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 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.

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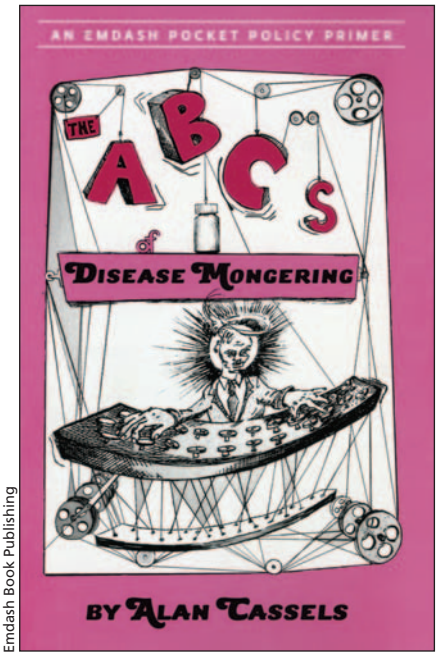
Skeptic's delight



Emdash Book Publishing

The ABCs of Disease Mongering: An Epidemic in 26 Letters
Alan Cassels
Emdash Book Publishing; 2007
116 pp $9.95 ISBN 978-0-9780182-3-8

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 then 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, prediabetes, 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 nausem*.

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 endnotes 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

DOI:10.1503/cmaj.080846

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.

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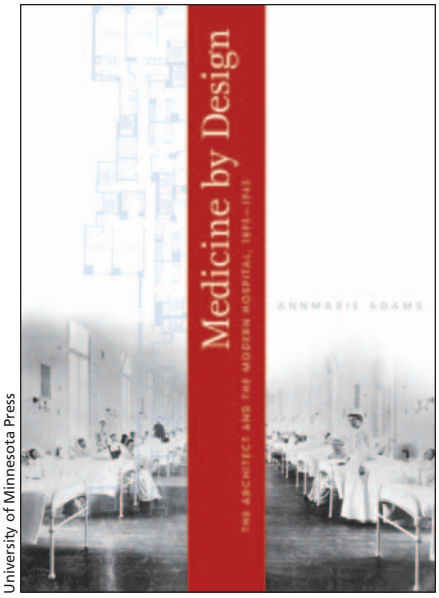
Hospital design: form and function



University of Minnesota Press

Medicine by Design: The Architect and the Modern Hospital, 1893–1943
Annmarie Adams
University of Minnesota Press; 2008
169 pp $27.50 ISBN 978-0-8166-5114-6

Medicine by Design: The Architect and the Modern Hospital, 1893–1943 advances the idea that hospital design has informed the development of medical care in the 20th century. The author, architectural historian Annmarie Adams, argues "not that interwar architecture was therapeutically efficacious but rather that it anticipated and produced medical practices broadly and socially conceived, rather than just reflected them symbolically."

It has been more common to assume that the organization and interiors of hospitals are functions of treatment and technology, while exteriors expressed tastes prevailing for public institutions.

Adams' book is intended to open up the topic rather than provide a comprehensive history.

It focuses on the period 1893–1943 in Canada, and specifically 2 case studies: one of the Royal Victoria Hospital in Montréal, Quebec, and the other of the practice of architects Edward Stevens and Frederick Lee, specialists in the design of hospitals. Chapters about patients and nurses complete a detailed picture of the day-to-day life in hospitals up to the Second World War.

Their physical forms, often resembling the great railway hotels with their references to castles and baronial houses reflected a concern that remains with us today — the provision of care during often frightening, even life-threatening circumstances, in a setting that is both comforting and suited to technology and efficiency.

It is interesting to note that early hospitals were for the poor. Those who could afford it paid for care at home. When modern purpose-built hospitals were established they needed to attract paying patients: the middle classes and the wealthy. To that end, they borrowed details from the design of luxury hotels and aristocratic houses such as pitched roofs, classical entries and interior molding.

Yet, their traditional facades concealed the latest technology of the early 20th century.

Behind the double-height Corinthian columns of Montréal's Hopital-Notre Dame, was a department for otolaryngology. The Hospital for Sick Children in Toronto, Ontario boasted a room for pasteurizing milk. And the inclusion of lounges in the maternity pavilion at the Royal Victoria Hospital "shows how architecture served as a tool in the modern concept of recuperation from birth."

Image from *Medicine by Design*, University of Minnesota Press

Young patients at the Children's Memorial Hospital occupied rooftops (Figure 2.25 in the book).

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.

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DOI:10.1503/cmaj.080758