Med

Murray Leinster

Big Med David Dranove, Lawton Robert Burns, 2022-11-18 There is little debate that health care in the United States is in need of reform. But where should those improvements begin? With insurers? Drug makers? The doctors themselves? In Big Med, David Dranove and Lawton Robert Burns argue that we're overlooking the most ubiquitous cause of our costly and underperforming system: megaproviders, the expansive health care organizations that have become the face of American medicine. Your local hospital is likely part of one. Your doctors, too. And the megaproviders are bad news for your health and your wallet. Drawing on decades of combined expertise in health care consolidation, Dranove and Burns trace Big Med's emergence in the 1990s, followed by its swift rise amid false promises of scale economies and organizational collaboration. In the decades since, megaproviders have gobbled up market share and turned independent physicians into salaried employees of big bureaucracies, while delivering on none of their early promises. For patients this means higher costs and lesser care. Meanwhile, physicians report increasingly low morale, making it all but impossible for most systems to implement meaningful reforms. In Big Med, Dranove and Burns combine their respective skills in economics and management to provide a nuanced explanation of how the provision of health care has been corrupted and submerged under consolidation. They offer practical recommendations for improving competition policies that would reform megaproviders to actually achieve the efficiencies and quality improvements they have long promised. This is an essential read for understanding the current state of the health care system in America—and the steps urgently needed to create an environment of better care for all of us.

Med School 101 for Patients Kilbourn Gordon, III M.D., Md Kilbourn Gordon III, 2017-06-30 This step-by-step guide will share strategies on preparing for doctor visits and communicating with doctors to get the most out of limited time. Taking the approach of working with your physicians as patient partners, will elevate your visit to the highest possible level for the well-being of both you and your doctor.

ChefMD's Big Book of Culinary Medicine John La Puma, Rebecca Powell Marx, 2009 Integrating nutritional science with culinary expertise, a physician explains how to prevent disease, shed pounds, and promote overall health by using foods that tempt the palate while promoting the body's immunity.

To Err Is Human Institute of Medicine, Committee on Quality of Health Care in America, 2000-03-01 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 AIDSâ¢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 consequenceâ¢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 agendaâ¢with state and local implicationsâ¢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 errorsâ¢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

Medi-Cross John McLeod,2010-03 Medi-Cross is a compilation of medical terminology crossword puzzles designed for students of medicine and related health sciences and practitioners of these fields of study. It is a supplemental study and review tool in a crossword format using terminology of anatomy, physiology, pathology, and all sciences concerned with the human body. Medi-Cross is the first of its kind in the U.S.-style crossword format and is a fun way to test one's knowledge of medical terms.

The Patient Will See You Now Eric Topol,2016-10-25 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 di

The Laws of Medicine Siddhartha Mukherjee, 2015-10-13 Essential, required reading for doctors and patients alike: A Pulitzer Prize-winning author and one of the world's premiere cancer researchers reveals an urgent philosophy on the little-known principles that govern medicine—and how understanding these principles can empower us all. Over a decade ago, when Siddhartha Mukherjee was a young, exhausted, and isolated medical resident, he discovered a book that would forever change the way he understood the medical profession. The book, The Youngest Science, forced Dr. Mukherjee to ask himself an urgent, fundamental question: Is medicine a "science"? Sciences must have laws—statements of truth based on repeated experiments that describe some universal attribute of nature. But does medicine have laws like other sciences? Dr. Mukherjee has spent his career pondering this question—a question that would ultimately produce some of most serious thinking he would do around the tenets of his discipline—culminating in The Laws of Medicine. In this important treatise, he investigates the most perplexing and illuminating cases of his career that ultimately led him to identify the three key principles that govern medicine. Brimming with fascinating historical details and modern medical wonders, this important book is a fascinating glimpse into the struggles and Eureka! moments that people outside of the medical profession rarely see. Written with Dr. Mukherjee's signature eloquence and passionate prose, The Laws of Medicine is a critical read, not just for those in the medical profession, but for everyone who is moved to better understand how their health and well-being is being treated. Ultimately, this book lays the groundwork for a new way of understanding medicine, now and into the future.

Med Mal Matthew Brackman, 2019-08-09 When the high pressure worlds of law and medicine collide, the results can be life changing. Just beginning his training in surgery, this collision took the author, surgeon Matthew Brackman, completely by surprise. As his career progresses, and the reluctant forays into the legal world become more frequent, and more vicious, he is forced either to adjust his morality, or lose out on the promise of being a surgeon altogether. All this while skyscrapers tumble to the ground in New York, and snipers take aim at school children in Maryland. But with a growing family to support, and an unrivaled stubbornness, giving in to personal and professional tragedy is not an option. Med Mal is a riveting true tale which grips the reader from start to finish, as it details the author's attempt to defy the odds to navigate a path through uncharted waters. Actual deposition transcript, courtroom testimony, and perspectives from hospital wards and the operating room allow the reader a privileged look at what really goes on behind the scenes in the realms of medicine and law.

Advancing Healthcare Through Personalized Medicine Priya Hays, 2021-09-27 This book provides a unique perspective on the biomedical and societal implications of personalized medicine and how it helps to mitigate the healthcare crisis and rein in ever-growing expenditure. It introduces the reader to the underlying concepts at the heart of personalized medicine. An innovative second edition, this book functions as an update to the successful first edition to include new, state-of-the-art information and advancements in the fast-paced field of personalized medicine. Chapters examine pharmacogenomics, targeted therapies, individualized diagnosis and treatment, and cancer immunotherapies. The book also features an essential discussion on how the advent of genomic technologies gives clinicians the capability to predict and diagnose disease more efficiently and offers a detailed up-to-date compilation of clinical trials in cancer leading to breakthrough therapies. The book also addresses the impact of Big Data on personalized medicine and the newfound applications of digital health and artificial intelligence. A work that advocates for a patient-centered approach, Advancing Healthcare Through Personalized Medicine, Second Edition is an invaluable text for clinicians, healthcare providers, and patients.

The sports medicine Book Gabe Mirkin, Marshall Hoffman ,1978

Generalist Medicine and the U.S. Health System Stephen L. Isaacs, James R. Knickman, 2004-03-29 This comprehensive resource illuminates the past, present, and future of generalist medicine. Generalist Medicine and U.S. Health Policy contains new contributions from preeminent authorities and a selection of groundbreaking articles and reports from the past forty years. Generalist Medicine and U.S. Health Policy covers a broad range of topics that · Examines the current challenges of primary care and generalist medicine · Offers a chronological history of the growth of generalist medicine since the 1950s · Reviews the models of care on which generalist medicine is based · Analyzes the growth of three disciplines3/4general internists, family physicians, and pediatricians · Looks at the supply and distribution of generalist physicians · Discusses the education and training of generalist physicians · Reports on the cost and quality of the care provided by generalist versus specialists

Clinical Practice Guidelines We Can Trust Institute of Medicine, Board on Health Care Services, Committee on Standards for Developing Trustworthy Clinical Practice Guidelines, 2011-06-16 Advances in medical, biomedical and health services research have reduced the level of uncertainty in clinical practice. Clinical practice guidelines (CPGs) complement this progress by establishing standards of care backed by strong scientific evidence. CPGs are statements that include recommendations intended to optimize patient care. These statements are informed by a systematic review of evidence and an assessment of the benefits and costs of alternative care options. Clinical Practice Guidelines We Can Trust examines the current state of clinical practice guidelines and how they can be improved to enhance healthcare quality and patient outcomes. Clinical practice guidelines now are ubiquitous in our healthcare system. The Guidelines International Network (GIN) database currently lists more than 3,700 guidelines from 39 countries. Developing guidelines presents a number of challenges including lack of transparent methodological practices, difficulty reconciling conflicting guidelines, and conflicts of interest. Clinical Practice Guidelines We Can Trust systems us surrounding the quality of CPG development processes and the establishment of standards. It proposes eight standards for developing trustworthy clinical practice guidelines emphasizing transparency; management of conflict of interest; systematic review-guideline development intersection; establishing evidence foundations for and rating strength of guideline recommendations; articulation of recommendations; external review; and updating. Clinical Practice Guidelines We Can Trust shows how clinical practice guidelines can enhance clinician and patient decision-making by translating complex scientific research findings into recommendations for clinical practice that are relevant to the individual patient encounter, instead of implementing a one size fits all approach t

Medicine Facts Formulas and More(Med-Facs) ,2007-11-01

Complementary and Alternative Medicine in the United States Institute of Medicine, Board on Health Promotion and Disease Prevention, Committee on the Use of Complementary and Alternative Medicine by the American Public, 2005-04-13 Integration of complementary and alternative medicine therapies (CAM) with conventional medicine is occurring in hospitals and physicians offices, health maintenance organizations (HMOs) are covering CAM therapies, insurance coverage for CAM is increasing, and integrative medicine centers and clinics are being established, many with close ties to medical schools and teaching hospitals. In determining what care to provide, the goal should be comprehensive care that uses the best scientific evidence available regarding benefits and harm, encourages a focus on healing, recognizes the importance of compassion and caring, emphasizes the centrality of relationship-based care, encourages patients to share in decision making about therapeutic options, and promotes choices in care that can include complementary therapies where appropriate. Numerous approaches to delivering integrative medicine have evolved. Complementary and Alternative Medicine in the United States identifies an urgent need for health systems research that focuses on identifying the elements of these models, the outcomes of care delivered in these models, and whether these models are cost-effective when compared to conventional practice settings. It outlines areas of research in convention and CAM therapies, ways of integrating these therapies, development of curriculum that provides further education to health professionals, and an amendment of the Dietary Supplement Health and Education Act to improve quality, accurate labeling, research into use of supplements, incentives for privately funded research into their efficacy, and consumer protection against all potential hazards.

Med Ship Murray Leinster,2002-08-01 WHO YA GONNA CALL MED SERVICE! Scattered through the galaxy are thousands of worlds colonized by humans. Many have native microbes dangerous to the human immigrants. Others have diseases brought to them accidentally¾or on purpose¾by visiting ships. When millions of lives are threatened, it's a job for the Interstellar Medical Service, and a Med Ship is sent to solve the problem. Calhoun is the best the Med Service has, and hard experience has taught him that often the major obstacle to curing the sick is ... the sick. And removing that kind of obstacle may take very strong medicine. To find a cure for a disease, Calhoun has the help of his small animal companion Murgatroyd, a formal¾a species with the most powerful immune system in the galaxy. But to find a cure for hysteria, prejudice, crime, and even war is much more complicated, requiring considerable ingenuity. Fortunately, ingenuity is something that Calhoun has in good supply... At the publisher's request, this title is sold withour DRM (Digital Rights Management). Murray Leinster was not only a very good writer, he was a pioneer. He invented the field of parallel-universe stories with his Sidewise in Time, and his First Contact set the pattern for all the stories that followed of¾well¾of first contact with alien civilizations. The wondrous thing about his work is that those great, trend-setting stories read as fresh and timely today as they did all those years ago. ¾Frederik Pohl The Dean of modern science fiction! ¾Time

Overtreated Shannon Brownlee,2010-06-25 Our health care is staggeringly expensive, yet one in six Americans has no health insurance. We have some of the most skilled physicians in the world, yet one hundred thousand patients die each year from medical errors. In this gripping, eye-opening book, award-winning journalist Shannon Brownlee takes readers inside the hospital to dismantle some of our most venerated myths

about American medicine. Brownlee dissects what she calls the medical-industrial complex and lays bare the backward economic incentives embedded in our system, revealing a stunning portrait of the care we now receive. Nevertheless, Overtreated ultimately conveys a message of hope by reframing the debate over health care reform. It offers a way to control costs and cover the uninsured, while simultaneously improving the quality of American medicine. Shannon Brownlee's humane, intelligent, and penetrating analysis empowers readers to avoid the perils of overtreatment, as well as pointing the way to better health care for everyone.

The National Library of Medicine National Library of Medicine (U.S.),1971

Alert Medical Series Ala Sarraj, MD,2024-02-06 Alert Med Series Medical students, residents, physician assistants, nurse practitioners and physicians: shorten your knowledge acquisition, test prep, and study time by months with this series of medical study guides. Choose from USMLE I, II, III; Internal Medicine I, II, III; and Emergency Medicine I, II, III. Simulating flash cards, this series is full of well thought out laser-sharp, updated, and edited comprehensive notes by Ala Sarraj, MD. Over the years, Dr. Sarraj has developed a unique study style for quickly and successfully gaining and retaining medical knowledge. Supplement your notebooks or smart phones with this study series. The Alert Med Series offers a concise, straightforward, and efficient approach and a high yield.

Telephone Medicine Anna B. Reisman, David L. Stevens, 2002 The telephone is now a significant component of medical care: 25% of encounters between primary care physicians and patients involve its use. Successful telephone medicine improves the rapport between doctor and patient, increases access to care, enhances patient satisfaction, and lowers patient and physician costs. Telephone medicine is no longer just renewing prescriptions. A telephone call can clarify issues raised during the office visit, help patients with decisions about their health care at home, prevent unnecessary emergency department visits, and communicate test results quickly and personally.

Deep Medicine Eric Topol,2019-03-12 A Science Friday pick for book of the year, 2019 One of America's top doctors reveals how AI will empower physicians and revolutionize patient care Medicine has become inhuman, to disastrous effect. The doctor-patient relationship--the heart of medicine--is broken: doctors are too distracted and overwhelmed to truly connect with their patients, and medical errors and misdiagnoses abound. In Deep Medicine, leading physician Eric Topol reveals how artificial intelligence can help. AI has the potential to transform everything doctors do, from notetaking and medical scans to diagnosis and treatment, greatly cutting down the cost of medicine and reducing human mortality. By freeing physicians from the tasks that interfere with human connection, AI will create space for the real healing that takes place between a doctor who can listen and a patient who needs to be heard. Innovative, provocative, and hopeful, Deep Medicine shows us how the awesome power of AI can make medicine better, for all the humans involved.

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Table of Contents Med

- 1. Understanding the eBook Med
 - The Rise of Digital Reading Med
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Med
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Med
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Med
 - Personalized Recommendations
 - Med User Reviews and Ratings
 - Med and Bestseller Lists
- 5. Accessing Med Free and Paid eBooks
 - Med Public Domain eBooks
 - Med eBook Subscription Services
 - Med Budget-Friendly Options
- 6. Navigating Med eBook Formats
 - o ePub, PDF, MOBI, and More
 - Med Compatibility with Devices
 - Med Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Med

- Highlighting and Note-Taking Med
- $\circ \ \ \text{Interactive Elements Med}$
- 8. Staying Engaged with Med
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Med
- 9. Balancing eBooks and Physical Books Med
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Med
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Med
 - Setting Reading Goals Med
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Med
 - Fact-Checking eBook Content of Med
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - o Interactive and Gamified eBooks

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