EDITORIAL

Better

David B. Nash, MD, MBA


Dr. Gawande is a 2006 MacArthur Fellow, a recipient of one of those national “genius awards” handed out annually to somebody who makes a major difference in our society. He also happens to be a Harvard-trained surgeon, and he is now a Harvard Medical School faculty member (a real low achiever!).

What I like about his books, in addition to the incisive writing, is his unflinching willingness to confront many of our most tightly held myths about medical practice. In *Better*, he confronts these myths head-on, and his message is clearly relevant for every P&T committee member in the nation.

For example, my favorite chapter in *Better* is called “The Bell Curve” (in Part III, “Ingenuity”). Here is a brief excerpt:

> We went from a world where we were mainly artisans, and that meant you simply did what you could. That worked in simple matters, but as medicine became more complex, we had high failure rates. In order to go to the next level where it’s [a] better experience for the patients and we are more likely to deliver good care consistently and have a better experience for us, I think we have to measure how we’re doing.

I could not have said it any better.

In the nearly 60 years of organizational research on quality measurement and safety improvement that has occurred since World War II, we have collectively learned that we improve only processes that we measure. In fact, when we do measure what we do every day, a bell curve of performance emerges. Dr. Gawande has it dead-on right in my opinion, and the sooner we all come to grips with this reality, the better.

In an interview with *AMA News* last summer, the author pointed out the corollary to the bell curve:1

> All I can say is Amen.

Tracking our collective performance means that a bell curve will emerge; it also means that we will improve what we do for our patients and improve the quality of our own professional lives.

In *Better*, Dr. Gawande gives multiple examples. He not only discusses the bell curve of surgical performance; he also deftly points out that only when we examined death rates on the battlefield in Iraq and death rates in various cystic fibrosis (CF) specialty programs in the U.S. were we able to move the mean and improve survival for our soldiers and the quality of life for those with CF. Self-evaluation is a cornerstone of professionalism, and Dr. Gawande cites examples that we have written and read about in this space previously.

Today, despite his busy surgical practice, Dr. Gawande has become a nationally sought-after motivational speaker for downtrodden physicians, researchers in the health services, policymakers, and, for that matter, everyone else in our business. If you have not been lucky enough to see him in person, I suggest finding a national conference that he is headlining.

In the meantime, be sure to read *Complications* and *Better*; I know you will be better off for having done so.

The author’s message is basically a manifesto for measuring and improving the quality and safety of health care, but he accomplishes this in such a way that readers do not even realize that they have swallowed the proverbial pill until the effects take hold. I am tempted to buy a copy of *Better* for every member of our P&T committee, and if I do, I hope Dr. Gawande will give me a break on the price!

As always, I am interested in your views. You can reach me at my e-mail address, david.nash@jefferson.edu.

REFERENCE


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