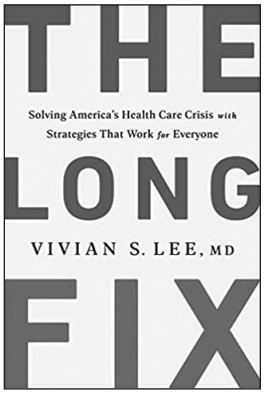
The Long Fix

Vivian S. Lee, MD

New York, W.W. Norton & Company, 2020, 302 pp., $17.88 hardback, $14.95 paperback



"The maddening paradox. By a few measures, the US health care system is one of the best in the world and, by some measures, it is one of the worst." (p. 6)

Such a compelling quote demonstrates the bottom-line message of this motivational, call-to-action book about the state of US health care. *The Long Fix* is a constructive read, distilling the challenges and frustrations of the system to distinct, actionable steps, with specific guidance for physicians, patients, administrators, health insurers, and policy makers throughout. It is a refreshing read written by a clinician-turned-hospital CEO, describing her experience as health care has evolved. She motivates the reader to improve costs, quality of care, and efficiency of the medical system, and by extension, improve the overall health of the nation and its constituents.

The author, Dr Vivian Lee, presents her personal journey, sharing her calling to medicine, and instantly connecting with readers. She shares her introduction to medicine with "Dr B," an internal medicine physician she met as a young community leader who shared the seemingly magical art of patient care. She fast-forwards through her residency and fellowship training until she becomes an MRI fellowship-trained radiologist. She discusses the changes over those years, from her introduction in her teens, through her journey to become board certified and in practice.

After laying the groundwork, Dr Lee dives into detailed discussions of the tug of war between hospitals and physicians with pay-for-action models, opposed by insurance companies who limit payments to increase profits. She demonstrates the demands placed on physicians and patients, such as the average primary care provider manager being empaneled with over 2,000 patients (p. 20), and an average of 86 minutes daily outside patient care to catch up on documentation (p. 142). She reflects the overall concern of quantity versus quality, advising a shift to pay for results, instead of actions. She gives specific examples such as how the University of Utah has implemented the "Exceptional Patient Experience," centering on patient satisfaction. Within several years of starting, one-quarter of University of Utah physicians were within the top 10% of national patient satisfaction (p. 103).

Dr Lee demonstrates extensive research, sharing mind-boggling, hard-to-digest data for readers regarding the irony and waste our medical system creates. Examples include health care wasting 30 cents for every dollar spent, 20% of all medical care being deemed unnecessary upon review, 8% of spending solely on bureaucratic entities, and American hospitals spending more on administration than nurses. She compares this to less wasteful models, such as the military health system and the veteran health system, as well as international examples such as Britain, Sweden, and Australia, reflecting the intricacies, benefits on access, and ultimately patient care.

"Every one of us has a role in the Long Fix—we are all soldiers in the war against disease." (p. 203).

This book should motivate readers of all backgrounds to work toward reforming the current *modus operandi*, focusing on standardization, coproducing with the patients and their families, and focusing on individualized goals. Dr Lee gives concrete examples of ways to refocus on preventive medicine, rather centering on lifestyle management over disease management. Examples include effectively using the electronic medical record as a "health plan" to remind of pertinent health maintenance, improving integration of mental health into primary care more (with the understanding chronic conditions would secondarily be better managed), and "coproducing" with the patient, teaming together toward shared goals (p. 198, p. 202).

The book's intended audience is broad, with small subsections throughout the book targeting specific groups of readers including physicians, health care workers, health care administrators, health care policy makers, insurance companies, employers, employees, and health care consumers. This book does

not specifically target the specialty of family medicine, however, it speaks to the many tenets of family medicine, including prevention, the significance of primary care, and connecting with patients toward individualized, longitudinal care.

I consider this a refreshing read describing the bottom-line issues the health care system faces, with direct, practical guidance for the future. The references the author uses are relevant and up to date, and she has clearly researched the data well. The price for this book seems appropriate and manageable. This is not a relaxing vacation read for those considering it. However, for potential readers looking to better understand the challenges of health care and ways to improve moving forward, it is worth the cost of purchase, and a productive investment of time to read.

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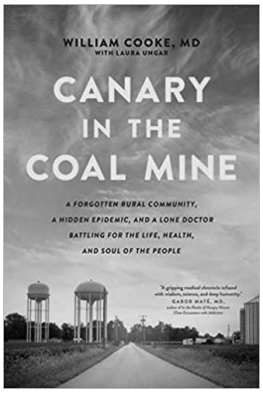
Canary in the Coal Mine: A Forgotten Rural Community, a Hidden Epidemic, and a Lone Doctor Battling for the Life, Health, and Soul of the People

William Cooke and Laura Ungar

Carol Stream, IL, Tyndale Momentum, 2021, 320 pp., $25.99, hardcover



In the mid-1990s, Dr Abraham Verghese's memoir *My Own Country* described how people living with HIV suffered not only from the infection's physical effects, but also from stigma in a community where it was viewed as divine punishment for deviant sexual behavior.[1] Today, another stigmatized behavior continues to fuel the HIV epidemic: injection drug use of illicit opioids. In 2015, 181 residents of Scott County, Indiana contracted HIV from syringe sharing or sex with persons who had shared syringes, giving the small, impoverished rural community one of the highest HIV incidences in the world.[2,3] Dr Will Cooke found himself at the epicenter of America's opioid and HIV epidemics. *Canary in the Coal Mine* recounts the story of his efforts to protect the health of his patients and his community.

In 2004, Dr Cooke opened Foundations Family Medicine in Austin, Indiana, becoming the town's first local physician in 27 years. He was initially naïve about the damage that decades of poverty and emotional deprivation had inflicted on the residents of Austin and neighboring towns. When new patients started showing up at his office asking for one or more of three drugs (Oxycontin, Xanax, and Soma) that he eventually called "the devil's triad," Dr Cooke struggled to distinguish patients with genuine pain or anxiety disorders from those who were just looking for their next fix. He "was astonished to discover that Austin had led the state in prescription drug abuse for years" (p 48), and that one in five residents had a substance abuse disorder.

Moonlighting in Scott Memorial Hospital's emergency department, Dr Cooke came face to face with the results of oxymorphone abuse and reuse of contaminated syringes: increasing numbers of overdose deaths and patients presenting with abscesses, endocarditis, and viral hepatitis. In February 2015, the state health department announced that it had confirmed more than two dozen HIV infections linked to injection drug use in or near Austin. In response, Dr Cooke joined a coalition of health officials and community leaders to persuade Governor Mike Pence to lift the state's longstanding ban on syringe service programs. As state and national resources began pouring into Scott County, Foundations Family Medicine played a critical role in community outreach and HIV testing and treatment. Although Dr Cooke appreciated the outside help, at the same time he was discouraged by the state's heavy-handed and stigmatizing approach, which included installing flashing emergency signs at nearby truck stops that read "WARNING: HIV OUTBREAK."

By the summer, 86% of Scott County patients with HIV infection were engaged in care[2] and its syringe service program was utilized by nearly every HIV patient who was still injecting drugs. While the state health department had focused exclusively on controlling the outbreak, Dr Cooke recognized that improving his community's long-term health depended on expanding social services to address the adverse social determinants that created the opioid epidemic. In a revealing conversation, the deputy director of Indiana's Division of Mental Health and Addiction confided: "Nobody wants to talk about these root causes of

the hopelessness and desperation that lead to the drug use and sex work" (p. 176).

Dr Cooke turned frequently to prayer and his Christian faith when his determination flagged or when he sought meaning in his patients' struggles. Ironically, a syringe service program in a neighboring county closed when one of one of the commissioners who voted against renewing it for moral reasons quoted scripture to support his decision. Meanwhile, Austin has thrived since the outbreak due to community efforts "to destigmatize poverty and substance abuse disorder, and to create safe places for people to access help" (p. 261).

Canary in the Coal Mine will appeal not only to clinicians who treat patients with opioid use disorder or HIV, but to anyone who has witnessed the consequences of these epidemics in patients and patients' families. The book offers an inspiring example of how one family physician can make an enormous personal and public health difference in a community. But it has a sobering message, too: the elements that ignited this outbreak persist in similar places across the country. As legal restrictions on syringe service programs threaten to spark outbreaks in other states,[4] elected officials would do well to read the book's appendix, "Ten Biblical Principles for Harm Reduction" (pp. 269-278), which includes the admonitions "seek and save," "love others lavishly," and "put people before morality."

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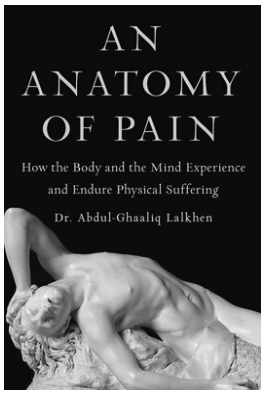
An Anatomy of Pain: How the Body and the Mind Experience and Endure Physical Suffering

Abdul-Ghaaliq Lalkhen

New York, Scribner, 2021, 218 pp., $28.00, hardcover



Dr Abdul Ghaaliq Lalkhen, with his many years practicing anesthesiology and practicing as a pain specialist, is poised to offer a great deal of insight into the medical perspective of treating pain. *An Anatomy of Pain* explores the complex physiology behind the human experience of pain while also painting the historical context of our cultural relationship to pain.

The title does a disservice to the depth of the book. The book explores much more than the anatomy of pain. The review of the anatomy and physiology, while important and informative, is the least interesting aspect. The historical review, the patient cases, and the exploration of the psychosocial contributions to the pain experience are far more interesting.

This text fills a unique niche in the literature. Amidst the opioid epidemic, the book offers an accessible, patient-centered account of the challenging work physicians face to help their patients with pain. It reviews the physiology of the pain experience, but also explores the way in which the pain experience can seem to defy physiology. Its historical review is extremely valuable to patient and physician alike.

Dr Lalkhen succeeds at writing both to engage the trained medical professional as well as a general audience. Anyone suffering with chronic pain, family members of those with chronic pain, those with opioid use disorder, primary care physicians, and any medical providers supporting patients with chronic pain would benefit from reading this book. The book is well written and does not sacrifice medical content for readability or accessibility.

This would be a wonderful book for family medicine residency education. Current trainees are often highly attuned to the opioid epidemic but likely have little familiarity with the prior landscape of pain management. The patient

cases would help residents develop healthy and realistic expectations of the work needed to support patients with chronic pain.

The flow of the book reminds me of my own clinical journey. As physicians, our medical journeys are really only linear with respect to time. In all other aspects the journey is often circular, weaving in and out of the nuances of physiology, anatomy, pharmacology, emotions, social complexities, and medical best practice. During that journey we are reminded of the aspects of practice that come purely by historical momentum and status quo. I found the book to be somewhat therapeutic for me as a physician; while reading it I felt as if my own struggles to help patients with chronic pain were being validated. This speaks to the authenticity of the author.

I greatly appreciate the medical honesty of this book. As a family doctor I have often referred patients to specialists for interventions from which they have received little to no benefit. In my desperation to help them find relief I have continued to seek procedural intervention first over the psychosocial. While sometimes this is indeed appropriate, my own practice has demonstrated that meaningful results from procedural interventions are the exception rather than the rule and that often a more psychosocial approach is ultimately needed. Dr Abdul Ghaaliq Lalkhen's work is an honest and open reminder not to take this path of least resistance, but instead to recommit oneself to doing the difficult work of walking with patients on their journey of chronic pain and slowly, diligently helping them turn their locus of control inward once again, or perhaps for the first time in their lives.

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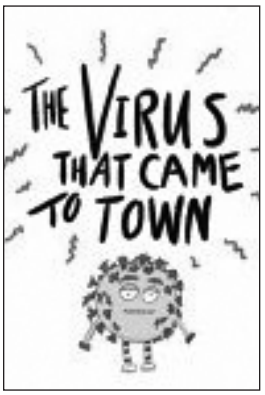
The Virus That Came to Town

Wesley Walters (author) Abby Little Jessup (illustrator)

Evanston, IL, self-published, 2021, 28 pp., $14.95, hardcover



COVID-19 has dominated our news feeds and workdays for almost 2 years. As family medicine educators, we face the daily challenge of communicating risk, prevention, and treatment messages to patients and to the public. As a discipline that provides comprehensive care across the life course, family physicians have been doubly challenged to communicate these complex ideas to children and their families. In *The Virus That Came to Town*, author Wesley Walters and illustrator Abby Little Jessup give family physicians a tool for helping their youngest patients understand prevention tactics such as handwashing, mask wearing, and physical distancing.

In this children's picture book, Walters, a medical student at the Medical College of Georgia (MCG), tells the story of Monica and Marshall as their family experiences an unnamed viral pandemic. Through the narrative, Monica and Marshall learn new health behaviors and cope with an uncertainty and fear that will sound familiar to many of us. The illustrations help children visualize some of the big ideas they have certainly heard the adults around them discuss. With striped tights reminiscent of Dr Seuss's mischievous Cat in the Hat or the malicious Wicked Witch of the East, the anthropomorphized virus is ever present, popping up on every page.

The Virus That Came to Town will not answer every question a curious child asks. The book uses linear storytelling to help children understand basic prevention strategies. However, the current pandemic has been neither simple nor linear. Some young readers will likely ask why someone they know still got sick even after they did everything right, as described by the book's doctor.

In the book, the author and illustrator evidence two important decisions in their process. First, by leaving the virus unnamed, the author enables us to apply the narrative to the viral threat of the day. In 10 years, the book will still be a powerful tool for teaching the principles of handwashing, mask wearing, and physical distancing. Second, the illustrator infused the book with diversity and inclusion. Characters Monica and Marshall are illustrated as part of a multiracial family. The town doctor is also a woman of color. Although this is not the primary message of the book, this diversity can inspire young readers to see themselves in the characters. This inspiration is most direct near the end of the story, when the text turns from third to second person, encouraging the reader, "one day you can help heal people…as a doctor or nurse" (p. 24).

For family medicine educators, the book offers an opportunity for teaching medical learners the power of children's literature in practice. Children's literature can be a useful tool for health education, potentially influencing health behaviors in children. Storybooks start health-related conversations with children in a nonthreatening way.[1] Through a depicted narrative, books can teach readers (or listeners) specific prevention behaviors and boost self-efficacy.[2] For example, *The Virus That Came to Town* offers a lyrical option for timing handwashing. Books can also be used to help children work through times of uncertainty and change. Bibliotherapy, guided therapeutic reading in which clinicians or counselors share or read books to develop insight into personal problems,[3] has been used with children to address social and emotional needs and trauma. *The Virus That Came to Town* is one reading that clinicians can use with families to help them talk about children's emotional response to the pandemic and how it has changed their lives.

Family medicine educators may also see an inspiration here for how writing can be a powerful tool with our learners. The author is a medical student in the MCG Class of 2024. Through the creative process of writing, collaborating with an illustrator, and publishing this book, he gained experience in how to communicate complex, timely messages to a young audience in a challenging time. This book is just one example of how medical students recognized, rose up, and met needs in their communities, whether it was coordinating local volunteers to use 3D printers to create protective equipment or providing emergency childcare to health care workers during shutdowns.[4] *The Virus That Came to Town* tells a story that our patient families need to hear. It is also part of a larger story that we, as educators, need to remember.

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