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The value of a secondhand bookshop

Not long ago we wandered into a used bookshop near our offices. A pleasant spot crammed with books and a proprietor who quickly found what we were looking for (a copy of William Carlos Williams' collected short stories). The book's previous owner had written her name and the date — June 19, 1968 — on the inside front cover. Some of the passages were marked with pencil so we were able to get to know her — at least a little. One of us remembered the 20-year correspondence between New Yorker Helene Hanff and Londoner Frank Doel, who worked in a secondhand bookshop at 84 Charing Cross Road, alas no longer there.¹

Remarkably, our secondhand bookstore and others are still there. In our era of 'com,' cheap editions of almost everything and global marketing by the chains, used bookstores should have been bankrupt long ago. But no, our secondhand shop and a few others seem to thrive. Later, we felt a slight satisfaction (slight, for we must admit that we have drunk coffee and purchased books at the chain store) when we read that a retail giant had reported yet another quarterly loss and its stock was dropping. But this is too late for the individually owned small retail bookstores. They have now all but disappeared.

The turbulence buffeting the practice of medicine is in some ways similar to that in the book trade. Health care in the US, for example, has come under the control of large companies, highly trained managers and international investors. In Canada, governments have caved in to the pressures of Wall Street bond-rating agencies and cut savagely into health care budgets, claiming there were inefficiencies. (There are always

some.) Professional managers and the Dismal Science of economic modelling took over.

But just as the bookstore chain, which should be successful if efficiency and economies of scale count for anything, is failing, so too are managed care corporations in the US.² (Some have even taken the bold step of reversing their long-standing policy of requiring head-office clerks to give prior approval for patient care decisions made by physicians and their patients.³) In Canada both the public and physicians have forced governments to restore much of the previously lost funds. Economic efficiency, cost analyses and marketing have not led to the promised utopia, at least not in all cases.

Choosing a book or consulting a physician is more complex than simple supply and demand. Confidence, empathy, sharing, intelligence and other variables are difficult to include in economic models. Perhaps our most important failure in the last half of the 20th century is that, in a rush to be modern and up-to-date, we have neglected our humanity: imagination, intuition, common sense, memory (and history), optimism and a caring for one another. Unbalanced, we have placed too much faith in efficiency and reason and turned the management of critical aspects of our lives over to technocrats. May we be more careful in the next 50 years. Leaving the bookshop we felt hopeful.

References

1. Hanff H. 84, Charing Cross Road. New York: Grossman; 1970.
2. Rough seas in US managed care [editor's preface]. *CMAJ* 1999;161(6):669.
3. <http://www.nytimes.com/library/financial/110999/united-healthcare.html> (accessed 1999 Nov. 16).