How We Do Harm: A Doctor Breaks Rank About Being Sick in America by Otis Webb Brawley, M.D. with Paul Goldberg opens with a raw story set in Grady Memorial Hospital Emergency Room in Atlanta, Georgia. Edna, who waits for hours to be seen with a paper bag in her hand, requests that her breast be reattached. Her diagnosis- breast autoamputation due to stage 4 metastatic breast cancer. Why she waited nine years to be seen and why black women have a higher mortality rate from breast cancer are questions Dr. Brawley, chief medical and scientific officer for The American Cancer Society, attempts to answer. Poverty is the number one driver for a poor health outcome, and race is second. Dr. Brawley believes there are poor health outcomes on both ends of the socioeconomic spectrum. The poor get little or no quality care with little preventative care due to a lack of health insurance, and the wealthy get too much care with interventions that at best have not been scientifically proven to be beneficial, and at worst, may be harmful or fatal.

Dr. Brawley tells the story of Helen next, another black woman with breast cancer, but at the other end of the socioeconomic spectrum from Edna. Helen had a good-paying job, was married, and had insurance. She had a 3cm breast cancer, which was also receptor-negative. She felt relieved that she had great insurance, support, and a steady income. An autologous bone marrow transplant followed treatment with high dose chemotherapy. After suffering significant complications, she was not able to return to work for a year. The reoccurrence of her metastatic breast cancer was untreatable because she had reached her maximum lifetime dose of chemotherapy and radiation and ironically maximum benefit limit on insurance coverage as well. She ended up in the Grady oncology clinic to see Dr. Brawley due to her lack of insurance and subsequently became his colleague in the fight against breast cancer in women of color.

The themes of the book seem to be that being on either end of the financial and treatment spectrum can be detrimental to health and that treatment choices should be based on science, not market forces, or providing false hope to cancer patients. A comparison between the use of medications and scans to diagnose illness shows that the United States treats more and images more patients than Canada. However, their lifespan is approximately three years longer than ours. Interestingly, Dr. Brawley pointed out that if you did need an MRI, you were more likely to get it done on a timely basis in Canada than in the United States. To make his point about excess and the U.S. patient's conception of good medical care, Dr. Brawley tells the story of an upper middle class, insured, educated woman with Stage 1A colon cancer who was diagnosed early and had an excellent surgery with more than 15 nodes biopsied who sought chemotherapy because she wanted zero chance of a reoccurrence of cancer. Her first oncologist told her that chemotherapy was not warranted, and the risks outweighed the benefits. A second oncologist concurred. She sought the care of a third oncologist who provided the requested chemotherapy. She informally consulted with Dr. Brawley, who told her that the chemotherapy was a poor choice, and she should stop it immediately. She chose to disregard this advice. Dr. Brawley concluded that she had increased her risk for leukemia for the next 10-15 years, and the doctor who provided treatment earned an additional $5000 for his office.

The tone of the book is impassioned to provide a wake-up call to patients seeking treatment. No longer can we claim ignorance about the failings of our current health care system. The conflicting goals of humanistic medicine and financial interests are obvious, but solutions are not in sight. Lobbyists and large conglomerates of pharmaceutical companies will ensure that drug prices remain high, direct to consumer advertising will educate patients with skewed data to encourage them to seek unnecessary and perhaps harmful treatment, and productivity requirements will make it difficult for physicians to

educate their patients on the risks of medical excess fully. While these points seem valid, Dr. Brawley did not provide a map to changing health care for the better, and his strong bias towards academic medicine was apparent. Hopefully, educated consumers may take the first step by not pushing doctors to prescribe unwarranted medications and treatments.

Brawley, O. W., & Goldberg, P. (2012). *How we do harm: A doctor breaks ranks about being sick in America*. New York: St. Martins Press.

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