

## Differential Diagnosis

edited by Jeremiah A. Barondess and Charles C. J. Carpenter, 968 pp, \$75, ISBN 0-8121-1446-9, Malvern, Pa, Lea & Febiger, 1994.

The acquisition of clinical data and the logical processing of these data are the foundation of the practice of medicine. *Differential Diagnosis* is a well-written and readable book that presents this process as it applies to many syndromes seen in the field of internal medicine.

*Differential Diagnosis* is written for diagnosticians and is very well suited as a reference text. The authors assume that the reader has a good foundation of basic medical knowledge and knowledge of the techniques of history taking and physical examination and the criteria for test selection. The causes of each syndrome are discussed by a leading authority in the field and are supplemented by clinical vignettes.

Following each chapter are illustrative cases from the *New England Journal of Medicine*. This allows the reader to work through the process and see how expert diagnosticians process information and arrive at their diagnostic conclusions. The early chapter on medical decision making was particularly well written and pertinent to the discussions of the following chapters.

In this age of cost-effective medicine, it is especially beneficial that in the discussion of each syndrome, there is a discussion on the laboratory and radiological tests used to evaluate various conditions. This discussion compares and contrasts various diagnostic options.

A book that is this comprehensive is necessarily long. Most physicians would use this as a reference text rather than spend the hours required to read each section. My only complaint is that the charts do not separate the various diseases by their salient features. The discussions of the cases from the *New England Journal of Medicine*, although showing logical reasoning, tend to showcase the more difficult albeit rarer conditions.

*Differential Diagnosis* discusses clinical presentations such as diarrhea, fever, and embolic syndromes rather than diseases of organ systems, as do the standard textbooks. This is a welcomed perspective for the clinician. This is a well-written, well-illustrated book designed to show the logical approach to complex medical problems. For the practicing family physician, it is probably more of a reference text than a book to read cover to cover.

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## Health Care That Works: A Plan for Transforming Our National Health Care System

Milton H. Seifert, Jr, and Orlo J. Otteson, ISBN 0-9617590-1-1, Spring Park, Minn, MD Publishing Co, 1994.

*Health Care That Works* is both the title of this recent work by Seifert and Otteson and the goal of all of the many planners struggling to make sense of health care system reform.

The authors are affiliated with the Management Medicine Foundation in Spring Park, Minn, which exists "to promote personal care research in the medical practice setting." Seifert is a family physician who has used his practice as a demonstration model for the foundation's ideas for reform, which have collectively been packaged as "The Eagle Medical Model."

The basic contentions of the authors are familiar: that our current health care system leaves substantial numbers of Americans without adequate coverage, that costs are out of control, and that primary care medicine has not been given the financial or policy support that it needs. Primary care medicine is envisioned as encompassing the traditional biomedical needs of the patient and extending its scope to focus as well on patients' "mental, emotional, social, and spiritual concerns within the context of a family practice setting." This practice orientation is believed to improve both the quality and cost-effectiveness of primary care by enhancing preventive care, limiting the high-technology workups that often arise from "functional" complaints, and encouraging a more healthy lifestyle. Patient participation both on an individual level through a more interactive physician-patient relationship and on a broader level through a patient advisory group that assists in planning and running the practice are thought to be key elements in enhancing patient satisfaction and controlling costs.

The concept of a patient advisory council's assisting in the management of a medical practice is one of the more interesting ideas of the

authors. Seifert has been using such an advisory group in his practice since 1974. This group is made up of volunteers from the practice and the community. Their goals include investigating and resolving patients' complaints, providing community health education, helping to establish and alter practice policies, and helping to provide supportive services such as transportation. Several issues left unaddressed include whether members of such a council would be compensated for their duties and how they would be protected from possible litigation.

The difficulties of creating a nationwide health care network based on these principles are discussed to a certain extent. The authors contend that the inevitable changes that will occur would be more effective if they were grassroots changes that came from the level of the physician-patient relationship rather than imposed from above by a government bureaucracy that seems fully deserving of the near universal suspicion that it engenders. Whether the political forces driving for a centralized "from above" system can be diverted or even modified would appear problematic.

Seifert and Otteson give considerable thought to the principles of accountability. This is a worthy idea that holds that desired outcomes must be identified and that all parties concerned must be given sufficient positive incentives to attain them. Regrettably, specific examples are not put forward.

In fact, a lack of specific information is a fault of this work. Seifert has been using his practice as a test model for his management ideas for over 15 years. But no information on the costs of care delivered in his biopsychosocial model is given. In fact, very little specific information on the practice is offered, and what is mentioned enlightens little. Take, for instance, a graph charting the percentage of patients who are

identified as carrying a mental health diagnosis in the Eagle Medical Practice. The figure of 20% is not especially surprising, but the number of patient visits studied is only 1066 over a 6-year period. There is no mention of how this population of roughly three patients per week was selected, making this particular information of dubious value.

In the final two chapters, Seifert and Otteson describe the features that they see as components of health care system reform. They list them in categories ranging from strongly recommended to strongly not recommended. The negative factors are outlined quite clearly; the authors are against government-based systems, cost controls, gatekeepers, and regulatory bodies that operate on a punitive basis. Meanwhile, the factors that they identify as strongly recommended are considerably more nebulous. It is well to advocate streamlining administrative procedures, establishing physician networks, organizing patient advisory councils, and promoting primary care, but these measures have not convincingly been shown to raise the overall quality of care or to accomplish meaningful cost containment, which must lie at the heart of any health care system that will continue to work in the future.

The authors' vision of a primary care-based, decentralized health care system that gives adequate attention to both the physical and nonphysical needs of the patient is an attractive one, and many of us would like to work in such a system. But *Health Care That Works* falls short of its goals. It is like a postcard from a desirable destination—welcome, but what we really need is a road map to get us there.

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## Clinical Preventive Medicine

edited by Richard N. Matzen and Richard S. Lang, with illus, ISBN 0-8016-3176-9, St Louis, Mo, Mosby-Year Book Inc, 1994.

As the nation's health care delivery system moves toward managed care, clinical skills in health promotion will become increasingly valuable. In this environment, texts such as *Clinical Preventive Medicine* are timely additions to the resources available to family physicians making the transition from the curative to the preventive model of health care. Recent works by the US government such as the 1989 *Guide to Clinical Preventive Services* and 1990 *Healthy People 2000* have provided physicians with goals of good health for all Americans. By contrast, this textbook teaches the direct application of preventive medicine principles to the care of real patients.

This book is unique. Divided into 12 broad parts, starting with principles of preventive medicine, each section is further broken down into fairly comprehensive chapters. For example, part 6, "Specific Approaches to Different Patient Groups," deals with the child, the adolescent, the adult female, etc. One chapter in this section is devoted to career development, a rare topic in clinical texts but an enlightened one given the relationship of work to happiness and health. Other unique aspects of this book include chapters devoted to women's issues (premenstrual syndrome, spousal abuse, job/family demands), preventive issues for the performer, and five very readable chapters on clinical nutrition. At the end of each chapter are a comprehensive bibliography and a list of resources, usually the names, addresses, or telephone numbers of organizations that offer free printed material relating to prevention issues. The resource list at the end of chapter 27, "The Child," is espe-