

ity, but potentially can consume considerable medical services and adversely affect the quality of life that remains.

A third rationale that justifies some of the activities that Hadler wants to reduce reflects the public health perspective. Reducing deaths from a particular cause by 1 in 100, as some cancer screening and some medications taken by low-risk individuals may do, may look like a significant step when applied to 300 million people. For an individual, however, the chance of benefit is possibly not very important, particularly if most of the mortality occurs after age 75 years.

Hadler bemoans the fact that broad audiences have not grasped the message of how much “overtreatment” is a root cause of escalating medical care costs, as is argued in this and his 2 previous books^{1,2}—and, I would add, in a number of other recent texts (*Hope or Hype*,³ *Overtreated*,⁴ and *Money-Driven Medicine*⁵). I agree with Hadler that the primary options on the public policy radar screen for controlling costs are to deprive patients of valuable care (rationing) or to pay physicians less for what they do. Hadler asks, how about not paying for care that has little or no value and that many patients would not want if they were informed?

Studies of the geographic variation in per capita Medicare expenditures have shown no mortality benefit provided when Medicare spends an extra \$3000 per person in high-expenditure areas (like Los Angeles, Miami, or New York) compared with lower-expenditure areas (like San Francisco, Tampa, or Minneapolis).⁶ Moreover, patients in the low-expenditure areas do not perceive their care to be of lower quality.⁷ The higher costs in the high-expenditure areas largely stem from more tests, more visits to specialists, and more surgery and hospitalization. Hadler argues, in a methodologically rigorous way, that all of these are kinds of things that provide no value to patients. He then proposes that health insurance should not pay for services that do not provide more than a minimal benefit over conservative management. Those who want such services should pay for such questionable maneuvers.

Many will disagree with Hadler’s conclusions. Obvious targets are his assessments of how much of a benefit is needed to make something worth doing. Is a small average public health benefit worth having many patients undergo tests and treatments that are unlikely to do them any good individually? The decision rules Hadler uses can be debated. However, Hadler is a careful reader of evidence and I doubt many will be able to find fault with his summaries of the facts.

Finally, how would patients fare in the kind of medical world Hadler is promoting? I believe their mortality would be in good hands; he does not advocate against treatments with clear life-extending benefits. Some patients might be upset when deprived of tests that are reassuring and when asked to cope with pains and other symptoms without the aid of medical interventions (unless they paid for them themselves). However, the evidence from studies of decision aids

is that patients will accept less intervention when they are thoroughly informed.⁸ Having guidelines for reimbursement that went through a Hadlerian analysis is not a bad place to start reducing medical care costs without reducing the quality of patient outcomes. A much more politically attractive, and potentially quite effective, reform would make it routine for patients to be exposed to Hadler’s kind of analyses whenever they are asked to consider any significant medical intervention.

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SCHOOL VIOLENCE AND PRIMARY PREVENTION

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LIKE MOST EDITED WORKS ON COMPLICATED ISSUES, EDITOR Thomas Miller’s *School Violence and Primary Prevention* is a bit uneven in quality. Nevertheless, it is well worth reading and suggests a variety of appropriate lenses through which to view this vexing phenomenon.

The star of this show is the chapter by French, “The Neurobiology of Violence and Victimization,” which neatly summarizes a vast array of information from the perspectives of neuroanatomy, behavioral genetics, and developmental psychology. French introduces readers to the consequences of victimization and their likely effects on later violent behavior, reminding that to truly understand the meaning of violence in individuals’ lives, one must understand them as both victims and victimizers. Readers will find the explanation of the interdependent, bidirectional role of gene-environment interactions to be

fascinating and informative. French does not shrink from the moral dilemmas posed by understanding these pathways to violence, arguing against early identification of children at risk for violence because interventions that can be assuredly beneficent are lacking.

The chapter by Nigoff on social processing and aggression provides a delightfully practical summary and application of several theories of social cognition. Drawing on Crick and Doge, Huesmann, and others, Nigoff explains how to use this perspective to teach children prosocial skills, thus allowing for productive early intervention while simultaneously avoiding the punitive and iatrogenic interventions that are so often recommended when high-risk children are identified.

Unlike the chapters that focus on the rarest and most vivid examples of school violence, the chapter by Card, Isaacs, and Hodges on contextual levels of risk for peer victimization provides exactly the kind of broad context so sorely needed in violence research. Addressing not only individual risk factors but families, peer groups, schools, and other social systems, the chapter closes by addressing a rich literature on practical and exportable programs that promise to reduce victimization among students.

Part 2 features an excellent chapter by Rodney, Srivastava, and Johnson that describes the Family and Community Violence Prevention Study. That study applied social science methods and included the cultural diversity required to avoid a misguided fascination with well-publicized mass shootings at the expense of the lethal violence that daily threatens the lives of children of poverty.

In contrast, the chapter by Callahan on threat assessment is disappointing. While correctly noting that “the cornerstone of school violence prevention strategies should be to create cultures and climates of safety, respect, and emotional support,” Callahan unrealistically implies that the way to accomplish this worthy goal is through threat assessment. Such a view rests on the erroneous implication that school violence is synonymous with mass shootings (eg, Columbine). While these events capture the airwaves, they overshadow the real violence that occurs on a less spectacular and daily basis in the lives of students. More importantly, this chapter provides various lists of “risk factors” and “warning signs,” almost all of which are so common and vague (eg, drug and alcohol use, being bullied, or depression) as to provide no useful guidance in identifying the likely perpetrators of school violence. On the other hand, though they lack specificity for mass shootings—a particular and rare kind of school violence—they should serve as signals that a child simply needs help. The beneficent interventions that could ensue are unlikely to prevent school shootings because those events are blessedly rare; on the other hand, the interventions are likely to prevent a host of bad

outcomes, including pregnancy, dropping out, delinquency, or suicide.

Part 2 addresses practical strategies for prevention, from the perspectives of administrators, teachers, and mental health professionals. Because these chapters are largely based on experience instead of formal research, some of them lack the empirical underpinnings that characterize the book’s best chapters. However, what they lack in science, they make up for in practical utility.

Of course, the book is not without its weaknesses. While its attention to bullying is based on sound empirical research, the same cannot be said of the redundant and sometimes inaccurate references to vivid but rare examples such as Columbine (eg, the Columbine shooters’ alleged preference for the music of Marilyn Manson). But mass shootings, however well publicized, are only one form of school violence and are generally a poor place to aim prevention efforts. Despite the impression given by the national media, these events are rare. Students who demonstrate “warning signs” are usually troubled, and they need help. But the likelihood that any such child will commit a mass shooting is so low that the odds are almost impossible to quantify. Instead of targeting resources toward such outcomes, it would be far wiser to help children simply because they need help and to acknowledge the wide array of bad outcomes that predictably follow when troubled children are ignored.

In addition, many chapters make sweeping generalizations based on post hoc analyses from a handful of cases. Yet post hoc, anecdotal findings are almost useless, because they fail to take into account the widespread presence of these same risk factors (eg, anger, depression) in children who do not become mass murderers. Ignoring base rates is epidemic within the social sciences, and the “practical” chapters of this book frequently make this mistake.

On the other hand, the strengths of this book are several informative chapters that make science accessible and practical for persons who work in the real world. The best chapters (eg, French, Nigoff, Card et al, Rodney et al) dramatically overpower the book’s shortcomings. Not only are these chapters scientifically rigorous, they are also creative and of surprising practical utility. The greatest strength of this book is its diversity.

Taken together, the authors provide a wide variety of lenses through which to observe and address school violence in all of its many forms. As a result, this book is must reading for anyone seriously interested in studying or preventing school violence.

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