



Figure. Number of Inhabitants per Doctor. Data from The World Health Report 2006. Image produced by EuroSCG Amsterdam for Dokters van de Wereld/Médecins du Monde Netherlands (used with permission). This figure and the text discussion do not take into account that physicians often work in wealthier areas and that having a physician that one cannot afford does one no good.

WHERE THERE IS NO DOCTOR

By David Werner with Jane Maxwell and Carol Thuman
 Rev ed, 446 pp, \$22.50
 Berkeley, CA, Hesperian Foundation, 2009
 ISBN-13: 978-0-9423-6415-6

MOST OF THE WORLD LACKS QUALIFIED MEDICAL PERSONNEL TO serve the basic needs of patients. A prominent network of global health leaders recently concluded that in many countries it is simply not feasible to improve health by increasing the numbers of physicians and nurses.¹ In these countries, nontraditional resources are relied on for much of the needed medical guidance. In many of these countries, medications are available for purchase without prescriptions, and nonprofessionals try their best to use these powerful medications to heal.

Where There Is No Doctor, a book written by biologist and public health worker David Werner, is widely considered by the World Health Organization (WHO), United Nations Children’s Fund (UNICEF), anthropologists, the Peace Corps, missionaries, and travel advisors to be the authority on medical care delivered under conditions in which physicians are not available.²⁻⁶ The book contains extensive information (including medication dosages) on how to recognize and treat a wide range of medical conditions. Initial scholarly reviews by the WHO, UNICEF, and Christian Medical Commission were generally critical of the book, maintaining that it provided too much specialized information to laypersons and that doing so was reckless and dangerous.⁴ Over time, these critics changed

their opinions, and the WHO and UNICEF have promoted translations of the book and now provide copies for their field offices.⁴ The book has since undergone many revisions and been translated into more than 80 languages.⁷

Being the only book of its kind, *Where There Is No Doctor* is often an unquestioned authority for those who live in or visit poor rural areas of the world. More than 90% of surveyed users of the book believe the information it presents is accurate.⁸ It is not clear, however, if this trust is well founded, because the advice, diagnosis, and treatment recommendations presented do not appear to have been independently and rigorously reviewed. For instance, in chapters 10 and 12, we believe there are problems in recommended treatments, including the recommendation of outdated medications, incorrect medications, and herbal therapies of undemonstrated efficacy, as well as failure to mention current therapies judged by the WHO as having better efficacy and fewer adverse effects. In addition, treatment recommendations generally do not clarify how to assess the efficacy of a treatment, provide follow-up advice, or determine treatment failure, nor do they emphasize the medical emergencies that should require seeking medical help as soon as possible. Furthermore, the dosages of medications for children are often given by age rather than by weight. Given the high frequency of stunting in the developing world,⁹ this could result in serious overdoses, as well as more minor adverse effects that may contribute to nonadherence.

Book and Media Reviews Section Editor: John L. Zeller, MD, PhD, Contributing Editor.

Also unclear was if medically untrained readers would be able to use the book to accurately diagnose conditions. It remains difficult to know how diagnostic criteria are interpreted by diverse audiences faced with different disease types. This concern was compounded by the fact that, in many cases, the recommended diagnostic criteria appeared to have been incorrect or misleading.

These problems must be balanced against the need to be succinct and readable—a major strength of *Where There Is No Doctor*. Additionally, the book focuses on public health-oriented disease prevention techniques and basic health-related information. These recommendations were considered excellent, with virtually no problems in either chapter 10 or 12.

Where There Is No Doctor is used in areas where there is a lack of good health information and, worse, many false ideas. The book directs laypersons on how to diagnose and treat disease, a role normally considered the domain of experts. However, it is still not known if the book effectively improves health. Ideally, the book should be tested in field-based clinical trials. Without such an assessment, the major assumption of the book—that treatment information should be provided to medically untrained individuals—remains conjectural.

In most of the world, where physicians are not available and diseases are rampant, the status quo is unacceptable. Until better solutions are created, *Where There Is No Doctor* is probably a useful stop-gap measure.

Elizabeth Babu, MD
Division of Infectious Disease
SUNY Downstate Medical Center
Brooklyn, New York
elizabeth.babu@downstate.edu

Dan T. A. Eisenberg, BS
Department of Anthropology
Center on Social Disparities and Health
Institute for Policy Research
Northwestern University
Evanston, Illinois
dtae@ntae.net

Financial Disclosures: None reported.

1. Joint Learning Initiative. *Human Resources for Health: Overcoming the Crisis (Studies in Global Equity)*. Cambridge, MA: Global Equity Initiative, Harvard University; 2005.
2. Saloojee H. Reviews: *Where There Is No Doctor: A Village Health Care Handbook for Africa*. 1998;316(7143):1532 *BMJ*.
3. Dawood RM. *Travellers' Health: How to Stay Healthy Abroad*. 4th ed. Oxford, UK: Oxford University Press; 2002.
4. Eng M. Y2K spurs interest in self-help health guide. *Seattle Times*. May 19, 1999.
5. Hellin J. Jabs & Jibes: *Where There Is No Doctor*. *Lancet*. 2002;350:96.
6. Kay M. Review of *Donde No Hay Doctor*. *Med Anthropol Newsl*. 1977; 8(4):30-31.
7. Werner D, Thuman C, Maxwell J. *Where There Is No Doctor: A Village Health Care Handbook*. 9th English ed. Berkeley, CA: Hesperian; 2007.
8. Davis K, Liut J, Reichner D, Warsaw LE. Evaluation of "Where There Is No Doctor" survey findings. <http://www.hesperian.info/assets/Hesperian%20Capstone%20Final%20Paper.pdf>. 2008. Accessibility verified February 4, 2010.
9. Grantham-McGregor S, Cheung YB, Cueto S, Glewwe P, Richter L, Strupp B; International Child Development Steering Group. Developmental potential in the first 5 years for children in developing countries. *Lancet*. 2007;369(9555): 60-70.

DESIGNING CARE: ALIGNING THE NATURE AND MANAGEMENT OF HEALTH CARE

By Richard M. J. Bohmer
261 pp, \$29.95
Boston, MA, Harvard Business Press, 2009
ISBN-13: 978-1-4221-7560-6

RICHARD BOHMER IS A PERSUASIVE PROPONENT OF THE VIEW THAT "patient care, once the domain of the individual practitioner, is becoming the domain of the care delivery organization." He argues that, as a result of this historic change, the organization of care in an "institutional context" is an "increasingly important determinant" of its effectiveness and efficiency (p 216). Appropriate "design principles" for "two key operating systems" should be the basis of the reorganization of care: one system for delivering care known to be effective from research that meets international standards; the other for "creating new knowledge about which care to deliver in the future and how to better deliver it" through continuous experimentation and learning within organizations (p 218).

Bohmer grounds his arguments in a substantial array of findings from research in an introduction and 8 closely reasoned chapters. A business school faculty member as well as a physician, he is familiar with the literatures of clinical medicine, health services and systems research, and the management of complex organizations in sectors other than health.

Bohmer sometimes overstates his claims, then retreats. He writes, for example, that the highly subsidized expansion of the health care workforce in the 1960s and 1970s was a failed effort to control cost by increasing competition. But he later acknowledges that policy makers increased supply to increase access to care (p 20). He implies that randomized controlled trials and systematic reviews are the only appropriate sources for practice guidelines (p 26) but later endorses research using other methods (pp 56-57, in a paragraph in which he mistakes the Agency for Healthcare Research and Quality for the defunct US Congress Office of Technology Assessment). He also asserts that "outcomes management makes no assumption about the way in which a given outcome should be achieved" (p 36) but then identifies policies that have "tied process (and outcome) measurements to financial incentives to doctors" (p 38).

More importantly, Bohmer is initially ambivalent about, and then dismisses, any contribution that policy for financing care might make to redesigning it. He writes that "this book deliberately avoids discussion of reimbursement and regulation" but acknowledges that reimbursement and regulation are "powerful influences" (p 17). He later asserts that management of care delivery organizations is a more important driver of change than financing policy. He does not retreat this time, stating that the "future work of the health care manager and a substantial part of any future health care reform . . . is, to a large degree, independent of how policy makers approach financing and reimbursing health care" (p 215). Moreover, a "predominant focus on financing may be a distraction from the need for substantial reconfiguration of health care delivery organizations" (p 216).