

Outline for book, Flexner. Two men from Hopkins: Reclaiming your health care in a system off track

Theme:

In 1911 Abraham Flexner and a group of physicians in Johns Hopkins and the AMA altered the face of American medical delivery, standardizing both educational and practice guidelines, and bringing large corporate foundations and medical societies into the fold. This erased not only the patent-medicine doctors who had littered the medical landscape, but also a parallel reform effort being initiated by Dr. William Osler at Hopkins that weaved together science and humanism to develop a patient-centric philosophy of education and care.

After the Flexnerian revolution, health care became more robotic, mechanistic, and number-driven. Doctors believe that the human body can be broken down into discrete measurements—blood pressure, width of blood vessels, bone density, degree of arthritis on an x-ray—that can be fixed. The measurements are a universal gauge of illness, and the “fix” is also broadly applied regardless of the specific wants and characteristics of a particular patient. Doctors thus follow protocols and guidelines to engage in a measure-diagnose-fix mantra. This leads us toward a specialized, high-cost medical society that places more importance on numbers than patients. Our medical culture now focuses on technology and drugs, with large organizations and industry controlling much of what we do and think, and all of it spoken in the Flexnerian language. We compare our current reality to the Oslerian world view that puts the patient first, that emphasizes nuance and complexity in human health, that seeks to train physicians who are humanistic critical-thinkers, and that eschews any attempt to standardize medical care or to be beholden to industry and protocols. Only by moving onto Osler’s road can we reform health care and make it both affordable and effective.

Introduction:

Chapter one: The battle for the heart of American health care: Flexner vs Osler, 1911. In this chapter, we will look at the history of Flexner’s takeover of medicine.

Chapter two: The road taken. The role of Flexnerian medical care in today’s world and how what Flexner created in 1911 has impacted health care today

Part I: The Repercussions of Flexnerian science on our health and health care

Chapter three: What is Flexnerian Science? Shows how the birth of Flexnerian science mirrored that of Eugenics, and how a measure-diagnose-fix mantra became the norm in medical care.

Chapter four: How data can be manipulated. Talks about the importance of solid data to gauge what should be fixed and how to do it, showing how medical studies are often rigged and thus not accurate or clinically relevant. Also discusses surrogate markers and other tricks.

Chapter five: The appeal of Flexnerian thinking to patients. Using ideas such as cognitive bias, we discuss why patients are attracted to one-right-answer approaches and a measure-diagnose-fix mentality that removes uncertainty from health care decisions and gives them the sense that they can control their health merely by fixing discrete measurements.

Chapter six: The tiny benefit of most interventions. Talks about how many interventions which fix numbers actually have very little value, something that stands in the face of the Flexnerian mantra.

Chapter seven: The Great Flexnerian Swindle: making tiny interventions look big. Talks about how deceptive statistics are used to exaggerate the impact of medical interventions.

Chapter eight: Numerical epidemics. How the health system invents epidemics by using numerical diagnoses to declare who is sick. Will look at blood pressure, cholesterol, diabetes, and bone density.

Chapter nine: Looking for problems you don't have. Discusses cancer screening and how that fits in a Flexnerian mold, trying to convince people they can stop sickness by measuring things.

Chapter ten: Protocol-based thinking. Looks at how many treatments and tests that are not necessarily effective are protocolized and made into medical dogma.

Chapter eleven: There's an app for that. Shows how much of what we do is based on flawed calculators, quality guidelines, expert panels, ect, and how this exaggerates the benefit of interventions while negating the down side.

Chapter twelve: What ever happened to common sense? How medical thinking is so number-focused and specialized that it verges sharply from a patient-centered common sense approach to care and is antithetical to the Oslerian method of providing care.

Chapter thirteen: How Flexnerian thinking has led to an epidemic of polypharmacy. Looks at the fact that there are so many medicines deemed "necessary and life-saving" but that when you pile them on just the opposite result occurs.

Chapter fourteen: Flexner and the elderly. How a Flexnerian approach is both embraced by the elderly and injurious to them, and the price both patients and the system pays for this misguided approach.

Chapter fifteen: Shared decision making in a Flexnerian world. Discuss how the number-centric, dogmatic, absolutist Flexnerian philosophy is antithetical to shared decision making and leads to over-diagnosis and over-treatment.

Part II: The Institutions of Flexnerian Health Care

Chapter sixteen: The Medical Industrial Complex: How Flexner and his reforms spurred a medical industrial complex that profits off and feeds the Flexnerian model of care

Chapter seventeen: The financial implications of the Medical Industrial Complex. Talks about the drivers of high cost, low quality care and how they promote a Flexnerian approach.

Chapter eighteen: Our medical education quandary. Looks at how are Flexnerian legacy left us with a medical education system that stresses memorization and not clinical skills

Chapter nineteen: Why Flexnerian specialization is harming health care. Looks at data on specialized health care in this country and how it fuels poor outcomes at a high price.

Chapter twenty: The pernicious role of health insurance. how health insurance has moved away from taking care of patients. Looks at the issues of insurance and how they are held prey to a Flexnerian

model of care and use that to generate profit rather than to focus on meaningful outcomes, talk also about the RAC committee and the accommodation of insurance to medical societies.

Chapter twenty-one: The power and influence of the drug industry in all parts of health care. Looks at how damaging pharmaceutical hegemony is to patient care and how they promote a Flexnerian approach.

Chapter twenty-two: The power and influence of medical societies in all parts of health care. Looks at groups like American College of Cardiology, AMA, as well as patient advocacy groups such as American Cancer Society and American Diabetes Society and Alzheimer's Society, as well as government groups like CDC and FDA, and shows how they promote Flexnerian medicine that is often not patient-centric or scientifically validated.

Chapter twenty-three: How quality is defined in health care. Looks at practice guidelines and quality measures and how they are derived by groups that benefit from Flexnerian health care and why they are not consistent with a patient-oriented approach, and also how they damage doctors.

Chapter twenty-four: The elevation of the hospital to the bastion of the best care. How the hospital is sometimes the only place people can get care (elderly, poor), how insurance companies have promoted this, how patient-perception fuels it, and how dangerous these places can be.

Chapter twenty-five: The dangers of Malpractice. How our views of malpractice emanate from Flexnerian thinking and subsequently contribute to Andy's malpractice story.

Chapter twenty-six: The institutionalization of Racism in health care. This looks at the Flexner report and its racist provisions and how that has led to a two-tiered health care system.

Part III: What COVID tells us about our Flexnerian System

Chapter twenty-seven: COVID in New York. Alan's experience on the front line of COVID and how our medical system let him and his patients down.

Chapter twenty-eight: COVID and Flexner. Andy's experience on the front line of COVID, linking features of our Flexnerian system to our nation's dysfunctional response to the pandemic.

Part IV: Fixing the System:

Chapter twenty-nine: How patients can impact their own health

Chapter thirty: A palliative model of care. How palliative care can enhance longevity and quality of life both at the end of life and at many other junctures; treating patients in an Oslerian way, focusing on patients' needs and concerns rather than numerical abnormalities, can lead to better outcomes than the Flexnerian approach that we consider aggressive care.

Chapter thirty-one: Building a primary care based system. Talks about how a primary-care based system is most effective, and why it doesn't exist.

Conclusion: Constructing an Oslerian system. We provide a generalized blueprint for a better healthcare system that flows from the book's discussion.

Supplemental Chapters on the Website:

The cholesterol epidemic. Looks at how we are focused on cholesterol to the detriment of our real determinants of health, and how the medical community is encouraging this.

The diabetes epidemic. Looks at how pre-diabetes and diabetes have been manipulated to declare more people sick and prescribe more drugs, without improved outcome.

Why bone density means less than you think. Looks at how bone density testing prevents very few fractures and how the medicines, osteopenia, and the perils of medicines.

The good and bad of immunization. Looks at successful immunization, and then how industry is promoting unproven immunizations/treatments such as Prevnar, Tamiflu, high-dose flu shot.

Alan's story. Shows Alan's journey into the medical system as a patient

Andy's medical education. Looks at how Andy's pre-med, medical, and residency training is exemplary of the problems inherent to our current system.

The demonization of certain drugs. While many drugs are considered lifesaving, others are marginalized and demonized. We look at why and how this happens, and if there is really a big difference between the good and bad drugs, and how everything needs to be customized to each pt.

What if there is no science behind an intervention? Looks at alternative treatments, supplements, ect, and how Flexnerian doctors approach these un-proven therapies.

The tale of an Oslerian Cardiologist. Looks at a thoughtful, patient-centric cardiologist who was destroyed by the system, based on a real doc.

COVID in New York: A full account of Alan's story about the early months of COVID.

Flexner's future: More number gathering on the horizon. Talks about future trends of health care where we are using personalized medicine, tele-health, and other innovations to collect even more numbers on patients, and where this may lead us.

A Concrete Plan to fix the system: We outline a more specific multi-pronged plan to transform our Flexnerian system into one more in the mold of Osler