

## Maimonides

**Maimonides**, by Sherwin B. Nuland (*Jewish Encounters*), 234 pp, \$19.95, ISBN 0-8052-4200-7, New York, NY, Schocken, 2005.

AS HIPPOCRATES IS TO MEDICAL ETHICS, Maimonides is to virtues. Vast knowledge, philosophical mind, miraculous memory—such superlatives are used to portray the 12th-century clinician, who practiced in Egypt both in his own clinic and at the court of the great Islamic hero, Salah al-Din. Literary encomia may have started with the words of a contemporary Arab poet, who called Maimonides a healer greater even than Galen. So, too, Sherwin B. Nuland writes that the “Prayer of Maimonides” is the “credo for the life that was his, and has been mine.” What makes Nuland’s concise biography of Maimonides like no other are the comments of its author, an erudite, humanistic, religious physician himself, on the qualities that have made Maimonides a medical icon.

“Unity” is key for Nuland. “Ethics, philosophy, religion and healing were to him a unity.” As Nuland shows, there is remarkable coherence throughout Maimonides’ life’s work, in regard to illness and health, between his religious thought, medical treatises, accounts of personal illness, and medical practice. In his first major religious work, the *Commentary on the Mishnah*, Maimonides ennobled the healing professions. “To study medicine,” he wrote, “is among the greatest acts of worship.” His magisterial code of Jewish law, the voluminous *Mishneh Torah*, states that every person “shall set his heart upon making his body perfect and strong so that his soul will be upright to know the Lord,” and to do so it provides pages of hygienic prescriptions taken from contemporary medical science. Conversely, the medical treatise *Regimen of Health* suggests that the study of religion, ethics, and philosophy leads to an equanimity of spirit that reduces physical symptoms and emotional distress. Poignantly, Mai-

monides’ own prolonged illnesses, as described in his personal letters, seem to have informed the compassionate, knowing advice he gave to patients. As physician, Maimonides was ever the rabbi; as rabbi, ever the healer.

Health being sacred, the physician has an exalted responsibility. Maimonides insisted, in an era when folk healing predominated and systematic medical education did not yet exist, that the “consummate” physician must thoroughly learn the extensive literary heritage of ancient Greece and contemporary Islam to achieve, in his own words, “a complete mastery of theoretical and practical knowledge.” Nevertheless, much of medicine was still unknowable, he said, and harm can come from bloodletting and galenicals. So, with humility and caution, he advised only the simplest and safest of remedies.

Nuland distills from Maimonides’ fusion of religion, science, and ethics the virtue of “obligation.” “It is the conviction,” Nuland writes, “that the acceptance of a medical degree brings with it an obligation to individuals and to the greater society that is ultimately the most profound charge that they must accept. . . . [Medicine] is a calling and, as such, transcends the mere requirements of a career.” Maimonides’ “obligation” extended to Jew and Muslim, the rich and the poor. The physician, he wrote, should help the patient overcome any lack of food or supportive care and other obstacles to recovery. It is the physician’s duty to prescribe needed remedies such as wine, even when the patient’s beliefs forbid them. Maimonides’ expressions of caring and concern surpass anything in Hippocrates and Galen. “Obligation” elevates the medical craft to a profession.

Maimonides’ texts served as references for centuries and perpetuated his memory throughout Europe and Islamic lands as a luminary in medicine. His legacy to us is the Prayer, an elo-

quent vow of godliness and service. In Nuland’s words, it is the “testament of the ideal—and idealized—healer” and “has rivaled the Hippocratic Oath” as a watchword for our profession. The Prayer captures the essence of his thought and spirit but is not his own work. It was written by a pious, literate, eminent 18th-century doctor who revered him, as have many others in these last 800 years.

Nuland is not the first physician to discover unity in Maimonides, but if praising famous doctors is how we discuss professional excellence, this story needs to be told again and again. Nevertheless, just as the field of medical ethics has advanced well beyond Hippocratic axioms, so too with professional virtues we need to go beyond a 12th-century creed. What is erudition in our age of informatics? What indeed constitutes excellence now, and good judgment, devotedness, proper concern, and appropriate accessibility?

David L. Freeman, MD  
Carney Hospital  
Boston, Mass  
davamanda@msn.com

## Patient-Physician Relationship

**The Patient From Hell: How I Worked With My Doctors to Get the Best of Modern Medicine and How You Can Too**, by Stephen H. Schneider with Janica Lane, 300 pp, \$25, ISBN 0-7382-1025-0, Cambridge, Mass, A Merloyd Lawrence Book/Lifelong Books/Da Capo Press, 2005.

RECEIVING A DIAGNOSIS OF CANCER CAN bring out the best or the worst in patients, as they work to deal with the devastation this diagnosis often brings. For climate scientist and MacArthur fellow Stephen H. Schneider, PhD, it brought out the fighter. In *The Patient From Hell*, Schneider tells of his battle against mantle cell lymphoma and his constant struggle to push the limits in an effort to save his life. Now, 4 years since his diagnosis at age 56 and still

Book and Media Reviews Section Editor: Harriet S. Meyer, MD, Contributing Editor, JAMA.

in remission, Schneider shares his personal experience of how he beat the odds for this rare and difficult-to-treat cancer.

Schneider's goal in writing this book is to "uplift," but "empower" might be a better fit. He writes, "My purpose is . . . to use my cancer treatment experience to argue for needed reforms in a medical system that I believe is not optimally serving patients. . . ." Later, he refers to "one objective of this book—to further stimulate this debate which . . . is already raging in medical institutions" on using cost-benefit analysis in health care. In the last chapter he identifies his "goal. . . to encourage patient-physician interaction, cooperation, and a broadening of the way treatments are designed." In the preface, he encourages readers to turn back if they don't have the "stomach" to learn about medical errors and pitfalls in the medical system but to "read carefully" on "if you want to learn how to take intelligent risks, how to determine if the cure is worse than the disease" and how "to surmount the bureaucratic obstacles and financial impediments that often stand in the way of obtaining the best treatments. . . ." Schneider wants to use his experience to guide others, particularly those who have diseases that are less common or understood. He wants patients to question, doubt, research, think for themselves, and collaborate with their medical team. *The Patient From Hell* tells of his personal efforts and triumphant results.

The story is compelling, as many cancer survivor stories are, although the book gets off to a slow start, and there is quite a lot of scientific information that may be confusing to the lay reader. The narrative goes forward and backward in time, with frequent references to information and outcomes that are to "come later," be "discussed below," or be explained "in more detail" in a later chapter, which I found somewhat disruptive. Schneider comes across as cynical and sometimes arrogant. I struggled to relate to him as a person until two thirds into the book, when he allows his "right brain" to take

over and reveals his human and emotional side. For instance, when he learns that his bone marrow transplant has been successful, he writes, ". . . I'm supposed to be ecstatic about this, but my feelings are a jumble," ". . . I can't help feeling sad all the time," and ". . . it's hard for me not to spend half the day crying. . . ." I also found the last several chapters somewhat anticlimactic for a personal narrative, as he details his relentless push for rituximab therapy for maintenance of his remission, a novel and not universally accepted use of this drug at the time. His continual pushing and questioning, although showing laudable persistence, becomes tedious, and as a physician I found myself reacting negatively.

Fighting is a running theme in this book. In describing how he "gamed the system," "won a number of battles," or gave his team of doctors "a friendly little 'I-told-you-so,'" Schneider displays a me-against-them attitude. His account is so full of medical stereotypes—the paternalistic doctor, the hierarchical system of care, the patient as unwitting bystander—that I couldn't help but wonder about his approach. Was he antagonistic, almost expecting to be knocked down? Did he question in a way that put his doctors on the defensive? Despite his goal of winning his doctors over to his way of thinking, the relationships are framed as confrontational rather than collaborative. Could that be why he often received a negative reaction?

I also found significant inconsistencies in Schneider's approach. Although he advocates innovation, constant updating of information (the Bayesian approach), and full disclosure, he often falls back on hunches and theories that he developed based upon his own n-of-1. Despite his self-admitted lack of medical knowledge, he is not at a loss for explanations and opinions as to how and why things are done in medicine. In fact, for several of the treatment innovations that he pushed for (most of which he received), only in the appendix does he discuss their limitations and potential

downsides. Readers who skip the appendix will miss this balance. He even writes (in the appendix) that he "was willing to try almost anything." Although the author is a scientist, the n-of-1 inferences and less accessible information on limitations seem inconsistent with principles of comprehensive data collection, analysis, and interpretation.

*The Patient From Hell* offers a number of positive and useful messages for patients enduring chemotherapy, radiation, and other cancer treatments. Schneider encourages patients to optimize their quality of life, maintain a sense of self, and surround themselves with supportive friends and family. He encourages patients to use, not avoid, analgesics and antiemetics in order to minimize discomfort and pain and help work toward recovery. He devotes significant portions of the book to his call for patient advocates, showing the same dogged persistence with which he pursues his treatment theories. He suggests formalizing the patient advocate role, including remuneration by insurers, giving advocates a well-defined and respected place in cancer care. Schneider's wife, also a scientist and his designated advocate and caregiver, provides her own perspective in an afterword.

Who should read this book? Physicians who do might better understand one patient's perspective. However, just as Schneider reminds us repeatedly that his type of lymphoma is rare and he is not "average," I suspect his approach to his care is similarly not for everyone. Patients who are intelligent, driven, and resourceful might find it valuable. Otherwise, I am not sure how empowering this book will be for most patients, who are overwhelmed just trying to take their medications correctly, follow their diets, or get to their appointments. For them, Schneider's story, rather than empowering, could be intimidating. They might get the message that if they are not vigilant, skeptical, diligent, and well-informed—if they don't become the "patient from hell"—they will get less than

optimal care. Although a healthy dose of skepticism can be beneficial, I wonder if too much data, too many questions, and too many choices at some point become unhealthy for both the patient and the patient-physician relationship. In medicine, there are often more questions than answers. I hope that *The Patient From Hell* opens up more dialogue but doesn't start a war.

Rosemarie L. Conigliaro, MD  
University of Kentucky  
Lexington  
rlconi2@uky.edu

### Human Rights and Health

**Perspectives on Health and Human Rights**, edited by Sofia Gruskin, Michael A. Grodin, George J. Annas, and Stephen P. Marks, 649 pp, paper, \$34.95, ISBN 0-415-94807-X, New York, NY, Routledge, 2005.

FOR HEALTH PROFESSIONALS ENGAGED IN the ongoing dialogue between human rights and health, the second compilation edited by members of Boston's health and human rights community is a welcome development.

It is evident from the rich material contained in this volume that the debate is wide-ranging, vibrant, and responsive. As the editors point out, this publication affords a platform for a wide variety of views from authors with different perspectives, from the "highly legal" to efforts "to build the legal and political structures that can support expanded definitions" of human rights. The challenge of reconciling academic rigor in a particular field with providing tools for advocacy and action in that field is not new to science. However, in the arena of human rights and health, the challenge has particular cogency, given the immediacy to fundamental questions about human dignity and life itself.

This willingness to engage in such transdisciplinary and cross-perspective enquiry is a remarkable strength of the volume and can only help foster the international health and human rights movement. The movement's internationality is illustrated in the material from which the book draws, including numerous case studies from both de-

veloped and developing countries. One concern, however, relates to the paucity of authorial voices from developing countries, a contradiction perhaps to be remedied in future editions.

The majority of the contributions represent material published during the past 7 or 8 years, and they supplement the 1999 *Health and Human Rights: A Reader*. The eight-part structure is helpful in moving from the more theoretical analyses of the conceptual issues linking health and human rights (part 1) through themes of health and human rights in development (part 2), emerging technologies (part 3), sexual and reproductive health (part 4), violence (part 5), and, in closing, more applied illustrations of methods and strategies in the field (parts 6 and 8; part 7 concerns "The Human Right to Health").

Particularly interesting are three chapters dealing with exploring indicators for measuring progress toward meeting human rights obligations. For those involved in human rights work in health, both knowing strategies and being able to demonstrate their effectiveness are critical to advancing a rights agenda. Of course, it is vitally important to keep sight of the woods (outcomes and impact) and not become lost in the trees (indicator discourse). As we know from other areas of public health, preoccupation with measurement may well separate public health from its social justice roots, a particularly invidious phenomenon when one is seeking synergies with human rights.

While the volume promises exploration of the reach of human rights language into the world of private actors, the discussion here is relatively scant, figuring only partially in three of the contributions. It is now well recognized that by disempowering nations' capacity to govern while simultaneously transferring decision making on development to private actors, globalization may have huge adverse impacts on public health. These challenges will only grow in the future and will undoubtedly lead to new thinking about the scope and applicability of human rights, with manifold implications for health.

Other areas might merit inclusion in more depth in a future edition. One is the relationship between human rights and ethics, particularly given the challenge facing the public health community to develop an ethics of public health, a challenge framed by Annas as "an extraordinarily difficult time developing its own ethical language." Another is the health and human rights implications of the global adoption of bioterrorism preparedness policies. This development represents, sadly, a return to the more traditional preoccupations of the health and human rights movement, such as considerations of professional complicity in torture emerging in evidence from Abu Ghraib and Guantanamo Bay.

*Perspectives on Health and Human Rights* is a valuable supplemental text for teachers and will be useful for academics in both developed and developing countries. In particular, by linking the academic study of human rights to human rights as public health action, this volume begins to show human rights as being about dissecting and engaging with power. Given increasing international enthusiasm among donor agencies and intergovernmental bodies for rights-based strategies, a critical understanding of what rights-based strategies are—and what they are not—will help public health professionals and activists best address the health and rights of our most vulnerable communities.

Leslie London, MBChB, MD  
University of Cape Town  
Cape Town, South Africa  
ll@cormack.uct.ac.za

### RECEIVED

#### Alcohol and Drug Dependence

**Women Under the Influence**, by the National Center on Addiction and Substance Abuse at Columbia University, 285 pp, with illus, \$50, ISBN 0-8018-8227-3, paper, \$20, ISBN 0-8018-8228-1, Baltimore, Md, Johns Hopkins University Press, 2006.

#### Critical Care

**Manual of Intensive Care Medicine**, edited by Richard S. Irwin and James M. Rippe, 4th ed, 920 pp, with illus, paper, \$49.95, ISBN 0-7817-5497-6, Philadelphia, Pa, Lippincott Williams & Wilkins, 2006.