded in World War I. Franklin Delano Roosevelt, whose first instinct was always to lie, states Bovard, painted World War II as a crusade for democracy, hailed Stalin as a partner in liberation, and praised Soviet Russia as one of the “freedom-loving nations.” In 1956, Sen. John F. Kennedy urged support for war in Vietnam “for the security of freedom everywhere.” And 50 years later, George W. Bush used the same terms to justify U.S. intervention in the Middle East.

According to Bovard, President Bush is acting like the World Pope of Democracy. After the September 11 attack he decreed, in effect, that he possessed absolute unchecked power over anyone in the world even *suspected* of being a terrorist. Thus, he could nullify all rights. In 2005, his solicitor general announced in federal court that the entire United States is a “battlefield” upon which Bush has absolute power to have people—including American citizens—seized and detained indefinitely.

The Bush Administration is unique in proclaiming its right to torture. Apparently, the President believes he has a right to order torture because he is above the law. But as Yale Law School Dean Harold Koh noted, “[by the same analogy the President] has the power to commit genocide, to sanction slavery, to promote apartheid, to license summary execution.”

The use of torture subverts freedom. With torture the end justifies the means, even if the means assures that the end is not achieved. American tolerance for torture is one of the greatest shocks of recent years. It is nearly as damning as the torture itself. The media coverage of the torture scandal was itself a scandal. According to Bovard, it shows how the federal government is above both the law and the truth, and illustrates the feebleness of American bulwarks against tyranny.

Bovard’s other examples of tyranny, in addition to the Patriot Act, include the administration’s Total Information Awareness network, a system to track every purchase, trip, or phone call that citizens make; the FBI’s Carnivore wiretapping system to monitor all emails without getting a search warrant; and Operation TIPS, a program to recruit millions of Americans to report on their neighbors. TIPS unleashed FBI agents to infiltrate churches, mosques, and political groups, even without suspicion of criminal activity. The Homeland Security Department warned 18,000 law enforcement agencies to keep an eye on anyone who “expressed dislike of attitudes and decisions of the U.S. government.”

James Bovard is more than a one-man GAO. He is a national treasure, an accomplished writer whose knowledge of American history is encyclopedic. He believes we have only two alternatives. We can either embrace paternalism and evade responsibility for our own lives, or we can reduce the size and scope of government.

Before this can happen, we need to reverse the subjective philosophy that pervades our popular culture. Tens of millions of Americans must profoundly change their attitude toward government. For this we need a higher class of citizens—an informed citizenry resolutely defending their right and liberties.

As Walter Williams has noted, ignorance is curable. If enough Americans read *Attention Deficit Democracy* we’re off to a great start. Read it and buy a few copies for your friends and colleagues.

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Sweet Land of Liberty? The Supreme Court and Individual Rights, by Henry Mark Holzer, 198 pp, hardback, ISBN 0-917572-03-3, Costa Mesa, Calif., The Common Sense Press, 1983.

Altruism is incompatible with freedom, with capitalism, and with individual rights.

— Ayn Rand

The Supreme Court has always been our most consistent destroyer of individual rights. Henry Holzer draws this shocking conclusion after making a systematic analysis of about 60 major Supreme Court decisions concerning individual rights and the exercise of government power.

In *Sweet Land of Liberty?* he shows in great detail how and why this has been accomplished. He examines decisions that deal with business, property, contracts,

religion, speech, sex, and slavery, and shows that the Court has judged individual actions not against the rights of the individual, but instead by the best interests of the community.

The two-part theme of the book is first, that an altruist-collectivist ethic is at the root of America’s political-legal system and has monopolized government institutions from the very beginning. This ethic can only be implemented by force, so it has led to statism, where force has supplanted freedom. Statist power has spiraled out of control at the expense of the individual. Holzer’s second theme is that both liberals and conservatives *in principle* hold the same basic ethical values.

Widespread misunderstanding of the ethical meanings of both altruism and collectivism has had devastating consequences for individual rights and freedom. Altruism is not simply being nice to people. Its ethical meaning is that the general welfare of society is the proper goal of an individual’s action, that service to others is the only proper reason to exist, and that self-sacrifice is one’s highest moral duty. And collectivism is not simply the coming together of people with common interests. As an ethical principle, it means the individual has no rights, and that his work belongs to the group—to “society,” the state, or the nation.

Nearly all societies recognize that one individual should not be allowed to interfere with the life or property of another, but they all believe that the state should be allowed to do so for the “good of society.” Holzer believes the single destructive idea ingrained in all cultures today is that the individual of any group, tribe, or nation must place his interests beneath the “needs” of the collective. The self-interest of the individual always is secondary to the interest of the state.

Our Declaration of Independence challenged these ideas by proclaiming that the purpose of government was not to regulate, control, and plunder individuals for the benefit of the collective, but rather was to secure rights to individuals, to ensure that each individual enjoyed personal freedom from the encroachments of others. The Founders gave us the Constitution and the Bill of Rights. The Supreme Court was charged with the ultimate authority to protect our individual freedoms.

But in spite of Constitutional guarantees such as the First Amendment, the Contract Clause, and due process, the Court has used altruism and collectivism to create a statist government in America, our current welfare-warfare state.

Here are a few examples:

In return for creating unparalleled prosperity, American business has been shackled and bled by government. The objective is to hurt the individual businessman in order to benefit “society.” But whenever government regulates business, the rights of some are always sacrificed.

The Supreme Court has completely undercut the right of private property by deciding that individual property rights can, in fact, be sacrificed to the needs of others. Eminent domain is one example. As Holzer notes, virtually every town, city, or county has enacted and enforced zoning laws to control every aspect of land use, subordinating individual interests to the “needs of society.”

Contracts are enforceable private choices. They are a cornerstone of a free society. They are so important they are specifically protected by the Constitution. But, as Holzer shows, the right of private contract is another right that has been sacrificed to the needs of others.

The expansive use of the interstate commerce clause has forced unwanted customers on unwilling, nominally private motels and restaurants in the name of “civil rights.”

Apparently the free expression of sexual matter can be suppressed, and some people branded criminals and imprisoned, in order to protect other people from themselves.

Because of conscription (the military draft), in the 20th century alone hundreds of thousands have fallen victim to the altruism-collectivism-statism ethic, from the Argonne Forest to the Vietnam jungles, in Holzer’s view.

But the single decision that most starkly reveals the tragic consequences of the Court’s altruism and collectivism is the *Dred Scott* decision, with which the Court justified the practice of human slavery. It took a constitutional amendment to correct this mistake.

Holzer asks, “How does the government have the ‘right’ to concern itself with the ‘decency’ of society or the ‘quality of life?’” And, “Is it the government’s proper function to violate individual rights for the common good?” After all, it is we who created government, and it is government that derives its just powers from our consent. The Constitution documents a delegation of power, not a relinquishment of the people’s unalienable rights.

What can be done? Holzer believes the altruist-collectivist ethics must be purged from our political-legal system. Both liberals and conservatives must work together to support *all* individual rights. We

must stop the government’s suppression of speech, and end its confiscation of private property and its nullification of private contracts. We must eliminate government’s interference with the marketplace. This will allow the economic aspects of capitalism to operate freely, and “the law of supply and demand to supplant political fiat.”

Read *Sweet Land of Liberty*? Then you may join in the daunting task of re-educating 95 percent of our fellow citizens, who are markedly deficient in their understanding of ethics, philosophy, and economics, and who are daily misled by “liberal” news media. Though long out of print, this book is pertinent today because of its comprehensiveness and its unique philosophical approach to explaining many of our current political and economic problems. Copies of the book can still be obtained through amazon.com and other sources.

Since 1983, many additional books have examined the “how” and “why” of this topic, though likely without as clear an explanation of the “why.” A recent example, which looks at more recent court decisions, is the 2008 book *The Dirty Dozen: How Twelve Supreme Court Cases Radically Expanded Government and Eroded Freedom*, by Robert A. Levy of the Cato Institute and William Mellor of the Institute for Justice.

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Concierge Medicine: a New System to Get the Best Healthcare, by Steven D. Knope, M.D., 178 pp, hardback, \$34.95, ISBN 978-0-313-35477-9, Westport, Conn., Praeger, 2008.

Dr. Steven Knope opened one of the first concierge practices in 2000, after a year in a group of five internists and 6 years of solo practice in Tucson, Arizona— “Ground Zero for the HMO movement.”

“I did not like the pressures exerted on me by my employers to accept the new world order. I did not like being a cog in the wheel,” he writes of his decision to leave the safety of the group.

His colleagues warned that he would “soon be eaten by the corporate predators.” Other doctors were forming larger and larger groups in an effort to gain more clout at the bargaining table. But being the “doc in the box” at a large clinic just wasn’t appealing. The system was killing Dr. Marcus Welby.

Knope describes two basic models of concierge medicine—a term he actually

likes, not because it accurately describes the practice, but because he thinks it will stimulate an honest debate. His own model is a “hybrid.” Besides his concierge patients, who pay a relatively high annual fee that includes a full gym and two sessions with a certified personal trainer, he takes on charity patients with complex problems, partly to help keep his skills sharp.

The book is designed more for patients than physicians. It offers much advice about managing and growing your health assets. There’s an entire chapter on “Your Exercise Portfolio”—Knope himself has completed four Ironman triathalons, and one on “A Lifelong Nutritional Strategy.”

Knope contrasts the schedule and approach of the busy primary-care physician in an ordinary practice with that of the concierge physician, and explains to patients how to get the best out of their physicians, as well as how to evaluate their current care. He provides a concise explanation of health savings accounts, and of the advantages of owning your own insurance.

Of greatest interest to physicians is Knope’s experience with HMOs when he was chairman of internal medicine and later chief of medicine at his hospital—and his efforts to do something about the rationing and poor quality of care. He formed a group called the Tucson Alliance for Medical Excellence. He created and performed a scientific survey on HMOs that got prominent media coverage. But nothing changed. He filed a complaint with the licensure board about medical directors who denied care. The complaint was dismissed; the lead examiner had a serious conflict of interest. This was exposed in a front-page newspaper story. Still, nothing changed.

That’s when Knope dropped all of his HMOs, which were responsible for 55 percent of his income. Despite the ridicule and predictions of ignominious failure, he did not go out of business, and missed not a single payroll. When the Office of Inspector General issued an alert about potential violations of Medicare rules by concierge physicians, Knope found that no one could explain what the rules meant. Rather than hiring a staff of high-priced lawyers, he opted out.

Along with much valuable practical advice, Knope offers “life’s real lesson”: Don’t waste time fighting the system. Create!

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