

Foreword

Despite our booming economy, we still face a health-care crisis in the United States. There are at least 45 million people in this country who have no health insurance, while millions more have inadequate insurance. Without access to affordable health insurance, millions of Americans will postpone care and will not be able to afford preventive care. Furthermore, without a regular doctor, many Americans will postpone visiting a physician until their situation becomes critical, and then they will be forced to seek out health care in hospital emergency rooms, further exacerbating our nation's problem with escalating health-care costs.

Our problems with the uninsured and health-care financing stand in marked contrast to the fact that we have, *at the very same time*, the finest health-care delivery system in the world and that we provide the best medical care money can buy—for those who have the money to buy it. Our leadership in medical research and development is unquestioned; the National Institutes of Health are the finest research institutions in the world; our physicians and nurses receive superb educations; and it is common for ill citizens of other countries to come to the United States seeking the best available medical care.

How can these two sets of facts be reconciled? How can it be that we know so much, spend so much, and still acknowledge that a child born in Bulgaria has a better chance of living to see his or her first birthday than a child born two miles from the nation's capitol?

In part, the answer lies in our failure to realize that the health-care problems we face in this country are at their core *behavioral* rather than medical. Our infant mortality statistics are inextricably linked to behavioral problems such as drug abuse and teenage pregnancy and to societal problems such as poverty and ignorance, whereas our low-

er longevity rates are linked to still other behaviors such as high-fat dietary habits, sedentary living, smoking, and excessive alcohol consumption. Unfortunately, the traditional education of medical, dental, and nursing students has ignored the salience of these relationships, and students have learned little about health and behavior links or about their own ability to alter patient behavior.

I am delighted that *Behavior and Medicine* addresses these issues head on, and I believe this book has the potential to change the thinking and the practice habits of a generation of health professionals. It repeatedly makes the point that the challenges of the future lie more in chronic care than in acute care and that the most significant power of the physician or other health-care provider may lie not in technologic expertise but in his or her capacity to act as a *behavioral change agent* and as a catalyst to get patients to modify a variety of self-injurious behaviors.

Drs. Wedding and Stuber and their contributors have made an important contribution to the medical world with *Behavior and Medicine*. The artwork has been carefully and judiciously selected, the poems are moving, and the epigraphs are poignant. But, of course, the message is far more important than the packaging, and the message is clear: Physicians, nurses, and other health professionals can enhance their understanding of the conditions they encounter by more fully understanding the patients they treat and by appreciating the magnitude and significance of the cultural, social, economic, and political networks in which patient behaviors occur. Both students and practitioners will find that *Behavior and Medicine* is a fine place to start cultivating that understanding.

Tom Daschle

Foreword

I agree wholeheartedly with Tom Daschle's perception about the paradox of the brilliance of American medicine's scientific and clinical achievements and technology and the simultaneous fact that, for most key health indices, the citizens of at least 20 nations are healthier than Americans! At the same time medical sciences have deciphered the genetic code, imaged the brain changing as it functions, showed that psychotherapy affects brain physiology, identified some basic biochemistry of learning, and turned HIV infection – for those properly treated – from a death sentence into a somewhat controllable chronic illness, 18,000 Americans die annually due to lack of health insurance, between 44,000 and 98,000 die annually because of medical errors, and the boundary between medicine and industry becomes progressively more porous, to the point where some observers (and doctors) view medicine not only as a learned, altruistic profession but also as a business. And I couldn't agree more with Tom Daschle's point that much of the problem is behavioral – reflecting the behavior of patients and families, health-care professionals, industries, communities, and the social and economic system.

The media comment hourly on these problems, the population is affected continually, and influential medical education-related organizations like the Institute of Medicine (IOM) and the Accreditation Council of Graduate Medical Education (ACGME) have studied the situation and published strong recommendations concerning behavior in medical education. In its 2004 report, *Improving Medical Education: Enhancing the Behavioral and Social Science Content of Medical School Curricula*, the IOM states unequivocally that, "Approximately half of all causes of morbidity and mortality in the United States are linked to behavioral and social factors." It recommends that "Medical students should be provided with an integrated curriculum in the behavioral and social sciences throughout the 4 years of medical school" and recommends that medical students demonstrate competency in the following domains:

- Mind-body interactions in health and disease
- Patient behavior
- Physician role and behavior
- Physician-patient interactions
- Social and cultural issues in health care, and
- Health policy and economics

The IOM also recommends that the National Institutes of Health (NIH) or private foundations provide considerable funding for U.S. medical school demonstration projects in

behavioral and social science, and for career development awards to produce leaders in the behavioral and social sciences in medical schools, and for the U.S. Medical Licensing Examination (USMLE) to increase behavioral and social science content on its certifying examinations.

These topics also play a central role in education of resident physicians in all medical specialties. The ACGME, which accredits residency programs, requires that all residents be certified as competent in behavioral areas strongly related to the IOM's "domains," including "systems-based practice, as manifested by actions that demonstrate an awareness and responsiveness to the larger context and system for health care"; "interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and other health professionals"; "professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population"; and "medical knowledge about established and evolving biomedical, clinical and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care."

Drs. Wedding, Stuber and colleagues have addressed these topics wonderfully in this new book, the chapters of which respond to the IOM's "domains" and are highly relevant to ACGME core competencies. I have read, cover to cover, each of the previous three editions of Danny Wedding's *Behavior in Medicine*, and I am an admiring fan of Dr. Wedding and of the series.

Like its predecessors, this edition is written crystal clearly, and it is a very enjoyable up-to-date "read" filled with wise recommendations and precious information. Its chapters on interviewing and on difficult patients provide numerous helpful examples of patient-doctor dialog with explanations, very useful in preparing for the commonly asked USMLE "what do you say to the patient" test items. The chapter on cultural competence is down-to-earth and practical. The chapter on medical student culture will strike home for many readers. The one on medical humanities is interesting and instructive and, as in the previous editions, the literary quotes and artwork give the book a unique texture and aesthetic dimension. All the authors are experts and fine writers.

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