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TRUJILLO KADE

The Performance of Medicine: Techniques from the Stage to Optimize the Patient Experience and Restore the Joy of Practicing Medicine JHU Press

The Principles and Practice of Narrative Medicine articulates the ideas, methods, and practices of narrative medicine. Written by the originators of the field, this book provides the authoritative starting place for any clinicians or scholars committed to learning of and eventually teaching or practicing narrative medicine.

Human Error in Medicine Penguin

Stanford's pioneering behavioral scientist draws on a lifetime of research and experience guiding the NIH to make the case that America needs to radically rethink its approach to health care if it wants to stop overspending and overprescribing and improve people's lives. American science produces the best—and most expensive—medical treatments in the world. Yet U.S. citizens lag behind their global peers in life expectancy and quality of life. Robert Kaplan brings together extensive data to make the case that health care priorities in the United States are sorely misplaced. America's medical system is invested in attacking disease, but not in addressing the social, behavioral, and environmental problems that engender disease in the first place. Medicine is important, but many Americans act as though it were all important. The United States stakes much of its health funding on the promise of high-tech diagnostics and miracle treatments, while ignoring strong evidence that many of the most significant pathways to health are nonmedical. Americans spend millions on drugs for high cholesterol, which increase life expectancy by only six to eight months on average. But they underfund education, which might extend life expectancy by as much as twelve years. Wars on infectious disease have paid off, but clinical trials for chronic conditions—costing billions—rarely confirm that new treatments extend life. Meanwhile, the National Institutes of Health spends just 3 percent of its budget on research on the social and behavioral determinants of health, even though these factors account for 50 percent of premature deaths. America's failure to take prevention seriously costs lives. More than Medicine argues that we need a shakeup in how we invest resources, and it offers a bold new vision for longer, healthier living.

Breaking Ground Jones & Bartlett Publishers

Winner of the 1983 Pulitzer Prize and the Bancroft Prize in American History, this is a landmark history of how the entire American health care system of doctors, hospitals, health plans, and government programs has evolved over the last two centuries. "The definitive social history of the medical profession in America....A monumental achievement."—H. Jack Geiger, M.D., New York Times Book Review

The Patient Will See You Now Best Job Productions LLC

Each year, thousands of US physicians, nurses, and other healthcare workers volunteer or are called on to practice medicine in a foreign country. The Little Black Book of International Medicine provides

comprehensive, concise and evidence-based information to setting up a medical clinic and treating patients outside the US, especially in developing countries. This pocket-sized handbook is a convenient resource offering immediate access to vital information and makes a great reference for solving pressing problems in the field.

The Doctors Blackwell: How Two Pioneering Sisters Brought Medicine to Women and Women to Medicine National Academies Press

The definitive guide to the knowledge and skills necessary to practice Hospital Medicine Presented in full color and enhanced by more than 700 illustrations, this authoritative text provides a background in all the important clinical, organizational, and administrative areas now required for the practice of hospital medicine. The goal of the book is provide trainees, junior and senior clinicians, and other professionals with a comprehensive resource that they can use to improve care processes and performance in the hospitals that serve their communities. Each chapter opens with boxed Key Clinical Questions that are addressed in the text and hundreds of tables encapsulate important information. Case studies demonstrate how to apply the concepts covered in the text directly to the hospitalized patient. Principles and Practice of Hospital Medicine is divided into six parts: Systems of Care: Introduces key issues in Hospital Medicine, patient safety, quality improvement, leadership and practice management, professionalism and medical ethics, medical legal issues and risk management, teaching and development. Medical Consultation and Co-Management: Reviews core tenets of medical consultation, preoperative assessment and management of post-operative medical problems. Clinical Problem-Solving in Hospital Medicine: Introduces principles of evidence-based medicine, quality of evidence, interpretation of diagnostic tests, systemic reviews and meta-analysis, and knowledge translations to clinical practice. Approach to the Patient at the Bedside: Details the diagnosis, testing, and initial management of common complaints that may either precipitate admission or arise during hospitalization. Hospitalist Skills: Covers the interpretation of common "low tech" tests that are routinely accessible on admission, how to optimize the use of radiology services, and the standardization of the execution of procedures routinely performed by some hospitalists. Clinical Conditions: Reflects the expanding scope of Hospital Medicine by including sections of Emergency Medicine, Critical Care, Geriatrics, Neurology, Palliative Care, Pregnancy, Psychiatry and Addiction, and Wartime Medicine.

Popular Print and Popular Medicine McGraw-Hill/Contemporary

Experts estimate that as many as 98,000 people die in any given year from medical errors that occur in hospitals. That's more than die from motor vehicle accidents, breast cancer, or AIDS—three causes that receive far more public attention. Indeed, more people die annually from medication errors than from workplace injuries. Add the financial cost to the human tragedy, and medical error easily rises to the top ranks of urgent, widespread public problems. To Err Is Human breaks the silence that has surrounded medical errors and their consequence—but not by pointing fingers at caring health care professionals who make honest mistakes. After all, to err is human. Instead, this book sets forth a national agenda—with state and local implications—for reducing

medical errors and improving patient safety through the design of a safer health system. This volume reveals the often startling statistics of medical error and the disparity between the incidence of error and public perception of it, given many patients' expectations that the medical profession always performs perfectly. A careful examination is made of how the surrounding forces of legislation, regulation, and market activity influence the quality of care provided by health care organizations and then looks at their handling of medical mistakes. Using a detailed case study, the book reviews the current understanding of why these mistakes happen. A key theme is that legitimate liability concerns discourage reporting of errors—which begs the question, "How can we learn from our mistakes?" Balancing regulatory versus market-based initiatives and public versus private efforts, the Institute of Medicine presents wide-ranging recommendations for improving patient safety, in the areas of leadership, improved data collection and analysis, and development of effective systems at the level of direct patient care. To Err Is Human asserts that the problem is not bad people in health care—it is that good people are working in bad systems that need to be made safer. Comprehensive and straightforward, this book offers a clear prescription for raising the level of patient safety in American health care. It also explains how patients themselves can influence the quality of care that they receive once they check into the hospital. This book will be vitally important to federal, state, and local health policy makers and regulators, health professional licensing officials, hospital administrators, medical educators and students, health caregivers, health journalists, patient advocates—as well as patients themselves. First in a series of publications from the Quality of Health Care in America, a project initiated by the Institute of Medicine

Doctor of the Heart BoD – Books on Demand

Almost 20 billion times each year, a person walks into a doctor's office. The person becomes a patient. Everyone becomes this patient at some point. How will you talk to your physicians? What will you tell them? What will they tell you in return? They can't tell you what they don't know. They can tell you when they don't know. Will they? What Doctors Cannot Tell You explores the uncertainty that pervades medicine. It breaks the code of silence within which too many physician-patient conversations take place. The patients' stories in its pages will empower you to ask questions of your physicians, with a firm belief that healing and hope begin from honesty in those critical conversations. This book marries surgically precise medical narrative to thinking and perspective that will throw the curtains wide on what medicine knows, what it doesn't know, and how it tries to tell the difference between the two. This book is Outliers meets Patch Adams, only with an added how-to twist beyond the instructive and powerfully human narratives. At every chapter's end, the reader will find a list of principles, one for each vignette, and questions to ask his or her physician. A few books in the last decade have focused on human errors and complications in medicine. Each has suggested ways to improve medicine by the application of checklists and protocols. This book adds a unique and important angle to these considerations: How firmly do we know what should go on the checklist or protocol in the first place? How clear has medicine been with its patients about what it cannot know or does not yet know?

Mothers in Medicine Routledge

An honest and insightful reflection on lessons learned about primary care from a life as a small town doctor

Poor People's Medicine Simon and Schuster

Little more than one hundred years ago, maps of the world still boasted white space: places where no human had ever trod. Within a few short decades the most hostile of the world's environments had all been conquered. Likewise, in the twentieth century, medicine transformed human life. Doctors took what was routinely fatal and made it survivable. As modernity brought us ever more into different kinds of extremis, doctors pushed the bounds of medical advances and human endurance. Extreme exploration challenged the body in ways that only the vanguard of science could answer. Doctors, scientists, and explorers all share a defining trait: they push on in the face of grim odds. Because of their extreme exploration we not only understand our physiology better; we have also made enormous strides in the science of healing. Drawing on his own experience as an anesthesiologist, intensive care expert, and NASA adviser, Dr. Kevin Fong examines how cutting-edge medicine pushes the envelope of human survival by studying the human body's response when tested by physical extremes. Extreme Medicine explores different limits of endurance and the lens each offers on one of the systems of the body. The challenges of Arctic exploration created opportunities for breakthroughs in open heart surgery; battlefield doctors pioneered techniques for skin grafts, heart surgery, and trauma care; underwater and outer space exploration have revolutionized our understanding of breathing, gravity, and much more. Avant-garde medicine is fundamentally changing our ideas about the nature of life and death. Through astonishing accounts of extraordinary events and pioneering medicine, Fong illustrates the sheer audacity of medical practice at extreme limits, where human life is balanced on a knife's edge. Extreme Medicine is a gripping debut about the science of healing, but also about exploration in its broadest sense—and about how, by probing the very limits of our biology, we may ultimately return with a better appreciation of how our bodies work, of what life is, and what it means to be human.

The Ultimate Guide To Choosing a Medical Specialty McGraw Hill Professional

The essential guide by one of America's leading doctors to how digital technology enables all of us to take charge of our health. A trip to the doctor is almost a guarantee of misery. You'll make an appointment months in advance. You'll probably wait for several hours until you hear "the doctor will see you now"—but only for fifteen minutes! Then you'll wait even longer for lab tests, the results of which you'll likely never see, unless they indicate further (and more invasive) tests, most of which will probably prove unnecessary (much like physicals themselves). And your bill will be astronomical. In *The Patient Will See You Now*, Eric Topol, one of the nation's top physicians, shows why medicine does not have to be that way. Instead, you could use your smartphone to get rapid test results from one drop of blood, monitor your vital signs both day and night, and use an artificially intelligent algorithm to receive a diagnosis without having to see a doctor, all at a small fraction of the cost imposed by our modern healthcare system. The change is powered by what Topol calls medicine's "Gutenberg moment." Much as the printing press took learning out of the hands of a priestly class, the mobile internet is doing the same for medicine, giving us unprecedented control over our healthcare. With smartphones in hand, we are no longer beholden to an impersonal and paternalistic system in which "doctor knows best." Medicine has been digitized, Topol argues; now it will be democratized. Computers will replace physicians for many diagnostic tasks, citizen science will give rise to citizen medicine, and enormous data sets will give us new means to attack conditions that

have long been incurable. Massive, open, online medicine, where diagnostics are done by Facebook-like comparisons of medical profiles, will enable real-time, real-world research on massive populations. There's no doubt the path forward will be complicated: the medical establishment will resist these changes, and digitized medicine inevitably raises serious issues surrounding privacy. Nevertheless, the result—better, cheaper, and more human health care—will be worth it. Provocative and engrossing, *The Patient Will See You Now* is essential reading for anyone who thinks they deserve better health care. That is, for all of us.

International Who's who in Medicine W. W. Norton & Company

This edited collection of articles addresses aspects of medical care in which human error is associated with unanticipated adverse outcomes. For the purposes of this book, human error encompasses mismanagement of medical care due to: * inadequacies or ambiguity in the design of a medical device or institutional setting for the delivery of medical care; * inappropriate responses to antagonistic environmental conditions such as crowding and excessive clutter in institutional settings, extremes in weather, or lack of power and water in a home or field setting; * cognitive errors of omission and commission precipitated by inadequate information and/or situational factors -- stress, fatigue, excessive cognitive workload. The first to address the subject of human error in medicine, this book considers the topic from a problem oriented, systems perspective; that is, human error is considered not as the source of the problem, but as a flag indicating that a problem exists. The focus is on the identification of the factors within the system in which an error occurs that contribute to the problem of human error. As those factors are identified, efforts to alleviate them can be instituted and reduce the likelihood of error in medical care. Human error occurs in all aspects of human activity and can have particularly grave consequences when it occurs in medicine. Nearly everyone at some point in life will be the recipient of medical care and has the possibility of experiencing the consequences of medical error. The consideration of human error in medicine is important because of the number of people that are affected, the problems incurred by such error, and the societal impact of such problems. The cost of those consequences to the individuals involved in medical error, both in the health care providers' concern and the patients' emotional and physical pain, the cost of care to alleviate the consequences of the error, and the cost to society in dollars and in lost personal contributions, mandates consideration of ways to reduce the likelihood of human error in medicine. The chapters were written by leaders in a variety of fields, including psychology, medicine, engineering, cognitive science, human factors, gerontology, and nursing. Their experience was gained through actual hands-on provision of medical care and/or research into factors contributing to error in such care. Because of the experience of the chapter authors, their systematic consideration of the issues in this book affords the reader an insightful, applied approach to human error in medicine -- an approach fortified by academic discipline.

This Side of Doctoring McGraw Hill Professional

Explores the role of almanacs in early American culture.

Dissent in Medicine Oxford University Press

Disease and Medicine in World History is a concise introduction to diverse ideas about diseases and their treatment throughout the world. Drawing on case studies from ancient Egypt to present-day America, Asia and Europe, this survey discusses concepts of sickness and forms of treatment in

many cultures. Sheldon Watts shows that many medical practices in the past were shaped as much by philosophers and metaphysicians as by university-trained doctors and other practitioners.

Subjects covered include: Pharaonic Egypt and the pre-conquest New World the evolution of medical systems in the Middle East health and healing on the Indian subcontinent medicine and disease in China the globalization of disease in the modern world the birth and evolution of modern scientific medicine. This volume is a landmark contribution to the field of world history. It covers the principal medical systems known in the world, based on extensive original research. Watts raises questions about globalization in medicine and the potential impact of infectious diseases in the present day.

The Physician Himself and What He Should Add to His Scientific Acquirements Springer

New York Times Bestseller Finalist for the 2022 Pulitzer Prize in Biography "Janice P. Nimura has resurrected Elizabeth and Emily Blackwell in all their feisty, thrilling, trailblazing splendor." —Stacy Schiff Elizabeth Blackwell believed from an early age that she was destined for a mission beyond the scope of "ordinary" womanhood. Though the world at first recoiled at the notion of a woman studying medicine, her intelligence and intensity ultimately won her the acceptance of the male medical establishment. In 1849, she became the first woman in America to receive an M.D. She was soon joined in her iconic achievement by her younger sister, Emily, who was actually the more brilliant physician. Exploring the sisters' allies, enemies, and enduring partnership, Janice P. Nimura presents a story of trial and triumph. Together, the Blackwells founded the New York Infirmary for Indigent Women and Children, the first hospital staffed entirely by women. Both sisters were tenacious and visionary, but their convictions did not always align with the emergence of women's rights—or with each other. From Bristol, Paris, and Edinburgh to the rising cities of antebellum America, this richly researched new biography celebrates two complicated pioneers who exploded the limits of possibility for women in medicine. As Elizabeth herself predicted, "a hundred years hence, women will not be what they are now."

The Principles and Practice of Narrative Medicine Berkley

Reprint of the original, first published in 1883.

More than Medicine University of Notre Dame Press

A series of seventy entries provides an unrivaled account of the international evolution of medical knowledge and practice, now in paperback. Sickness and health, birth and death, disease and cure: medicine and our understanding of the workings of our bodies and minds are an inextricable part of how we know who we are. With the science of healing now more vital than ever, as our bodies face new challenges from the globalization of disease, environmental change, and increased longevity, *Great Discoveries in Medicine* is a timely guide to medicine's achievements and its prospects for the future. An international team of distinguished experts provides an unrivaled account of the evolution of medical knowledge and practice, from ancient Egypt, India, and China to today's latest technology, from bloodletting to keyhole surgery, from the theory of humors to the genetic revolution, from the stethoscope to the development of vaccines. They explain medicine's turning points and conceptual changes in a refreshingly accessible way and answer some key questions: How has the bubonic plague influenced the course of human history? What effect did the birth control pill have on the lives of women and on society? What challenges does medicine face in our changing world?

Medicine in Translation University of Toronto Press

A trailblazing, conversation-starting history of women's health—from the earliest medical ideas about women's illnesses to hormones and autoimmune diseases—brought together in a fascinating sweeping narrative. Elinor Cleghorn became an unwell woman ten years ago. She was diagnosed with an autoimmune disease after a long period of being told her symptoms were anything from psychosomatic to a possible pregnancy. As Elinor learned to live with her unpredictable disease she turned to history for answers, and found an enraging legacy of suffering, mystification, and misdiagnosis. In *Unwell Women*, Elinor Cleghorn traces the almost unbelievable history of how medicine has failed women by treating their bodies as alien and other, often to perilous effect. The result is an authoritative and groundbreaking exploration of the relationship between women and medical practice, from the "wandering womb" of Ancient Greece to the rise of witch trials across Europe, and from the dawn of hysteria as a catchall for difficult-to-diagnose disorders to the first forays into autoimmunity and the shifting understanding of hormones, menstruation, menopause, and conditions like endometriosis. Packed with character studies and case histories of women who have suffered, challenged, and rewritten medical orthodoxy—and the men who controlled their fate—this is a revolutionary examination of the relationship between women, illness, and medicine. With these case histories, Elinor pays homage to the women who suffered so strides could be made, and shows how being unwell has become normalized in society and culture, where women have long been distrusted as reliable narrators of their own bodies and pain. But the time for real change is long overdue: answers reside in the body, in the testimonies of unwell women—and their lives depend on medicine learning to listen.

The Social Transformation of American Medicine Cognella Academic Publishing

Medical practice is undergoing the most radical changes seen in decades. Novel reimbursement models, impersonalization caused by technology, and increasing demands on providers' limited time are causing unhappiness among practitioners and patients alike. Yet, the patient experience and patient satisfaction are more important than ever. Patient experience affects patient outcomes, and patient satisfaction scores will affect how much physicians and other health care providers get paid. In *The Performance of Medicine*, Dr. Bob Baker offers practical strategies and techniques that physicians and other practitioners can implement easily and immediately to give patients the best possible experience with no additional expenditure of time. An internist/gastroenterologist with 35 years of private practice experience, and a professional magician/ventriloquist with 50 years of live performance experience, Dr. Baker seamlessly weaves the techniques he used to garner top reviews

from his patients

Little Black Book of International Medicine Basic Books

While Louis W. Sullivan was a student at Morehouse College, Morehouse president Benjamin Mays said something to the student body that stuck with him for the rest of his life. "The tragedy of life is not failing to reach our goals," Mays said. "It is not having goals to reach." In *Breaking Ground*, Sullivan recounts his extraordinary life beginning with his childhood in Jim Crow south Georgia and continuing through his trailblazing endeavors training to become a physician in an almost entirely white environment in the Northeast, founding and then leading the Morehouse School of Medicine in Atlanta, and serving as secretary of Health and Human Services in President George H. W. Bush's administration. Throughout this extraordinary life Sullivan has passionately championed both improved health care and increased access to medical professions for the poor and people of color. At five years old, Louis Sullivan declared to his mother that he wanted to be a doctor. Given the harsh segregation in Blakely, Georgia, and its lack of adequate schools for African Americans at the time, his parents sent Louis and his brother, Walter, to Savannah and later Atlanta, where greater educational opportunities existed for blacks. After attending Booker T. Washington High School and Morehouse College, Sullivan went to medical school at Boston University—he was the sole African American student in his class. He eventually became the chief of hematology there until Hugh Gloster, the president of Morehouse College, presented him with an opportunity he couldn't refuse: Would Sullivan be the founding dean of Morehouse's new medical school? He agreed and went on to create a state-of-the-art institution dedicated to helping poor and minority students become doctors. During this period he established long-lasting relationships with George H. W. and Barbara Bush that would eventually result in his becoming the secretary of Health and Human Services in 1989. Sullivan details his experiences in Washington dealing with the burgeoning AIDS crisis, PETA activists, and antismoking efforts, along with his efforts to push through comprehensive health care reform decades before the Affordable Care Act. Along the way his interactions with a cast of politicians, including Thurgood Marshall, Jack Kemp, Clarence Thomas, Jesse Helms, and the Bushes, capture vividly a particular moment in recent history. Sullivan's life—from Morehouse to the White House and his ongoing work with medical students in South Africa—is the embodiment of the hopes and progress that the civil rights movement fought to achieve. His story should inspire future generations—of all backgrounds—to aspire to great things. A Sarah Mills Hodge Fund Publication

Man's 4th Best Hospital Penguin

Examines how healthcare and medical issues circulate in the social, cultural, economic, and political aspects of our world.