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Drugs in Use Medication Reconciliation Drugs in Use The Role of Telehealth in an Evolving Health Care Environment Molecules and Medicine Compassion and Healing in Medicine and Society MEDICATIONS FOR OPIOID USE DISORDER SAVE LIVES Disease Control Priorities in Developing Countries Powerful Medicines Making Medicines Affordable Pleasure Consuming Medicine Telemedicine Marijuana As Medicine? To Err Is Human Taking Medicine Light: Medicine of the Future Blood Medicine The Selection and Use of Essential Medicines Deep Medicine Complementary and Alternative Medicine in the United States Herbal Medicine Marijuana and Medicine Unequal Treatment The Immortal Life of Henrietta Lacks Handbook on Drugs from Natural Sources Mind Over Medicine Pain Management and the Opioid Epidemic Drugs in Use Taking Your Medicine Addressing the Barriers to Pediatric Drug Development Guidelines for Clinical Practice Mind Body Medicine Physical Signs in Medicine and Surgery Light: Medicine of the Future Crossing the Quality Chasm China Rx Medications for Opioid Use Disorder Save Lives Basic Concepts in Pharmacology: What You Need to Know for Each Drug Class, Fourth Edition Medical and Dental Expenses Report of Joint Commission of Prescription Drug Use

Guidelines for the clinical practice of medicine have been proposed as the solution to the whole range of current health care problems. This new book presents the first balanced and highly practical view of guidelinesâ€"their strengths, their limitations, and how they can be used most effectively to benefit health care. The volume offers: Recommendations and a proposed framework for strengthening development and use of guidelines. Numerous examples of guidelines. A ready-to-use instrument for assessing the soundness of guidelines. Six case studies exploring issues involved when practitioners use guidelines on a daily basis. With a real-world outlook, the volume reviews efforts by agencies and organizations to disseminate guidelines and examines how well guidelines are functioningâ€"exploring issues such as patient information, liability, costs, computerization, and the adaptation of national guidelines to local needs. Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In Unequal Treatment, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? Unequal Treatment offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. Unequal Treatment will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color. Provides information about the different types of medicines and how to take them safely. “Blood Feud rivals A Civil Action for best non-fiction book of the past twenty years.” — John Lescroart, New York Times bestselling author of Damage Procrit seemed like a biotech miracle, promising a golden age in medical care. Developed in the 1980s by Amgen and licensed to the pharmaceutical giant, Johnson & Johnson, the drug (AKA Epogen and Aranesp) soon generated billions in annual revenue—and still does. In 2012, world famous cyclist, Olympian, and Tour de France champion Lance Armstrong was banned from professional cycling on doping charges for using EPO (the blanket name for the drugs Procrit and Epogen), resulting in a global controversy about abuse, big pharmaceutical companies, and the lies and inaccuracies concerning performance-enhancing drugs. Mark Duxbury was a J&J salesman who once believed in the blood-booster, setting record sales and winning company awards. Then Duxbury started to learn unsavory truths about Procrit and J&J’s business practices. He was fired and filed a whistleblower suit to warn the public. When Jan Schlichtman (A Civil Action) learned of Duxbury’s crusade, he signed on. Now, he’s fighting on behalf of cancer patients and for every American who trusts Big Pharma with his life. Millions of Americans are taking prescription drugs made in China and don't know it-- and pharmaceutical companies are not eager to tell them. This probing book examines the implications for the quality and availability of vital medicines for consumers. Several decades ago, penicillin, vitamin C, and many other prescription and over-the-counter products were manufactured in the United States. But with the rise of globalization, antibiotics, antidepressants, birth control pills, blood pressure medicines, cancer drugs, among many others are made in China and sold in the United States. China's biggest impact on the US drug supply is making essential ingredients for thousands of medicines found in American homes and used in hospital intensive care units and operating rooms. The authors convincingly argue that there are at least two major problems with this scenario. First, it is inherently risky for the United States to become dependent on any one country as a source for vital medicines, especially given the uncertainties of geopolitics. For example, if an altercation in the South China Sea causes military personnel to be wounded, doctors may rely upon medicines with essential ingredients made by the adversary. Second, lapses in safety standards and quality control in Chinese manufacturing are a risk. Citing the concerns of FDA officials and insiders within the pharmaceutical industry, the authors document incidents of illness and death caused by contaminated medications that prompted reform. This is a disturbing, well-researched book and a wake-up call for improving the current system of drug supply and manufacturing. If you believe that the latest blockbuster medication is worth a premium price over your generic brand, or that doctors have access to all the information they need about a drug’s safety and effectiveness each time they write a prescription, Dr. Jerry Avorn has some sobering news. Drawing on more than twenty-five years of patient care, teaching, and research at Harvard Medical School, he shares his firsthand experience of the wide gap in our knowledge of the effectiveness of one medication as compared to another. 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 marketing campaigns that influence what doctors prescribe; and the resulting upward spiral of costs that places vital drugs beyond the reach of many Americans. In this engagingly written book, Dr. Avorn asks questions that will interest every consumer: How can a product judged safe by the Food and Drug Administration turn out to have unexpectedly lethal side effects? Why has the nation’s drug bill been growing at nearly 20 percent per year? How can physicians and patients pick the best medication in its class? How do doctors actually make their prescribing decisions, and why do those decisions sometimes go wrong? Why do so many Americans suffer preventable illnesses and deaths that proper drug use could have averted? How can the nation gain control over its escalating drug budget without resorting to rationing or draconian governmental controls? Using clinical case histories taken from his own work as a practitioner, researcher, and advocate, Dr. Avorn demonstrates the impressive power of the well-conceived prescription as well as the debacles that can result when medications are misused. He describes an innovative program that employs the pharmaceutical industry’s own marketing techniques to reduce use of some of the most overprescribed and overpriced products. Powerful Medicines offers timely and practical advice on how the nation can improve its drug-approval process, and how patients can work with doctors to make sure their prescriptions are safe, effective, and as affordable as possible. This is a passionate and provocative call for action as well as a compelling work of clear-headed science. Tired of medication reconciliation headaches? Your remedy is here! Inadequate reconciliation is a significant source of preventable medication errors nationwide. Most hospitals have implemented medication reconciliation plans, but are still struggling with obstacles such as lack of communication, resistance to change, and evolving standards and regulations. Is medication reconciliation a headache for your organization? It's been several years since The Joint Commission made medication reconciliation a National Patient Safety Goal, but it's not getting any easier, as facilities adopt electronic forms and The NPSG continues to evolve. Furthermore, since that time, they have made significant changes to the scoring and the goal itself. Medication Reconciliation: Practical Strategies and Tools for Joint Commission Compliance, Second Edition, gives you best practices, step-by-step guidance, forms, and advice to: - Reduce medication errors - Streamline the process - Boost compliance - Fine tune policies and tools - Address problem areas - Comply with the latest Joint Commission and CAMH standards With the help of this book and bonus CD-ROM, you will: - Learn from the best practices of your peers - Obtain buy-in from physicians and directors - Train staff in all areas - Build an effective team approach - Improve documentation - Gather quality data Who will benefit from this helpful resource? Hospitals Healthcare systems Pharmacies Quality improvement Patient Safety Survey Committee Chief Nursing Officer Director/VP of Nursing Quality Manager/Director Pharmacy staff/director Risk Manager Survey Committee leader/team member #1 NEW YORK TIMES BESTSELLER • “The story of modern medicine and bioethics—and, indeed, race relations—is refracted beautifully, and movingly.”—Entertainment Weekly NOW A MAJOR MOTION PICTURE FROM HBO® STARRING OPRAH WINFREY AND ROSE BYRNE • ONE OF THE “MOST INFLUENTIAL” (CNN), “DEFINING” (LITHUB), AND “BEST” (THE PHILADELPHIA INQUIRER) BOOKS OF THE DECADE • ONE OF ESSENCE’S 50 MOST IMPACTFUL BLACK BOOKS OF THE PAST 50 YEARS • WINNER OF THE CHICAGO TRIBUNE HEARTLAND PRIZE FOR NONFICTION NAMED ONE OF THE BEST BOOKS OF THE YEAR BY The New York Times Book Review • Entertainment Weekly • O: The Oprah Magazine • NPR • Financial Times • New York • Independent (U.K.) • Times (U.K.) • Publishers Weekly • Library Journal • Kirkus Reviews • Booklist • Globe and Mail Her name was Henrietta Lacks, but scientists know her as HeLa. She was a poor Southern tobacco farmer who worked the same land as her slave ancestors, yet her cells—taken without her knowledge—became one of the most important tools in medicine: The first “immortal” human cells grown in culture, which are still alive today, though she has been dead for more than sixty years. HeLa cells were vital for developing the polio vaccine; uncovered secrets of cancer, viruses, and the atom bomb’s effects; helped lead to important advances like in vitro fertilization, cloning, and gene mapping; and have been bought and sold by the billions. Yet Henrietta Lacks remains virtually unknown, buried in an unmarked grave. Henrietta’s family did not learn of her “immortality” until more than twenty years after her death, when scientists investigating HeLa began using her husband and children in research without informed consent. And though the cells had launched a multimillion-dollar industry that sells human biological materials, her family never saw any of the profits. As Rebecca Skloot so brilliantly shows, the story of the Lacks family—past and present—is inextricably connected to the dark history of experimentation on African Americans, the birth of bioethics, and the legal battles over whether we control the stuff we are made of. Over the decade it took to uncover this story, Rebecca became enmeshed in the lives of the Lacks family—especially Henrietta’s daughter Deborah. Deborah was consumed with questions: Had scientists cloned her mother? Had they killed her to harvest her cells? And if her mother was so important to medicine, why couldn’t her children afford health insurance? Intimate in feeling, astonishing in scope, and impossible to put down, The Immortal Life of Henrietta Lacks captures the beauty and drama of scientific discovery, as well as its human consequences. Thanks to remarkable advances in modern health care attributable to science, engineering, and medicine, it is now possible to cure or manage illnesses that were long deemed untreatable. At the same time, however, the United States is facing the vexing challenge of a seemingly uncontrolled rise in the cost of health care. Total medical expenditures are rapidly approaching 20 percent of the gross domestic product and are crowding out other priorities of national importance. The use of increasingly expensive prescription drugs is a significant part of this problem, making the cost of biopharmaceuticals a serious national concern with broad political implications. Especially with the highly visible and very large price increases for prescription drugs that have occurred in recent years, finding a way to make prescription medicinesâ€"and health care at largeâ€"more affordable for everyone has become a socioeconomic imperative. Affordability is a complex function of factors, including not just the prices of the drugs themselves, but also the details of an individual's insurance coverage and the number of medical conditions that an individual or family confronts. Therefore, any solution to the affordability issue will require considering all of these factors together. The current high and increasing costs of prescription drugsâ€"coupled with the broader trends in overall health care costsâ€"is unsustainable to society as a whole. Making Medicines Affordable examines patient access to affordable and effective therapies, with emphasis on drug pricing, inflation in the cost of drugs, and insurance design. This report explores structural and policy factors influencing drug pricing, drug access programs, the emerging role of comparative effectiveness assessments in payment policies, changing finances of medical practice with regard to drug costs and reimbursement, and measures to prevent drug shortages and foster continued innovation in drug development. It makes recommendations for policy actions that could address drug price trends, improve patient access to affordable and effective treatments, and encourage innovations that address significant needs in health care. A time-saving, stress-reducing approach to learning the essential concepts of pharmacology Great for USMLE review! "This could be a very useful tool for students who struggle with understanding the most basic concepts in pharmacology for course and licensure examinations. 3 Stars."--Doody's Review Service Basic Concepts in Pharmacology provides you with a complete framework for studying -– and understanding -- the fundamental principles of drug actions. With this unique learning system, you’ll be able to identify must-know material, recognize your

strengths and weaknesses, minimize memorization, streamline your study, and build your confidence. Basic Concepts in Pharmacology presents drugs by class, details exactly what you need to know about each class, and reinforces key concepts and definitions. With this innovative text you'll be able to: Recognize the concepts you truly must know before moving on to other material Understand the fundamental principles of drug actions Organize and condense the drug information you must remember Review key information, which is presented in boxes, illustrations, and tables Identify the most important drugs in each drug class Seven sections specifically designed to simplify the learning process and help you gain an understanding of the most important concepts: General Principles Drugs That Affect the Autonomic Nervous System Drugs That Affect the Cardiovascular System Drugs That Act on the Central Nervous System Chemotherapeutic Agents Drugs That Affect the Endocrine System Miscellaneous Drugs (Includes Toxicology and Poisoning) Natural products have played an important role throughout the world in treating and preventing human diseases. Natural product medicines have come from various materials including terrestrial plants, terrestrial microorganisms, organisms etc. Historical experiences with plants as therapeutic tools have helped to introduce single chemical entries in modern medicine. About 40% of the drugs used are derived from natural sources. Most are pure substances which are isolated from various organisms & used directly or after chemical modification. Natural products will continue to be important in three areas of drug discovery: as targets for production by biotechnology as a source of new lead compounds of novel chemical structure and as the active ingredients of useful treatments derived from traditional systems. Biotechnology will contribute more new natural products for medicinal use. Plants provide a fertile source of natural products many of which are clinically important medicinal agents. Natural products have traditionally provided most of the drugs in use. Despite the achievements of synthetic chemistry and the advances towards rational drug design, natural products continue to be essential in providing medicinal compounds and as starting points for the development of synthetic analogues. With the increasing power of screening programs and the increasing interest in the reservoir of untested natural products, many future drug developments will be based, at least in part, on natural products. The major contents of the book are plant products produced in cell culture , application of genetic engineering to the production of pharmaceuticals , anti transpirants and plant growth regulators based , the potential and the problems of marine natural products, marine sterols, plants as a source of anti-inflammatory substances, anti hepatotoxic principles in oriental medicinal plants, immune stimulants of fungi and higher plants, amanita muscaria in medicinal chemistry, ergot alkaloids and their derivatives in medicinal chemistry and therapy, development of drugs from cannabinoids, etc. This book contains development of new drugs from plants, work on some Thai medicinal plants, plant growth based on Jasmonates, marine sterols, bleomycin and its derivatives, drugs from cannabinoids, bioactive compounds from nature, fungi and higher plants, biological active compounds from British Marine, microbial phytotoxins as herbicides and many more. This book will be very helpful to its readers, upcoming entrepreneurs, scientists, existing industries, technical institutions, druggist etc. On a summer night in 2007, the Azure Party, part of Sydney's annual gay and lesbian Mardi Gras, is underway. Alongside the party outfits, drugs, lights, and DJs is a volunteer care team trained to deal with the drug-related emergencies that occasionally occur. But when police appear at the gates with drug-detecting dogs, mild panic ensues. Some patrons down all their drugs, heightening their risk of overdose. Others try their luck at the gates. After twenty-six attendees are arrested with small quantities of illicit substances, the party is shut down and the remaining partygoers disperse into the city streets. For Kane Race, the Azure Party drug search is emblematic of a broader technology of power that converges on embodiment, consumption, and pleasure in the name of health. In Pleasure Consuming Medicine, he illuminates the symbolic role that the illicit drug user fulfills for the neoliberal state. As he demonstrates, the state's performance of moral sovereignty around substances designated "illicit" bears little relation to the actual dangers of drug consumption; in fact, it exacerbates those dangers. Race does not suggest that drug use is risk-free, good, or bad, but rather that the regulation of drugs has become a site where ideological lessons about the propriety of consumption are propounded. He argues that official discourses about drug use conjure a space where the neoliberal state can be seen to be policing the "excesses" of the amoral market. He explores this normative investment in drug regimes and some "counterpublic health" measures that have emerged in response. These measures, which Race finds in certain pragmatic gay men's health and HIV prevention practices, are not cloaked in moralistic language, and they do not cast health as antithetical to pleasure. Light: Medicine of the Future challenges the modern myth that the sun is dangerous to our well-being and claims that technological advancements, such as most fluorescent lighting, sunglasses, tanning lotions, and our indoor lifestyles, may be more harmful than helpful. Integrating scientific research, clinical experience, and his own insights, Dr. Jacob Liberman has worked effectively with more than 15,000 individuals, from the learning disabled and physically/emotionally traumatized to business executives and Olympic athletes. The book discusses the use of light in the treatment of various cancers, depression, stress, visual problems, PMS, sexual dysfunction, learning disabilities, and the human immune system. Experts estimate that as many as 98,000 people die in any given year from medical errors that occur in hospitals. That's more than die from motor vehicle accidents, breast cancer, or AIDSâ€"three causes that receive far more public attention. Indeed, more people die annually from medication errors than from workplace injuries. Add the financial cost to the human tragedy, and medical error easily rises to the top ranks of urgent, widespread public problems. To Err Is Human breaks the silence that has surrounded medical errors and their consequenceâ€"but not by pointing fingers at caring health care professionals who make honest mistakes. After all, to err is human. Instead, this book sets forth a national agendaâ€"with state and local implicationsâ€"for reducing medical errors and improving patient safety through the design of a safer health system. This volume reveals the often startling statistics of medical error and the disparity between the incidence of error and public perception of it, given many patients' expectations that the medical profession always performs perfectly. A careful examination is made of how the surrounding forces of legislation, regulation, and market activity influence the quality of care provided by health care organizations and then looks at their handling of medical mistakes. Using a detailed case study, the book reviews the current understanding of why these mistakes happen. A key theme is that legitimate liability concerns discourage reporting of errorsâ€"which begs the question, "How can we learn from our mistakes?" Balancing regulatory versus market-based initiatives and public versus private efforts, the Institute of Medicine presents wide-ranging recommendations for improving patient safety, in the areas of leadership, improved data collection and analysis, and development of effective systems at the level of direct patient care. To Err Is Human asserts that the problem is not bad people in health careâ€"it is that good people are working in bad systems that need to be made safer. Comprehensive and straightforward, this book offers a clear prescription for raising the level of patient safety in American health care. It also explains how patients themselves can influence the quality of care that they receive once they check into the hospital. This book will be vitally important to federal, state, and local health policy makers and regulators, health professional licensing officials, hospital administrators, medical educators and students, health caregivers, health journalists, patient advocatesâ€"as well as patients themselves. First in a series of publications from the Quality of Health Care in America, a project initiated by the Institute of Medicine Molecules and Medicine provides, for the first time ever, a completely integrated look at chemistry, biology, drug discovery, and medicine. It delves into the discovery, application, and mode of action of more than one hundred of the most significant molecules in use in modern medicine. Opening sections of the book provide a unique, clear, and concise introduction, which enables readers to understand chemical formulas. Practical, thought-provoking, and authoritative, Mind Body Medicine gives you the most up-to-date information on what is now known about the vital role of the mind in health. Drug overdose, driven largely by overdose related to the use of opioids, is now the leading cause of unintentional injury death in the United States. The ongoing opioid crisis lies at the intersection of two public health challenges: reducing the burden of suffering from pain and containing the rising toll of the harms that can arise from the use of opioid medications. Chronic pain and opioid use disorder both represent complex human conditions affecting millions of Americans and causing untold disability and loss of function. In the context of the growing opioid problem, the U.S. Food and Drug Administration (FDA) launched an Opioids Action Plan in early 2016. As part of this plan, the FDA asked the National Academies of Sciences, Engineering, and Medicine to convene a committee to update the state of the science on pain research, care, and education and to identify actions the FDA and others can take to respond to the opioid epidemic, with a particular focus on informing FDA's development of a formal method for incorporating individual and societal considerations into its risk-benefit framework for opioid approval and monitoring. Based on careful analysis of burden of disease and the costs ofinterventions, this second edition of 'Disease Control Priorities in Developing Countries, 2nd edition' highlights achievable priorities; measures progresstoward providing efficient, equitable care; promotes cost-effectiveinterventions to targeted populations; and encourages integrated effortsto optimize health. Nearly 500 experts - scientists, epidemiologists, health economists,academicians, and public health practitioners - from around the worldcontributed to the data sources and methodologies, and identifiedchallenges and priorities, resulting in this integrated, comprehensivereference volume on the state of health in developing countries. Decades of research have demonstrated that children do not respond to medications in the same way as adults. Differences between children and adults in the overall response to medications are due to profound anatomical, physiological, and developmental differences. Although few would argue that children should receive medications that have not been adequately tested for safety and efficacy, the majority of drugs prescribed for children-50 to 75 percent-have not been tested in pediatric populations. Without adequate data from such testing, prescribing drugs appropriately becomes challenging for clinicians treating children, from infancy through adolescence. Addressing the Barriers to Pediatric Drug Development is the summary of a workshop, held in Washington, D.C. on June 13, 2006, that was organized to identify barriers to the development and testing of drugs for pediatric populations, as well as ways in which the system can be improved to facilitate better treatments for children. Drugs in Use will help both pharmacists and pharmacy students to develop the ability to make drug-related decisions which use their specialist knowledge and skills to the best effect. Some people suffer from chronic, debilitating disorders for which no conventional treatment brings relief. Can marijuana ease their symptoms? Would it be breaking the law to turn to marijuana as a medication? There are few sources of objective, scientifically sound advice for people in this situation. Most books about marijuana and medicine attempt to promote the views of advocates or opponents. To fill the gap between these extremes, authors Alison Mack and Janet Joy have extracted critical findings from a recent Institute of Medicine study on this important issue, interpreting them for a general audience. Marijuana As Medicine? provides patientsâ€"as well as the people who care for themâ€"with a foundation for making decisions about their own health care. This empowering volume examines several key points, including: Whether marijuana can relieve a variety of symptoms, including pain, muscle spasticity, nausea, and appetite loss. The dangers of smoking marijuana, as well as the effects of its active chemical components on the immune system and on psychological health. The potential use of marijuana-based medications on symptoms of AIDS, cancer, multiple sclerosis, and several other specific disorders, in comparison with existing treatments. Marijuana As Medicine? introduces readers to the active compounds in marijuana. These include the principal ingredient in Marinol, a legal medication. The authors also discuss the prospects for developing other drugs derived from marijuana's active ingredients. In addition to providing an up-to-date review of the science behind the medical marijuana debate, Mack and Joy also answer common questions about the legal status of marijuana, explaining the conflict between state and federal law regarding its medical use. Intended primarily as an aid to patients and caregivers, this book objectively presents critical information so that it can be used to make responsible health care decisions. Marijuana As Medicine? will also be a valuable resource for policymakers, health care providers, patient counselors, medical faculty and studentsâ€"in short, anyone who wants to learn more about this important issue. Second in a series of publications from the Institute of Medicine's Quality of Health Care in America project Today's health care providers have more research findings and more technology available to them than ever before. Yet recent reports have raised serious doubts about the quality of health care in America. Crossing the Quality Chasm makes an urgent call for fundamental change to close the quality gap. This book recommends a sweeping redesign of the American health care system and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others. In this comprehensive volume the committee offers: A set of performance expectations for the 21st century health care system. A set of 10 new rules to guide patient-clinician relationships. A suggested organizing framework to better align the incentives inherent in payment and accountability with improvements in quality. Key steps to promote evidence-based practice and strengthen clinical information systems. Analyzing health care organizations as complex systems, Crossing the Quality Chasm also documents the causes of the quality gap, identifies current practices that impede quality care, and explores how systems approaches can be used to implement change. Reconciling the scientific principles of medicine with the love essential for meaningful care is not an easy task, but it is one that Gregory L. Fricchione performs masterfully in Compassion and Healing in Medicine and Society. At the core of this book is a thought-provoking analysis of the relationship between evolutionary science and neuroscience. Fricchione theorizes that the cries for attachment made by seriously ill patients reflect an underlying evolutionary tenet called the separation challenge–attachment solution process. The pleadings of patients, he explains, are verbal expressions of the history of evolution itself. By exploring the roots of a patient's attachment needs, we come face to face with a critical component of natural selection and the evolutionary process. Medicine engages with the separation challenge–attachment solution process on many levels of scientific knowledge and human meaning and healing. Fricchione applies these concepts to medical care and encourages physicians to fully understand them so they can better treat their patients. Compassionate humanistic care promotes physical, emotional, and spiritual healing precisely because it is consonant with how life, the brain, and humanity have evolved. It is therefore not a luxury of modern medical care but an essential part of it. Fricchione advocates an attachment-based medical system, one in which physicians evaluate stress and resiliency and prescribe an integrative treatment plan for the whole person designed to accentuate the propensity to health. There is a wisdom or perennial philosophy based on compassionate love that, Fricchione stresses, the medical community must take advantage of in designing future health care—and society must appreciate as it faces its separation challenges. The opioid crisis in the United States has come about because of excessive use of these drugs for both legal and illicit purposes and unprecedented levels of consequent opioid use disorder (OUD). More than 2 million people in the United States are estimated to have OUD, which is caused by prolonged use of prescription opioids, heroin, or other illicit opioids. OUD is a life-threatening condition associated with a 20-fold greater risk of early death due to overdose, infectious diseases, trauma, and suicide. Mortality related to OUD continues to escalate as this public health crisis gathers momentum across the country, with opioid

overdoses killing more than 47,000 people in 2017 in the United States. Efforts to date have made no real headway in stemming this crisis, in large part because tools that already existâ€"like evidence-based medicationsâ€"are not being deployed to maximum impact. To support the dissemination of accurate patient-focused information about treatments for addiction, and to help provide scientific solutions to the current opioid crisis, this report studies the evidence base on medication assisted treatment (MAT) for OUD. It examines available evidence on the range of parameters and circumstances in which MAT can be effectively delivered and identifies additional research needed. The medical use of marijuana is surrounded by a cloud of social, political, and religious controversy, which obscures the facts that should be considered in the debate. This book summarizes what we know about marijuana from evidence-based medicineâ€"the harm it may do and the relief it may bring to patients. The book helps the reader understand not only what science has to say about medical marijuana but also the logic behind the scientific conclusions. Marijuana and Medicine addresses the science base and the therapeutic effects of marijuana use for medical conditions such as glaucoma and multiple sclerosis. It covers marijuana's mechanism of action, acute and chronic effects on health and behavior, potential adverse effects, efficacy of different delivery systems, analysis of the data about marijuana as a gateway drug, and the prospects for developing cannabinoid drugs. The book evaluates how well marijuana meets accepted standards for medicine and considers the conclusions of other blue-ribbon panels. Full of useful facts, this volume will be important to anyone interested in informed debate about the medical use of marijuana: advocates and opponents as well as policymakers, regulators, and health care providers. Light: Medicine of the Future challenges the modern myth that the sun is dangerous to our well-being. Dr. Liberman has worked effectively with more than 15,000 individuals, using light in the treatment of cancer, depression, stress, visual problems, PMS, sexual dysfunction, learning disabilities, and the human immune system. This work is intended to offer guidance to pharmacists who need to bridge the gap between their theoretical knowledge and its practical application to individual patients. "Clinical trials show that up to 80 percent of patients given a placebo heal themselves with the power of the mind alone. But how? There is documented evidence that beliefs, thoughts, and feelings can cure the body ... this book not only reveals the data from mainstream medical journals; it tells you step-by-step how you can implement this knowledge to make your body ripe for spontaneous remission or disease prevention ... Western-trained physician Lissa Rankin, M.D. pored over hundreds of objectively evaluated, peer-reviewed studies from medical journals to find proof not just that thoughts and feelings originating in the mind can heal the body, but also that there are clear physiological mechanisms explaining how this happens ... she explains how this process works, proves with extraordinary case studies from the medical literature that it does, and teaches practical techniques you can use to activate the body's natural self-healing mechanisms, while shutting off the processes that predispose to illness. She also guides you through the process of uncovering where you might be making unhealthy choices, not just in your diet, exercise program, and sleep habits, but in your relationships, your professional life, your creative life, your spiritual life, and more-- so that you can create a customized treatment plan"-- One of America's top doctors reveals how AI will empower physicians and revolutionize patient care Medicine has become inhuman, to disastrous effect. The doctor-patient relationship--the heart of medicine--is broken: doctors are too distracted and overwhelmed to truly connect with their patients, and medical errors and misdiagnoses abound. In Deep Medicine, leading physician Eric Topol reveals how artificial intelligence can help. AI has the potential to transform everything doctors do, from notetaking and medical scans to diagnosis and treatment, greatly cutting down the cost of medicine and reducing human mortality. By freeing physicians from the tasks that interfere with human connection, AI will create space for the real healing that takes place between a doctor who can listen and a patient who needs to be heard. Innovative, provocative, and hopeful, Deep Medicine shows us how the awesome power of AI can make medicine better, for all the humans involved. Drugs in Use is a popular textbook that addresses one of the key issues for pharmacy students – putting their learning into practice. The text presents a series of clinical case studies to illustrate how pharmacists can optimize drug therapy in response to the needs of individual patients. Integration of complementary and alternative medicine therapies (CAM) with conventional medicine is occurring in hospitals and physicians offices, health maintenance organizations (HMOs) are covering CAM therapies, insurance coverage for CAM is increasing, and integrative medicine centers and clinics are being established, many with close ties to medical schools and teaching hospitals. In determining what care to provide, the goal should be comprehensive care that uses the best scientific evidence available regarding benefits and harm, encourages a focus on healing, recognizes the importance of compassion and caring, emphasizes the centrality of relationship-based care, encourages patients to share in decision making about therapeutic options, and promotes choices in care that can include complementary therapies where appropriate. Numerous approaches to delivering integrative medicine have evolved. Complementary and Alternative Medicine in the United States identifies an urgent need for health systems research that focuses on identifying the elements of these models, the outcomes of care delivered in these models, and whether these models are cost-effective when compared to conventional practice settings. It outlines areas of research in convention and CAM therapies, ways of integrating these therapies, development of curriculum that provides further education to health professionals, and an amendment of the Dietary Supplement Health and Education Act to improve quality, accurate labeling, research into use of supplements, incentives for privately funded research into their efficacy, and consumer protection against all potential hazards. Physical Signs in Medicine and Surgery - An Atlas of Rare, Lost and Forgotten Physical Signs: The work for this text began over two decades ago as Dr. Ashley White was researching ancient diseases and their initial presentations for prevention of future pandemic plagues. This evidence based paleopathology research has granted Dr. White access to some of the world's most sensitive archaeological sites. These locations have been in England, Scotland, North and Central America, Nine additional countries in Europe, Asia - including Russia and China, the Middle East, North and Sub-Sahara Africa, and South America including the Amazon Basin. This comprehensive Atlas was originally conceived for doctors providing needed care in dangerous, rugged and remote situations often created by catastrophe, disasters, epidemics, and military conflicts. It is within these serious environments that this Atlas can assist practitioners find the most obscure and difficult diagnosis where access to x-rays and modern laboratory equipment are often impossible. Designed with a unique reference style of key words tagged to known medical systems the Atlas functions as an easy to use clinical field manual whether in use in an advanced medical care unit or in the harsh realm of the jungle. This extensive compendium of rare medical findings, together with an incredible group of landmark essays make this the most complete Atlas of physical signs ever published. Telemedicineâ€"the use of information and telecommunications technologies to provide and support health care when distance separates the participantsâ€"is receiving increasing attention not only in remote areas where health care access is troublesome but also in urban and suburban locations. Yet the benefits and costs of this blend of medicine and digital technologies must be better demonstrated before today's cautious decision-makers invest significant funds in its development. Telemedicine presents a framework for evaluating patient care applications of telemedicine. The book identifies managerial, technical, policy, legal, and human factors that must be taken into account in evaluating a telemedicine program. The committee reviews previous efforts to establish evaluation frameworks and reports on results from several completed studies of image transmission, consulting from remote locations, and other telemedicine programs. The committee also examines basic elements of an evaluation and considers relevant issues of quality, accessibility, and cost of health care. Telemedicine will be of immediate interest to anyone with interest in the clinical application of telemedicine. In 1996, the Institute of Medicine (IOM) released its report Telemedicine: A Guide to Assessing Telecommunications for Health Care. In that report, the IOM Committee on Evaluating Clinical Applications of Telemedicine found telemedicine is similar in most respects to other technologies for which better evidence of effectiveness is also being demanded. Telemedicine, however, has some special characteristics-shared with information technologies generally-that warrant particular notice from evaluators and decision makers. Since that time, attention to telehealth has continued to grow in both the public and private sectors. Peer-reviewed journals and professional societies are devoted to telehealth, the federal government provides grant funding to promote the use of telehealth, and the private technology industry continues to develop new applications for telehealth. However, barriers remain to the use of telehealth modalities, including issues related to reimbursement, licensure, workforce, and costs. Also, some areas of telehealth have developed a stronger evidence base than others. The Health Resources and Service Administration (HRSA) sponsored the IOM in holding a workshop in Washington, DC, on August 8-9 2012, to examine how the use of telehealth technology can fit into the U.S. health care system. HRSA asked the IOM to focus on the potential for telehealth to serve geographically isolated individuals and extend the reach of scarce resources while also emphasizing the quality and value in the delivery of health care services. This workshop summary discusses the evolution of telehealth since 1996, including the increasing role of the private sector, policies that have promoted or delayed the use of telehealth, and consumer acceptance of telehealth. The Role of Telehealth in an Evolving Health Care Environment: Workshop Summary discusses the current evidence base for telehealth, including available data and gaps in data; discuss how technological developments, including mobile telehealth, electronic intensive care units, remote monitoring, social networking, and wearable devices, in conjunction with the push for electronic health records, is changing the delivery of health care in rural and urban environments. This report also summarizes actions that the U.S. Department of Health and Human Services (HHS) can undertake to further the use of telehealth to improve health care outcomes while controlling costs in the current health care environment. The global popularity of herbal supplements and the promise they hold in treating various disease states has caused an unprecedented interest in understanding the molecular basis of the biological activity of traditional remedies. Herbal Medicine: Biomolecular and Clinical Aspects focuses on presenting current scientific evidence of biomolecular ef This report presents the recommendations of the WHO Expert Committee responsible for updating the WHO Model List of Essential Medicines. The first part contains a progress report on the new procedures for updating the Model List and the development of the WHO Essential Medicines Library. It continues with a section on changes made in revising the Model List followed by a review of some sections such as hypertensive medicines and fast track procedures for deleting items. Annexes include the 13th version of the Model List and items on the list sorted according to their 5-level Anatomical Therapeutic Chemical classification codes.

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