

Reviews and reflections

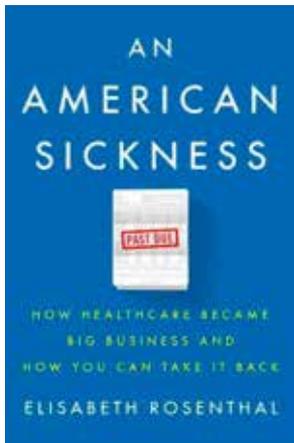
David A. Bennahum, MD, and Jack Coulehan, MD, Book Review Editors

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

Elizabeth Rosenthal

Penguin Press, April 11, 2017, 416 pages

Reviewed by Norman H. Edelman, MD (AQA, New York University, 1961)



The bulk of this book is a passionate, bare-knuckled attack on the health care delivery enterprise in the United States. It focuses on the multitude of devices which have been developed to maximize income without regard for the financial concerns of patients and taxpayers. No sector is spared. There are chapters on hospitals, physicians, allied health providers, the pharmaceutical industry, and the insur-

ance industry.

The author's style is descriptive, mainly of patients who have been presented with unexpected, exorbitant bills and of income maximizing practices that she considers egregious. The reader is bombarded with example after example. The technique is effective; even this long-hardened reviewer found his anger rising more than once.

This is not a scholarly book. There are virtually no data or trend analyses. There are multiple descriptions of people being driven to the financial brink by health care expenses, but there are no descriptive statistics on trends in health care-related bankruptcies.

It is not even-handed. In only a few scattered sentences does the author admit that there are still some caring and honest providers. In describing the Affordable Care Act she focuses on the ways various providers and payers have sought to subvert its purpose rather than on what, in retrospect, was an almost heroic attempt to mitigate many of the excesses of the health care industry.

Part Two seeks to advise patients on navigating these treacherous waters. It consists mainly of checking bills and comparison shopping, which may be beyond the capacity of most patients. There are also some suggestions for reforming the "system," which are well-taken but not comprehensive or unique.

The chapter on hospitals is more compelling than others because it is only here that the author tries to understand how an enterprise long characterized by mission-oriented religious and professional leadership quickly morphed into "an industry...[in which] at every point there's a way to make money."

The author focuses on the ubiquitous and influential business school-trained consultants whose only goal, she says, has been to optimize the bottom line. Interestingly, this view parallels that of the recently published book *The Golden Passport: Harvard Business School, the Limits of Capitalism, and the Moral Failure of the MBA Elite*,¹ by Duff McDonald, which lays a significant portion of the blame for our purely bottom line-oriented business climate at the foot of the Harvard Business School. McDonald points out that the Harvard Business School was established to train businessmen who "will handle their current business problems in socially constructive ways," but has morphed into one where the prevailing ethos is that the only obligation of the corporate manager is to shareholders' profits. Similar to Rosenthal, McDonald opines that this ethic was widely and rapidly disseminated through the enormous influence of key consulting entities, which were typically populated by Harvard Business School graduates.

What is the relevance to readers of *The Pharos*? On the one hand, we can believe that what is going on in health care is merely part of a broad societal shift in business and professional morality, and there is little that can be done. However, we hold ourselves to be the elite of the profession, and many of us are, or have been, in leadership positions. I believe that collectively, and as individuals, we can do more than has been done to advance an ethic that emphasizes service and compassion, not remuneration, as the foundations of health care.

Reference

1. McDonald D. *The Golden Passport: Harvard Business School, the Limits of Capitalism, and the Moral Failure of the MBA Elite*. New York: HarperCollins; 2017. As reviewed by James B. Stewart for the *New York Times*, April 24, 2017.

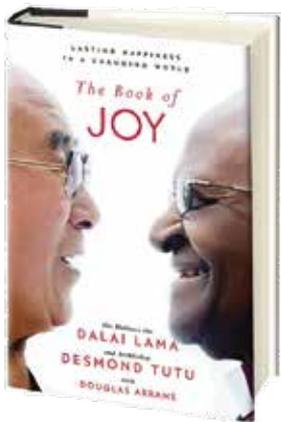
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The Book of Joy: Lasting Happiness in a Changing World

Dalai Lama, Desmond Tutu, Douglas Carlton Abrams
Avery; September 20, 2016; 384 pages

Reviewed by Dean Gianakos, MD



In *The Wall Street Journal*, there was the article “Venezuelan Riot Police Tire of Front-Line Duties.”¹ It tells the story of Ana, a young policewoman who patrols the slums of Caracas at night. During the day, she gears up to confront government protestors who are angry about food shortages and the lack of jobs:

On those front lines, she and her colleagues use tear gas and rubber bullets against increasingly desperate protestors armed with stones, Molotov cocktails and even bags of feces. The showdowns take place in scorching heat, and she says authorities provide her with no food, water or overtime pay.¹

Many American physicians also tire of front-line duties. Some are burned out, depressed, or suicidal, and we absolutely need to find ways to help them. However, most of us are grateful to be practicing medicine in our offices rather than fighting protestors on the streets of Caracas. Cultivating gratitude is one way to promote physician well-being.

Today’s physicians spend many hours on their computers completing documentation requirements and administrative tasks. Since the patient-physician relationship is the primary source of joy for most physicians, it’s no wonder many are burning out. They are asking themselves existential questions: How should I live my life? Is it time to cut back on my work hours, downsize my home, and pursue other passions? Should I work to change the office flow in my practice, hoping it will make a difference in my professional satisfaction? Should I advocate for health care change at a local, state, or national level? Should I return to teaching to give back to the next generation? Will devoting more time to these non-clinical activities paradoxically renew my energy, restore joy, and provide an antidote to

my malaise? Should I just suck it up and keep grinding?

It is with these questions in mind that I turn to the book, *The Book of Joy: Lasting Happiness in a Changing World*.

Douglas Abrams spent five days with the Dalai Lama and Archbishop Desmond Tutu in the northern Indian state of Himachal Pradesh, the exiled home of the Dalai Lama. As Abrams notes in the introduction, there are three layers to the book:

- 1) The Dalai Lama’s and Archbishop Tutu’s teachings on joy;
- 2) The science on joy, provided by Abrams; and
- 3) Abrams’ impressions and stories about these joyful men.

These layers are explored in three chapters: “The Nature of True Joy,” “The Obstacles to Joy,” and “The Eight Pillars of Joy” (perspective, humility, humor, acceptance, forgiveness, gratitude, compassion, and generosity).

At the end of the book, there is a section on “joy practices” for readers to incorporate into their daily lives: breathing exercises, meditation, prayer, silence, journaling for gratitude, fasting, humor, physical exercise, and reflection exercises.

Abrams takes notes and make observations as the Dalai Lama and the Archbishop share Buddhist and Christian perspectives on suffering, adversity, and joy. They have remarkably similar views:

Joy, as the Archbishop said during the week, is much bigger than happiness. While happiness is often seen as being dependent on external circumstances, joy is not. This state of mind—and heart—is much closer to both the Dalai Lama’s and the Archbishop’s understanding of what animates our lives and what ultimately leads to a life of satisfaction and meaning.

Abrams adds:

And the more we turn away from our self-regard to wipe the tears from the eyes of another, the more—incredibly—we are able to bear, to heal, and to transcend our own suffering.

Of course, if we spend too much time wiping away tears, we risk burnout. There is only one passage in the book on compassion fatigue. The Dalai Lama said, “We have to take care of ourselves without selfishly taking

care of ourselves. If we don't take care of ourselves, we cannot survive."

I suspect he would refer fatigued physicians to the back of the book to experiment with joy practices. Abrams might point to the section on Sonja Lyubomirsky's scientific work, where she explains the three keys to happiness—expressing gratitude, reframing situations in positive ways, and showing kindness and generosity.

This book will not help physicians to solve the system issues in medicine—office inefficiencies, electronic health record burdens, regulatory and reimbursement demands. These are huge contributors to the physician burnout crisis, and most likely will not be going away any time soon. However, physicians can reflect on the wise words of the Dalai Lama and Archbishop Tutu to help them find joy in their life and work.

No matter how stressful situations may seem, physicians always have a choice regarding how they will respond. After reading this book, perhaps more physicians will choose to change their lives in significant ways, each one "becoming an oasis of peace, a pool of serenity that ripples out to all of those around us."

References

1. Kurmanaev, A. *The Wall Street Journal*, May 18, 2017.

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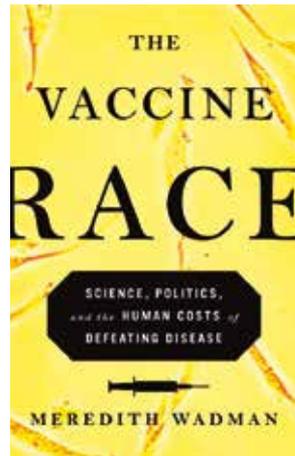
The Vaccine Race: Science, Politics, and the Human Costs of Defeating Disease

Meredith Wadman
Viking; February 7, 2017; 448 pages

Reviewed by Thoru Pederson, PhD

In *The Vaccine Race*, Meredith Wadman writes a book that is readable by all audiences—the medical community, and the general public. She has been a staff reporter at *Science* magazine, and holds a medical degree from Oxford. The most vivid and successful elements of her book are her descents into the weeds of vaccinology while keeping the reader engaged.

Wadman takes an objective stand. She did thorough research, and conducted interviews with all the key people.



It is a very engaging story.

The book presents a cell line, but the tissue donor remains *sotte voce*. (The donor has never been publicly identified other than as a Swedish woman.) It tells the story of how a particular cell from this fetal tissue was teased into culture and became extremely important in vaccine development. The story is also about this cell line's disputed ownership.

Beyond the swirling legal issues that Wadman addresses, she reminds us that any vaccine (there are not that many) is a tremendous achievement of laboratory and clinical science. Apart from the controversial cell line issues, Wadman's book is primarily about a momentous landmark in the history of medicine: the advent of an effective vaccine for rubella.

Although duly covering earlier eras in the ascent of vaccines, Wadman situates the story around the Wistar Institute in Philadelphia. She presents its history in anatomical science in engaging detail, and then moves into the 1960s when the institute became a world leader in virology under the leadership of the Polish-American scientist Hilary Koprowski.

Koprowski viewed scientists at the institute who were skilled at cell cultivation as technical supporters, while regarding staff virologists as the true enablers of the institute's overall vaccine goals. Koprowski's quest for a live polio vaccine was underway at the Wistar Institute, but would not be won.

Wadman draws out the story of the then-unheralded cell culturist at Wistar, Leonard Hayflick, a man typified by extraordinary scientific skill, and tremendous persistence. These two qualities became a focal point of the story, and indeed the man's entire career.

Hayflick had for years been working on the establishment of human cell lines from aborted fetuses obtained from a Philadelphia hospital and one in Stockholm. He focused on assays to determine the absence or presence of endogenous viruses, and scrupulously tracked the cells for the chromosomal aberrations typically seen in tumor-derived cell lines. Wadman's account of these efforts is meticulous and engaging.

After 25 of these cell lines had been established they

were all lost in a freezer failure. Hayflick had to start all over, and soon established WI-26 (the initials for the Institute). Demand for it by labs around the world was so great that the supply was soon depleted. It was clear to Hayflick that a major expansion of the stocks of any new line would be necessary before distribution.

In June 1962, Hayflick established a lung fibroblast cell line from a female abortus received from a Swedish hospital. He dubbed the line WI-38, a label that would become one of the most famous cell line names in medical history—at least to vaccinology. Even for readers who are not cell biologists, this part of the story is stirring drama.

Hayflick and his colleagues determined that WI-38 cells were demonstrably free of viruses, and that their chromosomal complement was normal and remained so during propagation. Then, they noticed something new: WI-38 cells stopped growing after a certain number of serial cultivations, approximately 50 population doublings. This discovery became the foundation of a new field in cell biology, “cell replication senescence.”

The book returns to its main theme of vaccinology and the quest for an effective rubella vaccine. The author

covers the work of Wistar’s Stanley Plotkin, and the parallel race waged (but lost) by Merck. There may not be a better account of the rubella vaccine story, at least in a form as accessible for the general reader. Wadman’s account of the rubella vaccine is masterful.

In 1968, Hayflick accepted a faculty position at Stanford University. Given the widely established importance of WI-38 cells in vaccinology worldwide, and uncertain of how they would be cared for if left behind, Hayflick took most of the stocks with him. There was much controversy about this, as the author details.

I commend this book on the basis of the author’s engaging coverage of the rubella vaccine story. For those who ponder the ethical issues around the proper use of human tissue there is also much to be found here. This is a story about a triumphant chapter in the history of vaccinology.

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