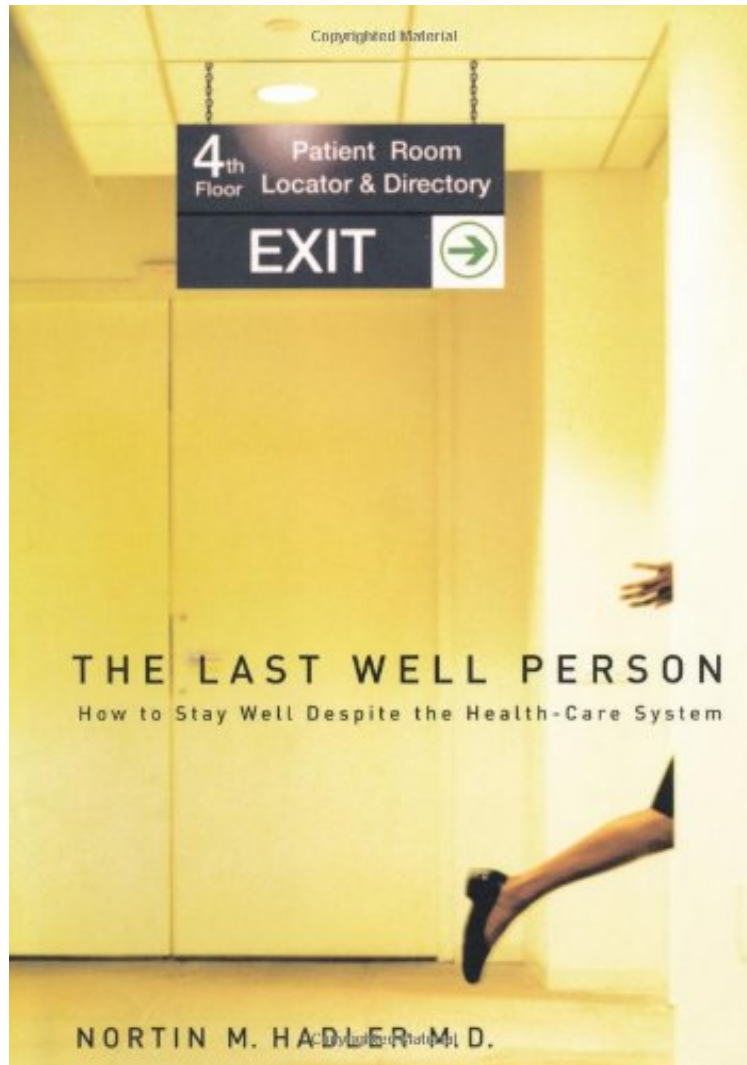


[Get free] The Last Well Person: How to Stay Well Despite the Health-Care System

# The Last Well Person: How to Stay Well Despite the Health-Care System

*Nortin M. Hadler*

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**Nortin M. Hadler : The Last Well Person: How to Stay Well Despite the Health-Care System** before purchasing it in order to gage whether or not it would be worth my time, and all praised The Last Well Person: How to Stay Well Despite the Health-Care System:

14 of 14 people found the following review helpful. Ignore your doctor but take care of yourself. By FarnorthtxAs a practicing physician I approached this book with some skepticism. Even though the reasoning is at time flawed and incomplete the essential message is clear. Physicians in the US have an intrinsic conflict of interest between making a

living and healing patients. If interventional cardiologists and cardiac surgeons actually explained known risks and benefits of their procedures the cardiology "business" would collapse. The problem is that would require that the physicians actually understand the risks and benefits- which is rare. Everyone should read this book then ask your physician tough questions about your healthcare. 2 of 2 people found the following review helpful. Very Informative  
By Clairek4I'm a big Nortin M. Hadler fan and totally agree with the concept of all of his books. 2 of 2 people found the following review helpful. Great read  
By Tom EmerickOne of the best books on health. This is a marvelous mixture of hard science and philosophy. I've read it three times.

Are we all diseased time bombs? In *The Last Well Person* Dr Nortin Hadler argues that unfounded assertions, massaged data, and flagrant marketing have led to the medicalization of everyday life. He systematically builds the case that constant medical monitoring and unnecessary intervention are hazards to our health, severely reducing our quality of life. Sick with worry, we are a culture panicked by many illnesses - cardio-vascular disease, obesity, adult onset diabetes, fatigue, and breast cancer. Especially insidious, contends Hadler, is the misuse of longevity statistics in turning the difficulties experienced through a natural course of life, such as aging, back pain, and osteoporosis, into illnesses. He shows that the medical profession's current notion that such predicaments can be avoided is fatuous and self-serving. And he argues that most heart bypass surgery, mammography, cholesterol screening, and treatment to prevent prostate cancer should be avoided.

From *The New England Journal of Medicine* One of my favorite articles in the medical literature appeared in these pages a little more than a decade ago. "The Last Well Person" (N Engl J Med 1994;330:440-1) was an Occasional Note written by a Tennessee physician, Clifton Meador. It was a fictional scenario that was to take place in the not-too-distant future. The lone character was a 53-year-old professor of freshman algebra at a small college in the Midwest. Despite extensive medical evaluation, no doctor had been able to find anything wrong with him. But he was the only remaining person for whom this was true. Although it was just a story, Meador warned that "if the behavior of doctors and the public continues unabated, eventually every well person will be labeled sick." I share his concern about our proclivity for diagnostic labels and went on to write a book on the topic, specifically as it applies to the increasingly frequent diagnosis of cancer. In mentioning this, my intention is to disclose two opposing potential conflicts of interest -- a commitment to the topic and authorship of a competing work -- that might influence my review of Nortin Hadler's book, which pays tribute to Meador's article by using the same title. Hadler is worried about our increasing tendency to overtreat and overdiagnose. In the first section of the book, he assails the current practices that are relevant to the two most common causes of death in Americans: heart disease and cancer. He suggests that the current management of myocardial infarction and angina "veers towards Type II Medical Malpractice" (treatment is not needed), that coronary bypass surgery benefits only a fraction of the patients who undergo it, and that, although it is a gentler procedure, angioplasty is just as bad. He goes on to suggest that the reduction in absolute risk is too small to warrant cholesterol reduction in the population at large and that the efforts to address the so-called metabolic syndrome (lipid disorder plus obesity, diabetes, and hypertension) with diet and exercise are misguided. His assessment of cancer prevention is equally stark: screening for colorectal cancer will "not affect mortality from all causes," mammography produces "almost nothing of value," and "no man should think that [prostate] surgery will increase his time on earth." It is a brutal critique of much of what we do in medicine. Although Hadler has an extremely high threshold by which to call something beneficial (for a hard outcome such as death, his preferred cutoff is an absolute-risk reduction of at least 5 percent), and although he fails to highlight just how tricky it is to know which patients are among the few who will benefit, it is a critique that thoughtful clinicians will want to read. Hadler's message to the general public is simple: resist most interventions that promise to modify and mollify mortal risks through "hippie-dippie" (HP-DP -- health promotion and disease prevention). Unfortunately, the rationale for this resistance may be less accessible, since important concepts such as confounding, false positive rates, numbers needed to harm, and statistical significance are invoked but not explained. Hadler is also worried about our increasing tendency to "medicalize" common problems. In the second section of the book, he reviews what will be familiar ground for primary care practitioners -- that much of our work involves helping persons who seek relief from symptoms. Here he draws on his experience as a rheumatologist, questioning the usefulness of (or need for) treatment for backache, knee pain, fibromyalgia, and osteoporosis. But the point is more general: "None of us will live long without headache, backache, heartache, heartburn, diarrhea, constipation, sadness, [or] malaise." One choice is to "deal with it"; the other is to seek care and become "a patient or a client with an illness or a condition -- and, likely, forever." Hadler is clearly advocating the former, but his vision of how this might happen is less clear. Although the case he makes for staying away from medical care is compelling, he does not detail any alternative coping strategy. Unfortunately, when it comes to common medical symptoms, a coping strategy is what people really need in order to stay well. H. Gilbert Welch, M.D. Copyright copy; 2005 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. "Hadler is a superb teacher. The reader learns to think independently and to reason critically about the many unsupported or unsupported claims made on behalf of

modern medicine, including much of modern pharmacology, surgery, and so-called alternative medicine. A must-read for both medical professionals and ordinary folk." Arthur Schafer, director, Centre for Professional and Applied Ethics, University of Manitoba  
About the Author  
Nortin M. Hadler is professor of Medicine and Microbiology/Immunology, University of North Carolina at Chapel Hill, and attending rheumatologist, University of North Carolina Hospitals.