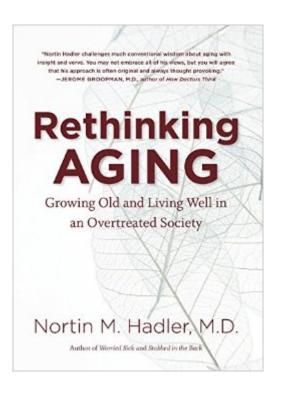
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Rethinking Aging: Growing Old And Living Well In An Overtreated Society





Synopsis

For those fortunate enough to reside in the developed world, death before reaching a ripe old age is a tragedy, not a fact of life. Although aging and dying are not diseases, older Americans are subject to the most egregious marketing in the name of "successful aging" and "long life," as if both are commodities. In Rethinking Aging, Nortin M. Hadler examines health-care choices offered to aging Americans and argues that too often the choices serve to profit the provider rather than benefit the recipient, leading to the medicalization of everyday ailments and blatant overtreatment. Rethinking Aging forewarns and arms readers with evidence-based insights that facilitate health-promoting decision making. Over the past decade, Hadler has established himself as a leading voice among those who approach the menu of health-care choices with informed skepticism. Only the rigorous demonstration of efficacy is adequate reassurance of a treatment's value, he argues; if it cannot be shown that a particular treatment will benefit the patient, one should proceed with caution. In Rethinking Aging, Hadler offers a doctor's perspective on the medical literature as well as his long clinical experience to help readers assess their health-care options and make informed medical choices in the last decades of life. The challenges of aging and dying, he eloquently assures us, can be faced with sophistication, confidence, and grace.

Book Information

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Customer Reviews

My 89 year old mother had a stroke in April. Due to her advanced age and increasing health problems I thought after the stroke she should receive palliative care till she died. I was almost shocked to experience the exact opposite from the health care system. She was provided, with little

discussion with her family, the most expensive testing and life saving treatment available. Since she was a big believer in our wonderful health care system she visited her doctors frequently prior to the stroke and followed all their advice which included taking at least 7 pharmaceutical drug and many vitamins. After her stroke she left the hospital on 10 different medications. The health care system insisted that she also needed rehab and could have the potential to live independently again. After grabbing \$100,0000 in medicare dollars for acute care and rehab services there is no money left to actually care for my mother. Unfortunately she needs 24 hour care and her mind is no longer rational. This job falls to the family and is an extreme hardship emotionally as well as financially. I am writing this to preface where I personally was when I read this book. Reading it was like seeing the sunshine after a long time in the dark. The book looks at the over treating of the natural aging processes and the reasons behind our health care system big push to treat most health matters with medication. The time with any health care professional is very limited as they are forced to see a higher patient volume and in many systems are only allowed 10 minutes or less with a patient and in which charting is also included. Very little healing can be done in this type of system other then writing a prescription.

This is the author's third book investigating medicine shortcomings. The first two were: The Last Well Person: How to Stay Well Despite the Health-Care System and Worried Sick: A Prescription for Health in an Overtreated America (H. Eugene and Lillian Youngs Lehman). They are all excellent. Hadler has extensive firsthand experience as a doctor, a med school professor, a clinician, and a medical investigator. Thus, he is well equipped to evaluate what works and what does not in modern medicine. Hadler's main beef is that U.S. health care "medicalizes" normal conditions by undertaking treatments and prescribing drugs that are costly, do not work well and have side effects. He calls such malpractice a Type II error (doing something that is unecessary that may cause harm). Hadler supports his assertions by referring to numerous studies. Medicalization becomes increasingly costly to the patient and taxpayers (and lucrative for the medical complex) as we age. A large percentage of health care dollars are spent on patients' last year of life. And, those expensive procedures are of no benefit to the elderly in terms of quality of life and lifespan. This book is interesting as it focuses primarily on the medicalization of the aging population. Meanwhile, the first two books looked at the overall medicalization phenomenon. Hadler, more than in his other two books, uncovers the relationship between socioeconomic status and health.

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