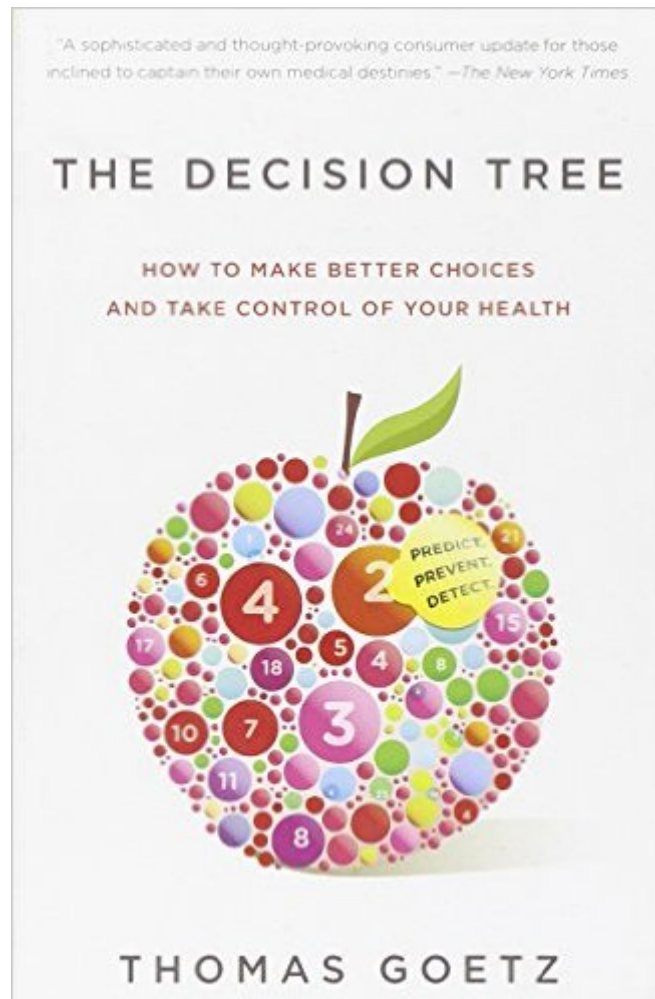


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# The Decision Tree: How To Make Better Choices And Take Control Of Your Health



## Synopsis

For all the talk about personalized medicine, our health care system remains a top-down, doctor-driven system where individuals are too often bit players in their own health decisions. In *The Decision Tree*, Thomas Goetz proposes a new strategy for thinking about health, one that applies cutting-edge technology to put us at the center of the equation and explains how the new frontier of health care can impact each of our lives.

## Book Information

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## Customer Reviews

When it comes to assessing the problems with our health care system and identifying ways to make it better, this book by Thomas Goetz is among the best I've ever read. Hopefully, it will be highly influential, especially considering that we live in an age when most of the "easy" medical problems have been solved and the hard ones remain (eg, cancer and many chronic conditions). Goetz proves to be an incisive analyst, a creative thinker, a balanced pragmatist, and a lucid writer. The main idea presented in this book is that decision tools need to be developed which enable all available information to be rationally, systematically, and efficiently assembled and weighed in order to cost-effectively maximize individual and collective health outcomes. In other words, health care needs an engineering approach. This is really just common sense, yet our health care system unfortunately falls far short of this ideal, so we need books like this to help open people's eyes. Here are some further key points from the book: \* Patients need to play an active role in their health care decisions, using physicians and other health care professionals largely as consultants, and collaborating with other patients in sharing information. \* Health care information (medical records, drug labels, etc.) needs to be presented in a sensible standardized format and made easily

accessible online on a real-time basis.\* To account for biological heterogeneity among people, preventive measures and treatments need to be tailored to each individual. Thus, the information used to make decisions must include both statistical information drawn from populations as well as specific information particular to each individual (both phenotypic and genetic).

The prose in this book is engaging and often anecdotal, which is good, because the subject matter is so dry and dense that I really wanted to give up a few times. I'm very glad that I stuck with it, because the book does describe a very useful method for gaining and using medical knowledge about oneself. At its most basic, a "decision tree" is a flow chart comprised of a logical series of questions and answers that starts with the information one has, and progresses through "if A is true, what do I do next?" hypotheses, potential diagnoses, treatments, etc. until one has developed a plan of action. Or inaction. Sometimes, the decision tree leads the patient to leave things be. But the book jumps from premise to anecdote to new premise, almost as if the author's brain is working too fast for his word processor. And it's a bit rambling. It took somewhere between 50 and 60 pages to even point out that regular people can order their own DNA analyses, which is really what they need to do before they can design an effective decision tree (based on the concept that our health is the combined result of genetics and environmental factors. Once we know our genetic risks, we can make informed choices to avoid or ameliorate many, if not most, environmental triggers.) Although the book addresses the fear surrounding the giving and the getting of this knowledge - the idea that patients will collapse, quit their jobs, become erratic in general if the news is bad - it neglects the financial incentive, in today's insurance climate, to avoid genetic testing if one wants to remain insurable.

In *The Decision Tree*, author Thomas Goetz offers a clear, balanced perspective of the personalized medicine and patient empowerment movements sweeping America. The book is divided into 3 parts: 1. Prediction and Prevention 2. Detection and Diagnosis 3. Treatment and Care. The following is a sampling of the main ideas presented throughout the book, and an evaluation of them from the perspective of a former patient with experiences in the American healthcare system.

1. Support for genetic testing as a foundation for disease prevention. Patients should get genetic testing (23andme.com) to better tailor treatments to them as individuals, instead of relying on statistical estimations from broad population studies. Agreed. However, I was left wondering why we can't just have everyone, genetic risks or not, implement positive behavior changes geared to prevent chronic disease. However, since Goetz is focusing on the big picture, he

is right to assume most of the population will not become active participants in their health until faced with a health risk or problem as a result of a test, so I can understand the argument made for genetic testing for consumers.- Against paternalism in the medical profession. Patients should get access to their genetic test results, and be told if they have risks for life threatening conditions (e.g. cancer), because they will not only not face adverse emotional effects from the news about their disease risks, but will also see improvements in outcomes over time due to increased proactivity."For every 1 percent higher risk a person had of developing Alzheimer's, he or she was 5 percent more likely to make certain positive behavior changes.

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