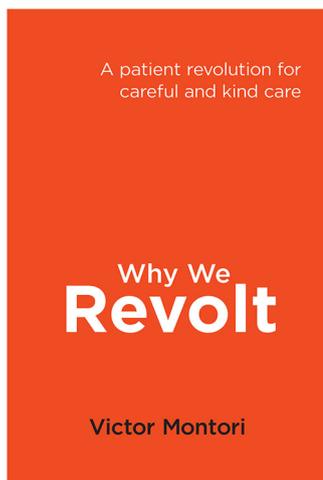




Why we revolt: a patient revolution for careful and kind care by Victor Montori

Sean F. Dinneen¹

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In 1997, Cynthia Mulrow, a clinician researcher, co-authored an article in *Annals of Internal Medicine* describing the rise of the systematic review as a source of evidence to help inform good clinical decision-making. The article also heralded the then recent formation of the Cochrane Collaboration, an international organisation aiming to disseminate good evidence through systematic reviews. The article was noteworthy for a figure which captured perfectly in a Venn diagram the elements that contribute to clinical decision-making. These include *evidence* (of course!), *patient and physician factors* (including values, beliefs and prior experiences) and *constraints* (including factors such as time, reimbursement policies and laws). The Mulrow Venn diagram has been part of my teaching and presentation portfolio for over two decades. In

the style of Desert Island Discs, if I were asked to choose one slide from the innumerable slides in my Powerpoint collection, I would have little doubt which one to bring with me. As a clinician interested in understanding why certain things happen in clinical practice, the Venn diagram has always served as a good place to begin the thought process.

At about the same time that Mulrow was publishing her Venn diagram, a young Peruvian medical graduate was beginning his postgraduate training in Medicine at the Mayo Clinic. Victor Montori would go on to do subspecialty training in Endocrinology and spend 2 years of postgraduate training at McMaster University where he was exposed to people like Gordon Guyatt who inspired him to pursue a career in Evidence-Based Medicine. Together with Guyatt and many other collaborators around the world, Montori has explored in depth the challenges and opportunities presented by EBM including its potential for doing good and harm. A major part of his work has focused on how best to incorporate the patient's values and beliefs into the consultation to generate a shared-decision making output. He has helped shape a lot of the thinking in this area through research that has emphasised the primacy of the patient-clinician interaction during the consultation. Although it is a key element of what we do as clinicians, very little research has been undertaken on the consultation, certainly not in a biomedically-oriented specialty like Endocrinology.

Why we revolt: A patient revolution for careful and kind care represents an impressive coming together of a lot of Montori's work to date and his vision for the future of clinical medicine. The book amounts to a call to arms for patients and clinicians to regain the ground that has been lost to (what he terms) the industrialisation of healthcare. In the first section of the book, Montori describes how medicine has lost its way and has sold its soul to the corporate world of healthcare provision where profit and greed are more important than good patient outcomes. He describes very well how outside forces such as reimbursement policies, requirements for documentation and

✉ Sean F. Dinneen
Sean.Dinneen@nuigalway.ie

¹ Galway University Hospitals and Personal Professor of Diabetic Medicine, NUI Galway, Galway, Ireland

slavish adherence to guidelines interfere with the quality of the patient–clinician interaction. These constraints have a detrimental effect on the patient, who feels that she or he has not been listened to properly, but they also impact negatively on the clinician who feels undervalued and under pressure often to the point of burnout. Not having enough time and feeling beholden to management (as opposed to the needs of the patient in front of them) is something that a lot of fee-for-service clinicians will understand. Part two of the book explores what Montori believes are key elements to delivering compassionate care. These include attention to the needs of *this patient* as opposed to a recommended solution for *patients like this*. He explores the major constraint of time, which he admits is the commonest reason that clinicians give for not practicing the way they would like to practice.

In the final part of the book, Montori outlines how a future in which patients and clinicians can have meaningful and enriching interactions might come about. He believes that a revolution is called for in which patients and clinicians insist that healthcare managers serve them as opposed to the current situation where the consultation (and the coding that it generates) serves the profiteers and masters of healthcare provision. A key element of the solution, Montori believes, will be to facilitate conversations between the different stakeholders involved in receiving, delivering and managing healthcare. But it needs to be led by patients who have the most to gain (and the most to lose if the status quo remains). To promote the patient revolution, the proceeds

from the book are channelled into a not-for-profit organisation (<https://patientrevolution.org/whywewerevolt>).

The book is beautifully written and incorporates a lot of Montori's personal life experiences from growing up in Lima through to working and living in the US and Canada. It includes lessons learned from bringing up his own family and includes imagery from his interests outside of medicine. Each chapter has a striking title (usually consisting of a single word) which captures the essence of what that chapter is about. To say that the book is not your typical medical text is an understatement reflected in chapter titles, such as Greed, Blur, Elegance, Love and Integrity. Any doctor (disillusioned or otherwise!) interested in re-discovering why they went to a medical school in the first place would do well to read this book (or at least Part two). The issues that are tackled in the book are substantial and do not have an easy solution. Although many of the problems are universal, the fee-for-service environment that prevails in the United States seems to be responsible for (or at least exaggerates) many of the healthcare failings outlined. *Why we revolt: A patient revolution for careful and kind care* may not solve all of the problems that it identifies but it represents a good start in terms of defining them clearly and setting out a potential way forward. For me reading the book was like witnessing an arc from that original enthusiasm for EBM generated by the Mulrow Venn diagram through to an in-depth (almost 3-dimensional) exploration of the factors that contribute to clinical decision-making in the early 21st century. Well done Victor or should I say vamos, vamos!