

## BOOK AND MEDIA REVIEWS

### Fractured: America's Broken Health Care System and What We Must Do To Heal It

Ted Epperly

New York, Sterling and Ross Publishers, 2012, 294 pp., \$25.95, hardcover.



Although there has been a glut of recent books containing health reform policy prescriptions and analyzing the Affordable Care Act (ACA), rarely have the authors been family physicians. That shouldn't be a surprise, as few members of our profession have the requisite legislative expertise and clinical insight to address these complex issues clearly. Now that the president's re-election has virtually guaranteed that the ACA will remain in place, it is critical for clinicians and patients to understand its benefits and limitations to play an active role in shaping the health system of the future. As a past president of the American Academy of Family Physicians and a physician with decades of experience in military and private practice, Ted Epperly, MD, possesses the ideal qualifications to explain why health reform was needed.

*Fractured* is organized into three roughly equal sections. The first three chapters review the numerous (and to physicians, well-known) failings of American health care. The next four chapters explain why health reforms have historically been politically charged and difficult to achieve, and the last three chapters discuss the passage of the ACA.

Dr Epperly begins by recounting that after serving for 21 years as an Army family physician, treating all comers without regard to social status or ability to pay, he felt like a frog tossed into the "boiling pot" when he entered private practice, where care fragmentation and disparities in access to care and health across populations are largely accepted. He clearly feels that the military model of health care, with salaried physicians, coordinated

multidisciplinary care teams, and a single payer for all health care services, should be a model for the nation.

The book's chapters on historical health reform efforts in the United States and comparisons to the health care systems of other countries are two of the most lucid that I've read. Entire volumes have been written on each of these topics, which the author manages to boil down to just over 50 pages of succinct text supported by a series of informative tables and figures. In one particularly strong passage, the book explains how the United States is effectively divided into the imaginary countries of "Richland" and "Poorland," separated not only by enormous gaps in income but also life expectancy, out-of-pocket health spending, and access to primary and specialty care services.

By comparison, the chapter that explains "why America struggles with health care for all" is a confusing recitation of pro-ACA talking points. For example, Dr Epperly dismisses concerns about the cost of health reforms by citing Congressional Budget Office projections that the ACA will reduce the federal budget deficit, neglecting to mention that these projections assume implementation of Medicare's Sustainable Growth Rate (which at the time of this writing would involve a nearly 30% reduction in physicians' fees) as well as billions of dollars in other unspecified spending restraints. He also blames xenophobia, national immaturity, and the media "echo chamber" for amplifying what he feels are baseless fears about the economic impact of the ACA on persons with existing private insurance and the employers that provide such coverage.

Given the author's bias, the remainder of the book is predictable. What is the solution to America's health care crisis? Everything President Obama did in his first term in office, answers Dr Epperly, including the American Recovery and Reinvestment Act, a 2009 White House summit on health care reform (the book includes a photo of the author addressing the president at that event), and of course, the ACA itself. The chapter devoted to explaining the various provisions of the ACA is useful, if readers disregard the gratuitous

swipes Dr Epperly takes at Congressional Republicans for holding up the final vote on the bill.

I found this book wanting for two reasons. First, after assuring readers in the first chapter that his goal “is not to take one political side or another,” the author then proceeds to do exactly that. If Dr Epperly’s goal was to convince undecided readers about the ACA’s value rather than preaching to the (mostly Democratic) choir, this book falls short. Second, aside from a passing mention in the first chapter, the book provides no sense of Dr Epperly’s presumably positive experiences as a military physician. A few representative patient anecdotes could have gone a long way toward distinguishing *Fractured* from the ever-expanding library of tomes written by health policy wonks without the clinical experience of a family physician.

As the director of a health policy fellowship program for family physicians, I would be unlikely to include this book on a required reading list. The book’s strengths—concise narratives of the US health system’s problems and how the ACA attempted to fix them—are, in my view, outweighed by its many limitations.

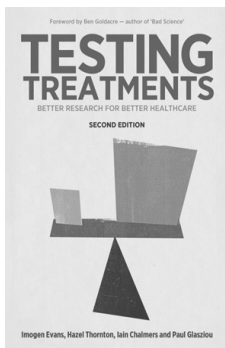
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### Testing Treatments: Better Research for Better Healthcare, Second Edition

Imogen Evans, Hazel Thornton, Iain Chalmers, Paul Glasziou

London, Pinter and Martin, Ltd., 2011, 199 pp., \$17.95  
from publisher (paperback) or free download at <http://www.testingtreatments.org>.



*Testing Treatments* is a unique work and worthy of a place on your “to read” list. The authors’ inspiration was the question “How do you ensure that research into medical treatments best meets the needs of patients?” They explore this question with a book intended for physicians and

patients alike, attempting to improve communication about medical research.

*Testing Treatments* consists of three sections. The first section discusses the need for fair testing of treatment. This section is likely the most helpful for patients but an excellent reminder for physicians. It discusses several potential problems with new treatments, such as “new does not equal improved,” and then gives specific clinical examples where these problems materialized, including thalidomide and Vioxx. The second section spells out the basics of good clinical research, discussing concepts such as limiting bias in trials and the importance of first assessing the research already done on the subject. The final section takes a broad view of how clinical research could be improved, addressing subjects such as research regulations, institutional review boards, and avoiding unnecessary research.

The book has several strengths. First, it is well written and can be understood by a wide audience. Medical personnel will find this an easy read, yet find the concepts addressed in ways that may be new for them. Presenting concepts in this light could make for good starting points in discussions with patients regarding the evidence (or lack thereof) behind medical treatments. Next, it gives specific and relevant clinical examples that most physicians and many patients will be aware of. These examples in particular go a long way toward achieving the stated goal of improving communication between providers and the public. The authors also address the issue of the pharmaceutical industry conflict of interest in research without dwelling on it.

The book is available in several formats. It can be ordered in a traditional paperback format, viewed directly on its website or downloaded, with both the latter two options being free. The website itself is designed to be a patient and physician resource. The text of the book is currently the best resource on the site, but there are other articles and links to useful resources. Since the book and site are free, they could certainly be referenced or printed out for patients as part of an outpatient visit.

One weakness of the book is not specifically discussing the difficulty in assessing non-drug-related treatment trials. Modalities such as surgery, physical therapy, exercises, manipulation treatments, acupuncture, etc, have unique challenges related to research, sometimes making them difficult to compare to drugs, or they appear to be of lower quality due to the challenges of blinding or controls. Treatments outside of pharmaceuticals are certainly relevant