anecdotes, Magnussen carefully reveals the often secret struggle faced by those tasked with managing disruptive behaviour. She also eloquently emphasizes the need for health systems and health leaders to develop expertise in preventing, identifying, and managing disruptive behaviour: “The time has come for the medical community to take stock of its responses to reports of difficult behaviour on the part of physicians. It is time to adopt a zero tolerance approach to abusive and disruptive behaviour. Surely, the matter deserves the same kind of attention as is given to substance abuse” (page 160).

Magnussen also questions the privilege of self-regulation held by the profession, noting that most physician colleges have yet to develop a transparent, rigorous and appropriate model to prevent or address disruptive behaviour. Her message is crystal clear: self-regulation and the criminal justice system both failed her brother, his family, and the community he served. We can, and ought to, do better.

In medicine, we are trained to honour our death, particularly when the death is in error or preventable. Magnussen’s book challenges us to improve our accepted standards of behaviour, clarify and make transparent our pathways for evaluating and managing disruptive behaviour, and strive to ensure no further harm is done by bullies or systems unwilling to rehabilitate or remove them. Snider’s death deserves no less an honour.

Derek Puddester MD
Director, Faculty Wellness Program
University of Ottawa
Ottawa, Ont.

REFERENCES
1. Piper LE. Addressing the phenomenon of disruptive physician behaviour. Health Care Manag (Frederick) 2003;22:335-9.
2. Pfifferling JH. Managing the unmanageable: the disruptive physician. Fam Pract Manag 1997;4:76-92.
3. College of Physicians and Surgeons of Ontario. Physician behaviour in the professional environment. Toronto: The College: 2008. Available: www.cps.on.ca/policies/behaviour.htm (accessed 2008 May 28).
4. Rosenstein AH, Russell H, Lauve R. Disruptive physician behaviour contributes to nursing shortage. Physician Exec 2002;28:8-11.
5. Barnsteiner JH, Madigan C, Spray TL. Instituting a disruptive physician conduct policy for medical staff. AACN Clin Issues 2001;12:378-82.

Skeptic’s delight

The Greek philosopher Zeno once convincingly proved that motion is impossible. Where, he inquired, does it occur? Does it occur where it is? Obviously not, because there would not have been any manner of motion. Does it, then, occur where it is not? Well, what could possibly occur where it is not?

Ergo, motion is impossible.

It’s difficult not to be reminded of Zeno’s dialectic arguments while reading medical skeptic Alan Cassels’ new book, The ABCs of Disease Mongering: An Epidemic in 26 Letters, if only because it all but induces a state of paralysis.

The University of Victoria pharmaceutical policy researcher uses clever tools — children’s verse, one for each letter of the alphabet — to illustrate a central proposition: that the only legitimate response to many aspects of, and practices within, modern pharmaceutical-based medicine is a generous dollop of skepticism.

Many interventions, Cassels argues, are fuelled strictly by corporate greed, while many of the flogged pharmaceuticals have little health benefit. Some may actually be hazardous. Of the latter, a number have been widely publicized, like the perils of taking estrogen for menopause. Furthermore, treatments for osteoporosis, prehypertension, pre-diabetes, social anxiety disorder, andropause and nail fungus are among those identified as little more than a sham, if not downright dangerous.

The medical profession, driven by the dictates of the pharmaceutical industry, contributes to a self-perpetuating cycle of affairs that Cassels calls “disease mongering,” in which all involved profit from deluding people into believing there is a pharmaceutical solution to whatever may ail them.

In short, all pharmaceutical therapies invariably evolve into another staple of the monthly fee-for-service invoice and another few zeros at the end of the drug industry’s annual profit charts. As for the poor beleaguered patient, well, caveat emptor, particularly with respect to the long-term effects of consuming a specific pharmaceutical, which are unknown because, of course, the drug had to be rushed to market and there was no strict requirement for follow-up studies. Moreover, if someone is sickened by an intervention, well, that ultimately adds up to another patient, requiring another pharmaceutical intervention, ad infinitum, ad nauseam.

Indeed, there are times when these downright ditties are downright depressing. Behind their charm lie harsh truths about the hard evidence, or lack thereof, presented in the form of end-notes called “The Fine Print,” mini-essays on each of specific conditions, interventions or medical practices identified in the 26 poems.

It’s tough not to conclude that this is bathroom reading, for manic depressives.

Yet, beneath the cynicism lies a vital message, the importance of inculcating a measure of healthy skepticism when advised by the medical and pharmaceutical industries to consume a drug.

There is, of course, a careful balance, as Cassels acknowledges in saying that many doctors are altogether well-intentioned and many pharmaceutical products are altogether efficacious, which is fortunate given most patient’s implicit
faith that medical treatment is a benefit.

The rub, though, is at the margins, in which the desire for solutions for diseases for which there are no easy solutions intersects with padding the profit margins.

These particularly, Cassels advises—much as readers of this book would be best advised—should be taken in small doses, if only to avoid the inevitable urge to seek a pharmacological (or alcoholical) solution to the ensuing depression or paralysis.

Wayne Kondro MA
News editor
CMAJ

Hospital design:
form and function

While conservative in style, hospital buildings pioneered many modern ideas. They were among the first buildings to be mechanically ventilated and to be designed for cars; as early as 1911 the Royal Victoria had parking lots for doctors and private patients. With nurses residences and on-site education, they created opportunities for women outside the home, a dramatic social transformation made easier by the domestic character of hospital spaces.

The book is scholarly but leavened by fascinating early photos (among them an image of the surgical theatre at the Royal Victoria in 1894 with its dramatic semicircular tiered seating) and colourful tidbits. For instance, we are told Florence Nightingale, the pioneer of modern nursing, criticized the design for the Royal Victoria Hospital. “Duty room is as far from the ward as it can be,” she wrote in 1899. “In fact it should called off-duty room.”

This book is informative reading for anyone interested in form and function in the evolution of modern hospital architecture.

Maria Cook
Journalist
Ottawa, Ont.

Maria Cook is a staff writer at the Ottawa Citizen specializing in architecture and urbanism.