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What Leaders Are Reading

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American Society of Clinical Oncology

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Figure 1





Nancy Davidson, MD

A Short History of Nearly Everything

By Bill Bryson

The July 1, 2005, issue of *Science* magazine

As we move ever closer to the goal of practicing molecular oncology, it is important to understand and celebrate the progress in our understanding of the life and physical sciences that have brought us so far. In his book *A Short History of Nearly Everything* travel writer Bill Bryson provides a highly engaging and readable account of the history of scientific accomplishment and discovery. His breezy narrative encompasses areas that many of us have not considered since our premedical days but have profoundly shaped our understanding of our world generally and the practice of medicine specifically.

While I was mulling over the Bryson book, I received the July 1, 2005, issue of *Science* magazine, titled “125 Questions: What don't we know?” In honor of its 125th year of publication, *Science* magazine editors have identified 125 current scientific questions whose answers will shape our future—questions like the linkage between genetic variation and personal health, the role of stem cells in cancer, and inflammation as a factor for chronic diseases. As cancer specialists and concerned citizens we need to practice and champion scientific literacy. These two disparate accounts that are written for the educated public can help us to do just that!

Figure 2





David H. Johnson, MD

Critical Condition: How Health Care in America Became Big Business & Bad Medicine

By Donald L. Barlett and James B. Steele

In preparing for my year as ASCO president, I read a number of books pertaining to health care in America in an attempt to make myself more knowledgeable about health care policy. I quickly found that the theme for most of the books I chose was more or less the same—namely that U.S. health care is too expensive (with lots of blame to go around as to who is responsible), poorly delivered (again, with lots of finger pointing and blaming everyone from doctors to patients to drug companies and big business), and not sufficiently available to all citizens. Many authors also pointed out the glaring failure of the “free market” system to solve these problems. Sadly few authors offered realistic options to address our dilemma.

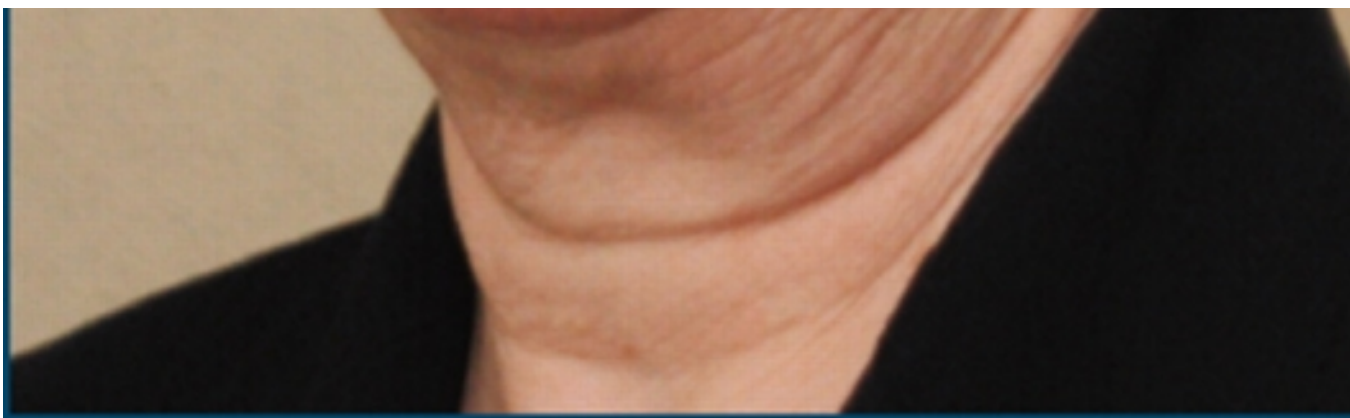
Barlett and Steele weigh in on the subject of American health care in their book *Critical Condition: How Health Care in America Became Big Business & Bad Medicine*. It is a short but surprisingly lively read that covers many of the problems listed above. These Pulitzer Prize-winning authors of *America: What Went Wrong?* take a stab at providing some possible solutions to improving health care. For example, to address major problems that are simply too hot to handle politically, Barlett and Steele recommend creating a nonpartisan independent agency to set health care policy in the U.S. The model for this agency is the Federal Reserve—a public agency that is largely independent of politics (well, to the degree one can be independent of political influence).

The health care agency would be funded with new taxes (sorry about that, but there is no free lunch) and would comprise health care providers (now *that's* a novel idea) as well as citizens from other nonmedical professions. The major mission of the committee would be to make unpopular decisions that the free market simply cannot make. The agency would provide “political cover” for politicians who clearly wish to avoid making such unpopular decisions and at the same time permit injection of some common sense into our health care system. Evidence-based medicine would guide

decision making rather than emotion (remember the high dose chemotherapy and marrow transplant for metastatic breast cancer debacle?). This book is certainly thought provoking and controversial but I recommend it to anyone interested in trying to more fully understand America's health care crisis.

Figure 3





Patricia Legant, MD, PhD

Terri Schiavo—A Tragedy Compounded

By Timothy E. Quill, MD

New England Journal of Medicine 16: 1630–1633, 2005

“Culture of Life” Politics at the Bedside—The Case of Terri Schiavo

By George J. Annas, JD, MPH

New England Journal of Medicine 16: 1710–1715, 2005

Certainly we oncologists help patients and families make difficult end-of-life decisions every day and are only too familiar with the care it takes to navigate the minefield of family dynamics involved. I found particularly comforting Annas' summary paragraph on the primacy of human dignity and autonomy in protecting the patient's interests, as opposed to those of the family, in these difficult decisions. Needless to say, perhaps, is that a much better outcome, whenever possible, is to succeed in bringing the family and patient to consensus.

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