

users to sustain the self-compassionate stance and conscious mental effort required to heal their addicted minds.” What he, unfortunately leaves unanswered is how you get there from here. And is there — doing spiritual healing — where people need to be? To call for a change within that privileges the spiritual path over the others is to miss the opportunity to pull his “bio-psycho-social-plus” model together.

Take for example, tobacco use, that most addictive process of all. We didn’t decrease use through inner change, we made it more difficult for people to find occasions to smoke. We need to look at other addictive behaviours as much from the outside as from the inside: what are the factors that could be changed to make the behaviour less likely to occur? Focusing on “mental force” to overcome “brain lock” comes close to returning to the will power model that Maté rightly contests earlier in the book. If addiction has biological, psychological, social, political, spiritual and other dimensions, then each of these represents a potential

vector for change. For any particular person, the mix of factors will be different, but to keep them all in play is more important than deferring ultimately to one of them, especially the one that is most commonly evoked.

One final concern: if addiction exists on a continuum, does that mean that more of us should be thinking of ourselves as addicts? Or might we need a different vocabulary? We know a great deal about mild to moderate addiction problems. That includes the fact that, while the people who have them usually recognize that they are having problems, they tend not to see themselves as addicts. Indeed, general practitioners in medicine or in any health discipline have close encounters with this less-severe population all the time, and are in an ideal position to offer them effective brief interventions. There is at least as much that can be done to help the crowd in the shallow waters as those fewer souls in the deep end of the Downtown Eastside. Is it because he is swimming in the deep end of the pond that Maté tells us more

about the complex nature of addictions than about the comprehensive treatment of these problems?

Parts of this epistle from the Portland Hotel will surely aggravate cynics and ideologues. Maté’s confessional narratives make him an easy target. Points of honest discussion emerge all along the way, from adequacy of his addiction concept to the sufficiency of compassionate curiosity. Yet it is important to welcome this book and acknowledge what it accomplishes. If stigma-busting is an unfinished task, the kind of candid and — yes — compassionate engagement, Maté achieves here makes the book itself an act of advocacy, a call for informed health care practices, and an invitation to community dialogue that leads to better social policies.

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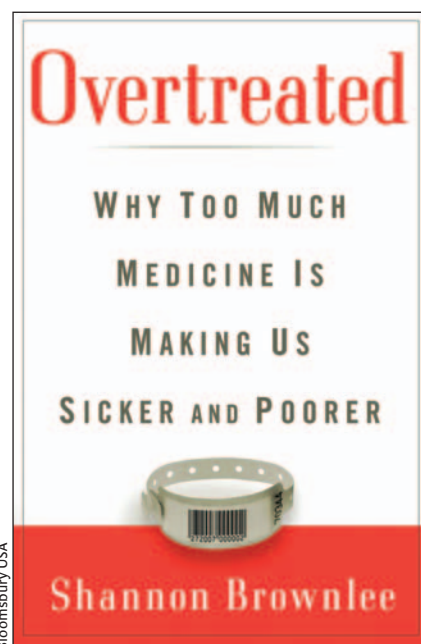
Book review

Too much medicine

Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer

Shannon Brownlee,
Bloomsbury USA; 2007
343 pp \$28.95 ISBN 978-1-58234-580-2

Six billion people on this planet inhabit a world of unimaginable health extremes. At one end of the spectrum, 28 000 children under 5 die every day from poverty and easily preventable diseases, such as diarrhea, tuberculosis and malaria. At the opposite end of the spectrum, a billion of us expend enormous wealth in the pursuit of diseases long before they pose any real problem, guided by a most powerful belief that prophylactic medicine — medicine that often



works against the dictates of evidence, rationality or even common sense — presents nothing but positive contributions to our health.

It’s at this extreme end of the spectrum that Shannon Brownlee’s new book, *Overtreated*, focuses its analysis. She examines the US health care system but the stories seem very familiar, perhaps because Canadians too are affected by those forces that give rise to exploding health care costs: perverse incentives, misinformation about the value of many health procedures and an insidious profit motive that sometimes results in the delivery of health care that is a waste, unnecessary and even harmful. She surveys a whole range of expensive and sometimes useless health care practices, from bypass surgery (half of bypass surgery patients over 65

suffer some from of dementia as a result of their surgery) to cancer screening, where much of the screening and scanning for disease causes immeasurable anxiety in the population, yet delivers little demonstrable health benefit.

Brownlee, a crack American health journalist, who has written for *The Atlantic Monthly* and *The New York Times Magazine*, has produced a compelling and damning indictment of the way health care is organized and delivered in the richest country in the world. If Michael Moore's recent film *Sicko* exposed viewers to the excruciating dilemmas faced by people who can't access ingenious American medicine (*CMAJ* 2007;177:379-80), *Overtreated* provides us the flip side, with compelling stories of people who are injured or die because they get too much of a good thing.

Readers will find some territory in this book previously covered by others. Her chapter on the pharmaceutical industry ("Money, Drugs and Lies") covers similar ground as Jerry Avorn's excellent *Powerful Medicine* and Marcia Angell's *The Truth About the Drug Companies*. The overabundance of unnecessary care has been tackled by Norman Temple and Andrew Thompson's *Excessive Medical Spending* and Arndt Von Hippel's *Better Health Care At Half The Cost*.

Nevertheless, Canadian health policy-makers could learn a lot from this book. If anything it could help them become better advocates for research and practices that can protect patients from the enthusiastic excesses of a medical system that embraces an unthinking "more-is-better" philosophy. Canadian physicians too will find a lot to ponder in this book, because, whether it's a role they like or not, they are the gatekeepers to our health care and most decisions on who passes through those gates are determined by the collective and individual actions of our physicians.

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Alan Cassels is a drug policy researcher at the University of Victoria, Victoria, British Columbia. His latest book is *The ABC's of Disease Mongering, a Guide to Drugs and Disorders*.

Poem

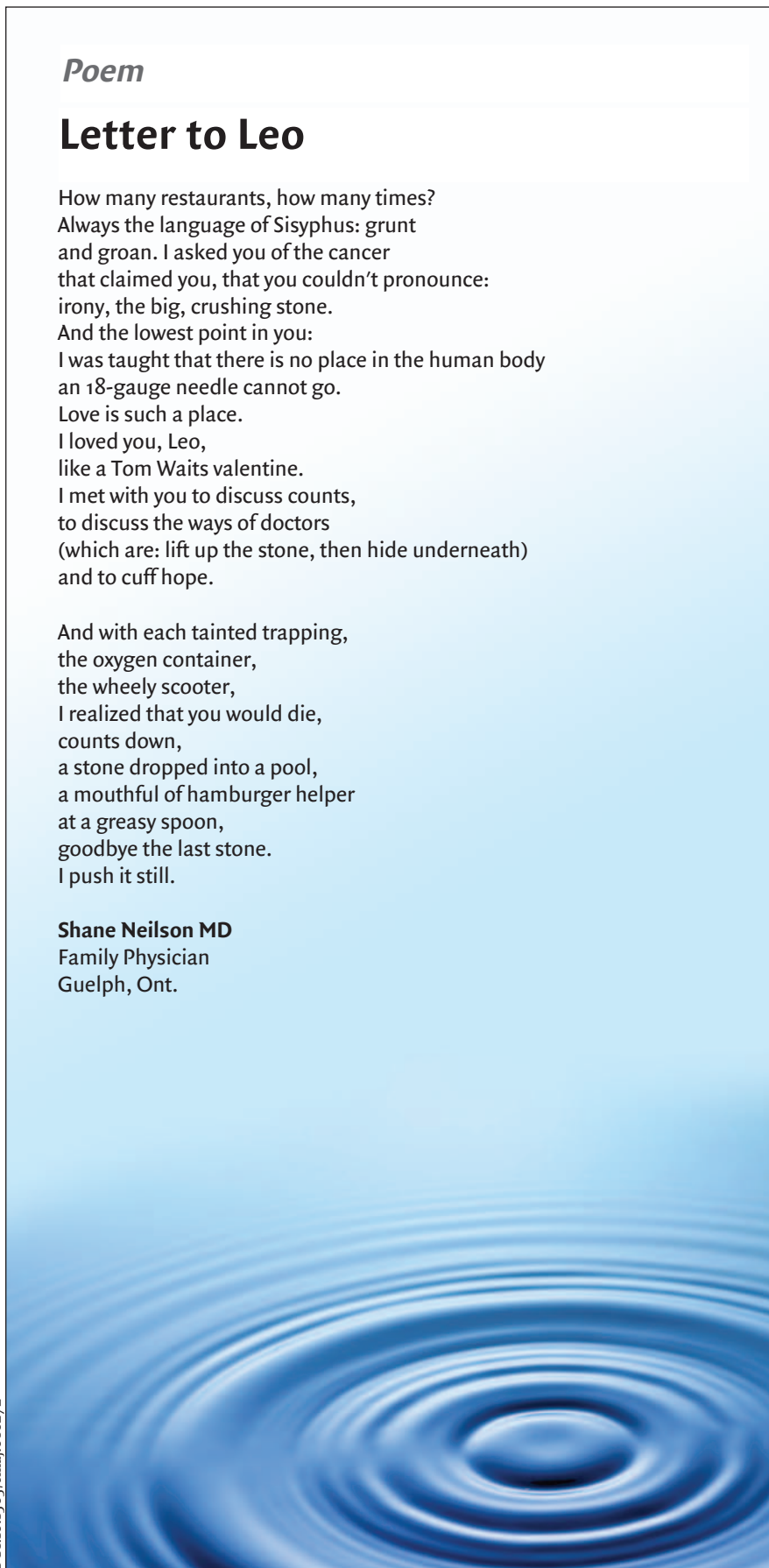
Letter to Leo

How many restaurants, how many times?
Always the language of Sisyphus: grunt
and groan. I asked you of the cancer
that claimed you, that you couldn't pronounce:
irony, the big, crushing stone.
And the lowest point in you:
I was taught that there is no place in the human body
an 18-gauge needle cannot go.
Love is such a place.
I loved you, Leo,
like a Tom Waits valentine.
I met with you to discuss counts,
to discuss the ways of doctors
(which are: lift up the stone, then hide underneath)
and to cuff hope.

And with each tainted trapping,
the oxygen container,
the wheely scooter,
I realized that you would die,
counts down,
a stone dropped into a pool,
a mouthful of hamburger helper
at a greasy spoon,
goodbye the last stone.
I push it still.

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DOI:10.1503/cmaj.080272



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