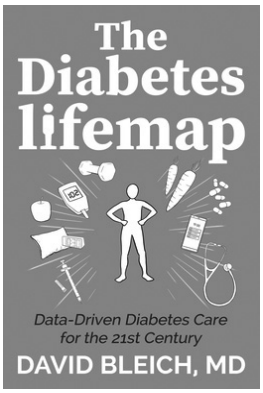
The Diabetes Lifemap: Data-Driven Diabetes Care for the 21st Century

David Bleich

New York, Morgan James Publishing, 2021, 196 pp., $16.95, paperback



David Bleich, MD, chief of endocrinology and professor at Rutgers Medical School, opens this book thus: "The LIFEMAP evolved as a logical extension of my need to organize and prioritize patient care" (p. *xi*). Upon moving his practice from California to Newark, New Jersey, seeing many patients with multiple layers of complexity to their medical care and lives led Dr Bleich to devise an approach to outpatient care that differs from the History-Physical Examination-Assessment-Plan model. Rather, he classifies interventions as high-, moderate-, or low-impact and allocates time to them accordingly.

The book has 13 chapters. The first introduces the LIFEMAP as an approach to diabetes that changes care delivery from a health care provider-centric approach to a patient-centered, data-driven model. Chapter two discusses diagnosis (and classification) of diabetes as well as insulin production and resistance. Dr Bleich adds that, for "robust 21st-century diabetes care, it is important to personalize the treatment approach from the bottom up, starting from the lifestyle and habits of the individual" (p. 20).

Although the book is written by a physician to help clinicians improve the quality of diabetes care, it is presented simply enough for patients to follow most sections. For instance, chapter three opens by addressing the patient on the dangers of high glucose levels, then recommends two methods of monitoring: trend analysis and active management. Trend analysis involves self-blood glucose monitoring at wake-up time and 2 hours after each meal, two to three times a week. This offers a structured approach to testing at relevant times and personalization of days and times for testing, and can inform adjustments to treatment and testing, which can be cut to four times per day, once per week when diabetes is controlled. Active management, on the other hand, calls for perhaps seven or more tests per day: before and 2 hours after each meal, before and after snacks, and at bedtime; although some insurance carriers do not cover enough supplies to do this, clinically-important patterns of hyper- and/or hypoglycemia may be uncovered. Dr Bleich closes chapter three by offering a loose basal scale for bedtime insulin based on bedtime glucose in place of fixed bedtime insulin dosing.

Chapter four discusses situations in which hemoglobin A1c values do not accurately reflect glucose control, including anemia and chronic kidney disease. The LIFEMAP is introduced as a more accurate way to estimate the average blood glucose and A1c monthly using patient test data. Chapter five suggests the LIFEMAP can monitor the blood sugar trajectory on an individual patient "more closely with less effort" (p. 40) before the A1c documents worsening in diabetes control.

Chapter six shows how some patients need two LIFEMAPs; shift workers may have different eating patterns on workdays compared to their days off, and dialysis patients have different routines on dialysis days compared to nondialysis days, so a LIFEMAP can be created for each type of routine. Examples of adjustments to the LIFEMAP and treatment strategies are presented.

Chapter seven shows how nutrition may be assessed by a clinician or nutritionist and incorporated into the LIFEMAP. Chapter eight describes the LIFEMAP as an application of the chronic care model. Chapter nine specifies high-impact activities for the first three visits with a new patient, including building a LIFEMAP in visit one, addressing nutrition and starting treatment 4-5 weeks later, and assessing social determinants of disease in visit three. Chapter 10 identifies blood sugar control as the high-impact intervention for the diabetes chronic care model. Recognizing and

filling care gaps arising from trend analysis LIFEMAPs or false A1c readings is explored in chapter 11. Chapter 12 employs case studies to illustrate use and revision of the LIFEMAP, including use of a continuous glucose monitoring device to generate data for the LIFEMAP; chapter 13 reflects on the case studies and the role the patients' LIFEMAPs played in control of diabetes and its complications. The conclusion predicts a mobile version of the LIFEMAP.

This unique book is excellent value for the price. Office visit coding changes in 2021 make some billing examples obsolete while affirming reduced emphasis on physical examination. It differs from books on diabetes recently reviewed in this journal in focusing on data rather than motivational interviewing[1] or fasting.[2] No published evidence is cited to confirm that the LIFEMAP outperforms traditional diabetes care; however, it can predict A1c readings just 1 month after treatment is adjusted, so glucose control can be pursued more aggressively. I therefore recommend it to any clinician needing to improve glycemic control in willing patients.

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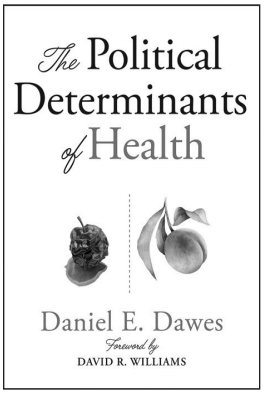
References

1. Parrett VC, Dewane SL. Motivational interviewing in diabetes care. Fam Med. 2017;49(7):568-569.
2. Scherger JE. The Diabetes Code. Fam Med. 2019;51(3):286-287. doi:10.22454/FamMed.2019.998853

The Political Determinants of Health

Daniel E. Dawes

Baltimore, MD, Johns Hopkins University Press, 2020, 216 pp., $29.95, paperback



It has become commonplace in health professions education to teach about the social determinants of health, defined as "the conditions under which people are born, grow, live, work, and age."[1] Social determinants such as economic status, education, employment, and support networks have a far greater impact on individual and population health than biology, behavior, and health care. These social determinants are influenced by structural determinants, rules and policies that are "constructed" through deliberate actions and enforced sometimes by custom, but more commonly through legislation. One of the first uses in the medical literature of the term "political determinants of health" was in 2005 by Professor Ilona Kickbusch, who contended that "the crisis in global health is not a crisis of disease, it is a crisis of governance."[2] More recently, Dr Ranit Mishori argued that US medical schools "should be engaging in open and robust discussions of how politicians and politics affect and shape our patients' lives, our communities, and the [social determinants] themselves."[3] Now Daniel Dawes, director of the Satcher Health Leadership Institute at Morehouse School of Medicine, has written the first book-length exposition, *The Political Determinants of Health*. A former Congressional staffer and attorney, Dawes led a working group of more than 300 organizations advocating for health equity provisions in the Affordable Care Act (ACA).

Readers expecting to plunge into a discussion of health policy may be surprised by the book's introductory chapter, "The Allegory of the Orchard," about a farmer who plants several trees in soil of varying quality and nurtures each one unequally, lavishing attention on the trees that he believes are most likely to bear fruit. Dawes explains how this story is an allegory for health inequities in the United States, with the soil representing housing and fertilizer representing education. The next chapter discusses specific historical policies that either preserved or mitigated the unequal distribution of wealth and health, from the failure to abolish slavery prior to the Civil War to the creation and dissolution of the Freedman's Bureau that fed, educated, and protected the political rights of newly freed persons during the Reconstruction era. Dawes recounts several failed 20th-century attempts to pass legislation on national health insurance that were intertwined with more successful efforts to secure civil rights for African Americans and medical care and community services for persons with mental health conditions.

Dawes then takes readers on a detour, devoting the third chapter to describing a detailed conceptual model of the political determinants of health. This model highlights the contributing factors and interactions between voting, government, and policy. Among other illustrative examples, Dawes criticizes

recent decisions of the US Supreme Court to invalidate voting protections for racial minorities based on the false premise that "vestiges of legally sanctioned discrimination" no longer prevent marginalized communities from participating fully in the electoral process (p. 63).

The remaining chapters narrate the efforts of Dawes and others to marshal long-frustrated health equity advocates to take advantage of President Barack Obama's election and Democratic Congressional majorities to pass the ACA in 2010 and to defend it from subsequent threats. Although the ACA's scope was gradually narrowed from "comprehensive health reform" to "health care reform" to "health insurance reform" (pp. 110-111), Dawes's working group successfully protected key provisions charging federal agencies to routinely collect data about health disparities and to promote policies to reduce these disparities. The 2016 election of President Donald Trump, who promised to repeal the ACA, underlined the importance of voting as a political determinant of health; although Congress was unable to pass "repeal and replace" legislation during his term, a host of executive actions reversed the previously-rising percentage of Americans with comprehensive health insurance.

Political Determinants of Health should be commended for packing an immense amount of theory, history, and health advocacy into a relatively concise text. However, the audience for this book is unclear. Those seeking a political history of the ACA would be better served by reading other works with broader perspectives.[4,5] Medical students or residents interested in health advocacy may get bogged down in the book's legislative details, while experienced physician educators and advocates may view the orchard allegory and conceptual model to be distracting or unnecessary. Although Dawes finished this book prior to the COVID-19 pandemic, George Floyd's murder and demonstrations for racial justice, and the 2020 election and disinformation campaign about who won, these recent cataclysms confirm its basic premise that politics and policies, by creating the structures that shape social determinants, have enduring effects on our patients' health outcomes.

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References

1. Advancing Health Equity by Addressing the Social Determinants of Health in Family Medicine (Position Paper). American Academy of Family Physicians. Accessed 30 April 2021. https://www.aafp.org/about/policies/all/social-determinants-health-family-medicine.html
2. Kickbusch I. Tackling the political determinants of global health. BMJ. 2005;331(7511):246-247. doi:10.1136/bmj.331.7511.246
3. Mishori R. The social determinants of health? Time to focus on the political determinants of health! Med Care. 2019;57(7):491-493. doi:10.1097/MLR.0000000000001131
4. Starr P. Remedy and Reaction: The Peculiar American Struggle Over Health Care Reform. Revised edition. New Haven, CT: Yale University Press; 2013.
5. Cohn J. The Ten Year War: Obamacare and the Unfinished Crusade for Universal Coverage. New York: St Martin's Press; 2021.

The Doctors Blackwell: How Two Pioneering Sisters Brought Medicine To Women—And Women to Medicine

Janice P. Nimura

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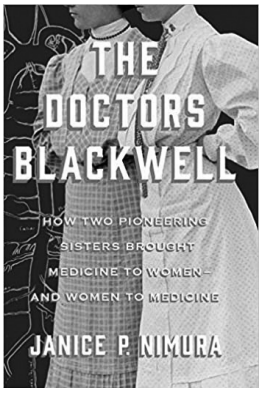

Medicine in the mid-1800s saw a number of advances, including the establishment of medical schools to provide formal instruction. However, it was still believed that women should be excluded from the practice of medicine. It took two determined sisters to change this. The first sister to graduate from medical school was Elizabeth Blackwell (1821-1910). She was followed by her sister Emily. In a biography based largely on letters and diary entries by Elizabeth, Janice P. Nimura tells the story of the Doctors Blackwells' struggles and successes. Although part of Emily's story is told in the book, the focus is primarily on Elizabeth. The story is set in the historical period of her life and references famous contemporaries, including doctors, artists, and activists of the time.

Elizabeth's personality as a persistent and driven woman is well illustrated. Her passion to become a physician was morally directed. She had a religious vision as a young woman that validated this passion. A quote from Elizabeth's diary reads, "The idea of winning a doctor's degree gradually assumed the aspect

of a great moral struggle … and the moral fight possessed immense attraction for me" (p. 30). The book follows Elizabeth from her early youth until her death. Her career and personal life were interwoven and dictated by her mission to move medicine forward by and for women.

Although Elizabeth applied to many established schools she was rejected over and over again. Her efforts are well documented and show her unbreakable spirit. Unbeknownst to her, Elizabeth's eventual acceptance to Geneva Medical School happened as a joke. The medical school faculty, trying to avoid the issue, turned the decision over to the students. Much to everyone's shock, the students voted unanimously yes, thinking it would be a farce to have a woman in class.

Elizabeth was described as a diligent student with medicine as the focus of her life. In one setting she showed her commitment to learning by refusing to leave a lecture on the male genitalia. She stated that "she was a student learner of earnest purpose regardless of her gender; hence it would be a grave mistake to dismiss her from this important anatomy lesson" (p. 48). Family physicians will resonate with her view on medicine's requisite breadth of knowledge: "no one who has the true scientific spirit, when he (or she) has obtained a glimpse of this magnificent land of knowledge, will ever be content with one little corner" (p. 128).

The mission to move women into medicine grew to the belief that women should also have the right to see women physicians. This was solidified when a dying friend told Elizabeth that her ordeal would have been better if she had a female physician. Because of their strong belief, the sisters founded the New York Infirmary for Women and Children. Later they established a medical school specifically to award the MD degree to women.

According to Nimura, although Elizabeth was a champion for women in medicine, she was not so much interested in women's rights in general, nor the suffrage movement occurring at the same time. In fact, she had little interest in the rise of nursing even though she was a contemporary of Florence Nightingale.

Unfortunately, while delivering a baby, Elizabeth contracted gonorrhea and lost sight in one eye. After this she spent less time practicing and more time lecturing on medical topics and promoting women in medicine, while Emily continued clinical practice. Elizabeth also published several important books on the issue of women in medicine, including *Medicine as a Profession for Women* in 1860 and *Address on the Medical Education of Women* in 1864.

The Blackwell sisters were ahead of their time in other ways. As social activists, they took a stand against slavery and racism. Elizabeth believed that the young should have sex education and she was outspoken about the impact of poverty. Her insight and ideals can be embraced today. Not only were both sisters ahead of their time in moving women forward, in a period just awakening to the germ theory, they emphasized hygiene and hand washing and adhered to the belief that "prevention is better than cure" (p. 252).

The Doctors Blackwell established the precedent for women to be trained as physicians. They were visionaries for specialty care in the health of women. The book is a window into the conviction of two people who would not take no for an answer, their perseverance, and their vision for medicine during the dawn of medical education.

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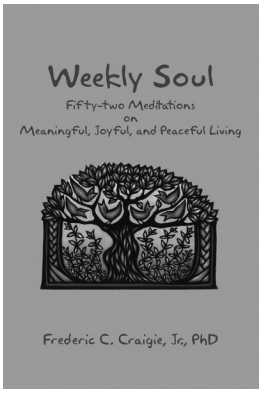
Weekly Soul: Fifty-two Meditations on Meaningful, Joyful, and Peaceful Living

Frederic C. Craigie, Jr, PhD

Hollister, CA, MSI Press, LLC, 2020, 298 pp., $19.95, paperback



During this turbulent time of global pandemic, racial injustice, political unrest, economic crisis, and financial uncertainty, many of us have seen our lives and our practices changed in unforeseen and unprecedented ways. We are left questioning our purpose and our path. *Weekly Soul: Fifty-two Meditations on Meaningful, Joyful, and Peaceful Living,* beautifully written by Frederic C. Craigie, Jr, PhD, seeks to take us on a personal journey to figure out who we are and the meaning of our lives in the context of this new reality.

Dr Craigie is a clinical psychologist and medical educator, who after 37 years of work in a family medicine residency program entered "semi-retirement" as a faculty member at the Andrew Weil Center for Integrative Medicine at the University of Arizona College of Medicine where he continues his work with spirituality and health. He has been a pioneer in the field of spirituality in medicine since the mid-1980s, and is an expert in the field. He uses this expertise with a spirit of humility to guide our soul-searching as we discover for ourselves our answers to these questions.

Weekly Soul began in 2004 as a weekly series of reflections shared with colleagues and friends meant to honor a colleague, Peter Flournoy, PhD, who had died of cancer at the age of 45, and who had said that "Happiness is a simple thing: it comes from living life, rather than planning to live life. Life is not a rehearsal; it is what is happening *right now.*" The weekly pieces included spiritually-informed quotations from a diverse range of sources, followed by Dr. Craigie's meditations, and then a set of questions for self-reflection, and were sent initially to an audience of 12 that grew to more than 2,000.

Dr. Craigie has culled 52 from the hundreds and hundreds of reflections sent out over the years to guide us in answering what it means to live a good life, what really matters, how we should address suffering and woundedness, how to find joy and hope, and how we can make a difference in the world. In *Weekly Soul,* Dr Craigie has also added exercises to pursue during the week and biographical information about the authors of the quotations. The exercises are intended to help readers become more aware of how these ideas fit into our everyday life and add depth and insight to our daily experiences. The short biographical sketches add richness, color, and context. While deeply spiritual, Dr Craigie's approach transcends religious traditions and preconceived notions of spirituality. Spiritual concepts instead are implied, and there is little or no explicitly spiritual or religious language in the book. Dr Craigie's meditations are written to be inclusive and welcoming to all.

Weekly Soul is organized into 12 thematic sections including Miracles, Aliveness, Purpose, Laughter and Joy, and eight others, and can be read in order or stand alone, and as an individual or as part of a group with a group discussion. Reading the reflections on a themed basis, based on one's immediate self-care needs, can be particularly helpful in reframing experiences in a tumultuous time into a more positive or purposeful light. The engaged reader will enjoy journaling thoughts and responses. Others may find it helpful to read them as part of a group, discussing concepts, sharing experiences, challenging thought distortions, and encouraging one another's growth. Regardless of whether using individually or as part of a study group, the reader can anticipate personal growth while learning to live in and enjoy the present.

This book of reflections will be an asset to all who seek to rediscover meaning, wholeness, and well-being in these stressful times, and can help both trainees and practicing clinicians move beyond burnout to resilience.

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