

**Falling through the Safety Net: Americans without Health Insurance**

*Dr. John Geyman; Monroe, ME: Common Courage Press, 2005; ISBN 1-56751-254-2; 225 pages; \$18.95*

*Falling through the Safety Net: Americans without Health Insurance* explores “the multi-tiered, fragmented health care non-system” (page 7) that is the U.S. healthcare system. Characterized by “decreasing access, escalating costs, variable quality and poor performance compared to many less affluent countries” (preface), Geyman describes the U.S. healthcare system as being in “meltdown.” The focus of the book is the safety net of Medicaid, Medicare and Children’s Health Insurance Program (CHIP).

A family physician with 13 years of practice in rural medicine and more than 25 years of teaching and research in academic family medicine, Geyman takes the perspective of a critical insider. The book seeks to answer some crucial questions:

1. What is the predicament of the uninsured?
2. What does it look like in human terms?
3. And what does that picture tell us about social justice in U.S. healthcare?

Using vignettes and stories gleaned from some of the 45 million uninsured Americans as well as the hundreds of millions of others with insurance, he tells the grim and sometimes shocking details of the search for healthcare in a complicated system that is “difficult to navigate for most Americans” (page 7), especially those who are at the lower levels of our socioeconomic ladder and often do not have the advocacy skills and advanced knowledge to successfully negotiate through the

administrative quagmire. Focusing on an evidence-based approach, these stories are supported by a somewhat overwhelming litany of facts, figures and tables. But there is light at the end of this long, dark tunnel. The book ends on a positive note by exploring some of the “potential remedies of our failing health care system” (preface).

The book is easy to read and very well organized. It is an excellent source and reference book for instructors and practitioners in public health, nursing, social policy and allied health professions. It is divided into three major sections. The first provides an overview of the national picture of the public health sector and the uninsured, who are the primary users of these services. The second section chronicles the tales of dozens of family stories and patient vignettes that outline the challenges that the uninsured face when they try to access healthcare. These scenarios cover topics such as employer-based health insurance, Medicaid, the working poor and rising prescription costs. This section gives instructors a wealth of case studies to use in classroom and training settings.

The last section explores solutions to the healthcare crisis with a particular emphasis on the feasibility of a national healthcare insurance plan. He asserts that “given our economic uncertainties, widespread deficits in federal and state coffers, and the market-based, consumer choice directions in health policy ... we can expect the safety net will become even more porous in the next few years” (page 157). He argues that “tinkering around the edges of a flawed system without universal access can never work” (page 15). He reviews four major alternatives to reform in chapter 12 and spends chapter 14—the last chapter—exploring the rationale and essential features of a system that he labels “single-payer univer-

sal coverage.” He closes by addressing some frequently asked questions and concerns. There are four useful appendices, which include a reading list, data tables and a brief summary of H.R. 676: The United States National Health Insurance Act.

I would strongly recommend this book to anyone who wants a comprehensive, well-articulated, easily accessible story of the state of the U.S. healthcare system. The substantive content, useful appendices and easy-to-read format make it a must-have for academics and practitioners alike. It is also an excellent resource for advocates, policymakers and the general public who wants to be better informed about a pervasive and somewhat overwhelming problem that affects the rich and poor and all those in between.

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**A Physician’s Guide to Return to Work**

*American Medical Association, Ed James Talmage, MD, Mark Melhorn, MD; AMA Press; ISBN 1-57947-628-7; 356 pages*

A remarkable collaboration radiates among writers, authors, editors and the publisher of this book, this book assists physicians on how to comply with plenty of statutes, regulations and legal principles in the workers’ compensation arena. Vari-

ous applicable exceptions are well explained to enlighten the treating physicians who are coping with dilemmas on recurrent basis.

It is a delight to read a guidebook in which, out of the 20 chapters, physicians wrote 19 chapters targeting physicians covering the responsibilities of physicians, injured workers, employers and disability insurers.

Although every injured patient is unique, the common ground is similar: that the patient's best interest is to stay at or return to work as soon as possible while receiving the best possible medical care.

Unnecessarily extended temporal total disability can destroy the patients' mental, physical and social well-being.

This comprehensive guidebook reminds all treating physicians to properly assess the causation of the injury, simply encouraging physicians to ask the patient to enact as much as possible how he/she sustained the injury.

A logical seven-step process details how to evaluate work ability, assess work restrictions and apply the process to individual situations.

It is necessary for all treating physicians to fully understand the injured worker's capability of performing any particular activity. The functional capacity evaluation must be thoroughly and individually done with respect to the particular task at work. An attractive mnemonic sequence is presented to achieve exceptional negotiating skills for the return-to-work process. Many treating physicians who differ with the leading role of the claim administrator will be in peace after understanding the explanation of the myth of why the claim administrator is the disability decision-maker. In certain diseases, objective and nonobjective factors must be recognized in assessing applicable work disability. This guidebook is properly recognizing the magnitude of decision-making that all treating physicians are doing every day.

Evidence-based medicine in

addition to cost-effective and validated tools are enhancing the decision-making process.

Valuable information is detailed in evaluating and treating various musculoskeletal and orthopedic problems and related possible residual functional losses. Furthermore, rheumatologic diseases and various soft-tissue problems are detailed. Significant consideration addresses the importance of prescription and nonprescription medications and their effects on work performance, including but not limited to the transportation workers. This book describes several cardiac and pulmonary diseases, related disabilities and treatment modalities by guiding the physicians who are not board certified in the specific cardiopulmonary field. Mental problems and neurological illnesses are addressed with consideration of the predictability of that particular disorder.

Attorneys wrote one chapter, namely the eighth chapter, detailing the liabilities of the treating physicians relevant of their return-to-work decision-making processes. The informative and terse medico-legal aspect is a special asset of this book. This reviewer respectfully suggests reevaluating the merit of the following sentence, found in the eighth chapter, on page 109 in the first paragraph: "It represents uniform, minimal privacy protections for patients across the country."

As this sentence references to the HIPAA (Health Insurance Portability and Accountability Act) confidentiality/security guidelines, the reviewer recommends reassessing the word of "minimal."

For numerous reasons, despite its serious content, it is easy to read this book. In addition to the customary page numbers, the sides of every page are marked with black color, and the corresponding chapter number is clearly labeled on these black tabs. Tables, statistical analyses and medical graphs are proportioned in consecutive and constructive orders within the discussed subjects. Well-

chosen references are inserted at the end of each particular chapter, allowing the readers to brush up on a special subject or review a certain issue in detail. The alphabetical index is not overdone; it is just right.

Overall, this is an excellent book, which is recommended to be placed in the treating physicians' offices as a useful, handy reference.

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This book describes a detailed and comprehensive methodology for physicians to evaluate the issue of patients undergoing treatment until their return to work based on various factors.

The book is divided into 20 chapters, which include the analysis of the reasons for staying home from work, work ability, evaluation of patients who can return to work, various locomotive and functional disorders affecting the return to work and so on.

It provides a format detailing the functional capacity evaluation, disability perspective and how to work with common musculoskeletal disorders.

This book successfully brings to force the fact that the menace of health-related absenteeism is mounting with time. Most of the physicians are not trained in work ability assessment. While primary care physicians are often recruited by the company to assess return-to-work of the employee, a biased approach of these physicians towards the patient cannot be overemphasized. Should this mean



that a time has come to introduce a formal training course in this subject that would train the physicians to accurately evaluate the return-to-work conditions? The essays by eminent contributors to this publication indeed point to the need for such a curriculum at the threshold level.

While the goal of such physicians would be to get the employee back to appropriate work in the shortest period of time, they should equally be concerned to safeguard the interest of both the employee and the employer.

It is an undisputable position that dissatisfaction from the job is one of the prime factors that deter the patient-employee to return to work as early as possible. It should therefore be the job of the physician to suitably advise the employer to offer an employee-friendly work environment to his staff.

Chapter 4 of the book describes various forms and disclaimers useful in judging the working capabilities of an injured employee. The chapter is described nicely. However, chapter 5, detailing the basics of evidence-based medicine, seems to be beside the point and appears to be a misplaced addition to this book.

Chapter 9 elaborates on disability perspectives, with a physician's statement on short- and long-term disability. This is a well-explained chapter, making the physician's job to issue a certificate on this matter quite easy. I would have added one more column in this form, eliciting the patient's opinion about his job and inviting him to opt for the job of

his choice at the same workplace.

Although the materials in different chapters seem repetitive at times, the emphasis so generated might well prove useful to accurately evaluate the conditions for return to work.

To sum up, it is felt that too much emphasis has been put on musculoskeletal disorders, while a little or none has been discussed about disorders of the eyes and ears, which can seriously impair return to work. Pregnancy and maternity problems, acute abdominal conditions and their assessment for return to work also needed attention and appropriate discussion. With advance diagnostic and therapeutic technologies available, there is a need to revise the criteria for evaluation of time to return to work.

The final chapter fails to effectively summarize the issues encompassing the whole gamut of the topic of return to work. Return of an individual to work calls for achieving a perfect balance between demand of the job and capability of the patient to effectively perform it. An assessment of work instability and suggesting an appropriate adaptation to the work environment or workplace summed up at the end to provide a ready reckoner for the physicians engaged in certifying return to work would have immensely added to the utility of the book.

This serious treatise on an important aspect of work culture is bound to create awareness among the employers and help them unite the workforce toward the common goal of attaining a healthy work environment and a healthier economy.

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## Health Care Delivery in the United States, 8th edition

*Edited by Anthony R. Kovner & James R. Knickman; New York: Springer Publishing Co. Inc.; ISBN: 0-8261-2087-3*

There is no doubt that the medical knowledge and progress that have been made in American medicine are profound. But having medical knowledge and technology and delivering healthcare to the people in an efficient, fair and cost-effective manner represent totally different issues. This book offers a masterly perspective on the challenges of delivery of healthcare in the United States. The book is both readable and perceptive, providing helpful historical background on the evolution of U.S. healthcare over time, as well as comparing the United States to other health systems around the world.

The authors and editors—from a richly balanced background of industry, academia, hospital management and public health—provide an analysis of the problems in healthcare delivery. In so doing, they highlight reasons why the pluralistic U.S. healthcare system, in spite of huge resources, remains expensive and inequitable.

The contributors suggest areas where major reforms would be helpful and suggest potential solutions at different levels.

The book is a major contribution to the debate about access to care and obstacles to healthcare delivery. The major flaw in the book is its failure to highlight racial disparities in healthcare outcomes for several common conditions. Elimination of these disparities has been suggested to be a major challenge for the American healthcare system by many, including David Satcher, former surgeon-general.

The book would be an invaluable resource to health system managers, public health professionals and any-

one interested in the dynamics and future of the healthcare system.

The chapter on information management and how this can be used to reduce medical errors was particularly informative.

The mini case studies, discussion questions and learning objectives in most chapters also enhance the book's readability.

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## M O V I E R E V I E W

### The Doctor

*Theater release date: July 24, 1991; DVD release date: April 6, 2004*

A surgeon's job is to cut.  
You've got one chance to go  
in, fix it and get out.

Such is the philosophy of caring for patients as expressed by physician Jack McKee (William Hurt) at the beginning of the 1991 film, "The Doctor." McKee is the type of surgeon who plays "Big Girls Don't Cry" in the operating room, mocks more compassionate colleagues and pontificates on the "danger of becoming too involved with patients." "A surgeon," McKee warns his residents, "must be detached."

McKee notices a "tickle" in his throat that begins to alarm him when he coughs up blood. He goes to see an ear, nose and throat doctor who, after scoping him and examining his throat, declares, "Doctor, you have a growth."

Doctor as patient, doctor diagnosed with cancer, husband with an illness, family dealing with sickness—these and myriad other roles are what McKee will now have to face, deal with and accept. When he tells his wife (Christine Lahti) that he has a laryngeal tumor that needs to be biopsied, her response, "We'll beat it," is met with an icy stare and an angry response. "We don't have it, Ann. It's not a team game." His ability to let his family help him is,

in essence, nonexistent.

When McKee is told by his physician that the tumor is malignant, he indicates that he wants the tumor removed: "I want it cut out." His wishes—partially medically based, partially emotional—are dismissed. "I'm recommending radiation therapy." The modern-day movement for a more open doctor-patient dialogue is nowhere to be found. McKee asks for a lead apron when getting radiation treatment. "The beam is focused on your larynx. You don't need it," he is told. When it's discovered that radiation treatment is not working, he is told by his doctor: "I'll discuss a different treatment with Dr. Abbott." "What about me?" McKee asks "Yeah, sure," is his physician's response.

The issue of patient confidentiality, or lack thereof, is not to be lost on the audience either. Early in the film, McKee and his wife share a laugh listening to the antics of a patient on the speaker phone in their care. McKee's patient is determined to mow the lawn of his home. Patient confidentiality, in McKee's world, is optional. This is nicely contrasted later in the film when a colleague expresses sorrow at hearing that McKee has cancer: "I just heard." "How did you hear? Did they post it in the men's room?"

The film works because it takes a detached surgeon and shows his transformation into a caring human being. The wife and child who were once kept at arm's length are embraced and made an integral part

of the healing process. The new friend who, in the beginning, barely warranted a passing thought is, in the end, instrumental in helping Jack to let others share his pain. And the surgeon who in the initial scenes of the film coldly says to McKee: "Doctor, you have cancer," is substituted with a more empathetic surgeon. Quite simply, in McKee's words, "You don't have the first idea how I'm feeling." The compassion McKee once scoffed at in others is nowhere to be found in his surgeon and that, in the later stages of his disease, is simply unacceptable.

In the end, McKee's philosophies on what it takes to be a good doctor and, ultimately, a good human being, are transformed. "Get in, fix it, get it out. That's what I tell my residents," has been replaced. The end of the film has him having his residents role play as patients for 72 hours, leaving them with this invaluable message:

You have spent a lot of time learning diseases patients may have. Patients have their own names. They feel frightened, vulnerable, sick. They want to get better and because of that they put their lives in our hands.

McKee now knows what being a healer in the purest, most essential form truly means.

**Health education value.** This film is highly recommended for physicians in the beginning of their