The title *Big Doctoring in America* provoked my curiosity, partly because I am situated in Iceland—the geological and cultural bridge between Europe and the USA and a place from where the condition of American medicine is followed with great interest. The US system is widely believed to be the best in the world despite consuming a higher portion of the national gross domestic product than in any other country and despite a World Health Organization report ranking it as only 37th among the health care systems of 191 countries. Gro Harlem Brundtland (WHO Director-General at the time) acknowledged that “there is wide variation in performance, even among countries with similar levels of income and health expenditure” and asserted that “[i]t is essential for decision-makers to understand the underlying reasons so that system performance, and hence the health of populations, can be improved.”

Coming from a Nordic country where general practice has a strong tradition, I suspect that part of the American problem is the absence of a comprehensive primary health care system. The subtitle of the book—*Profiles in Primary Care*—therefore increased my interest even further.

What is it like to deliver temperate, deliberate primary health care in contemporary America in the shadow of compartmentalized, expensive, expansive high-tech medicine? Is doing so worth the effort? *Big Doctoring in America* aims to answer these questions. The book acquaints us with 15 devoted, visionary, experienced primary health care professionals whose mission, in their view, is to deliver affordable, humanistic, comprehensive health care. We also learn what has inspired or compelled these clinicians to show admirable determination, courage, and generosity.

The author, Fitzhugh Mullan—a professor of pediatrics and public health—presents the 15 narratives within a trustworthy theoretical framework. The book opens by introducing the professional ideology and mindset underlying primary health care at its best. Next, the author adds “flesh and blood” to the ideology of primary care by presenting the histories of devoted and determined clinicians. The accompanying photographs enhance our familiarity with these people and our feeling of learning from them. This phenomenon reminds me of the Aristotelian idea that we teach virtue by the practice of virtue.

The stories in *Big Doctoring* are purposefully selected from a total of 74 interviews, five of which previously appeared in *JAMA* (Profiles in Primary Care, 1998-9). The stories are recorded with impressive simplicity and sensitivity, reflecting the mind of an experienced, gifted clinician-writer equipped with a strong sense of the big and small issues that matter in people’s lives. The author also presents a good overview of the organization and history of the American health care system. The narratives reflect the development from generalist to super-specialist medicine in the 20th century, introduction of new financial steering systems, and the profound challenge of balancing professional autonomy and managed care.

The author also has a clear vision for tomorrow’s health care system. Mullan delivers the well-founded argument that primary care clinicians are the leading actors in any sensible health care system: “*Big Doctoring* is about a way of medical life, an approach to health care … that is humanist, comprehensive, efficient, and flexible, doctoring that builds on the legacy of the past and the rich tradition of care in medicine and nursing. To that, it adds the science and technology of the contemporary world, applied in a measured, evidence-based, and coordinated fashion … [providing] a foundation for health care that blends good science with good judgment.”

Mullan closes by suggesting concrete policy strategies to strengthen primary health care in America. Although some readers might consider this important book controversial and polemical, I would recommend it to any serious health care professional at any career stage and to nonmedical readers interested in politics, public health, or philosophy of health care. The book is so well written and so enlightening that even clinicians in countries where primary health care is considered a self-evident necessity and specialty can expect to boost

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their professional inspiration and self-esteem.

“... at every moment of our lives, we all have one foot in a fairy tale and the other in the abyss ...” writes Paulo Coelho in the opening of his new novel, Eleven Minutes. These words remind me that ultimately, medicine is a moral enterprise. The primary care professional’s mission is to establish a firm relationship with patients and to help them to make sense of the system as they face illness or death. Fitzhugh Mullan has got it right: Cost-effective, humane health care is best delivered in a context where people have access to a generalist trained—and well paid—to be their “navigator, personal coach, and medical friend.”

References


The Best Words

I wish our clever young poets would remember my homely definitions of prose and poetry, that is, prose,
—words in their best order; poetry,
—the best words in their best order.

— Samuel Taylor Coleridge, 1772-1834, poet and critic