

Original Article Nejm

The inspiring story of how a leading innovator in patient safety found a simple way to save countless lives. First, do no harm--doctors, nurses and clinicians swear by this code of conduct. Yet in hospitals and doctors' offices across the country, errors are made every single day - avoidable, simple mistakes that often cost lives. Inspired by two medical mistakes that not only ended in unnecessary deaths but hit close to home, Dr. Peter Pronovost made it his personal mission to improve patient safety and make preventable deaths a thing of the past, one hospital at a time. Dr. Pronovost began with simple improvements to a common procedure in the ER and ICU units at Johns Hopkins Hospital. Creating an easy five-step checklist based on the most up-to-date research for his fellow doctors and nurses to follow, he hoped that streamlining the procedure itself could slow the rate of infections patients often died from. But what Dr. Pronovost discovered was that doctors and nurses needed more than a checklist: the day-to-day environment needed to be more patient-driven and staff needed to see scientific results in order to know their efforts were a success. After those changes took effect, the units Dr. Pronovost worked with decreased their rate of infection by 70%. Today, all fifty states are implementing Dr. Pronovost's programs, which have the potential to save more lives than any other medical innovation in the past twenty-five years. But his ideas are just the beginning of the changes being made by doctors and nurses across the country making huge leaps to improve patient care. In *Safe Patients, Smart Hospitals*, Dr. Pronovost shares his own experience, anecdotal stories from his colleagues at Johns Hopkins and other hospitals that have made his approach their own, alongside comprehensive research--showing readers how small changes make a huge difference in patient care. Inspiring and thought provoking, this compelling book shows how one person with a cause really can make a huge difference in our lives. From Victorian anxieties about syphilis to the current hysteria over herpes and AIDS, the history of venereal disease in America forces us to examine social attitudes as well as purely medical concerns. In *No Magic Bullet*, Allan M. Brandt recounts the various medical, military, and public health responses that have arisen over the years--a broad spectrum that ranges from the incarceration of prostitutes during World War I to the establishment of required premarital blood tests. Brandt demonstrates that Americans' concerns about venereal disease have centered around a set of social and cultural values related to sexuality, gender, ethnicity, and class. At the heart of our efforts to combat these infections, he argues, has been the tendency to view venereal disease as both a punishment for sexual misconduct and an index of social decay. This tension between medical and moral approaches has significantly impeded efforts to develop "magic bullets"--drugs that would rid us of the disease--as well as effective policies for controlling the infections' spread. In this 35th anniversary edition of *No Magic Bullet*, Brandt reflects on recent scholarship, the persistence of sexually transmitted diseases, and the trajectory of the HIV epidemic, as they have informed contemporary conceptions of biomedicine and global health.

Severe asthma is a form of asthma that responds poorly to currently available medication, and its patients represent those with greatest unmet needs. In the last 10 years, substantial progress has been made in terms of understanding some of the mechanisms that drive severe asthma; there have also been concomitant advances in the recognition of specific molecular phenotypes. This ERS Monograph covers all aspects of severe asthma – epidemiology, diagnosis, mechanisms, treatment and management – but has a particular focus on recent understanding of mechanistic heterogeneity based on an analytic approach using various 'omics platforms applied to clinically well-defined asthma cohorts. How these advances have led to improved management targets is also emphasised. This book brings together the clinical and scientific expertise of those from around the world who are collaborating to solve the problem of severe asthma.

Vaccine reluctance and refusal are no longer limited to the margins of society. Debates around vaccines' necessity -- along with questions around their side effects -- have gone mainstream, blending with geopolitical conflicts, political campaigns, celebrity causes, and "natural" lifestyles to win a growing number of hearts and minds. Today's anti-vaccine positions find audiences where they've never existed previously. Stuck examines how the issues surrounding vaccine hesitancy are, more than anything, about people feeling left out of the conversation. A new dialogue is long overdue, one that addresses the many types of vaccine hesitancy and the social factors that perpetuate them. To do this, Stuck provides a clear-eyed examination of the social vectors that transmit vaccine rumors, their manifestations around the globe, and how these individual threads are all connected.

Women now represent over half of medical school matriculants, almost half of residents and fellows, and over a third of practicing physicians nationally. Despite considerable representation among the physician workforce, women are paid 75 cents on the dollar compared with their male counterparts after accounting for specialty, geography, time in practice, and average hours per week worked. This pay gap is significantly greater than the one reported for US women workers as a whole and has shown little improvement over time. While much has been written about the problem, a robust discussion about how to rectify the situation has been missing from the conversation. *Closing the Gender Pay Gap in Medicine* is the first comprehensive assessment of how cultural expectations and compensation methodologies in medicine work together to perpetuate salary disparities between men and women physicians. Since the gender gap reflects a convergence of forces within our healthcare enterprises, achieving pay equity can be an overwhelming undertaking for institutions and their leaders. However, compensation is foremost a business endeavor. Therefore, a roadmap for operationalizing equity within the finance, human resources, and compliance structures of our organizations is critical to eliminating disparities. The roadmap described in this book breaks down the component parts of compensation methodology to reveal their unintentional impact on salary equity and lays out processes and procedures that support new approaches to generate fair and equitable outcomes. Additionally, the roadmap is anchored in change management principles that address institutional culture and provide momentum toward salary equity. The book begins with a review of the evidence on the gender pay gap in medicine. The following chapter discusses how gender-based differences in performance assessments, specialty choice, domestic responsibilities, negotiation, professional resources, sponsorship, and clinical productivity accumulate across women's careers in medicine and impact evaluation, promotion, and therefore compensation in the healthcare workplace. The next two chapters focus, respectively, on how compensation is determined - highlighting potential pitfalls for pay equity - and regulatory and legal considerations. Chapters 5 and 6 explore organizational infrastructure, salary data collection and analysis, and culture change strategies necessary to rectify compensation inequities. Chapter 7 offers a detailed account of one medical institution's successful journey to achieve salary equity. The book's final chapter emphasizes that closing the gender pay gap is at its essence a business endeavor and recommends that organizations assess progress and cost with the same attention, rigor, and regularity as afforded other operating expenses. *Closing the Gender Pay Gap in Medicine* offers a detailed roadmap for healthcare organizations seeking to close the gender pay gap among their physician workforce. This first-of-its-kind book will

assist institutions plan courses of action and identify potential pitfalls so they can be understood and mitigated. It will also prove a valuable resource for transformational leadership and systems-based change critical to attaining compensation equity.

Examines the issue of physician-assisted suicide in several articles from a variety of perspectives.

Tomorrow's Professor is designed to help you prepare for, find, and succeed at academic careers in science and engineering. It looks at the full range of North American four-year academic institutions while featuring 30 vignettes and more than 50 individual stories that bring to life the principles and strategies outlined in the book. Tailored for today's graduate students, postdocs, and beginning professors, Tomorrow's Professor: Presents a no-holds-barred look at the academic enterprise Describes a powerful preparation strategy to make you competitive for academic positions while maintaining your options for worthwhile careers in government and industry Explains how to get the offer you want and start-up package you need to help ensure success in your first critical years on the job Provides essential insights from experienced faculty on how to develop a rewarding academic career and a quality of life that is both balanced and fulfilling Bonus material is available for free download at <http://booksupport.wiley.com> At a time when anxiety about academic career opportunities for Ph.D.s in these field is at an all-time high, Tomorrow's Professor provides a much-needed practical approach to career development.

The New England Journal of Medicine is one of the most important general medical journals in the world. Doctors rely on the conclusions it publishes, and most do not have the time to look beyond abstracts to examine methodology or question assumptions. Many of its pronouncements are conveyed by the media to a mass audience, which is likely to take them as authoritative. But is this trust entirely warranted? Theodore Dalrymple, a doctor retired from practice, turned a critical eye upon a full year of the Journal, alert to dubious premises and to what is left unsaid. In False Positive, he demonstrates that many of the papers it publishes reach conclusions that are not only flawed, but obviously flawed. He exposes errors of reasoning and conspicuous omissions apparently undetected by the editors. In some cases, there is reason to suspect actual corruption. When the Journal takes on social questions, its perspective is solidly politically correct. Practically no debate on social issues appears in the printed version, and highly debatable points of view go unchallenged. The Journal reads as if there were only one possible point of view, though the American medical profession (to say nothing of the extensive foreign readership) cannot possibly be in total agreement with the stances taken in its pages. It is thus more megaphone than sounding board. There is indeed much in the New England Journal of Medicine that deserves praise and admiration. But this book should encourage the general reader to take a constructively critical view of medical news and to be wary of the latest medical doctrines.

NEJM books sold exclusively through Marcel Dekker, Inc. This unique collection displays hundreds of visual images that appeared in the highly rewarding Images in Clinical Medicine section of the The New England Journal of Medicine between 1992-1997. It shows a wide variety of images-including photographs, MRIs, CT scans, electrocardiograms, histologic specimens, coronary arterograms, graphs of fever curves, cell images, and more. Serves as a powerful teaching tool for both common conditions and types of images as well as those rarely seen by the practicing clinician or researcher! Presents more than 200 images covering a multitude of disciplines and conditions such as:

allergy/rheumatology/collective tissue diseases - psoriasis, gout, sarcoidosis cardiology - acute myocardial infarction, septal defects, pulsus alternans dermatology - toxic epidermal necrolysis, malignant melanoma, heparin-induced skin necrosis endocrinology/metabolism/nutrition - necrobiosis lipoidica diabetorum, scurvy, cutaneous xanthomas gastroenterology - esophageal varices, gallstone ileus, diverticulitis hematology/oncology - spur cells, sickle cells, superior vena cava syndrome infectious diseases - the tick of lyme disease, Kawasaki's disease, Candida albicans nephrology - polycystic kidney disease, membranous nephropathy, nephrocalcinosis neurology - Alzheimer's disease, osmotic myelinolysis, carotid-artery dissection parasites and insects - Trichinella spiralis, hydatid disease, pinworms pulmonary diseases - histoplasmosis, paradoxa embolus, a ferruginous body surgery - breast reconstruction, abdominal aortic aneurysm, renovascular disease wounds and injuries - lightning strike, boxer's ear, fractured femur Educational...surprising...enlightening...and rewarding, Images in Clinical Medicine evokes all these reactions from physicians who review this assortment of acute and chronic conditions and diseases, injuries, surgical procedures, and congenital problems displayed in this one-of-a-kind resource.

Using a practical, hands-on approach, this book will teach anyone how to carry out Bayesian analyses and interpret the results.

Second in a series of publications from the Institute of Medicine's Quality of Health Care in America project Today's health care providers have more research findings and more technology available to them than ever before. Yet recent reports have raised serious doubts about the quality of health care in America. Crossing the Quality Chasm makes an urgent call for fundamental change to close the quality gap. This book recommends a sweeping redesign of the American health care system and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others. In this comprehensive volume the committee offers: A set of performance expectations for the 21st century health care system. A set of 10 new rules to guide patient-clinician relationships. A suggested organizing framework to better align the incentives inherent in payment and accountability with improvements in quality. Key steps to promote evidence-based practice and strengthen clinical information systems. Analyzing health care organizations as complex systems, Crossing the Quality Chasm also documents the causes of the quality gap, identifies current practices that impede quality care, and explores how systems approaches can be used to implement change.

The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public's Health in the 21st Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to

promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

A guide to "when to" and "what to" rather than "how to", this book provides evidence-based surgical reviews to provide credible answers to age-old surgical management questions. The management issues presented are oriented toward interventions and use evidence-based techniques to assess the safety and efficacy of new treatments and rehabilitative or preventative interventions. Each chapter is organized around the key questions essential to delineating the current status of evidence related to the subject reviewed. Publications from the past decade are cited that provide Level I and II evidence using the Oxford scale. Throughout *Elective General Surgery*, careful assessment of the validity of intervention studies and the strength of the evidence that they provide underlies the choices of cited publications. The information presented in this volume guides the scientific surgeon in providing state-of-the-art care and in optimizing the use of medical resources without losing sight of the need to address the unique needs of individual patients.

Based on the latest empirical research, *Wrong Medicine* continues to guide a broad range of health care professionals through the challenges of providing humane end-of-life care.

Expert clinical problem-solving methods and guidance—from the editors and contributors of the *New England Journal of Medicine* This invaluable resource from the *New England Journal of Medicine* expertly addresses methods and challenges in clinical diagnosis. Including the peer-reviewed content of the NEJM's renowned "Clinical Problem Solving" feature, this powerful resource is packed with case discussions from both ambulatory and hospital practice. Each Case Presentation reveals thought-provoking clinical and laboratory clues as the diagnostic considerations begin to emerge. Subsequent clinical detail and discussion and expert analysis add to the diagnostic picture until a final clinical diagnosis is reached. *New England Journal of Medicine: Clinical Problem-Solving* features: Published cases drawn from the *New England Journal of Medicine* reflecting actual patient-management situations that physicians experience in their everyday clinical practice Two brand new, never-before-published chapters on medical decision-making skills and methods Wide-ranging coverage of the major considerations in each case, from underlying pathophysiology to signs from the physical examination to lab testing strategies More than 100 full-color illustrations, tables, and algorithms Meticulously selected references that open up avenues for further study And much more! From cover to cover, *New England Journal of Medicine: Clinical Problem-Solving* presents the best case analysis, diagnostic thought processes, and problem-solving--direct from master clinicians.

Put relationship-centered communication at the forefront of care Today, physicians face a hypercompetitive marketplace in which they must meet unique and complex patient needs as efficiently as possible. But in a culture prioritizing clinical outcomes above all, there can be a tendency to lose sight of one of the most critical aspects of providing effective care: the communication skills that build and foster physician-patient relationships. Studies have shown that good communication between doctors and patients and among all caregivers who interface with patients directly results in better clinical outcomes, reduced costs, greater patient satisfaction, and lower rates of physician burnout. In *Communication the Cleveland Clinic Way*, Dr. Adrienne Boissy and her team tell the story of how Cleveland Clinic created and applied the R.E.D.E. to Communicate: Foundations of Healthcare program, making the world-renowned hospital system a leader in relationship-centered care. They provide a step-by-step guide for healthcare leaders and decision-makers to design, develop, and implement communication skills training in their own institutions. Learn how to:

- Craft an effective, colleague-supported communication skills program to include veteran physicians, residents, and medical students
- Leverage creative program design and data transparency to engage and facilitate staff physicians and advanced care providers
- Identify common misperceptions and myths in healthcare communication and respond to them successfully
- Cultivate a true sense of empathy—with patients and fellow caregivers alike—while maintaining professionalism

In a field where difficult conversations and stressful relationships are commonplace, clinicians need a structured approach to enable them to deliver the best care possible. *Communication the Cleveland Clinic Way* is the blueprint for establishing a relationship-centered program that will improve patient experience, reinvigorate doctors' passion for their work, and elevate any organization.

"The book describes the Internet, and how Internet governance prevents it fragmenting into a 'Splinternet'. Four opposing ideologies about how data flows around the network have become prominent because they are (a) implemented by technical standards, and (b) backed by influential geopolitical entities. Each of these specifies an 'Internet', described in relation to its implementation by a specific geopolitical entity. The Four Internets of the title are the Silicon Valley Open Internet, developed by pioneers of the Internet in the 1960s, based on principles of openness and efficient dataflow; the Brussels Bourgeois Internet, exemplified by the European Union with a focus on human rights and legal administration; the DC Commercial Internet, exemplified by the Washington establishment and its focus on property rights and market solutions; and the Beijing Paternal Internet, exemplified by the Chinese government's control of Internet content. These Internets have to coexist if the Internet as a whole is to remain connected. The book also considers the weaponization of the hacking ethic as the Moscow Spoiler model, exemplified by Russia's campaigns of misinformation at scale; this is not a vision of the Internet, but is parasitic on the others. Each of these ideologies is illustrated by a specific policy question. Potential future directions of Internet development are considered, including the policy directions that India might take, and the development of technologies such as artificial intelligence, smart cities, the Internet of Things, and social

machines. A conclusion speculates on potential future Internets that may emerge alongside those described"--

The explosion of a jetliner over India triggers an Apocalyptic battle that sweeps across the subcontinent. Reprint.

Mental health and substance use disorders affect approximately 20 percent of Americans and are associated with significant morbidity and mortality. Although a wide range of evidence-based psychosocial interventions are currently in use, most consumers of mental health care find it difficult to know whether they are receiving high-quality care. Although the current evidence base for the effects of psychosocial interventions is sizable, subsequent steps in the process of bringing a psychosocial intervention into routine clinical care are less well defined. *Psychosocial Interventions for Mental and Substance Use Disorders* details the reasons for the gap between what is known to be effective and current practice and offers recommendations for how best to address this gap by applying a framework that can be used to establish standards for psychosocial interventions. The framework described in *Psychosocial Interventions for Mental and Substance Use Disorders* can be used to chart a path toward the ultimate goal of improving the outcomes. The framework highlights the need to (1) support research to strengthen the evidence base on the efficacy and effectiveness of psychosocial interventions; (2) based on this evidence, identify the key elements that drive an intervention's effect; (3) conduct systematic reviews to inform clinical guidelines that incorporate these key elements; (4) using the findings of these systematic reviews, develop quality measures - measures of the structure, process, and outcomes of interventions; and (5) establish methods for successfully implementing and sustaining these interventions in regular practice including the training of providers of these interventions. The recommendations offered in this report are intended to assist policy makers, health care organizations, and payers that are organizing and overseeing the provision of care for mental health and substance use disorders while navigating a new health care landscape. The recommendations also target providers, professional societies, funding agencies, consumers, and researchers, all of whom have a stake in ensuring that evidence-based, high-quality care is provided to individuals receiving mental health and substance use services.

Lu Ann Aday has undertaken extensive research on vulnerable populations, and in this book, she provides a comprehensive reference on the characteristics and needs of many at risk groups in America today--including the homeless, refugees, and immigrants, people suffering from AIDS, alcohol and substance abusers, high-risk mothers and infants, victims of family or other violence, and the chronically or mentally ill. Aday offers a systematic and cross-cutting overview of the issues that affect all these groups, and she discusses the steps necessary to achieve a more community-oriented health policy that can be effective in decreasing vulnerability.

M. WILKINSON Patients with frequent or daily headaches pose a very difficult problem for the physician who has to treat them, particularly as many patients think that there should be a medicine or medicines which give them instant relief. In the search for the compound which would meet this very natural desire, many drugs have been manufactured and the temptation for the physician is either to increase the dose of a drug which seems to be, at any rate, partially effective, or to add one or more drugs to those which the patient is already taking. Although there have been some references to the dangers of overdose of drugs for migraine in the past, it was not until relatively recently that it was recognized that drugs given for the relief of headache, if taken injudiciously, may themselves cause headache. The first drugs to be implicated in this way were ergotamine and phenazone. In the case of ergotamine tartrate, the dangers of ergotism were well known as this was a disorder which had been known and written about for many years. In the treatment of headache, fully blown ergotism is rare and in recent years has usually been due to self-medication in doses much greater than those prescribed although there are a few recorded cases where toxic amounts have been given.

This comprehensive, unified text on the principles and practice of clinical trials presents a detailed account of how to conduct the trials. It describes the design, analysis, and interpretation of clinical trials in a non-technical manner and provides a general perspective on their historical development, current status, and future strategy. Features examples derived from the author's personal experience.

They outline a comprehensive plan to reform medical education, research funding and protocols, and the process for approving new drugs that will ensure that more of what gets done in doctors' offices and hospitals is truly effective.

The ultimate guide to the evidence-based clinical encounter "This book is an excellent source of supported evidence that provides useful and clinically relevant information for the busy practitioner, student, resident, or educator who wants to hone skills of physical diagnosis. It provides a tool to improve patient care by using the history and physical examination items that have the most reliability and efficiency."--*Annals of Internal Medicine* "The evidence-based examination techniques put forth by *Rational Clinical Examination* is the sort that can be brought to bear on a daily basis – to save time, increase confidence in medical decisions, and help decrease unnecessary testing for conditions that do not require absolute diagnostic certainty. In the end, the whole of this book is greater than its parts and can serve as a worthy companion to a traditional manual of physical examination."--*Baylor University Medical Center (BUMC) Proceedings* 5 STAR DOODY'S REVIEW! "Physical diagnosis has been taught to every medical student but this evidence-based approach now shows us why, presenting one of medicine's most basic tenets in a new and challenging light. The format is extraordinary, taking previously published material and updating the pertinent evidence since the initial publication, affirming or questioning or refining the conclusions drawn from the data. "This is a book for everyone who has studied medicine and found themselves doubting what they have been taught over the years, not that they have been deluded, but that medical traditions have been unquestionably believed because there was no evidence to believe otherwise. The authors have uncovered the truth. "This extraordinary, one-of-a-kind book is a valuable addition to every medical library."--*Doody's Review Service* Completely updated with new literature analyses, here is a uniquely practical, clinically relevant approach to the use of evidence in the content of physical examination. Going far beyond the scope of traditional physical examination texts, this invaluable resource compiles and presents the evidence-based meanings of signs, symptoms, and results from physical examination maneuvers and other diagnostic studies. Page after page, you'll find a focus on actual clinical questions and presentations, making it an incomparably practical resource that you'll turn to again and again. Importantly, the high-yield content of *The Rational Clinical Examination* is significantly expanded and updated from the original JAMA articles, much of it published here for the first time. It all adds up to a definitive, ready-to-use clinical exam sourcebook that no student or clinician should be without. FEATURES Packed with updated, new, and previously unpublished information from the original JAMA articles Standardized template for every issue covered, including: Case Presentation; Why the Issue Is Clinically Important; Research and Statistical Methods Used to Find the Evidence Presented; The Sensitivity and Specificity of Each Key Result; Resolution of the Case Presentation; and the Clinical Bottom Line Completely updated with all-new literature searches and appraisals supplementing each chapter Full-color format with dynamic clinical illustrations and images Real-world focus on a specific clinical

question in each chapter, reflecting the way clinicians approach the practice of evidence-based medicine More than 50 complete chapters on common and challenging clinical questions and patient presentations Also available: JAMAevidence.com, a new interactive database for the best practice of evidence based medicine

NATIONAL BESTSELLER • A stunning “portrait of the enduring grace of friendship” (NPR) about the families we are born into, and those that we make for ourselves. A masterful depiction of love in the twenty-first century. A NATIONAL BOOK AWARD FINALIST • A MAN BOOKER PRIZE FINALIST • WINNER OF THE KIRKUS PRIZE A Little Life follows four college classmates—broke, adrift, and buoyed only by their friendship and ambition—as they move to New York in search of fame and fortune. While their relationships, which are tinged by addiction, success, and pride, deepen over the decades, the men are held together by their devotion to the brilliant, enigmatic Jude, a man scarred by an unspeakable childhood trauma. A hymn to brotherly bonds and a masterful depiction of love in the twenty-first century, Hanya Yanagihara’s stunning novel is about the families we are born into, and those that we make for ourselves. Look for Hanya Yanagihara’s new novel, *To Paradise*, coming in January 2022.

Ten papers by researchers from the United States and Europe explore the relationship between depression and physical disease, with particular attention to treatment implications. The book advances a theory that depression is a stress-induced disorder associated with the hypothalamic-pituitary-adrenal axis, which can be connected to somatic disorders like osteoporosis and diabetes. Chapters examine the molecular biology of the HPA axis and the immune system, describe the epidemiological link between depression and physical health, and consider future treatment strategies. Distributed by Taylor & Francis. Annotation copyrighted by Book News, Inc., Portland, OR

Public Health Law Research: Theory and Methods definitively explores the mechanisms, theories and models central to public health law research – a growing field dedicated to measuring and studying law as a central means for advancing public health. Editors Alexander C. Wagenaar and Scott Burris outline integrated theory drawn from numerous disciplines in the social and behavioral sciences; specific mechanisms of legal effect and guidelines for collecting and coding empirical datasets of statutory and case law; optimal research designs for randomized trials and natural experiments for public health law evaluation; and methods for qualitative and cost-benefit studies of law..

They also discuss the challenge of effectively translating the results of scientific evaluations into public health laws and highlight the impact of this growing field. “How exactly the law can best be used as a tool for protecting and enhancing the public’s health has long been the subject of solely opinion and anecdote. Enter Public Health Law Research, a discipline designed to bring the bright light of science to the relationships between law and health. This book is a giant step forward in illuminating that subject.” -- Stephen Teret, JD, MPH, Professor, Director, Center for Law and the Public’s Health, Johns Hopkins Bloomberg School of Public Health “Wagenaar and Burris bring a dose of much needed rigor to the empirical study of which public health law interventions really matter, and which don’t.” -- Bernard S. Black, JD, Chabraja Professor, Northwestern University Law School and Kellogg School of Management Companion Web site: www.josseybass.com/go/wagenaar

The complex challenges facing healthcare require innovative solutions that can make patient care more effective, easily available, and affordable. One such solution is the digital reconstruction of medicine that transitions much of patient care from hospitals, clinics, and offices to a variety of virtual settings. This reconstruction involves telemedicine, hospital-at-home services, mobile apps, remote sensing devices, clinical data analytics, and other cutting-edge technologies. *The Digital Reconstruction of Healthcare: Transitioning from Brick and Mortar to Virtual Care* takes a deep dive into these tools and how they can transform medicine to meet the unique needs of patients across the globe. This book enables readers to peer into the very near future and prepare them for the opportunities afforded by the digital shift in healthcare. It is also a wake-up call to readers who are less than enthusiastic about these digital tools and helps them to realize the cost of ignoring these tools. It is written for a wide range of medical professionals including: Physicians, nurses, and entrepreneurs who want to understand how to use or develop digital products and services IT managers who need to fold these tools into existing computer networks at hospitals, clinics, and medical offices Healthcare executives who decide how to invest in these platforms and products Insurers who need to stay current on the latest trends and the evidence to support their cost effectiveness Filled with insights from international experts, this book also features Dr. John Halamka’s lessons learned from years of international consulting with government officials on digital health. It also taps into senior research analyst Paul Cerrato’s expertise in AI, data analytics, and machine learning. Combining these lessons learned with an in-depth analysis of clinical informatics research, this book aims to separate hyped AI “solutions” from evidence-based digital tools. Together, these two pillars support the contention that these technologies can, in fact, help solve many of the seemingly intractable problems facing healthcare providers and patients.

The first paperback edition of this unique and shocking guide to the Black Death in Europe.

Experts estimate that as many as 98,000 people die in any given year from medical errors that occur in hospitals. That’s more than die from motor vehicle accidents, breast cancer, or AIDS--three causes that receive far more public attention. Indeed, more people die annually from medication errors than from workplace injuries. Add the financial cost to the human tragedy, and medical error easily rises to the top ranks of urgent, widespread public problems. *To Err Is Human* breaks the silence that has surrounded medical errors and their consequence--but not by pointing fingers at caring health care professionals who make honest mistakes. After all, to err is human. Instead, this book sets forth a national agenda--with state and local implications--for reducing medical errors and improving patient safety through the design of a safer health system. This volume reveals the often startling statistics of medical error and the disparity between the incidence of error and public perception of it, given many patients’ expectations that the medical profession always performs perfectly. A careful examination is made of how the surrounding forces of legislation, regulation, and market activity influence the quality of care provided by health care organizations and then looks at their handling of medical mistakes. Using a detailed case study, the book reviews the current understanding of why these mistakes happen. A key theme is that legitimate liability concerns discourage reporting of errors--which begs the question, “How can we learn from our mistakes?” Balancing regulatory versus market-based initiatives and public versus private efforts, the Institute of Medicine presents wide-ranging recommendations for improving patient safety, in the areas of leadership, improved data collection and analysis, and development of effective systems at the level of direct patient care. *To Err Is Human* asserts that the problem is not bad people in health care--it is that good people are working in bad systems that need to be made safer. Comprehensive and straightforward, this book offers a clear prescription for raising the level of patient safety in American health care. It also explains how patients themselves can influence the quality of care that they receive once they check into the hospital. This book will be vitally important to federal, state, and local health policy makers and regulators, health professional licensing officials, hospital administrators, medical educators and students, health caregivers, health journalists, patient advocates--as well as patients themselves. First in a series of publications from the Quality of Health Care in America, a project initiated by the Institute of Medicine

The authoritative presentation of Eye Movement Desensitization and Reprocessing (EMDR) therapy, this groundbreaking

book--now revised and expanded--has enhanced the clinical repertoires of more than 125,000 readers and has been translated into 10 languages. Originally developed for treatment of posttraumatic stress disorder (PTSD), this evidence-based approach is now also used to treat adults and children with complex trauma, anxiety disorders, depression, addictive behavior problems, and other clinical problems. EMDR originator Francine Shapiro reviews the therapy's theoretical and empirical underpinnings, details the eight phases of treatment, and provides training materials and resources. Vivid vignettes, transcripts, and reproducible forms are included. Purchasers get access to a Web page where they can download and print the reproducible materials in a convenient 8 1/2" x 11" size. New to This Edition *Over 15 years of important advances in therapy and research, including findings from clinical and neurophysiological studies. *New and revised protocols and procedures. *Discusses additional applications, including the treatment of complex trauma, addictions, pain, depression, and moral injury, as well as post-disaster response. *Appendices with session transcripts, clinical aids, and tools for assessing treatment fidelity and outcomes. EMDR therapy is recognized as a best practice for the treatment of PTSD by the U.S. Departments of Veterans Affairs and Defense, the International Society for Traumatic Stress Studies, the World Health Organization, the U.K. National Institute for Health and Care Excellence (NICE), the Australian National Health and Medical Research Council, the Association of the Scientific Medical Societies in Germany, and other health care associations/institutes around the world.

This is the second edition of a well-received book that reflects the state of the art in cancer medical therapies and their side-effects, including immunotherapy and chemotherapeutic drugs. All chapters have been fully updated to include all the latest progress in drug discovery such as targeted therapies for each cancer type. From issues such as preservation of fertility to antiemetic therapy the book provides a very comprehensive overview of the field. The book includes a new chapter on immuno-oncology drugs. Organised by organ system, it lists the toxicity, side-effects and measures of prevention pertaining to each type of drug used in cancer therapy. The most dangerous side-effects are priority so as to alert the reader to their importance. Designed for quick reference in the clinical setting this book is primarily aimed at established medical oncologists but will also appeal to junior doctors, trainees, pharmacists and nurses.

Winner of the NBCC Award for General Nonfiction Named on Amazon's Best Books of the Year 2015--Michael Botticelli, U.S. Drug Czar (Politico) Favorite Book of the Year--Angus Deaton, Nobel Prize Economics (Bloomberg/WSJ) Best Books of 2015--Matt Bevin, Governor of Kentucky (WSJ) Books of the Year--Slate.com's 10 Best Books of 2015--Entertainment Weekly's 10 Best Books of 2015 --Buzzfeed's 19 Best Nonfiction Books of 2015--The Daily Beast's Best Big Idea Books of 2015--Seattle Times' Best Books of 2015--Boston Globe's Best Books of 2015--St. Louis Post-Dispatch's Best Books of 2015--The Guardian's The Best Book We Read All Year--Audible's Best Books of 2015--Texas Observer's Five Books We Loved in 2015--Chicago Public Library's Best Nonfiction Books of 2015 From a small town in Mexico to the boardrooms of Big Pharma to main streets nationwide, an explosive and shocking account of addiction in the heartland of America. In 1929, in the blue-collar city of Portsmouth, Ohio, a company built a swimming pool the size of a football field; named Dreamland, it became the vital center of the community. Now, addiction has devastated Portsmouth, as it has hundreds of small rural towns and suburbs across America--addiction like no other the country has ever faced. How that happened is the riveting story of Dreamland. With a great reporter's narrative skill and the storytelling ability of a novelist, acclaimed journalist Sam Quinones weaves together two classic tales of capitalism run amok whose unintentional collision has been catastrophic. The unfettered prescribing of pain medications during the 1990s reached its peak in Purdue Pharma's campaign to market OxyContin, its new, expensive--extremely addictive--miracle painkiller. Meanwhile, a massive influx of black tar heroin--cheap, potent, and originating from one small county on Mexico's west coast, independent of any drug cartel--assaulted small town and mid-sized cities across the country, driven by a brilliant, almost unbeatable marketing and distribution system. Together these phenomena continue to lay waste to communities from Tennessee to Oregon, Indiana to New Mexico. Introducing a memorable cast of characters--pharma pioneers, young Mexican entrepreneurs, narcotics investigators, survivors, and parents--Quinones shows how these tales fit together. Dreamland is a revelatory account of the corrosive threat facing America and its heartland.

When the people of Flint, Michigan, turned on their faucets in April 2014, the water pouring out was poisoned with lead and other toxins. Through a series of disastrous decisions, the state government had switched the city's water supply to a source that corroded Flint's aging lead pipes. Complaints about the foul-smelling water were dismissed: the residents of Flint, mostly poor and African American, were not seen as credible, even in matters of their own lives. It took eighteen months of activism by city residents and a band of dogged outsiders to force the state to admit that the water was poisonous. By that time, twelve people had died and Flint's children had suffered irreparable harm. The long battle for accountability and a humane response to this man-made disaster has only just begun. In the first full account of this American tragedy, Anna Clark's *The Poisoned City* recounts the gripping story of Flint's poisoned water through the people who caused it, suffered from it, and exposed it. It is a chronicle of one town, but could also be about any American city, all made precarious by the neglect of infrastructure and the erosion of democratic decision making. Places like Flint are set up to fail—and for the people who live and work in them, the consequences can be fatal.

47 leaders from across the biotechnology industry tell their stories of battling the global scourge of COVID-19. Pandemics have killed at least a half billion people over the past two millennia. But in the age of biotechnology, humanity is no longer defenseless. The biotechnology industry is a diverse community of scientists, doctors, patients, entrepreneurs, investors, bankers, analysts and reporters, all committed to treating and curing disease. Over the past forty years, it has produced medical advances at an electrifying rate. As the COVID-19 pandemic emerged, hundreds of companies quickly pivoted to combating the virus. The contributors to this book offer inside views of this seminal industry, with historical and personal perspectives, lessons learned, and looks into the future. Diverse as these leaders are, they are united by their conviction

that science and medicine will light humanity's way to greater health and longevity.

[Copyright: 7ebc9d7ee464ea764c217e53eab6635b](#)