

A Medical System from Hell

The Patient from Hell: How I Worked with My Doctors to Get the Best of Modern Medicine and How You Can Too

Stephen H. Schneider, Ph.D. with Janica Lane
Cambridge, Mass.: Da Capo Press, 2005
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Well-known climate scientist Stephen Schneider has written about his harrowing but successful battle against a rare form of cancer, mantle cell lymphoma, with the double aim of pointing out the stupidity of the HMO mindset that rules the U.S. medical system, and helping other patients advocate to get the best possible care.

Anyone who has had cancer or another serious illness, or who has been involved with negotiating the medical care for a seriously ill person, will identify with the problems Schneider discusses. As Schneider notes at the beginning, today's health care is practiced as "medicine by the numbers" where doctors treat and prescribe for the "statistically average patient," and not the non-average individual before them, who may very well benefit from innovative measures. (Schneider did.)

The other anti-patient issue that Schneider trenchantly describes is the cost-benefit mentality, where the primary factor governing treatment is saving money for the institution or HMO giving care, and not what's best for the patient. How Schneider got around this limitation probably saved his life. "If



modern medical institutions can bring themselves to realize that a patient's chances of survival could increase dramatically if spending on that patient's treatments rose from, say \$300,000 to \$305,000 (less than 2 percent), a revolution in first-world health care could ensue," he writes.

Schneider cautions that he is not anti-doctor; he is talking about the patient or patient-advocate working with the doctor to come up with an optimal treatment plan for the particular patient—a plan that is not necessarily the same as the standard protocol.

Some Ironies

I greatly sympathize with Schneider; his was not an easy fight, and he and his wife, like many others fighting a deadly disease, more than once lived through hell. But as I read the several "commercials" sprinkled throughout

the narrative for his thesis of man-induced global warming, I wondered why Schneider still so devoutly believes in the concept of a statistically "average" temperature for a world that has such uniquely different climate zones, and such complex, very long-term astronomical cycles. Climate science would benefit from a return to a more traditional science basis—but that's not where the research money or the culture is today.

So, we have the irony (1) that both climate science and U.S. health care are driven by profit-seeking, not by truth-seeking, and certainly not by a desire to promote the general welfare; and (2) that both climate science and U.S. health care operate on the basis of a nonexistent statistical universe.

Another irony was to see the devoted support Schneider received throughout his ordeal from one of the most ardent anti-population fanatics, biologist Dr. Paul Ehrlich (he's the one who thinks we need to reduce the human population by two-thirds, to 2 billion!)

Overall, I think this book can be helpful for a patient or advocate fighting a dread disease and trying to get the best possible care. But the larger fight is a political one to establish a health system where you don't have to be a "patient from hell"—or a well-known scientist—to overcome a deadly illness.

—Marjorie Mazel Hecht