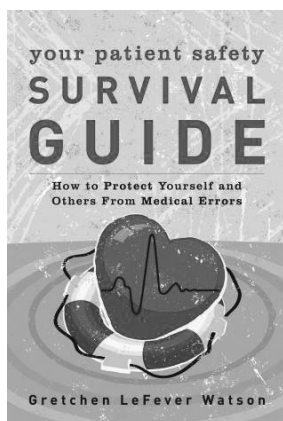


BOOK AND MEDIA REVIEWS

Your Patient Safety Survival Guide: How to Protect Yourself and Others From Medical Errors

Gretchen LeFever Watson

Lanham, MD, Rowman and Littlefield, 2017, 204 pp., \$33, hardcover, \$31 eBook



Gretchen LeFever Watson, PhD, powerfully understands the extent and etiology of medical errors. On the personal side, she endured incomprehensible suffering as a mother sitting at the bedside of her comatose 4-year-old daughter (who ultimately sur-

vived and thrives). This grave situation was preventable, and was the result of medical error. On the professional side, Dr LeFever Watson, a clinical psychologist and researcher, has worked for many years as a leader, advocate, and consultant for improved hospital and health care safety.

This background has helped her write a powerful book that takes on three core areas of medical error: hospital-acquired infections, wrong-site surgeries, and medication administration errors. There is something in this book for everyone with interest in this area: horrifying case examples, astounding error prevalence statistics, and very smart empirically-based solutions to these problems. The author masterfully weaves a text that speaks simultaneously to patients, practitioners, and communities. As such, this book will be equally helpful for patients and families anticipating hospital care, and as a teaching tool for students, residents, and practicing clinicians who must embrace sustained attention to prevent even small mistakes that can result in devastating consequences.

In the first two chapters, Dr LeFever Watson presents a historical overview on safety initiatives and emphasizes the importance of

patient and community involvement in safety enhancement. She goes on to describe the promise of safety habits training and implementation for health care practitioners and patients, such as speaking up for safety, in which everyone shares responsibility and a voice in error prevention.

Chapters three, four, and five take a deep dive into the problems of preventable infection, wrong-site surgeries, and medication administration errors. Dr LeFever Watson brilliantly combines psychological and social theory and research in helping the reader understand the complexity of the multiple factors that contribute to mistakes. These three chapters each include a very useful table that emphasizes and summarizes key learning points for patients and practitioners alike. Patient action plans included in each chapter would be extraordinarily helpful to bring to the hospital as a patient, and the “What You Can Say” tables provide useful wording for patient and caregiver activation, advocacy, and respectful insistence on careful safety-minded health care practices. For example, the author offers suggestions for patient messaging such as “Sorry I didn’t see you wash your hands. I know it’s important and I’d really appreciate you doing this for everyone’s benefit” (p. 58), and “Wait, before you sedate me, the surgeon has not marked my body with her initials” (p. 81). As an additional gift to the reader, these tables also include examples of optimal responses from the health care practitioner, such as: “Thank you for stopping me. I thought that had been done. I’ll be back after the surgeon has reviewed the procedure with you and marked your body” (p. 81).

Chapter six is a call to action for communities to work in partnership with their local hospitals and health care organizations in the pursuit of active dialogue and organizational change. Chapter seven, titled “Acceptance, Apology and Forgiveness: Safeguard the Lives of Patients and Healthcare Providers” is a particular treasure for medical educators. Here, Dr LeFever Watson clearly articulates the differences between accidents, mistakes, and failures, and speaks compassionately to the medical error pressures faced by health care practitioners, and the experience of having

contributed to a preventable tragedy. While the author has highlighted the causal role of work and productivity demand pressures throughout the book, here she builds a strong argument for the importance of self-care, burnout prevention, and the provision of compassionate support to those who have contributed to medical errors. Also in this chapter is a compelling argument for the importance of honest disclosure of mistakes to patients and their families, with attention to the legal and economic aspects of these challenging conversations and situations.

The book does not specifically take on the problem of health disparities, nor the degree to which different groups of patients are perceived and treated differently due to practitioner bias and stereotyping and as such are at heightened risk for medical errors. Thus, the reader may be left hungry for a discussion of comparative rates of medical errors across groups with accompanying recommendations for bias reduction and safety checks to insure equitable and excellent care for all.

Dr LeFever Watson is a champion for safety excellence in our health care system, and she makes a fervent call for clear-eyed, team-based quality approaches to medical error reduction. Undoubtedly readers of this engaging and informative book will be much stronger advocates for and participants in these reductions as patients, family members, and health care practitioners alike.

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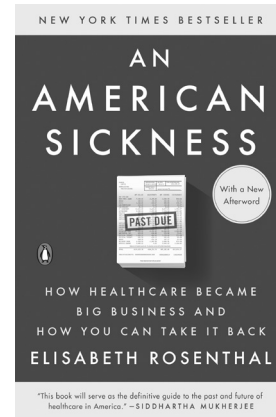
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An American Sickness: How Healthcare Became Big Business and How You Can Take It Back

Elisabeth Rosenthal

New York, Penguin Press, 2017, 432 pp., \$18, paperback



Elisabeth Rosenthal, MD, is a Harvard-educated, New York Hospital-Cornell Medical Center-trained internal medicine doctor who has spent the last 22 years reporting about, rather than practicing medicine. While her career as a reporter for the *New York Times* took her initially to China and subsequently to Rome, her focus turned back to health care in 2012 when she became a health care correspondent covering the Affordable Care Act (ACA). In 2016 she joined the Kaiser Family Foundation as Editor-in-Chief of the *Kaiser Health News*. As a skilled reporter with a medical background, she is well qualified to dissect and interpret the American health care system, and this is the intent of *An American Sickness*.

An American Sickness is organized like a medical SOAP (subjective, objective, assessment, and plan) note—the first half of the book focuses on the history of the current state of unaffordable medical care (the “history of present illness and review of systems”) and the second half suggests opportunities for patients and the system to “take back health care” and reduce costs (the “diagnosis and treatment” section). In the first half of the book, Dr Rosenthal leaves no stone unturned—reviewing the history and cost implications of all aspects of the current care delivery system: insurance, hospitals, physicians, pharmaceuticals, medical device companies, ancillary services, billing contractors, and for-profit research. The first half ends with a review of the current state of medicine: the ACA, health care conglomerates, and the age of health care as a pure business.

By the middle of the book, even a nonmedical reader will begin to appreciate the complexities and implications of how the system became what it currently is. For physicians, while much is familiar (like the role of pharmaceutical representatives and insurance authorizations), having the entire history laid

out starkly and succinctly might lead even the most adamant free market capitalist-supporting physician to question the sense of how things are currently constructed. While the second half of the book mostly gives patients a how-to manual for understanding all their costs (doctors, hospitals, insurance, drugs, etc), it includes suggestions on how to improve the systemic issues of each domain. Finally she adds five appendices for patients to price shop, understand if a test is necessary, and even to appeal or protest a bill.

Overall, the book is easy to read, factual and well sourced, and very thorough. Most physicians will likely find the diagnosis section most interesting, pertinent, and relatable. Any doctor who has spent an hour fighting an insurance company for a prior authorization will be able to relate to the many examples of frustrated patients in the stories. The solutions in the diagnosis and treatment section, while containing many well reasoned and good ideas, may not be politically attainable or agreed on by all physicians. Nevertheless, there are a few take-home messages all medical educators should think about. The first is individual awareness. All of us should strive to provide evidence-based medicine, be aware of the Choosing Wisely initiatives (www.choosingwisely.org), and avoid payment conflicts by not accepting pharmaceutical payments or self-referrals. We all need to model solutions, not problems. Next, we need to be familiar enough with the complex system in which we work so that we can teach the principles of cost-conscious care to the students and residents we educate. If we do not explicitly have cost curricula, we need to be sure to incorporate the concepts into daily teaching rounds or patient encounters. Otherwise we are doing a disservice to the next generation of physicians. Finally, all physicians need to be engaged advocates for high-quality, lower-cost care on behalf of ourselves and our patients. Our current system is not sustainable on its current trajectory, and we need to be active participants in creating solutions, not just passive observers. Picking up and reading *An American Sickness*—and potentially using it as part of a journal club on cost of care and systems-based practice learning in your residency program—is a good start for everyone.

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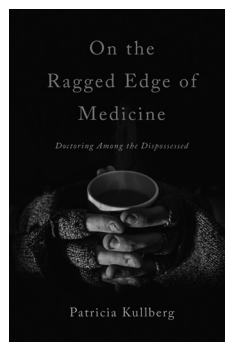
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On the Ragged Edge of Medicine: Doctoring Among the Dispossessed

Patricia Kullberg

Corvallis, OR, Oregon State University Press, 2017, 162 pp., \$18.95, paperback



The stories are also reflections about the work of doctoring. The physical, psychological, and intellectual demands. The terrible uncertainties. The confines of the system we work in, with its twists and loops and blind alleys, a system neither very rational nor functional, especially

not in the outposts that serve the poor, out on the ragged edge of medicine (p. 6).

I felt I already intimately knew the patients whose stories Dr Patricia Kullberg tells from her time working as a family physician and medical director for individuals on the fringes of society in Portland, Oregon. I could not decide if her book was a warning, chastisement, or celebration of her practice with those who have been shunned by the health care system and society. Compelling and tender, she allowed me to laugh and mourn. From the dialogue with a hypomanic patient who was the first patient that she ever fired, to the friendship with the allegedly antisocial patient who “licked” alcoholism and tuberculosis to come to her retirement party, she clearly treated her patients with as much empathy and humor as she exhibits in portraying them in this short collection of patient stories. “It is written in remembrance of all those folks, brave and imperfect, who entrusted themselves to our brave and imperfect care,” she reflects in her author’s note.

I was hoping Dr Kullberg would tell us how to fix the broken system or avoid being frustrated and exhausted, but instead she celebrates with humor and reminds us why we do the work we do. The preface opens with a description of her walk to the clinic. She remarks on the scenery and the possible places to sleep among the buildings in a way that changed how I view my own city. She describes how her patients amaze her—“funny, insightful and caring in the midst of destitution...resilient and incredibly resourceful” (p. 3). The same

could be said of Dr Kullberg and other doctors like her.

Those who have practiced, as I have, in an underserved setting may recognize faces and shortcomings that feel surprisingly familiar. Work in underfunded community health centers can feel isolating. I have wondered if other physicians are affected as I am—if they absolutely love witnessing the quirks and resilience of patients and are as devastated by the ways in which they have fallen short as a doctor. It was surprisingly comforting to read of Dr Kullberg's joy in retiring from patient care as well as her joy in providing care. The opening quote from her 13-year-old son says so much: "My mother is a doctor at a homeless clinic in downtown Portland. Because of the stress she

experiences at work, she is sometimes edgy." Those who have practiced in similar settings or are considering a career in medicine will find both warning and inspiration here. Those who are reflecting on our health care system will be shown many compelling ways we can improve.

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