



# **How We Do Harm: A Doctor Breaks Ranks About Being Sick in America**

*Otis Webb Brawley , Paul Goldberg*

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*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 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.

## How We Do Harm: A Doctor Breaks Ranks About Being Sick in America Details

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# From Reader Review How We Do Harm: A Doctor Breaks Ranks About Being Sick in America for online ebook

## David says

Most of his substantive points make sense to me and seem almost unarguable. It's better to rely on clinical trials data to decide what to do than to base decisions on which Big Pharma rep just gave your MD free pizza and a pen. Quantitative reviews are useful for summarizing state of evidence on an intervention. Prostate cancer has been overtreated and represents "an epidemic of surveillance" as one of my friends likes to say. More screening is not always better. Wealth is unfortunately correlated with health care access in America. Prevention is underfunded.....

To try to be fair to the author.....this may be an instance of my problem of being drawn to books on subjects on which I already know a lot. I've had cancer, conducted clinical trials, and teach assessment incl. many concepts and analyses relevant to evaluating screening tests. If you don't know anything about these subjects you might find it more informative. Even then.....

[back to being snarky].....really terrible writer. Topics/chapters seemed randomly sequenced. MUCH too long. Abrasively self-impressed and contemptuous of his colleagues. Any given point (it took a long time to figure out that radical mastectomy wasn't always the best treatment for breast cancer, e.g.) is elaborated roughly as:

- (a) the basic point is explained or history recounted
- (b) a horror story of someone's misguided medical care is retold at great length, segmented in weird ways into multiple chapters.
- (c) the motives, typically greed, of the providers are blamed for the horror story
- (d) Dr. Brawley (sorry, he wants to be called "Otis", as he mentions many times in the book) to the rescue, explaining to the patient that she or he got terrible care and that he would have done everything differently
- (e) Author congratulates himself for saying this and reminds you that he is a straight shooter willing to speak truth to power
- (f) this will remind him of another time he spoke up in contrarian fashion, and he'll describe that meeting or conversation in detail
- (g) Author will harken back to his high school days when one or another teacher advised him to always stick to the facts and evidence and not what some authority says
- (h) wrapup of the now-lengthy story, with final round of self-congratulations before moving on to next anecdote.

All told, 4 stars for being right on most or all issues. 0 for being badly written and nearly insufferable. Averages to 2.

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## Michael Holtz says

A great read. From the opening story about a woman whose breast falls off from cancer to the resulting advocacy of a man who lost his wife to the disease, this book sheds light on the multiple systemic ills of our health care system. Brawley is a doctor, but more importantly a great storyteller. This book is frightening, infuriating, and amazing to read.

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## **Sally says**

A prominent doctor provides a sobering inside perspective on problems with the American medical system and important questions ordinary people should ask when involved with this system. For each topic he begins with the stories of patients and his own experiences, and then analyzes why faulty outcomes are happening. These include people without insurance or access to the medical system except emergency rooms; doctors, industries and medical specialties driven by the profit motive (the more treatment and drugs given each patient, the more money these players make); patients who demand too much or the wrong type of treatment; screenings at health fairs that often lead to inappropriate or unnecessary treatment of those screened (such screenings often are sponsored by companies which benefit financially from patient treatment; when you're offered something for free then you're the product being "sold"), etc. For example, he points out that treatment protocols are usually written or financed by those who will benefit financially if that protocol is followed; anyone can publish such a protocol without it representing the totality of scientific findings/studies in the field. Searching the web to find information to help you make a medical decision is often useless because much of the information is not authoritative science, and much is misleading. He gives the web address of the one group he believes makes objective scientific protocols about screenings with no financial stake involved: [www.preventiveservicestaskforce.org](http://www.preventiveservicestaskforce.org).

His concluding assessment is damning: "The system is not failing. It's functioning exactly as designed. It's designed to run up health-care costs. It's about the greedy serving the gluttonous. Americans consume more health care per capita than the people of any other country.... We desperately need to focus on rational consumption of health care. Much of the money currently spent on health care is money wasted on unnecessary and harmful, sick care. Even for the sick, a lot of necessary care is not given at the appropriate time. The result is more expensive care given later.... The bad actors include doctors and health-care providers, hospitals, drug and device manufacturers, insurance companies, lawyers, and patients... three evils have infected American medicine: apathy, ignorance, and greed." This book is an attempt to alert people on a grassroots level to be appropriately skeptical of the system and to work intelligently toward changing it to one that serves the interests of the populace rather than of those currently profiting at the public's expense.

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## **Fred Trotter says**

This is an excellent discourse on the economics of medicine, using the economics of cancer and the history of bad science on treating cancer as a rubric.

This book is really required reading for e-patient advocates because it dispels some of the core myths inherent in the pursuit of "better medicine".

Most notably, it really skewers the basic notion that "more testing" is a good thing. It shows how testing can be more dangerous than not testing, especially for poorly understood diseases.

It also shows how different professional organizations recommendations differ from what is actually best care. This was probably the most disturbing part of the book, because it shows how easily influenced doctors can be when their wallets are on the line.

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## Azure says

This Dr. is the chief medical & scientific officer of the American Cancer Society and a professor at Emory University. He is a practicing oncologist at Grady Memorial Hospital in Atlanta. I find him objective and realistic in his assessment of the challenges in our medical system. Driven by profits the rich are over-treated and the poor are under-treated. The well insured patient is an economic incentive to maximize the cut of every practitioner who gets involved. (He calls this the 'wallet biopsy'. The uninsured/underinsured suffer deadly outcomes from waiting till problems are critical and miss the preventative opportunities to be treated outside of the ER. Doctors are mired in a system where there are conflicts of interest because of insurance companies and pharmaceutical companies. I believe there is not sufficient call for change on the part of the patients because of the false messages and comfort in denial that surround medicine in the US.

Facts: America is number 50 for quality health care. Taiwan is 51. Canada is 12 and the UK is 28.

Our per capita health care spending is the highest in the world. This is where we are number 1 - paying the most for mediocre results.

This book argues that the very things that drive health care decisions - insurance and profits are the problem. Dr. Brawley calls out for an approach that has never been tried before: health care drawn from result-based, scientifically justifiable treatment. Health care based on science not economics.

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## Canadian Reader says

The author of *How We Do Harm*, Otis Webb Brawley, is chief medical officer and executive Vice President of the American Cancer Society. A medical oncologist with an interest in epidemiology and biostatistics, Brawley works at one of the largest hospitals in the United States, the Brady Memorial, in downtown Atlanta. This is the facility where the indigent, the insurance-less, the unconscious accident or trauma victims come (if they were alert, they'd likely direct the attendants elsewhere), but is also the place that police and firefighters choose because of the optimal trauma care it provides. Brawley can tell you which cancer screening tests are useful, whether certain cancer drugs actually work, and the ways in which cancer strikes white and black Americans differently. In short, he is eminently qualified to provide "a guided tour of the back rooms of American medicine." (p.20)

Quoting a friend, Brawley says the American health care system would be better named the sick care system. It is a system that combines famine (for poor Americans who receive too little health care, especially of the preventative sort) and gluttony (for the rich, who unwisely consume too much health care that is sometimes of spurious value, and even frankly detrimental). Brawley writes with some bluntness that because doctors are paid piecemeal for their services, most succumb to recommending procedures that will line their own pockets, even when these procedures are of questionable value. "Dismal outcomes on both ends of the spectrum [rich and poor]" could be improved, he says, "if we were simply faithful to science, if we provided and practiced care that we know to be effective." (p. 12) He provides a number of quite compelling case studies of patients he has known who have faced life-altering, often terminal, cancer diagnoses to illustrate his points. Although he occasionally sounds a tad full of himself, his book is generally a worthwhile and interesting text of considerable educative value.

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### **Jason says**

Dr. Brawley has written a powerful indictment of the current state of health care in the United States. He asks the questions that need to be asked in an age where advertisement trumps evidence and he challenges those who know better to do better. Be warned: once you truly internalize the reality of the "wallet biopsy", you will never be able to see medicine the same way again. And that's a good thing.

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### **Melissa says**

Depressing all around. A sharp criticism of our health care system, filled with hopeless tidbits, such as America has the forty-fifth worst infant mortality rate on the planet, yet per capita our healthcare spending is the highest in the world. Well great, way to be, America! Expect horrific stories such as the woman with a tumor in her breast that was so big, her breast fell off or the man who had prostate cancer & begged for possibly unnecessary radiation after his surgery, which ended up giving him a rectal fistula into his bladder (this is just as appalling as it sounds); this one's a real downer. Most unfortunately, Brawley is extremely unlikable & comes across as the one man who can do no wrong; even mistakes made early in his career seem glossed over. He portrays most doctors as either buffoons who are bumblingly in it for the money or cold-blooded charlatans who don't care who they hurt with their faulty science.

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### **Denise says**

This is a must-read for everyone. I will be thinking about this book the next time I see my doctor.

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### **Mary-Ann says**

I rarely give contemporary books a 5-star rating.

This is one of those books that will help you think straight about what may be happening to you and maybe the guy next to you the next time you visit a doctor's office or clinic.

The main author, Otis Brawley, was formerly director of the National Cancer Institute. He is well-credentialed, yet he advises patients not to be swayed by titles like "chair of the department" but rather to challenge the luminaries to justify their treatment decisions.

Brawley encourages patients to become as knowledgeable as possible about their condition, to scan the credible medical literature (as opposed to only the pharmaceutical company ads), to ask probing questions, to be skeptical. If you find yourself a candidate for a complicated procedure, compel your doc to make these distinctions 'say what you know, what you don't know, and what you believe'. Don't let the doc confuse what he believes with what he knows for sure.

Not surprisingly, if you're a patient with good insurance, then it's much more likely you'll undergo an unnecessary and potentially harmful procedure.

Filled with patient stories, this book does not read like a dry textbook. But it is a timely indictment of the avarice and politics endemic in the health"care" arena.

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### **Renee says**

Dr. Otis Webb is brutally honest.....if we could all stand up to the "health care" system that we have like Dr. Otis, it would only change for the better. Would highly recommend.

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### **Jeannine says**

This book is one of a long string of books that caution against uncritically following your doctor's advice. Many factors contribute to U.S. citizens being overtreated and underserved: over-aggressive cancer treatment is just one of them. I'd go on about this, but for me it's a soap box issue. There's a new book on my to-read list "The New Prescription: How to Get the Best Health Care in a Broken System" - perhaps it will be of more guidance to a broader spectrum than Dr. Brawley's book.

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### **Lori says**

Interesting information regarding the harm that medical care can inflict on the patient. Always remember, first and foremost, medicine is a money making industry. It can be useful but as in any field what you don't know may harm or kill you. In addition, the medical professional you are trusting may or may not know much more about what they are recommending than you do.

Sometimes it's better/easier to die of the disease than to die from the treatment.

This is a book that everyone should read.

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### **Beth says**

Beware of the free cancer screening: just one of many wise ideas found in this infuriating book, written by Otis Brawley, MD, the chief medical/scientific officer of the American Cancer Society. Brawley has been on the frontline of the healthcare system for years, both as a policymaker and scientist in the national battle against cancer, and as a physician treating the urban poor at Grady Hospital in Atlanta. And let me tell you, Otis ain't happy with things, and he's calling bullshit. I became interested in this book after seeing Twitter explode one day with live posts from a speech Brawley made at the annual meeting of the Association of Health Care Journalists. In his trademark colorful manner, he excoriated the American healthcare system from top to bottom. After spending my own life working in a large urban hospital, I know how uncommon it is to hear those in power tell the truth about the system, so I knew that I had to read his book. Brawley outlines the problems of the system in many areas, including: undertreatment of the poor, overtreatment of those with wealth and insurance, and the widespread harm done to patients as physicians follow expensive treatment regimens that have no scientific basis. And, Dr Brawley takes his greatest pleasure in blasting the worst offenders: pharmaceutical/medical equipment giants who exert tremendous influence on the system for

financial gain. (This is a personal favorite topic of mine: one of the physicians who trained me, and whom I love dearly, had the same feelings as Dr Brawley, and we had many great discussions about this topic over the years. I miss you, Dr Rhodes!)

The best parts of the book deal with the failures of the medical establishment to use screening tests wisely, namely the PSA test (used to detect prostate cancer) and the mammogram. Brawley tells unbelievable stories from patients who were harmed by inappropriately obtained and interpreted screening tests, which led to multiple harmful and unnecessary procedures and, ultimately, the patient's loss of healthy life. Dr Brawley uses the great example of free prostate antigen screening tests offered at shopping malls and community health fairs during National Prostate Health Month. These "free" screenings are usually sponsored by Depends and Viagra. And, why on earth would Depends and Viagra sponsor these things? Because "free" PSA blood tests, which are interpreted by physicians based on very uncertain national guidelines, lead men to agree to unnecessary removal of their prostate glands out of fear that they will die of prostate cancer. And, removal of the prostate gland leads to - you guessed it - incontinence and impotence. So, now all these poor guys need Depends and Viagra, and the companies who make these products cash in.

This book is recommended for healthcare workers, for anyone interested in the failures of the healthcare system, and especially for those interested in cancer care and patient advocacy (particularly in the area of breast cancer).

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## **Jud Barry says**

Sometimes books line up in unpredictable ways. I just finished Kahneman's "Thinking Fast and Slow," which discusses how our native thinking is heavily emotional and resists the hard work of rationality, and along comes this book--as if to use my own thinking to verify Kahneman's thesis.

Take screening for health problems. As an oncologist, Brawley primarily discusses cancer screening--but the epiphenomena surrounding identification and treatment of cancer may be taken as illustrative of the general issue.

My own reflections-while-reading went something along the lines of: "what could be wrong with screening?" It seemed to me an entirely well-meaning and innocent activity. But as Brawley puts it: "With screening, you are redistributing risks and benefits across a population. You have to perform a screening test on a certain number of people to detect a certain number of cancers in order to save a life. You may be saving lives, but you accept the notion that you are also hurting people--possibly even killing some with interventions." My thinking about screening suffered from the halo effect--it was all good. I did not even begin to suspect a downside.

Brawley, the chief medical officer of the American Cancer Society, shows a significant downside of medical "care" that caused snowballing, bad outcomes for insufficiently good reason. He talks about a family that can't bring itself to allow their terminally ill father to be eased into death, but insists instead on "heroic" measures whose only result is to exacerbate the man's agony. He discusses our tendency to see cancer and the possibilities for treatment in all-or-nothing terms--cure or die--when often it would be better to understand that it's more about weighing the quality of life against the quantity of time actually available.

The result, in Brawley's damning terms, is a health care system that works "exactly as designed. It's designed to run up health-care costs. It's about the greedy serving the gluttonous. ... Much of the money currently



spent on health care is money wasted on unnecessary and harmful, sick care. Even for the sick, a lot of necessary care is not given at the appropriate time. The result is more expensive care given later."

Why isn't that necessary care not given? Money. "51 million American adults who have no insurance live desperate lives." They don't get the necessary, appropriately-timed preventive and educational care. And meanwhile, those with "access"? Some of them insist on paying 12 times more for name-brand medicines because their insurance covers it, a practice that earns Brawley's scorn: "As a scientist, I can assure you that we are being laughed at."

This book is a scathing indictment of the current system of healthcare in the US: "As I look at this mess, I realize that we don't need health-care reform. We need health-care transformation. Americans need to change how we view health care. We need to change how it is provided and how it is consumed."

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