reviews

BOOKS • CD ROMS • ART • WEBSITES • MEDIA • PERSONAL VIEWS • SOUNDINGS

Escape Fire: Designs for the Future of Health Care

Donald M Berwick

Jossey Bass, \$30, pp 352
ISBN 0 7879 7217 7
Also available as an e-book
www.josseybass.com

Rating: ★★★

This is a collection of 11 speeches that Dr Donald Berwick, cofounder and president of the US Institute for Healthcare Improvement, delivered to the annual meetings of the National Forum on Quality Improvement in Health Care between 1992 and 2002.

Berwick is modest about his institute and his work, asking in the preface to this anthology, "With so much different, why do these speeches strike me as so repetitive? Metaphor after metaphor, list after list, story

after story—but always the same. Year after year I can find only three messages at the core: *focus on the suffering, build and use knowledge, and cooperate.*"

But he's also a realist. For more than a decade Berwick has been pushing for a US healthcare system that puts patients' needs above those of doctors and insurers; that eliminates or substantially reduces ineffectiveness, inefficiency, waste, disorganisation, and error; that embraces cohesiveness and purpose; and that becomes less inbred—learning to learn from such outside organisations as the airline industry, General Motors, and the US Forest Service. However, he admits that little of this has come to pass.

It's from the Forest Service that the book's cryptic title comes. *Escape Fire* refers to a 1949 tragedy in Montana in which 13 young firefighters died in a wildfire that was sweeping up a hillside. Their leader found what seemed at first to be an unorthodox solution. As Berwick described it in the 1999 speech: "He did a strange and marvelous thing . . . [He] set fire to the grass directly in front of him. The new fire spread quickly uphill ahead of him and he stepped into the middle of the newly burnt area. He called to his crew to join him as he lay down in the

middle of the burnt ground." But the firefighters ignored him or didn't hear him, and "ran right past the answer" and perished. Berwick's lesson for health care: don't be bound by traditional or "accepted" modes of thinking.

As well as using metaphors—and the book is full of them—to explain the ills of US health care, Berwick recounts a harrowing personal experience. In 1999 (the year of the escape fire speech) his wife, Ann, developed a rare and serious autoimmune spinal cord problem. She lost the ability to walk and was hospitalised for more than 60 days. Berwick told his audience that not a day passed without a medication error, and in only two instances did someone seek feedback on the care his wife received. The ordeal was marked by waste, unnecessary procedures, delays, and lack of communication.

Berwick ruefully concludes that, far from escaping the fire, he felt it licking at his heels during his wife's experience. And until the healthcare system is radically overhauled, he implies, it will continue to burn.

David Woods *chief executive officer, Healthcare Media International, Philadelphia*
dwoods@healthpublishing.com

Autism and Creativity: Is there a Link between Autism in Men and Exceptional Ability?

Michael Fitzgerald

Brunner-Routledge,
£29.99/\$47.95, pp 304
ISBN 1 58391 213 4

Rating: ★★★

We hear a lot about autism these days, usually in connection with its devastatingly early onset and bleak prognosis. It is therefore of interest when a recognised authority on the subject claims that most of those whom he cites as "the intellectual giants of the twentieth century" (including Einstein, Freud, Yeats, the philosophers Russell and Wittgenstein, and the mathematicians Ramanujan and Turing)

had high functioning autism or Asperger's syndrome. Moreover, in this book, Michael Fitzgerald (professor of child and adolescent psychiatry at Trinity College, Dublin) advocates and consolidates a more positive perspective on autism: that this fascinating condition might be a necessary ingredient of human creativity, perhaps even the crucial ingredient.

The book's first part tries to explain key diagnostic issues regarding conditions on the autism spectrum and their psychopathology. Subsequent chapters cover disparate biographical subjects, primarily focusing on Ludwig Wittgenstein.

Wittgenstein is an important thinker because he accomplished the unique feat of developing not one but two original philosophies, published respectively in his two great works, the *Tractatus Logico-Philosophicus* and *Philosophical Investigations*. In highly simplistic terms, the *Tractatus* sets out to calculate what can meaningfully be said by language in order to show what is beyond it. In contrast, the *Philosophical Investigations* concentrates on what Wittgenstein called "the language-game" and the importance of how language is used in a social context.

Fitzgerald states that Wittgenstein focused on these two areas (language and its

social context) precisely because they confounded him, because of his high functioning autism. The author goes on to argue that Wittgenstein's eventual development of an intellectual (as opposed to instinctive) understanding of the social dimension in his second philosophy was a result of the process of social maturation that occurs in many people with the disorder.

The book's analyses of its other subjects are also enlightening and thought provoking. Fitzgerald's scholarly inquiry carefully represents wide ranging views of leading researchers in the field of autism and covers a broad range of biographical material.

However, it is not clear why Fitzgerald chose some subjects (such as the English Conservative politician Keith Joseph) while more fascinating people such as Einstein (whom Fitzgerald refers to as having high functioning autism) were omitted. I also experienced patches of clumsy style, puzzling leaps of logic, and some gasp-inducing overgeneralisations, which lessened the overall effect.

Iain McClure *consultant child and adolescent psychiatrist, Vale of Leven Hospital, Alexandria*
imcclure@vol.scot.nhs.uk

What Price Better Health? Hazards of the Research Imperative

Daniel Callahan

University of California Press,
\$29.95/£19.95, pp 341
ISBN 0 520 22771 9
Also available as a digital
download for \$12.95
[www.ucpress.edu/books/
pages/9295.html](http://www.ucpress.edu/books/pages/9295.html)

Rating: ★★

Thirty years ago, Ivan Illich, with his book *Medical Nemesis*, launched a powerful attack on modern medicine (*BMJ* 2002;324:923). There were three strands to his argument. The first, which he greatly exaggerated, was that much of the disease that doctors treated was iatrogenic. The second, less easily refuted, was that when they placed themselves and their trust in the medical profession, people relinquished the qualities of fortitude and resourcefulness that allowed them to cope when bad things happened to them. The third was about how medicine had escaped its traditional role of looking after the sick to interfere more and more in the business of everyday living. Indeed, it was Illich who coined the phrase “the medicalisation of

life.” Though now largely forgotten, *Medical Nemesis* forced anyone involved in medicine to think hard, if only briefly, about what they were doing.

The title of Callahan’s book made me hope that he was trying to continue Illich’s invigorating line of questioning. For most people, medical research is as self evidently a good thing as motherhood and apple pie. Thousands of well intentioned folk give up their time to raise money for medical charities. Presidents and prime ministers try to buy votes by promising increased research funding. And it is not just lay people who take this view: the *BMJ* recently published an editorial entitled “Improving clinical research: failure to support clinical research now will cost human lives later” (*BMJ* 2003;327:999-1000). How refreshing, I thought, that Callahan was going to challenge this previously unquestioned orthodoxy.

After the expectations raised by the title, the moderate tone of the book comes as a slight disappointment. The central theme concerns something Callahan dubs the research imperative. What this amounts to, as far as I can make out, is a grand name for the widely shared belief that we need to discover more about illness and disease: that we feel a moral obligation to continue biomedical research because it has the potential to relieve suffering. He concedes that this imperative had its origins in humane, even humanitarian, ideals. But these days he thinks that it has become corrupted and distorted by the profit motive. While researchers were once motivated by altru-

ism, humanity, and curiosity, they now lust after fame, patents, and stock options in biotech companies. The big villain is (of course) the pharmaceutical industry and its misleading economic arguments that the surest way to reduce healthcare costs is to improve the drugs available to cure or control disease.

The whole notion of a research imperative seems rickety—something the author has built up only so that he can knock it down. Nor is it clear that the scientific giants of the past were always driven by noble intentions. Even so, he makes some good, if not entirely original, points: that too much research is aimed at making the healthy even healthier; that profitability is an unsatisfactory criterion to use in deciding research priorities; and that closing the gap between research and healthcare delivery is a more urgent requirement than finding out more. He reckons that the research imperative unwittingly contributes to a type of medicine that is unaffordable and unsustainable.

Callahan’s solution is that medical research should be focused on a population’s health needs. He thinks that we should devise and support research that looks to its outcomes: to its impact on healthcare costs, equitable access, and sustainability. Many will agree. But the difficult question is surely what changes we would need to make to the way medical research is funded and organised to achieve this. Here, he offers no answers.

Christopher Martyn *associate editor, BMJ*
cmartyn@bmj.com

Media hype? It’s not as bad as it seems

Researchers are often quick to blame the media for inaccuracies and distortions in reporting on health matters (*BMJ* 2003;327:688). But what if it turns out that newspapers are being unfairly criticised? A Canadian study of media coverage of genetic research shows that the charges are not well founded and that in most cases the media gets it right (*CMAJ* 2004;170:1399-407).

“Our data suggest that the majority of newspaper articles accurately convey the results and reflect the claims made in scientific journal articles,” say the report’s authors, Tania M Bubela and Timothy A Caulfield of the University of Alberta’s Health Law Institute.

So how does the perception of media distortion arise? Although Bubela and Caulfield’s study finds that only 11% of articles could be categorised as having moderately to highly exaggerated claims, they note that the media overemphasise particular

topics, such as behavioural genetics. “The high profile of these types of stories may be one reason for the perception that newspaper stories are often hyped,” they say. “In other words, although we found that only 11% of the newspaper articles had moderately or highly exaggerated claims, these few stories might have a significant impact on public perceptions.”

Bubela and Caulfield’s study examined 627 newspaper articles in major daily newspapers in Canada, the United States, Great Britain, and Australia reporting on 111 papers published in 24 scientific and medical journals. It categorised 63% of the articles as having no claims and 26% of them as having slightly exaggerated claims. People with a scientific background judged most of the articles (82%) to contain no significant technical or scientific errors; 18% had one to three such errors, while only two contained more than three.

Reporting of risks was ranked as the most important variable in determining the categorisation of newspaper articles. The study found that both scientific and newspaper articles overemphasised benefits and underestimated risks in their reporting of single-gene discoveries and associated technologies.

Only 15% of newspaper articles—and 5% of scientific journal articles—discussed

costs or risks, while 97% of the newspaper articles and 98% of the scientific journal articles discussed the likelihood of benefits of the research.

The study used neutral search terms to identify articles about gene discoveries and associated technologies hosted on the Dow Jones Interactive and Canadian NewsDisk databases from January 1995 to June 2001. It compared the contents, claims, and conclusions of the scientific journal article with those of the newspaper articles. Coders subjectively assigned the newspaper articles to one of three categories: moderately to highly exaggerated claims, slightly exaggerated claims, or no exaggerated claims. Classification tree software was used to identify the variables that contributed to this assignment, including such factors as where the article was positioned in the newspaper, the tone of the article (positive or negative), technical accuracy, and the use of metaphors.

Surprisingly few systematic studies have examined the accuracy of media reporting of genetics, the report’s authors say. Most focus on coverage of a single issue, such as sexual orientation, or the discovery of susceptibility to breast and prostate cancer.

David Spurgeon *freelance journalist, Quebec, Canada*

PERSONAL VIEW

Are we creating a health pariah class?

When I was a boy my parents smoked—as did most adults who I knew. People lived and then they died. I lived in a council house and went to a comprehensive school. I ate pies, cakes, and pastries, all washed down with full fat milk. When we could afford it we ate butter, but most of the time it was Stork Special Blend margarine. We had free school dinners and I loved spam fritters, sausage pie, stew, corned beef, or meat loaf, followed by pink custard and sponge. I loved our dinner ladies, and I often had third helpings. All my spare money went on Cabana bars, crisps, and a “quarter” of boiled sweets. My first McDonald’s burger sent me delirious with its flavour.

Regardless of the weather, we fought and played outside. When I was 16 years old I started to have the occasional cigarette, and from about 17 I drank at weekends. I tell you this not to project myself as some crazed, working class hard man from the slums, as that wouldn’t be true. I do not seek your pity or sympathy but merely wish to make it clear that my childhood was like that of most other ordinary people.

I am now educated, live in the suburbs, and am well off. I am, however, still the product of my childhood. I work as a GP in an inner city Glasgow practice in an area with some of the worst health statistics in the Western world. People in this community are either berated for their lack of self control or seen as bastions of the underclass, battling against government oppression. Neither is true. Well meaning outsiders proffer sympathy and pity. The goal of living to 85 to die on the ski slopes of Val d’Isère is beyond my poor deprived patients. Not for them the joys of low fat yoghurt, cholesterol lowering spreads such as Benecol, tofu, jogging on a treadmill, Mediterranean holiday resorts, “protected” sexual intercourse, piano lessons, Duke of Edinburgh

I found that my nagging was patronising and pointless

awards, private tutors, the pride of seeing their children entering a profession, or the fun of half starving themselves to keep themselves thin. Never will they have the benefit of voyages of self discovery with a psychotherapist to try to bring meaning to their lives.

Blackpool, alcohol, chips, cigarettes, and recreational drugs beckon my patients. Obesity, chronic obstructive pulmonary disease, diabetes, ischaemic heart disease, and premature death are the few certainties in their “deprived” lives. However, many of my patients willingly choose this lifestyle and laugh loudly at people living in the suburbs.

When I ask my patients what they would do if they won the lottery they say that they would buy a bigger house and car and stay in their own community.

In my early days in practice I remember telling a patient that smoking causes serious illnesses. She picked up her packet of cigarettes, pointed to the health warning that almost obscured the entire packet, and exclaimed sarcastically, “Never!” Other responses have been “What the hell! You’ve got to die of something,” “I enjoy it,” “I don’t care,” and a multitude of similar expressions. I found that my nagging was patronising and pointless.

The health messages are well meaning but are projections of the values of middle class people—concerned missionaries seeking to save the poor noble savages from themselves. I worry that we are operating in a two dimensional model of medical correctness, where lifestyles that differ from the prescribed health utopia model are simply seen as wrong. Will health apartheid soon follow, where smokers, drinkers, drug users, and obese people are denied treatment? Some health professionals already think this way.

I believe that if people choose to live their lives in a way that jeopardises their health and life expectancy, then so be it. We should stop patronising and blaming these so called deprived communities and respect the different choices they might make. We middle class people would be better spending our time addressing our self obsessed desire to make everyone else conform to our lifestyle and should confront the consuming and distorted vanity that underlies this.

Des Spence general practitioner, Glasgow
destwo@yahoo.co.uk

Eschewing the joys of low fat yoghurt

SOUNDINGS

I don’t know much, but this I do know

My practice is only a stone’s throw (medium sized stone, choose one with a rough texture for an easy grip, use an overhand cast—you learn about these things growing up in Ulster) from the border with the Republic of Ireland, and was particularly hard hit by the Troubles. Deprivation, unemployment, and despair were a lethal cocktail, and after seeing so many young lives wrecked I am a confirmed pacifist. Violence begets violence, and perceived injustice and repression is the best recruiting programme any paramilitary organisation could desire.

I know too little about the Iraq war for my opinion to be worth anything; it doesn’t help that I don’t believe anything I read any more. I have learnt from my experience in Ulster that anyone close enough to the situation to really know what’s going on is too close to be objective, while anyone distant enough to be objective is also too distant to really know what’s going on. An informed yet objective opinion is rare, and when it does appear is impossible to pick out against all the other plausibly argued but unbalanced opinions.

Saddam was obviously not a benevolent ruler, and just because there are so many other tyrannical regimes in the world doesn’t mean it wasn’t right to terminate this one. But it’s an ill wind; prosperous godfathers were a feature of the Troubles in Ireland as well, and, as usual, in Iraq those who pulled the first trigger were sitting safely with scarlet majors at the base.

Hypothetically the man who declares war should be the first one over the top. Dealing death is much more antiseptic when you are thousands of miles away; you don’t actually understand what it is you do, you don’t see a young man’s head exploding, you don’t smell burnt flesh, you don’t comprehend the thousands of individual tragedies.

I may know little about Iraq, but practising medicine in Ulster has given me some hard-earned insight into the cause and cure of terrorism; I’ve seen too many of those individual tragedies at painfully close quarters. The only true war on terror will be a war on poverty, ignorance, and injustice. It will be a long war, and it won’t be a war that will make viewer-friendly headlines on CNN, but it is the only war which will have any chance of success.

Liam Farrell general practitioner, Crossmaglen, County Armagh