

# Overdiagnosed Making People Sick In The Pursuit Of Health

This searing indictment, David Healy's most comprehensive and forceful argument against the pharmaceuticalization of medicine, tackles problems in health care that are leading to a growing number of deaths and disabilities. Healy, who was the first to draw attention to the now well-publicized suicide-inducing side effects of many anti-depressants, attributes our current state of affairs to three key factors: product rather than process patents on drugs, the classification of certain drugs as prescription-only, and industry-controlled drug trials. These developments have tied the survival of pharmaceutical companies to the development of blockbuster drugs, so that they must overhype benefits and deny real hazards. Healy further explains why these trends have basically ended the possibility of universal health care in the United States and elsewhere around the world. He concludes with suggestions for reform of our currently corrupted evidence-based medical system.

'This book gives plenty of examples of ad hominem attacks, intimidation, slander, threats of litigation, deception, dishonesty, lies and other violations of good scientific practice. For some years I kept a folder labeled Dishonesty in breast cancer screening on top of my filing cabinet, storing articles and letters to the editor that contained statements I knew were dishonest. Eventually I gave up on the idea of writing a paper about this collection, as the number of examples quickly exceeded what could be contained in a single article.' From the Introduction The most effective way to decrease women's risk of becoming a breast cancer patient is to avoid attending screening. Mammography screening is one of the greatest controversies in healthcare,

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and the extent to which some scientists have sacrificed sound scientific principles in order to arrive at politically acceptable results in their research is extraordinary. In contrast, neutral observers increasingly find that the benefit has been much oversold and that the harms are much greater than previously believed. This groundbreaking book takes an evidence-based, critical look at the scientific disputes and the information provided to women by governments and cancer charities. It also explains why mammography screening is unlikely to be effective today. All health professionals and members of the public will find these revelations disturbingly illuminating. It will radically transform the way healthcare policy makers view mammography screening in the future. 'If Peter Gotzsche did not exist, there would be a need to invent him ...It may still take time for the limitations and harms of screening to be properly acknowledged and for women to be enabled to make adequately informed decisions. When this happens, it will be almost entirely due to the intellectual rigour and determination of Peter Gotzsche.' From the Foreword by Iona Heath, President, RCGP 'If you care about breast cancer, and we all should, you must read this book. Breast cancer is complex and we cannot afford to rely on the popular media, or on information from marketing campaigns from those who are invested in screening. We need to question and to understand. The story that Peter tells matters very much.' From the Foreword by Fran Visco, President, National Breast Cancer Coalition

"From the author of *The Fever*, a wide-ranging inquiry into the origins of pandemics Interweaving history, original reportage, and personal narrative, *Pandemic* explores the origins of epidemics, drawing parallels between the story of cholera-one of history's most disruptive and deadly pathogens-and the new pathogens that stalk humankind today, from Ebola and avian influenza to drug-resistant superbugs. More than three

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hundred infectious diseases have emerged or reemerged in new territory during the past fifty years, and 90 percent of epidemiologists expect that one of them will cause a disruptive, deadly pandemic sometime in the next two generations. To reveal how that might happen, Sonia Shah tracks each stage of cholera's dramatic journey from harmless microbe to world-changing pandemic, from its 1817 emergence in the South Asian hinterlands to its rapid dispersal across the nineteenth-century world and its latest beachhead in Haiti. She reports on the pathogens following in cholera's footsteps, from the MRSA bacterium that besieges her own family to the never-before-seen killers emerging from China's wet markets, the surgical wards of New Delhi, the slums of Port-au-Prince, and the suburban backyards of the East Coast. By delving into the convoluted science, strange politics, and checkered history of one of the world's deadliest diseases, *Pandemic* reveals what the next epidemic might look like--and what we can do to prevent it"--

A complex web of factors has created the phenomenon of overdiagnosis: the popular media promotes fear of disease and perpetuates the myth that early, aggressive treatment is always best; in an attempt to avoid lawsuits, doctors have begun to leave no test undone, no abnormality overlooked; and profits are being made from screenings, medical procedures, and pharmaceuticals. Revealing the social, medical, and economic ramifications of a health-care system that overdiagnoses and overtreats patients, Dr. H. Gilbert Welch makes a reasoned call for change that would save us pain, worry, and money.

A nationally recognized expert describes seven widespread assumptions that encourage excessive, often ineffective, and sometimes harmful medical care—for fans of *Overdiagnosed* and Malcolm Gladwell You might think the biggest problem in medical care is that it costs too much. Or that health

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insurance is too expensive, too uneven, too complicated—and gives you too many forms to fill out. But the central problem is that too much medical care has too little value. Dr. H. Gilbert Welch is worried about too much medical care. He doesn't deny that some people get too little medical care—rather that the conventional concern about “too little” needs to be balanced with a concern about “too much”: too many people being made to worry about diseases they don't have and are at only average risk to get; too many people being tested and exposed to the harmful effects of the testing process; too many people being subjected to treatments they don't need or can't benefit from. The American public has been sold the idea that seeking medical care is one of the most important steps to maintain wellness. Surprisingly, medical care is not, in fact, well correlated with good health. More medicine does not equal more health; in reality the opposite may be true. In *Less Medicine, More Health*, Dr. Welch pushes against established wisdom and suggests that medical care can be too aggressive. Drawing on his twenty-five years of medical practice and research, he notes that while economics and lawyers contribute to the excesses of American medicine, the problem is essentially created when the general public clings to these powerful assumptions about the value of tests and treatments—a number of which are just plain wrong. By telling fascinating (and occasionally amusing) stories backed by reliable data, Dr. Welch challenges patients and the health-care establishment to rethink some very fundamental practices. His provocative prescriptions hold the potential to save money and, more important, improve health outcomes for us all.

With health reform enacted by the Congress and signed by the President, the subject matter of *The Treatment Trap* is a compelling component in the national debate. Taking advantage of Rosemary Gibson's knowledge gleaned from

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extended experience in the field of medical care and Janardan Singh's similar knowledge but from a financial perspective, the authors explore the most neglected issue in American medicine today: the overuse of medical care, including needless surgery and other invasive procedures, out-of-control x-ray imaging, profligate testing, and other wasteful practices that have become routine among too many American doctors. Their combined reporting and analysis concentrates on the human aspects of this disturbing trend in health care, with personal experiences that reflect poorly on hospitals as well as physicians. They show how money spent for questionable and even useless care is diverting major funds that could be better used to treat patients who are genuinely sick and sometimes cannot afford the extravagant charges of the American health-care system. Their suggestions for reforming the delivery of health care, and their cautions to individual consumers about how to deal with situations they may encounter, make *The Treatment Trap* essential reading for medical care consumers, health-care professionals, and policymakers alike.

Medicare affects everyone. If you are a boomer, you are counting on Medicare to protect you from the cost of health care when you retire. If you have turned 65, you already depend on Medicare. If you are a Gen-X or Gen-Y, you are contributing to Medicare from your paycheck. Will Medicare continue to exist as we have known it? Will it be there when you need it? How much will it cost? As the future of Medicare is debated in Washington, Rosemary Gibson and Janardan Prasad Singh shine a light on a rarely-seen side of this storied program: the business of Medicare. Medicare is known as an entitlement for the nation's seniors. It is also the largest entitlement-based program for any business sector in the US economy. Its beneficiaries include hospitals, doctors, drug companies, device manufacturers, Wall Street

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investment banks, private equity firms, hedge funds, and others that rely on the \$600 billion that Medicare spends a year. The ties that bind Wall Street and Washington in the healthcare industry are strong, and they will play an outsized role in determining Medicare's future. Gibson and Singh reveal how the industry's interests are often at odds with those of seniors and boomers. While some politicians point to the culture of dependence of the public on Medicare, the authors suggest that policymakers turn their attention to the culture of dependence of the healthcare industry on Medicare, which is the predominant force pushing the program toward a fiscal cliff. The amount of waste in the Medicare program is equivalent to the entire economy of New Zealand. For Medicare to be sustained, this culture of dependence -- and the habits it breeds, namely waste, excessive pricing, and overuse of unnecessary services -- should be the first priority for the chopping block. By parings back the excess, the authors argue, Medicare can be sustained for future generations. This is essential reading for anyone interested in how Medicare works, how it could work better, and where it will go if reforms are not made.

"The Protocol is the first ever organized system that answers the question why we age as organisms. It offers a personalized program to legitimately curb the effects of time on the human body"--Page 4 of cover.

Understanding risk -- Putting risk in perspective -- Risk charts : a way to get perspective -- Judging the benefit of a health intervention -- Not all benefits are equal : understand the outcome -- Consider the downsides -- Do the benefits outweigh the downsides? -- Beware of exaggerated importance -- Beware of exaggerated certainty -- Who's behind the numbers?

Overdiagnosed Making People Sick in the Pursuit of Health  
Beacon Press

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This work provides a thought-provoking account of how medical treatments can be tested with unbiased or 'fair' trials and explains how patients can work with doctors to achieve this vital goal. It spans the gamut of therapy from mastectomy to thalidomide and explores a vast range of case studies. In the late 1990s, treatment-related deaths or “complications” were the fifth leading cause of death for Americans. Spurred by the crisis, a group of dedicated physicians like Paul Batalden and Don Berwick made it their goal to study the concepts of “quality improvement” used at Toyota and NASA, and to apply them to the practice of medicine. This book tells their story, and how these “heretical” ideas have blossomed into a movement, bringing the focus back to where it should have always been: the patient.

“Alan Cassels strips layers of expectation, hype, jargon, false-starts, and conflicts of interest off the medical screening mantra.” —Nortin M. Hadler, author of *Worried Sick* Why wouldn't you want to be screened to see if you're at risk for cancer, heart disease, or another potentially lethal condition? After all, better safe than sorry. Right? Not so fast, says Alan Cassels. His *Seeking Sickness* takes us inside the world of medical screening, where well-meaning practitioners and a profit-motivated industry offer to save our lives by exploiting our fears. He writes that promoters of screening overpromise on its benefits and downplay its harms, which can range from the merely annoying to the life threatening. If you're facing a screening test for breast or prostate cancer, high cholesterol, or low testosterone, someone is about to turn you into a patient. You need to ask yourself one simple question: Am I ready for all the things that could go wrong? “With engaging clarity backed by academic rigor, Cassels discusses a variety of popular investigational procedures . . . an excellent way to start the important process of self-education.” —Quill & Quire “Smartly written and very readable.” —Brian Goldman, MD,

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author of *The Secret Language of Doctors* “Cassels tackles this touchy topic, looking at it test by test. His overarching message is that modern medicine has ‘overpromised’ with claims that screening will save our lives. He contends that with the lack of hard evidence on benefits, the evidence of harm from by such screening, as well as the multi-billion dollar interests at stake, we should approach this kind of screening with great precaution.” —Canadian Women’s Health Network

**PRESCRIPTION DRUGS ARE THE THIRD LEADING CAUSE OF DEATH AFTER HEART DISEASE AND CANCER.** In his latest ground-breaking book, Peter C Gotzsche exposes the pharmaceutical industries and their charade of fraudulent behaviour, both in research and marketing where the morally repugnant disregard for human lives is the norm. He convincingly draws close co

A provocative and surprising investigation into the ways that profit, personalities, and politics obstruct real progress in the war on cancer—and one doctor's passionate call to action for change This year, nearly 1.6 million new cases of cancer will be diagnosed and more than 1,500 people will die per day. We've been asked to accept the disappointing strategy to "manage cancer as a chronic disease." We've allowed pharmaceutical companies to position cancer drugs that extend life by just weeks and may cost \$100,000 for a single course of treatment as breakthroughs. Why have we been able to cure and prevent other killer diseases but not most cancers? Where is the bold government leadership that will transform our system from treatment to prevention? Have we forgotten the mission of the National Cancer Act of 1971, to "conquer cancer"? Through an analysis of over 40 years of medical evidence and interviews with cancer doctors, researchers, drug company executives, and health policy advisors, Dr. Cuomo reveals frank and intriguing answers to

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these questions. She shows us how all cancer stakeholders—the pharmaceutical industry, government, physicians, and concerned Americans—can change the way we view and fight cancer in this country.

Evidence-Based Diagnosis explains diagnostic, screening, and prognostic tests in clinical medicine. The authors' approach is based on many years of experience teaching physicians in a clinical research training program. Although needing only a minimum of mathematics, the quantitative discussions in this book are deeper and more rigorous than in most introductory texts. The book includes numerous worked examples and 60 problems (with answers) based on real clinical situations and journal articles. This book is a great choice for anyone looking to select, develop, or apply medical tests. Topics covered include: the diagnostic process; test reliability and accuracy; testing and treatment thresholds; critical appraisal of studies of diagnostic, screening and prognostic tests; test independence and methods of combining tests; quantifying treatment benefits using randomized trials and observational studies; Bayesian interpretation of P values and confidence intervals; challenges for evidence-based diagnosis; likelihood ratios and ROC curves.

In this hard-hitting indictment of the pharmaceutical industry, Ray Moynihan and Allan Cassels show how drug companies are systematically using their dominating influence in the world of medical science, drug companies are working to widen the very boundaries that define illness. Mild problems are redefined as serious illness, and common complaints are labeled as medical conditions requiring drug treatments. Runny noses are now allergic rhinitis, PMS has become a psychiatric disorder, and hyperactive children have ADD. *Selling Sickness* reveals how expanding the boundaries of illness and lowering the threshold for treatments is creating

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millions of new patients and billions in new profits, in turn threatening to bankrupt national healthcare systems all over the world. This Canadian edition includes an introduction placing the issue in a Canadian context and describing why Canadians should be concerned about the problem.

"This book, now revised in a section edition, examines the problem of over-diagnosis in psychiatry, focusing on problems with current diagnostic systems. It will show that diagnosis is not always a good guide to treatment selection, and that diagnoses have been expanded in scope to justify currently popular methods of pharmacotherapy or psychotherapy. The most important categories that are over-diagnosed are bipolar disorders, major depression, attention-deficit hyperactivity disorder, and post-traumatic stress disorder. The boundary of pathology and normality remains unclear. This edition will also discuss dimensional systems that are transdiagnostic, and show how over-diagnosis is linked to the practice of aggressive psychopharmacology"--

*How We Do Harm* exposes the underbelly of healthcare today—the overtreatment of the rich, the under treatment of the poor, the financial conflicts of interest that determine the care that physicians' provide, insurance companies that don't demand the best (or even the least expensive) care, and pharmaceutical companies concerned with selling drugs, regardless of whether they improve health or do harm. Dr. Otis Brawley is the chief medical and scientific officer of The American Cancer Society, an oncologist with a dazzling clinical, research, and policy career. *How We Do Harm* pulls back the curtain on how medicine is really practiced in

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America. Brawley tells of doctors who select treatment based on payment they will receive, rather than on demonstrated scientific results; hospitals and pharmaceutical companies that seek out patients to treat even if they are not actually ill (but as long as their insurance will pay); a public primed to swallow the latest pill, no matter the cost; and rising healthcare costs for unnecessary—and often unproven—treatments that we all pay for. Brawley calls for rational healthcare, healthcare drawn from results-based, scientifically justifiable treatments, and not just the peddling of hot new drugs. Brawley's personal history – from a childhood in the gang-ridden streets of black Detroit, to the green hallways of Grady Memorial Hospital, the largest public hospital in the U.S., to the boardrooms of The American Cancer Society—results in a passionate view of medicine and the politics of illness in America - and a deep understanding of healthcare today. *How We Do Harm* is his well-reasoned manifesto for change.

Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to *Improving Diagnosis in Health Care*, diagnostic errors-inaccurate or delayed

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diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. Improving Diagnosis in Health Care a continuation of the landmark Institute of Medicine reports *To Err Is Human* (2000) and *Crossing the Quality Chasm* (2001) finds that diagnosis-and, in particular, the occurrence of diagnostic errors"has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of *Improving Diagnosis in Health*

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Care contribute to the growing momentum for change in this crucial area of health care quality and safety.

In Sweden, hundreds of refugee children fall into a state that resembles sleep for months or years at a time. In Le Roy, a town in upstate New York, teenage girls develop involuntary twitches and seizures that spread like a contagion. In the U.S. Embassy in Cuba, employees experience headaches and memory loss after hearing strange noises during the night. These are only a few of the many suspected culture-bound psychosomatic syndromes—specific sets of symptoms that exist in a particular culture or environment—that affect people throughout the world. In *The Sleeping Beauties*, Dr. Suzanne O’Sullivan—an award-winning Irish neurologist—investigates psychosomatic disorders, traveling the world to visit communities suffering from these so-called mystery illnesses. From a derelict post-Soviet mining town in Kazakhstan to the Mosquito Coast of Nicaragua to the heart of the María Mountains in Colombia, O’Sullivan records the remarkable stories of syndromes related to her by people from all walks of life. Riveting and often distressing, these case studies are recounted with compassion and humanity. In examining the complexity of psychogenic illness, O’Sullivan has written a book of both fascination and serious concern as these syndromes continue to proliferate

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around the globe.

Using the examples of Vioxx, Celebrex, cholesterol-lowering statin drugs, and anti-depressants, *Overdosed America* shows that at the heart of the current crisis in American medicine lies the commercialization of medical knowledge itself.

Drawing on his background in statistics, epidemiology, and health policy, John Abramson, M.D., reveals the ways in which the drug companies have misrepresented statistical evidence, misled doctors, and compromised our health. The good news is that the best scientific evidence shows that reclaiming responsibility for your own health is often far more effective than taking the latest blockbuster drug. You—and your doctor—will be stunned by this unflinching exposé of American medicine.

From a nationally recognized expert, an exposé of the worst excesses of our zeal for medical testing. Going against the conventional wisdom reinforced by the medical establishment and Big Pharma that more screening is the best preventative medicine, Dr. Gilbert Welch builds a compelling counterargument that what we need are fewer, not more, diagnoses. Documenting the excesses of American medical practice that labels far too many of us as sick, Welch examines the social, ethical, and economic ramifications of a health-care system that unnecessarily diagnoses and treats patients, most of whom will not benefit from treatment, might

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be harmed by it, and would arguably be better off without screening. Drawing on twenty-five years of medical practice and research on the effects of medical testing, Welch explains in a straightforward, jargon-free style how the cutoffs for treating a person with "abnormal" test results have been drastically lowered just when technological advances have allowed us to see more and more "abnormalities," many of which will pose fewer health complications than the procedures that ostensibly cure them. Citing studies that show that 10 percent of two thousand healthy people were found to have had silent strokes, and that well over half of men over age sixty have traces of prostate cancer but no impairment, Welch reveals overdiagnosis to be rampant for numerous conditions and diseases, including diabetes, high cholesterol, osteoporosis, gallstones, abdominal aortic aneurysms, blood clots, as well as skin, prostate, breast, and lung cancers. With genetic and prenatal screening now common, patients are being diagnosed not with disease but with "pre-disease" or for being at "high risk" of developing disease. Revealing the economic and medical forces that contribute to overdiagnosis, Welch makes a reasoned call for change that would save us from countless unneeded surgeries, excessive worry, and exorbitant costs, all while maintaining a balanced view of both the potential benefits and harms of diagnosis. Drawing on data,

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clinical studies, and anecdotes from his own practice, Welch builds a solid, accessible case against the belief that more screening always improves health care.

Nortin Hadler's clearly reasoned argument surmounts the cacophony of the health care debate. Hadler urges everyone to ask health care providers how likely it is that proposed treatments will afford meaningful benefits and he teaches how to actively listen to the answer. Each chapter of *Worried Sick* is an object lesson on the uses and abuses of common offerings, from screening tests to medical and surgical interventions. By learning to distinguish good medical advice from persuasive medical marketing, consumers can make better decisions about their personal health care and use that wisdom to inform their perspectives on health-policy issues.

In this "meticulously researched" account (New York Times Book Review), a Pulitzer Prize-winning author examines the dangers of a failing public health system unequipped to handle large-scale global risks like a coronavirus pandemic. The New York Times bestselling author of *The Coming Plague*, Laurie Garrett takes on perhaps the most crucial global issue of our time in this eye-opening book. She asks: is our collective health in a state of decline? If so, how dire is this crisis and has the public health system itself contributed to it? Using

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riveting detail and finely-honed storytelling, exploring outbreaks around the world, Garrett exposes the underbelly of the world's globalization to find out if it can still be assumed that government can and will protect the people's health, or if that trust has been irrevocably broken. "A frightening vision of the future and a deeply unsettling one . . . a sober, scary book that not only limns the dangers posed by emerging diseases but also raises serious questions about two centuries' worth of Enlightenment beliefs in science and technology and progress." -- Michiko Kakutani, The New York Times

Our health care is staggeringly expensive, yet one in six Americans has no health insurance. We have some of the most skilled physicians in the world, yet one hundred thousand patients die each year from medical errors. In this gripping, eye-opening book, award-winning journalist Shannon Brownlee takes readers inside the hospital to dismantle some of our most venerated myths about American medicine. Brownlee dissects what she calls "the medical-industrial complex" and lays bare the backward economic incentives embedded in our system, revealing a stunning portrait of the care we now receive. Nevertheless, *Overtreated* ultimately conveys a message of hope by reframing the debate over health care reform. It offers a way to control costs and cover the uninsured, while simultaneously improving the quality of American medicine.

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Shannon Brownlee's humane, intelligent, and penetrating analysis empowers readers to avoid the perils of overtreatment, as well as pointing the way to better health care for everyone.

Explaining the truth behind the screening statistics and investigating the evidence behind the hype, Margaret McCartney, an award-winning writer and doctor, argues that this patient paradox of too much testing of well people and not enough care for the sick often worsens health inequalities and drains professionalism, harming both those who need treatment and those who don't.

Subtitle in pre-publication: Curing our healthcare crisis.

The groundbreaking account of the widespread misdiagnosis of attention deficit hyperactivity disorder—and how its unchecked growth has made ADHD one of the most controversial conditions in medicine, with serious effects on children, adults, and society. “ADHD Nation should be required reading” (The New York Times Book Review). More than one in seven American children are diagnosed with ADHD—three times what experts have said is appropriate—meaning that millions of kids are misdiagnosed and taking medications such as Adderall or Concerta for a psychiatric condition they probably do not have. The numbers rise every year. And still, many experts and drug companies deny any cause for concern. In fact, they say that adults

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and the rest of the world should embrace ADHD and that its medications will transform their lives. “In this powerful, necessary book, Alan Schwarz exposes the dirty secrets of the growing ADHD epidemic” (Kirkus Reviews, starred review), including how the father of ADHD, Dr. Keith Conners, spent fifty years advocating drugs like Ritalin before realizing his role in what he now calls “a national disaster of dangerous proportions”; a troubled young girl and a studious teenage boy get entangled in the growing ADHD machine and take medications that backfire horribly; and big Pharma egregiously over-promotes the disorder and earns billions from the mishandling of children (and now adults). While demonstrating that ADHD is real and can be medicated when appropriate, Schwarz sounds a long-overdue alarm and urges America to address this growing national health crisis. “ADHD Nation is a necessary book. Schwarz has done a fine job on a maddening topic, and everyone who’s interested in hyperactivity, attention spans, stimulants, and the current state of American health care should grab a copy” (New York magazine).

Reveals how fear-based and inaccurate testing is resulting in unnecessary high-risk surgeries, arguing that the PSA test was never intended for prostate cancer screening while sharing the stories of patients who have suffered from damaging procedures. 35,000 first printing.

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### A New York Times Bestseller

In this thought-provoking volume, a physician and public health expert challenges the notion that detecting cancer early always saves lives.

The bestselling author of *Intern* and *Doctored* tells the story of the thing that makes us tick. For centuries, the human heart seemed beyond our understanding: an inscrutable shuddering mass that was somehow the driver of emotion and the seat of the soul. As the cardiologist and bestselling author Sandeep Jauhar shows in *Heart: A History*, it was only recently that we demolished age-old taboos and devised the transformative procedures that have changed the way we live. Deftly alternating between key historical episodes and his own work, Jauhar tells the colorful and little-known story of the doctors who risked their careers and the patients who risked their lives to know and heal our most vital organ. He introduces us to Daniel Hale Williams, the African American doctor who performed the world's first open heart surgery in Gilded Age Chicago. We meet C. Walton Lillehei, who connected a patient's circulatory system to a healthy donor's, paving the way for the heart-lung machine. And we encounter Wilson Greatbatch, who saved millions by inventing the pacemaker—by accident. Jauhar deftly braids these tales of discovery, hubris, and sorrow with moving accounts of his family's history of heart ailments and the patients he's treated over many

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years. He also confronts the limits of medical technology, arguing that future progress will depend more on how we choose to live than on the devices we invent. Affecting, engaging, and beautifully written, *Heart: A History* takes the full measure of the only organ that can move itself.

Physician-historian Jeremy A. Greene examines the mechanisms by which drugs and chronic disease categories define one another within medical research, clinical practice, and pharmaceutical marketing, and he explores how this interaction has profoundly altered the experience, politics, ethics, and economy of health in late-twentieth-century America.

Foreword by Harvey V. Fineberg, President of the Institute of Medicine For decades, experts have puzzled over why the US spends more on health care but suffers poorer outcomes than other industrialized nations. Now Elizabeth H. Bradley and Lauren A. Taylor marshal extensive research, including a comparative study of health care data from thirty countries, and get to the root of this paradox: We've left out of our tally the most impactful expenditures countries make to improve the health of their populations-investments in social services. In *The American Health Care Paradox*, Bradley and Taylor illuminate how narrow definitions of "health care," archaic divisions in the distribution of health and social services, and our allergy to government

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programs combine to create needless suffering in individual lives, even as health care spending continues to soar. They show us how and why the US health care "system" developed as it did; examine the constraints on, and possibilities for, reform; and profile inspiring new initiatives from around the world. Offering a unique and clarifying perspective on the problems the Affordable Care Act won't solve, this book also points a new way forward.

The Routledge Companion to Philosophy of Medicine is a comprehensive guide to topics in the fields of epistemology and metaphysics of medicine. It examines traditional topics such as the concept of disease, causality in medicine, the epistemology of the randomized controlled trial, the biopsychosocial model, explanation, clinical judgment and phenomenology of medicine and emerging topics, such as philosophy of epidemiology, measuring harms, the concept of disability, nursing perspectives, race and gender, the metaphysics of Chinese medicine, and narrative medicine. Each of the 48 chapters is written especially for this volume and with a student audience in mind. For pedagogy and clarity, each chapter contains an extended example illustrating the ideas discussed. This text is intended for use as a reference for students in courses in philosophy of medicine and philosophy of science, and pairs well with The Routledge Companion to Bioethics for use in medical

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humanities and social science courses.

The definitive story of American health care today—its causes, consequences, and confusions In March 2010, the Affordable Care Act was signed into law. It was the most extensive reform of America's health care system since at least the creation of Medicare in 1965, and maybe ever. The ACA was controversial and highly political, and the law faced legal challenges reaching all the way to the Supreme Court; it even precipitated a government shutdown. It was a signature piece of legislation for President Obama's first term, and also a ball and chain for his second. Ezekiel J. Emanuel, a professor of medical ethics and health policy at the University of Pennsylvania who also served as a special adviser to the White House on health care reform, has written a brilliant diagnostic explanation of why health care in America has become such a divisive social issue, how money and medicine have their own—quite distinct—American story, and why reform has bedeviled presidents of the left and right for more than one hundred years. Emanuel also explains exactly how the ACA reforms are reshaping the health care system now. He forecasts the future, identifying six mega trends in health that will determine the market for health care to 2020 and beyond. His predictions are bold, provocative, and uniquely well-informed. Health care—one of America's largest employment sectors, with an

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economy the size of the GDP of France—has never had a more comprehensive or authoritative interpreter.

Public health officials state that vaccines are safe and effective, but the truth is far more complicated. Vaccination is a serious medical intervention that always carries the potential to injure and cause death as well as to prevent disease. Coercive vaccination policies deprive people of free and informed consent—the hallmark of ethical medicine. Americans are increasingly concerned about vaccine safety and the right to make individual, informed choices together with their healthcare practitioners. *Vaccine Epidemic* focuses on the searing debate surrounding individual and parental vaccination choice in the United States. Habakus, Holland, and Rosenberg edit and introduce a diverse array of interrelated topics concerning the explosive vaccine controversy, including the ethics of vaccination mandates, corrupting conflicts of interest in the national vaccine program, and personal narratives of parents, children, and soldiers who have suffered vaccine injury. Newly updated with additional chapters focusing on institutional scientific misconduct, mandates for healthcare workers, concerns about HPV vaccine development, and the story behind the Supreme Court's recent vaccine decision, *Vaccine Epidemic* remains the essential handbook for the vaccination choice movement and

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required reading for all people contemplating vaccination for themselves and their children. 'My first serious blackout marked the line between sanity and insanity. Though I would have moments of lucidity over the coming days and weeks, I would never again be the same person ...' Susannah Cahalan was a happy, clever, healthy twenty-four-year old. Then one day she woke up in hospital, with no memory of what had happened or how she had got there. Within weeks, she would be transformed into someone unrecognizable, descending into a state of acute psychosis, undergoing rages and convulsions, hallucinating that her father had murdered his wife; that she could control time with her mind. Everything she had taken for granted about her life, and who she was, was wiped out. Brain on Fire is Susannah's story of her terrifying descent into madness and the desperate hunt for a diagnosis, as, after dozens of tests and scans, baffled doctors concluded she should be confined in a psychiatric ward. It is also the story of how one brilliant man, Syria-born Dr Najjar, finally proved - using a simple pen and paper - that Susannah's psychotic behaviour was caused by a rare autoimmune disease attacking her brain. His diagnosis of this little-known condition, thought to have been the real cause of devil-possession through history, saved her life, and possibly the lives of many others. Cahalan takes readers inside this

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newly-discovered disease through the progress of her own harrowing journey, piecing it together using memories, journals, hospital videos and records. Written with passionate honesty and intelligence, *Brain on Fire* is a searingly personal yet universal book, which asks what happens when your identity is suddenly destroyed, and how you get it back. 'With eagle-eye precision and brutal honesty, Susannah Cahalan turns her journalistic gaze on herself as she bravely looks back on one of the most harrowing and unimaginable experiences one could ever face: the loss of mind, body and self. *Brain on Fire* is a mesmerizing story' -Mira Bartók, New York Times bestselling author of *The Memory Palace* Susannah Cahalan is a reporter on the New York Post, and the recipient of the 2010 Silurian Award of Excellence in Journalism for Feature Writing. Her writing has also appeared in the New York Times, and is frequently picked up by the Daily Mail, Gawker, Gothamist, AOL and Yahoo among other news aggregator sites.

Suggests that the medical profession is heavily bent on aggressive diagnosis and treatment and argues that this zealous system of overtesting and overdiagnosing needs to change in order to save time, money, and pain.

A New York Times bestseller! From the celebrated author of *Nickel and Dimed*, Barbara Ehrenreich explores how we are killing ourselves to live longer,

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not better. A razor-sharp polemic which offers an entirely new understanding of our bodies, ourselves, and our place in the universe, **NATURAL CAUSES** describes how we over-prepare and worry way too much about what is inevitable. One by one, Ehrenreich topples the shibboleths that guide our attempts to live a long, healthy life -- from the importance of preventive medical screenings to the concepts of wellness and mindfulness, from dietary fads to fitness culture. But **NATURAL CAUSES** goes deeper -- into the fundamental unreliability of our bodies and even our "mind-bodies," to use the fashionable term. Starting with the mysterious and seldom-acknowledged tendency of our own immune cells to promote deadly cancers, Ehrenreich looks into the cellular basis of aging, and shows how little control we actually have over it. We tend to believe we have agency over our bodies, our minds, and even over the manner of our deaths. But the latest science shows that the microscopic subunits of our bodies make their own "decisions," and not always in our favor. We may buy expensive anti-aging products or cosmetic surgery, get preventive screenings and eat more kale, or throw ourselves into meditation and spirituality. But all these things offer only the illusion of control. How to live well, even joyously, while accepting our mortality -- that is the vitally important philosophical challenge of this book. Drawing on varied sources, from personal

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experience and sociological trends to pop culture and current scientific literature, *NATURAL CAUSES* examines the ways in which we obsess over death, our bodies, and our health. Both funny and caustic, Ehrenreich then tackles the seemingly unsolvable problem of how we might better prepare ourselves for the end -- while still reveling in the lives that remain to us.

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