

# Less Medicine More Health 7 Assumptions That Driv

**H. Gilbert Welch, Lisa Schwartz, Steve Woloshin**

*Less Medicine, More Health* Dr. H. Gilbert Welch, 2016-03-01 A nationally recognized expert describes seven widespread assumptions that encourage excessive, ineffective, and sometimes harmful medical care—for readers of *Overdiagnosed* and Malcolm Gladwell You might think the biggest problem in medical care is that it costs too much. Or that health insurance is too expensive, too uneven, too complicated—and gives you too many forms to fill out. But the central problem is that too much medical care has too little value. Dr. H. Gilbert Welch is worried about too much medical care. He doesn't deny that some people get too little medical care—rather that the conventional concern about “too little” needs to be balanced with a concern about “too much”: too many people being made to worry about diseases they don't have and are at only average risk to get; too many people being tested and exposed to the harmful effects of the testing process; too many people being subjected to treatments they don't need or can't benefit from. The American public has been sold the idea that seeking medical care is one of the most important steps to maintain wellness. Surprisingly, medical care is not, in fact, well correlated with good health. More medicine does not equal more health; in reality the opposite may be true. In *Less Medicine, More Health*, Dr. Welch pushes against established wisdom and suggests that medical care can be too aggressive. Drawing on his twenty-five years of medical practice and research, he notes that while economics and lawyers contribute to the excesses of American medicine, the problem is essentially created when the general public clings to these powerful assumptions about the value of tests and treatments—a number of which are just plain wrong. By telling fascinating (and occasionally amusing) stories backed by reliable data, Dr. Welch challenges patients and the health-care establishment to rethink some very fundamental practices. His provocative prescriptions hold the potential to save money and, more important, improve health outcomes for us all.

Better Now Dr. Danielle Martin, 2017-01-10 Longlisted for British Columbia's National Award for Canadian Non-Fiction 2018 Dr. Danielle Martin sees the challenges in our health care system every day. As a family doctor and a hospital vice president, she observes how those deficiencies adversely affect patients. And as a health policy expert, she knows how to close those gaps. A passionate believer in the value of fairness that underpins the Canadian health care system, Dr. Martin is on a mission to improve medicare. In *Better Now*, she shows how bold fixes are both achievable and affordable. Her patients' stories and her own family's experiences illustrate the evidence she presents about what works best to improve health care

for all. Better Now outlines “Six Big Ideas” to bolster Canada’s health care system. Each one is centred on a typical Canadian patient, making it clear how close to home these issues strike. · Ensure every Canadian has regular access to a family doctor or other primary care provider · Bring prescription drugs under medicare · Reduce unnecessary tests and interventions · Reorganize health care delivery to reduce wait times and improve quality · Implement a basic income guarantee to alleviate poverty, which is a major threat to health · Scale up successful local innovations to a national level Passionate, accessible, and authoritative, Dr. Martin is a fervent supporter of the best of medicare and a persuasive critic of what needs fixing.

**An Introduction to the US Health Care Industry** David S. Guzick, 2020-10-13 Why does US health care have such high costs and poor outcomes? Dr. David S. Guzick offers this critique of the American health care industry and argues that it could work more effectively by rebalancing care, cost, and access. For decades, the United States has been faced with a puzzling problem: Despite spending much more money per capita on health care than any other developed nation, its population suffers from notoriously poorer health. In comparison with 10 other high-income nations, in fact, the US has the lowest life expectancy at birth, the highest rates of infant and neonatal mortality, and the most inequitable access to physicians when adjusted for need. In *An Introduction to the US Health Care Industry*, Dr. David S. Guzick takes an in-depth look at this troubling issue. Bringing to bear his unique background as a physician, economist, former University of Rochester medical school dean, and former president of the University of Florida Health System, Dr. Guzick shows that what we commonly refer to as the US health care system is actually an industry forged by a unique collection of self-interested and disjointed stakeholders. He argues that the assumptions underlying well-functioning markets do not align with health care. The resulting market imperfections, combined with entrenched industry stakeholders, have led to a significant imbalance of care, cost, and access. Using a nontechnical framework, Dr. Guzick introduces readers to the economic principles behind the function—and dysfunction—of our health care industry. He shows how the market-based approach could be expected to remedy these problems while detailing the realities of imperfections, regulations, and wealth inequality on those functions. He also analyzes how this industry developed, presenting the conceptual underpinnings of the health care industry while detailing its history and tracing the creation and entrenchment of the current federation of key stakeholders—government, insurance companies, hospitals, doctors, employers, and drug and device manufacturers. In the final section of the book, Dr. Guzick looks to the future, describing the prevention, innovation, and alternative financing models that could help to rebalance the priorities of care, cost, and access that Americans need. An online supplement on COVID-19 is available, as is a discussion guide for instructors. To access this supplemental material, please visit [www.jhupbooks.press.jhu.edu](http://www.jhupbooks.press.jhu.edu).

**Overdiagnosed** H. Gilbert Welch, Lisa Schwartz, Steve Woloshin, 2012-01-03 An exposé on Big Pharma and the American healthcare system’s zeal for excessive medical testing, from a nationally recognized expert More screening doesn’t lead to better health—but can turn healthy people into patients. Going against the conventional wisdom reinforced by the medical

establishment and Big Pharma that more screening is the best preventative medicine, Dr. Gilbert Welch builds a compelling counterargument that what we need are fewer, not more, diagnoses. Documenting the excesses of American medical practice that labels far too many of us as sick, Welch examines the social, ethical, and economic ramifications of a health-care system that unnecessarily diagnoses and treats patients, most of whom will not benefit from treatment, might be harmed by it, and would arguably be better off without screening. Drawing on 25 years of medical practice and research on the effects of medical testing, Welch explains in a straightforward, jargon-free style how the cutoffs for treating a person with “abnormal” test results have been drastically lowered just when technological advances have allowed us to see more and more “abnormalities,” many of which will pose fewer health complications than the procedures that ostensibly cure them. Citing studies that show that 10% of 2,000 healthy people were found to have had silent strokes, and that well over half of men over age sixty have traces of prostate cancer but no impairment, Welch reveals overdiagnosis to be rampant for numerous conditions and diseases, including diabetes, high cholesterol, osteoporosis, gallstones, abdominal aortic aneurysms, blood clots, as well as skin, prostate, breast, and lung cancers. With genetic and prenatal screening now common, patients are being diagnosed not with disease but with “pre-disease” or for being at “high risk” of developing disease. Revealing the economic and medical forces that contribute to overdiagnosis, Welch makes a reasoned call for change that would save us from countless unneeded surgeries, excessive worry, and exorbitant costs, all while maintaining a balanced view of both the potential benefits and harms of diagnosis. Drawing on data, clinical studies, and anecdotes from his own practice, Welch builds a solid, accessible case against the belief that more screening always improves health care.

**Should I Be Tested for Cancer?** H. Gilbert Welch, 2006-03-06 In this thought-provoking volume, a physician and public health expert challenges the notion that detecting cancer early always saves lives.

*Understanding Patient Safety, Third Edition* Robert Wachter, Kiran Gupta, 2017-12-01 Now revised and updated—the landmark patient safety primer written by the world’s leading authorities Medical errors are the unfortunate byproduct of an increasingly complex healthcare system. Now more than ever, keeping patients safe takes well-trained caregivers, relevant insights from a range of industries, additional investment—and a groundbreaking text like *Understanding Patient Safety*. *Understanding Patient Safety* is “must read” for those seeking to master the clinical, organizational, and systems issues of patient safety. In this bestselling primer, patient safety pioneer Robert Wachter and Kiran Gupta put all the essential tools and principles at your fingertips. Engaging and accessible, the book is filled with high-yield cases, analyses, tables, graphics, along with key points and references—all designed to help you optimize quality and safety. *Understanding Patient Safety* begins with an introduction to patient safety and medical errors. Its second section surveys specific types of medical errors, including those related to surgery, medications, diagnosis, transition and handoff, and infections. The third section covers proven solutions, from establishing reporting systems, to creating a culture of safety. The third edition reflects pivotal new

developments in the field, including major updates in diagnostic errors, information technology and patient safety, ambulatory safety, and clinician burnout. Features:

- Coverage of human factors and errors at the person-machine interface
- Review of workplace issues, including supporting caregivers after major errors
- How to organize an effective safety program
- Coordination of patient education and training
- Overview of the malpractice system
- Discussion of the patient's role

**Drive** Daniel H. Pink, 2011-04-05 The New York Times bestseller that gives readers a paradigm-shattering new way to think about motivation from the author of *When: The Scientific Secrets of Perfect Timing* Most people believe that the best way to motivate is with rewards like money—the carrot-and-stick approach. That's a mistake, says Daniel H. Pink (author of *To Sell Is Human: The Surprising Truth About Motivating Others*). In this provocative and persuasive new book, he asserts that the secret to high performance and satisfaction—at work, at school, and at home—is the deeply human need to direct our own lives, to learn and create new things, and to do better by ourselves and our world. Drawing on four decades of scientific research on human motivation, Pink exposes the mismatch between what science knows and what business does—and how that affects every aspect of life. He examines the three elements of true motivation—autonomy, mastery, and purpose—and offers smart and surprising techniques for putting these into action in a unique book that will change how we think and transform how we live.

**Green Medicine** Larry Malerba, D.O., 2011-03-15 According to Dr. Larry Malerba, modern medicine has perfected the short-term technical repair of the physical body at the expense of the long-term psychological and spiritual well-being of the whole person. In *Green Medicine* he examines this issue and provides a realistic blueprint for wellness and a valuable guide for those seeking deeper and more lasting healing. Written in an accessible style, the book draws on a rich range of fields—physics, philosophy, Jungian thought, shamanism, alchemy, Eastern thought, Western esotericism, sustainability, orthodox medicine—to create a green medical paradigm that represents a powerful integrative medical perspective. Dr. Malerba interweaves case histories from his own practice with innovative concepts from alternative and Western medicine in order to address a number of crucial questions:

- What are the personal and environmental costs to the overuse of pharmaceutical drugs?
- Is conventional medicine as scientific as it claims to be?
- How can conventional doctors and alternative healers begin to work together?
- How can individuals transform medicine and become participants in their own healthcare?

*Green Medicine* offers a practical and philosophical basis for building a viable green alternative that draws on the inherent unity of body, heart, mind, soul, and nature.

**Reimagining Global Health** Paul Farmer, Arthur Kleinman, Jim Kim, Matthew Basilio, 2013-09-07 Bringing together the experience, perspective and expertise of Paul Farmer, Jim Yong Kim, and Arthur Kleinman, *Reimagining Global Health* provides an original, compelling introduction to the field of global health. Drawn from a Harvard course developed by their

student Matthew Basilio, this work provides an accessible and engaging framework for the study of global health. Insisting on an approach that is historically deep and geographically broad, the authors underline the importance of a transdisciplinary approach, and offer a highly readable distillation of several historical and ethnographic perspectives of contemporary global health problems. The case studies presented throughout *Reimagining Global Health* bring together ethnographic, theoretical, and historical perspectives into a wholly new and exciting investigation of global health. The interdisciplinary approach outlined in this text should prove useful not only in schools of public health, nursing, and medicine, but also in undergraduate and graduate classes in anthropology, sociology, political economy, and history, among others.

**Less** Marc Lesser, 2010-10-04 A certain kind of busyness is crucial to life, allowing us to earn a living, create art, and achieve success. But too often it consumes us and we become crazy busy, nonstop busy, and we expend extraneous effort that gets us nowhere. Marc Lesser's new book shows us the benefits of doing less in a world that has increasingly embraced more — more desire, more activity, more things, more exhaustion. Less is about stopping, about the possibility of finding composure in the midst of activity. The ideas and practices that Lesser outlines offer a radical yet simple approach to transforming a lifestyle based on endless to-do lists into a more meaningful approach that is truly more productive in every sense.

**When People Come First** João Biehl, Adriana Petryna, 2013-07-07 A people-centered approach to global health *When People Come First* critically assesses the expanding field of global health. It brings together an international and interdisciplinary group of scholars to address the medical, social, political, and economic dimensions of the global health enterprise through vivid case studies and bold conceptual work. The book demonstrates the crucial role of ethnography as an empirical lantern in global health, arguing for a more comprehensive, people-centered approach. Topics include the limits of technological quick fixes in disease control, the moral economy of global health science, the unexpected effects of massive treatment rollouts in resource-poor contexts, and how right-to-health activism coalesces with the increased influence of the pharmaceutical industry on health care. The contributors explore the altered landscapes left behind after programs scale up, break down, or move on. We learn that disease is really never just one thing, technology delivery does not equate with care, and biology and technology interact in ways we cannot always predict. The most effective solutions may well be found in people themselves, who consistently exceed the projections of experts and the medical-scientific, political, and humanitarian frameworks in which they are cast. *When People Come First* sets a new research agenda in global health and social theory and challenges us to rethink the relationships between care, rights, health, and economic futures.

Communities in Action National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Community-Based Solutions to Promote Health Equity in the

United States,2017-04-27 In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual's health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. *Communities in Action: Pathways to Health Equity* seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome.

**Improving Diagnosis in Health Care** National Academies of Sciences, Engineering, and Medicine, Institute of Medicine, Board on Health Care Services, Committee on Diagnostic Error in Health Care, 2015-12-29 Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to *Improving Diagnosis in Health Care*, diagnostic errors-inaccurate or delayed diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. *Improving Diagnosis in Health Care*, a continuation of the landmark Institute of Medicine reports *To Err Is Human* (2000) and *Crossing the Quality Chasm* (2001), finds that diagnosis-and, in particular, the occurrence of diagnostic errors-has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of *Improving Diagnosis in Health Care* contribute to the growing momentum for change in this crucial area of health care quality and safety.

*Getting Past the Affair* Douglas K. Snyder, Donald H. Baucom, Kristina Coop Gordon, 2007-01-06 This book has been

replaced by *Getting Past the Affair*, Second Edition, ISBN 978-1-4625-4748-7.

*Decisive* Chip Heath, Dan Heath, 2013-03-26 The four principles that can help us to overcome our brains' natural biases to make better, more informed decisions--in our lives, careers, families and organizations. In *Decisive*, Chip Heath and Dan Heath, the bestselling authors of *Made to Stick* and *Switch*, tackle the thorny problem of how to overcome our natural biases and irrational thinking to make better decisions, about our work, lives, companies and careers. When it comes to decision making, our brains are flawed instruments. But given that we are biologically hard-wired to act foolishly and behave irrationally at times, how can we do better? A number of recent bestsellers have identified how irrational our decision making can be. But being aware of a bias doesn't correct it, just as knowing that you are nearsighted doesn't help you to see better. In *Decisive*, the Heath brothers, drawing on extensive studies, stories and research, offer specific, practical tools that can help us to think more clearly about our options, and get out of our heads, to improve our decision making, at work and at home.

**Alone Together** Sherry Turkle, 2017-11-07 Savvy and insightful. --New York Times Technology has become the architect of our intimacies. Online, we fall prey to the illusion of companionship, gathering thousands of Twitter and Facebook friends, and confusing tweets and wall posts with authentic communication. But this relentless connection leads to a deep solitude. MIT professor Sherry Turkle argues that as technology ramps up, our emotional lives ramp down. Based on hundreds of interviews and with a new introduction taking us to the present day, *Alone Together* describes changing, unsettling relationships between friends, lovers, and families.

*Expecting Better* Emily Oster, 2014-06-24 "Emily Oster is the non-judgmental girlfriend holding our hand and guiding us through pregnancy and motherhood. She has done the work to get us the hard facts in a soft, understandable way." —Amy Schumer \*Fully Revised and Updated for 2021\* What to Expect When You're Expecting meets *Freakonomics*: an award-winning economist disproves standard recommendations about pregnancy to empower women while they're expecting. From the author of *Cribsheet* and *The Family Firm*, a data-driven decision making guide to the early years of parenting Pregnancy—unquestionably one of the most profound, meaningful experiences of adulthood—can reduce otherwise intelligent women to, well, babies. Pregnant women are told to avoid cold cuts, sushi, alcohol, and coffee without ever being told why these are forbidden. Rules for prenatal testing are similarly unexplained. Moms-to-be desperately want a resource that empowers them to make their own right choices. When award-winning economist Emily Oster was a mom-to-be herself, she evaluated the data behind the accepted rules of pregnancy, and discovered that most are often misguided and some are just flat-out wrong. Debunking myths and explaining everything from the real effects of caffeine to the surprising dangers of gardening, *Expecting Better* is the book for every pregnant woman who wants to enjoy a healthy and relaxed pregnancy—and the occasional glass of wine.

*Malignant* Vinayak K. Prasad, 2020-04-21 This well-written, opinionated, and engaging book explains what we can do differently to make serious and sustained progress against cancer—and how we can avoid repeating the policy and practice mistakes of the past.

**If Disney Ran Your Hospital** Fred Lee, 2004 Using examples from his work with Disney and as a senior-level hospital executive, author Fred Lee challenges the assumptions that have defined customer service in healthcare. In this unique book, he focuses on the similarities between Disney and hospitals--both provide an experience, not just a service. It shows how hospitals can emulate the strategies that earn Disney the trust and loyalty of their guests and employees. The book explains why standard service excellence initiatives in healthcare have not led to high patient satisfaction and loyalty, and it provides 9 1/2 principles that will help hospitals gain the competitive advantage that comes from being seen as the best by their own employees, consumers, and community.

**Deep Medicine** Eric Topol, 2019-03-12 A Science Friday pick for book of the year, 2019 One of America's top doctors reveals how AI will empower physicians and revolutionize patient care Medicine has become inhuman, to disastrous effect. The doctor-patient relationship--the heart of medicine--is broken: doctors are too distracted and overwhelmed to truly connect with their patients, and medical errors and misdiagnoses abound. In *Deep Medicine*, leading physician Eric Topol reveals how artificial intelligence can help. AI has the potential to transform everything doctors do, from notetaking and medical scans to diagnosis and treatment, greatly cutting down the cost of medicine and reducing human mortality. By freeing physicians from the tasks that interfere with human connection, AI will create space for the real healing that takes place between a doctor who can listen and a patient who needs to be heard. Innovative, provocative, and hopeful, *Deep Medicine* shows us how the awesome power of AI can make medicine better, for all the humans involved.

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