BOOK REVIEWS


The latest entry in a line of books focusing on the high cost of prescription drugs is a highly engaging, well written text entitled Powerful Medicines: The Benefits, Risks and Costs of Prescription Drugs. In this text, Dr. Jerry Avorn provides a balanced look at the issues related to this problem as well as sound, practical solutions. While other texts have taken a decidedly vitriolic view of the pharmaceutical industry, this book examines the contributory role of various stakeholders in the escalation of drug costs.

The book is divided into 5 parts: Benefits, Risks, Costs, Information, and Policy. The Benefits section begins with a look at the history of conjugated estrogens in the treatment of menopause, including recent controversy related to the benefits and risks of the product. It concludes with a description of the evolution of drug testing, ending with development of the clinical trial model of evaluation. The Risks section presents an interesting presentation of drug risks and the process by which these risks become known. The text provides an overview of the highly publicized withdrawals of the drugs Redux and Rezulin from the market and examines failures in the system that prevented these withdrawals from occurring in a timelier manner. This section does an excellent job of evaluating the current method of how prescribers evaluate risk when prescribing and offers solutions for improvement. The Costs section starts with a piece entitled, “Live Cheap Or Die,” a description of a failed approach taken by one state to curb its Medicaid program prescription drug costs. This accounting sets the stage for the rest of this section, which deals with the reality that the pharmaceutical industry is a blend of science and business. This section goes further to examine why laissez-faire market approaches to prescription drug pricing have not worked. It examines problems associated with utility theory and concludes with suggestions on different ways to examine cost, such as comparative analysis of drug effectiveness. The Information section examines the types and sources of information available to prescribers and the shortcomings of the information. This section details the extensive reach of promotional information and the dearth of evidenced-based, non-promotional material. This section also chronicles Dr. Avorn’s pioneering work in the late 1970s, which led to the development of academic detailing. This section ends with a description of how the academic detailing model has been adopted globally, with successful applications in Australia, Great Britain, and Canada. The final section, Policy, provides practical, feasible solutions that address the issue of cost from many perspectives. His suggestions include aggressive post-marketing surveillance by independent agencies to track outcomes and risks after drug launch and the greater use of information technology to provide evidence-based information to physicians at the point of prescribing.

This book would be a great addition to any personal, professional, or university library. As a former health care administrator with a role in administration of a pharmaceutical assistance program for the elderly and a former director of product development for a health care information technology, I found the book to be a balanced view of the cost dilemma and a wonderful overview of the powerful medicine of information technology. The book may be challenging to students in the first year of the professional curriculum. However, it would serve as a wonderful adjunct text for pharmacoconomics and pharmacy administration courses presented later in a curriculum. Through notable quotes, vignettes, and effective analogies, this book provides a comprehensive, interesting, and thought-provoking view of a multidimensional problem that requires a multifaceted solution. I thoroughly enjoyed reading this book and I highly recommend it to educators, practitioners, and students.

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The biomedical perspective of pharmacotherapy views drugs as substances that interact with receptors or other cellular components to initiate changes in ongoing physiological processes. Pharmacological activity equals drug effects. But drugs known as medicines are much more than...
Medicines are magic bullets, poisons, tools, consolers, controllers, solutions for problems, and many other symbolic objects, entities, and meanings. They produce effects at the social and cultural levels.

Social scientists, such as anthropologists, view medicines differently than biomedical scientists and health professionals. They consider the social uses and consequences of medicines. As the authors, who are anthropologists, state, they “see them as things with social lives.” Medicines are commodities with economic significance and political value, symbols of hope and also of harm. Medicines have the power to transform, providing relief from symptoms and illness, and sometimes producing miraculous cures. The power of medicines moves beyond the cellular and physiological levels to have impact on social and cultural phenomena, thus changing beliefs and ways of understanding, shaping social relations, and influencing many aspects of human existence.

The Social Lives of Medicines examines pharmacologically active substances as material culture, objects that move through different contexts and settings and are attributed with a variety of meanings. Ethnographies (the research method of anthropology) of African, American, Asian, and European societies portray the various cultural roles and lives of medicines. An introductory chapter presents the authors’ overview of this topic and their framework for analysis. Four chapters follow that describe the consumers’ perspective on medicine use and the next 4 chapters show the providers’ perspective. Two chapters present the perspective of strategists: manufacturers and health planners. A concluding chapter summarizes the anthropologist’s role in studying medicines from their unique perspective.

Designed as a textbook to review anthropological and sociological research on medicine use, Social Lives of Medicines uses previously published cases studies (from 1980 to 2002), supplemented with other published studies, to form the basis of some chapters. These chapters focus on: Filipino mothers’ perceptions of the efficacy of cough and cold medicines for their children; the symbolic nature of medicines among the Mossi of Burkina Faso; long-term benzodiazepine use by Dutch women; the commodification of medicines and the role of drug vendors in Cameroon; and the culture of Ayurvedic and Unani medicine manufacturers in India.

Other chapters are a conglomeration of many studies, along with previously published commentaries and literature reviews. These chapters focus on: patient skepticism regarding the efficacy of medicines; the role of “injectionists” administering drugs in African and Asian societies; symbolic aspects of prescribing; pharmacists as doctors; and health planners making and contesting health policy.

Social Lives of Medicines provides an excellent introduction to a whole new way of thinking about medicines to which pharmaceutical scientists, practitioners, and students rarely are exposed or experience. While very few courses in the pharmaceutical curriculum present this information, the utility of this book, and others that cover similar topics, should not be disregarded. This book would be a valuable supplemental text in courses on drugs and society, health care delivery, communication skills, or pharmaceutical care, and in any other course that focuses on the social or cultural aspects of medicines and their use. More importantly, this body of research argues for the inclusion of more coursework on the social-cultural aspects of medicine use in the pharmaceutical curriculum.

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Introduction to Health Care Delivery: A Primer for Pharmacists (3rd edition) is the latest revision of the McCarthy and Schafermeyer text covering multiple facets of the United States health care system. The book is divided into 3 major sections containing a total of 23 chapters. The first section of the text contains 7 chapters providing an overview of social aspects of health care delivery. These chapters cover historical and policy perspectives on US health care delivery, health care professionals and interdisciplinary care, pharmacists and the pharmacy profession, the patient, public health, drug use and the pharmaceutical sector, and health care ethics. The second section of the book addresses organizational aspects of health care delivery. It contains 8 chapters, covering hospitals, ambulatory care, long-term care, mental health services delivery, home care, informatics in health care, international health care delivery and pharmaceutical services, and government involvement in health care. The third section covers economic aspects of health care delivery. The 8 chapters contained therein cover economic principles affecting health care, health economics, pharmacoecono-
nomic roles such as managed care, administering drug distribution systems, or pharmaceutical managed care, and health care reform.

This text would serve as an excellent complement to its nearest competitor, Fincham and Wertheimer’s *Pharmacy and the US Health Care System* (2nd edition). The McCarthy and Schafermeyer textbook generally provides a “big picture” of the health care delivery system, and thus, may be of interest for persons who are not pharmacy students or practitioners. This is in contrast to the Fincham and Wertheimer book, in which more chapters focus on pharmacists, pharmacy practice, and pharmaceuticals. For example, *Pharmacy and the US Health Care System* (2nd edition) devotes whole chapters to the pharmaceutical industry, pharmacy organizations, and drug distribution systems, while *Introduction to Health Care Delivery: A Primer for Pharmacists* (3rd edition) does not. However, the McCarthy and Schafermeyer text provides chapters on international health care and pharmaceutical services, public health, and health care ethics—topics that are not treated in depth in the Fincham and Wertheimer book.

*Introduction to Health Care Delivery: A Primer for Pharmacists* (3rd edition) retains many of the strengths of the 2nd edition. Each chapter is clearly written, logically organized, and well referenced. Every chapter begins with a scenario that provides a context for the concepts to be discussed, as well as several questions designed to aid understanding. The new edition also has several improvements. Nearly all chapters have been updated and many have been expanded. For example, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 is now discussed in the chapter on Medicare, and a section covering pharmacist education and training now supplements the chapter on health informatics. Learning objectives have been added to each chapter and a list of key topics and terms now appears at the end of each chapter. Finally, a completely new chapter on the role of federal and state government in health care has been added.

A major strength of *Introduction to Health Care Delivery: A Primer for Pharmacists* (3rd edition) is its considerable breadth. The book does a good job covering most major components of the US health care delivery system and the pharmacist’s diverse roles in healthcare delivery within a single volume. As such, I would recommend this text to students considering a career in pharmacy, persons teaching an introductory course in the US healthcare delivery system or pharmacy practice, and perhaps to practitioners who wish to increase their knowledge of the health care delivery system in the United States. A weakness of the book is that the level of exposition is generally introductory. As such, it would probably not be appropriate for graduate courses in social and administrative pharmacy or as a reference for advanced researchers and scholars.

In summary, *Introduction to Health Care Delivery: A Primer for Pharmacists* (3rd edition) provides a comprehensive and up-to-date view of most of the important aspect of the US healthcare system. This book would make a very nice edition to libraries in colleges of pharmacy and academic health centers, and will also be of considerable value to students, both prospective and current, and those teaching courses in this area.


This book is designed to be a guide for pharmacy practitioners to follow when setting up a collaborative pharmacy practice. The book is actually a compilation of several articles, book chapters, and continuing education articles that have been previously published by the American Pharmacists Association. The book is divided into 4 chapters: Elements of Pharmaceutical Collaborative Care, Services Covered by Pharmaceutical Collaborative Care, Setting Up a Partnership with Physicians and Physician Practices, and Collaborative Practice Areas. The book also comes with a CD-ROM that contains printable PDF (Adobe Acrobat Reader) versions of all of the forms that are shown within the textbook.

Chapter 1 begins with an introduction to collaborative practice and some strategies for success. It also discusses the process of pharmaceutical care and gives case studies that demonstrate how pharmaceutical care can be used in real life. This chapter also discusses care plan development, communication with the physician, quality improvement, practice site development, drug therapy reimbursement, and some cognitive service reimbursement issues.

Chapter 2 discusses general patient counseling skills and techniques, counseling on nonadherence to drug therapy, medication management and monitoring issues, and laboratory services that may be provided by the pharmacist.
Chapter 3 begins with a section on collaborative relationships (steps necessary to create one, barriers to overcome, and state and federal regulations). This chapter also discusses ways to communicate your medication management with the patient and their healthcare provider. There is also a section on marketing and insurance reimbursement issues.

Chapter 4 is examples of different collaborative practices that are already being implemented in other places. This chapter discusses practices in the following areas: anticoagulation, asthma, diabetes, hyperlipidemia, immunizations, nutrition/physical activity, self-care, women's health, and emergency contraception.

There are several strengths to this book. First is the nice definition and discussion on collaborative practice, the pharmaceutical care process and how it is used, patient care plan development, and communication skills needed in order to start clinical services. Another strength is the discussion on barriers to collaborative relationships and a review of the state and federal rules governing collaborative practice for pharmacy. The last chapter is a nice summary of some of the areas in which pharmacy is already involved in collaborative practice. The forms included in this book are nice and would be helpful to someone starting a collaborative practice.

Unfortunately, this text does have several limitations. First, the book is mainly written from a community pharmacy prospective. This could be a strength or a limitation, depending on your particular practice site. There is some information that would be useful to non-community pharmacists, but most is not. The first chapter is a jumble of information that does not fit together well and is hard to follow at times. The second chapter is entitled, Services Covered by Pharmaceutical Collaborative Care, and the only topics discussed are patient compliance, patient counseling, and a very small amount on medication management and monitoring. The title of this chapter is a little misleading and may cause the reader to believe that the services covered in this chapter are the only ones covered by pharmaceutical collaborative care, which is not true. Chapter 3 spends a lot of time discussing information on how to set up a business plan, marketing strategies, and contracts, but these are discussed from the perspective of the patient rather than of the physician with whom you would be creating the collaborative care practices. There needs to be more information on business plans, marketing, and contracts with the physicians. Chapter 4 is a little hard to follow at times because each of the topics is covered in a different way. The format is not the same for each topic so there is duplicate information in some cases and missing information in others.

This book is similar in design and content to the book A Practical Guide to Pharmaceutical Care (2nd edition) by Rovers et al. Rovers' text also contains information on disease state management, creating time and space in a community pharmacy to do cognitive services, documentation, marketing, and reimbursement issues. Rovers' book also is centered on the community pharmacist and community pharmacy model. There are a couple of other published resources that are also a little different from the book being reviewed. The first is Pharmaceutical Care (2nd edition) by Jones. Jones' book focuses on the theory of pharmaceutical care and is not designed to be a "how to" book. A recent article published in 2003 in Pharmacotherapy by Snella KA and Sachdev GP entitled, "A Primer for Developing Pharmacist-Managed Clinics in the Outpatient Setting" is not as detailed as this textbook and is written more for a clinical pharmacist than a community pharmacist. An interesting online continuing education program was presented by the University of Minnesota January 17-February 6, 2005 entitled, "Implementing Collaborative Practice Agreements." This continuing education program explained the purposes and benefits of collaborative practice agreements and types of agreements being used in Minnesota, outlined the steps to starting such an agreement, and outlined resources to help with this process (http://ce.pharmacy.umn.edu/clinical_skills/CPA.htm).

Overall, I think Building a Successful Collaborative Pharmacy Practice would be a useful resource for community practitioners especially because of the forms it contains. I believe this textbook is written to be a resource for already practicing pharmacists and as such I do not think it would make a very good textbook for pharmacy students. It may, however, be a useful tool for community pharmacy residency programs.

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There are many books that describe the drug development process or tell of the great drug discoveries of the past 2
centuries. *A Social History of Medicines* instead focuses on the social, medical, and pharmaceutical influences that shaped the everyday availability and use of medicines in the 20th century. Newfoundland is the “case study” through which the author recounts the changing landscape of medicine use. This Canadian province provides an interesting example due to its relatively isolated society and a culture that has been influenced by both British and American societies.

The author covers a lot of ground and examines a number of ideas. The central theme is why and how certain medicines become or remain widely accepted and validated as useful by patients and physicians, even as serious doubts about their efficacy and safety arise. This theme is addressed through a consideration of changes in the publics’ general attitudes toward medicines, the influence of advertising, the patient-physician relationship, the role of pharmacists, and the symbolic nature of medicines. The author draws on oral histories (that he conducted), popular books, newspapers, magazines, and product advertising.

There are many interesting examples of societal validation of worthless medicines, such as cod liver oil for consumption (TB) and enzyme preparations to improve digestion and countenance. The prelude outlines the scope of the author’s historical review and the focus on medicine use. The second chapter introduces briefly selected medicines in use in Newfoundland from the 17th to 19th centuries. The core of this book is an examination of medicine use in 2 time periods.

The 2 chapters that cover 1900-1950 discuss medicines for weaknesses and for authority and gatekeeping. The third chapter considers the efficacy of medicines used to treat various weaknesses, such as TB, nervous conditions, vitamin deficiencies, anemias, and other conditions prevalent in a society with limited food supplies. Medicines and treatments include tonics, fortified foods, antitoxins, enzyme preparations, and a great variety of patent medicines. The fourth chapter reviews the various controls over medicine use, including the growing authority of medical practitioners, the continual role of alternative healers and lay practitioners, and their gate-keeping function in terms of prescribing and access to certain medicines.

The 2 chapters that cover 1950-2000 discuss the lack of certainty in knowledge about the efficacy and safety of medicines and hope and growing public confidence in the face of this uncertainty. The fifth chapter discusses the growth of the pharmaceutical industry and drug development after World War II, which began to change uncertainty about efficacy and safety. The sixth chapter portrays the changing public confidence in medicines, the changing relationships of patients and providers as epitomized by the conceptual shift from compliance to concordance in patient care, the growth of consumer empowerment, and specific examples of these phenomena as exhibited in: generic substitution, antibiotic resistance, growth of self-care and alternative therapies, and overuse of psychotropic medicines.

The epilogue posits a new idea: patients want a new type of therapeutics, an integrative focus on them as a whole person instead of the current focus of a specific therapy for a specific symptom or illness. There are 82 pages devoted to footnotes and references, a great resource of additional information. Many examples of specific medicinal products also are described in this book. There are unfortunately only a few *History of Pharmacy* courses at colleges of pharmacy in the United States, but this book should be a required text for them. Beyond that limited use, this book is essential reading for many faculty members, students, and practitioners who not only have an interest in history, but also wish to broaden their knowledge and experience regarding the ever-changing social role of medicines in society.

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A prescription drug (also prescription medication or prescription medicine) is a pharmaceutical drug that legally requires a medical prescription to be dispensed. In contrast, over-the-counter drugs can be obtained without a prescription. The reason for this difference in substance control is the potential scope of misuse, from drug abuse to practicing medicine without a license and without sufficient education. Different jurisdictions have different definitions of what constitutes a prescription drug. Jerry Avorn, Powerful Medicines: The Benefits, Risks, and Costs of Prescription Drugs, Random House (2004), hardcover, 448 pages, ISBN 0-375-41483-5. Donna Leinwand (June 13, 2006). "Prescription drugs find place in teen culture". In Powerful Medicines, he reminds us that every pill we take represents a delicate compromise between the promise of healing, the risk of side effects, and an increasingly daunting price. The stakes on each front grow higher every year as new drugs with impressive power, worrisome side effects, and troubling costs are introduced. This is a comprehensive behind-the-scenes look at issues that affect everyone: our shortage of data comparing the worth of similar drugs for the same condition; alarming lapses in the detection of lethal side effects; the underuse of life-saving medications; lavish ma Prescription drugs increasingly are in the headlines, with recent recalls of high-profile drugs, rising medicine costs and ongoing political battles over Medicare. Dr. Jerry Avorn â€™69 provides a comprehensive overview of these issues and more in his book Powerful Medicines: The Benefits, Risks, and Costs of Prescription Drugs (Alfred A. Knopf, $27.50). Drawing on case studies taken from his experiences, Avorn traces the development of several major drugs and provides an understanding of how medical science and market forces shape the process. Avorn had wanted to be a doctor since he was 8 and