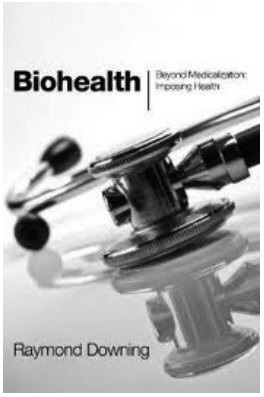
## Biohealth: Beyond Medicalization: Imposing Health

Raymond Downing, MD

*Eugene, OR, Wipf and Stock Publishers, Pickwick Publications, 2011, 190 pp., paperback edition $22, Amazon Kindle edition $9.99.*




"Biohealth, a cutting-edge futuristic new word, is a contradiction in terms, a reductionism so profound that biohealth comes to mean anti-health."

Though somewhat hidden in the first introductory chapter, this dramatic statement neatly captures the fundamental message of Ray Downing's latest book. Downing, an American family physician who has spent his career working in resource-poor settings in the United States and Africa, has used this vantage point of long-term cross-cultural experience to reflect in several previous books on the nature of medicine in both American and African society. In this book, he takes a critical look at modern medicine itself, and the results should make anyone in medicine pause and reflect—most especially those of us who teach or practice family medicine.

This is not a polemic or diatribe against the tools of modern medicine per se. Downing points out several times that modern biomedicine "is very effective in manipulating the mechanisms of disease" and it "very effectively eliminates, cures, manages, or prevents so many diseases that attack our health." Rather, Downing's argument is that we have moved from use of the tools of biomedicine for cure and comfort into wholesale adoption of a system of "biohealth" that redefines the meaning of health itself. While Downing's unique vantage point of deep familiarity with both African and American culture provides one source for his analysis, he also draws heavily on writers both inside and outside of medical circles with significant use of insights from Jacques Ellul and James Le Fanu.

The elements of "biohealth" that Downing sees in modern medicine include "systems" (both systems thinking that sees persons as "actually part of the hierarchy of systems" (p. 130) and the use of information systems for data management), an emphasis on "risk" as a way to predict likelihood of disease and as a tool for guiding recommendation of preventive strategies, an emphasis on "commodities" such as medical tools and drugs as essential to health, a twisting of "responsibility" such that patients are essentially made responsible (or blamed!) for their health outcomes (despite evidence that external factors drive much of health), and the development of "bioethics" as a field that excuses or explains medical decisions rather than guiding critical reflection on them.

One challenging aspect of the book, and also one of its strengths, is that Downing does not provide a comprehensive discussion of biohealth until near the end. After opening with a concise overview of biomedical developments from 1900 to the present, he gives a brief two-page summary of the elements of biohealth, then follows with a chapter by chapter exploration of each element on its own and finally concludes with case studies of biohealth as it affects family medicine and AIDS in Africa. It is only in the concluding chapter that he provides a concise recap of what he means by biohealth in a way that can be quickly and easily digested.

The challenge in this approach is that it leaves the reader working through the early chapters often just a bit unsure whether the issue under discussion is in for criticism or praise, as various developments in biomedicine are described. However, the strength in this approach is that his style of combining analysis with narrative leads the reader into and through the issues, rather than simply presenting them in analytic fashion as propositions for acceptance or dismissal. In essence, the reader is guided through the trees in order to get a better picture of the forest.

The chapter on family medicine should make anyone practicing or teaching family

medicine take particular notice. Downing argues that with the "Future of Family Medicine" report, the agenda of the specialty was redefined as standardized problem management rather than curing or promoting wholeness. He questions the roles of information management and "mastery," medications, electronic records, and preventive medicine—not on their merits as individual biomedical tools but rather for what they have become as part of a system that seeks to bring all elements of health under comprehensive surveillance and control. In short, he argues that this vision of family medicine is an artificial system that "has displaced whatever natural systems we used to be part of."

*Biohealth* will make you pause, reflect, and perhaps reconsider. Possibly you will reconsider the assumptions on which you base your notions of health and your recommendations to patients for testing and treatment. Possibly you will reconsider your reaction to the trends in society that identify medicine with technology and pills. And perhaps, as you teach learners about family medicine, you will reconsider what exactly it means to be a family doctor.

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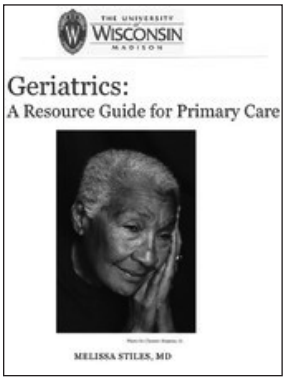
## Geriatrics: A Resource Guide for Primary Care

Melissa Stiles, MD

*University of Wisconsin Department of Family Medicine, 2012, 12 pp. (print), 449 MB (file), FREE from iBooks Store, E-book: requires iBooks 2.0 or later on an iPad with iOS 5.0 or later.*




*Geriatrics: A Resource Guide for Primary Care* is an electronic, interactive "book" that serves as an innovative means of introducing the reader to the most common geriatric topics seen in primary care. It covers geriatric assessment, polypharmacy, falls, dementia, delirium, and frailty, with links to additional resources and readings for those wishing to pursue more in-depth study. It also includes links to helpful tools for geriatric evaluation of such things as depression, mental status, balance and gait, hearing, and others.

*Geriatrics* uses embedded PowerPoint-style presentations (no audio), podcasts of "interviews" between the author and another physician (both with and without associated slides), as well as movies demonstrating key evaluation techniques and exercises. Given its outline format, topic coverage is basic unless the reader pursues the additional reading links. These links, however, prove quite exhaustive. Other strengths are that each chapter includes a "Goals and Objectives" section at the beginning, as well as a table of "Key Points" at the end. Chapters also include interactive quizzes to allow the reader to assess mastery of the topic and to determine which areas deserve further study. Overall, this book provides a sound and useful introduction to the effective practice of geriatric medicine.

While innovative as it is currently written, *Geriatrics'* readability as well as its utility as an in-the-moment resource during clinical encounters would be greatly improved if it were a "stand alone" document, not requiring internet access to pursue links to additional readings and resources once downloaded onto the reader's device. Another recommendation would be to include an effective index or search engine to allow for rapid location of pertinent information needed during a face-to-face patient encounter. Finally, a page-back function, particularly in the PowerPoint sections, would allow for important information to be more easily re-read.

This book is best used as an introduction to geriatrics for medical students and medical residents or for practicing physicians new to geriatrics. Geriatrics will be especially useful as a pre-clerkship or pre-rotation orientation before a planned geriatric experience. The price is definitely right, and the book itself is quickly read (although reading the linked material can prove quite time-consuming). Geriatrics should be a required resource for any educational experience in geriatrics.

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