



Letter to the Editor

RE: "TRACKING MEDICINE: A RESEARCHER'S QUEST TO UNDERSTAND HEALTH CARE"

I read with interest James Goodwin's review (1) of John E. Wennberg's book, *Tracking Medicine: A Researcher's Quest to Understand Health Care* (2). Generally, the reviewer gave the book well-deserved praise with some thoughtful caveats. However, Goodwin observed that he "was somewhat surprised by the 'we don't get no respect' tone, the oft-repeated message about how difficult it was for his [Wennberg's] ideas to find traction . . . followed by a steady stream of publications" and that "the Dartmouth group received substantial and sustained funding" (1, p. 252). Goodwin then suggested a "more celebratory than underappreciated" tone for the book (1, p. 252).

Shortly after its publication in 1973, I read an article by Wennberg and Gittelsohn in *Science* (3). I was very interested in this article and provided copies to others with whom I was working at the University of the Philippines, the Rockefeller Foundation, the Ford Foundation, and other institutions. We were beginning studies of public service provision to underserved rural areas, and we were quite frankly more interested in small-area statistical approaches than in the variation of US health services. However, when I later worked in the United States, I observed several problems with the health-care system, including incomprehensible variation in the delivery of health care, high cost, and poor quality, that led me to return to the article many times.

Later, as Chair of Health Care Policy and Research at the Mayo Clinic in Rochester, Minnesota, I had the opportunity to meet with Dr. Wennberg to discuss research that we were planning. At that time, his book was being written and prepared for publication. During our discussions, I asked Dr. Wennberg why his 1973 article was published in *Science* rather than a "health-care journal." He indicated that he had submitted the article to many high-impact medical journals and it was rejected, at times with personally discouraging comments. When the findings of that article and subsequent ones were presented, Dr. Wennberg was attacked vigorously by members of the medical establishment. Goodwin failed to note the long gaps between Wennberg's first and earlier publications and later higher levels of support for work on variations in health care. Wennberg deserves great praise for sticking with this field of research for nearly 40 years despite lack of initial support and even some costs to him personally.

This story was not told as directly as it could have been in the book (2), and I hope Dr. Wennberg tells it more directly

in the future; however, it is implicit as presented. Goodwin totally misinterpreted this as "tone" and ignored a very important implication in the book: how difficult it is to bring about change in medicine in the United States because of how entrenched interests are marshaled against opinions and scientific findings that even dare to suggest change. Attacks by these persons and groups are often personal and kept out of public view through the freezing out of reports from journals or presentations at professional conferences.

Although I have seen academics in other disciplines be pressured to change their research or opinions to avoid being shoved into the wilderness or to fulfill a desire to capture additional income and resources, American medicine is almost unique in its effectiveness at killing research and discussion outside the received wisdom. The current concentration of cancer studies and funding in the hands of a number of often entrepreneurial individuals and institutions is a sad case in point that could have strongly negative outcomes for patients. Wennberg's findings and personal experiences are imminently relevant to our current situation and suggest both the need for fixes and how these might proceed. Unfortunately, there can be no celebratory tone, as Goodwin suggested, to *Tracking Medicine: A Researcher's Quest to Understand Health Care*.

ACKNOWLEDGMENTS

Conflict of interest: none declared.

REFERENCES

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DOI: 10.1093/aje/kwr387; Advance Access publication