

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

to physicians and patients, so these challenges deserve some discussion. One other weakness related to readability is that some patients may find the discussion on statistical areas such as *P* values too sophisticated to grasp. That said, overall I appreciate the authors' ability to make these subjects attainable to non-medical readers while still providing value to physician readers.

Overall this is a well-written book that provides a basic understanding of why clinical research is important and the basics of trying to make a good test. It is an excellent primer for clinicians regardless of their comfort level with research. For those without significant

research experience, this book offers a basic-level understanding of approaching research on medical treatments, so appropriate for medical students and residents. For family physicians comfortable with research, this provides a platform for discussing these complex topics with patients on a meaningful level. *Testing Treatments* skillfully brings attention to the communication gap regarding the discussion of medical evidence and provides us with resources to close this gap with our patients.

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