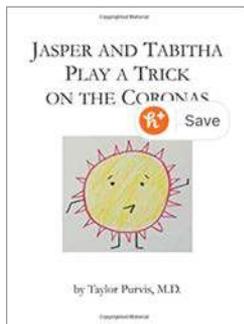


Book reviews

David A. Bennahum, MD, and Jack Coulehan, MD, Book Review Editors



Jasper and Tabitha Play a Trick on the Coronas

Taylor Purvis, MD (AQA, The Johns Hopkins University School of Medicine, 2019)
Gimerica Gaslight Press, 2020,
43 pages.

Reviewed by David A. Bennahum, MD (AQA, University of New Mexico, 1984)

Hello friends! Dr. Purvis here.

You have probably noticed a lot of strange things going on lately.

No visiting grandparents!
Empty playgrounds!
People wearing masks!
Staying home all the time!
No school!

It's all because of a little pesky creature named Mr. Corona.

Here's a story I wrote to help you learn more about Mr. Corona.

So begins this charming book written and illustrated by Dr. Taylor Purvis, an anesthesiology resident at Johns Hopkins University, and the author or co-author of a number of scientific publications. Taylor Purvis declares that she hopes that this book will explain to young children why there is something that is bewildering the adults in their world and causing so many changes in their lives.

Purvis illustrates Mr. Corona and explains his name. If the reader downloads the book a child can then color the many cartoonlike illustrations. The author writes:

"He is a virus. A virus is a special kind of bug that is teeny-weeny-teeny-tiny!

"Mr. Corona and 500 MILLION of his relatives can fit on the head of a pin."

She then writes about bats and birds and food markets and how the virus hitched a ride to a market where humans shopped. She shows how the virus takes advantage of

humans at the market, and then how it travels by train and plane around the world in words and pictures, Children are also instructed how to protect themselves and others by washing their hands and social distancing.

Purvis touches in simple language and charming drawings just about everything that a child might want to know, and needs to know about COVID-19. This book should be a great help to parents and health care workers and anybody concerned about children during this precarious time.

While the facts may change over the next many months, I don't think that it is too soon to provide parents and very young children with a book geared to a child's sensibility.

The book can be downloaded at:

<https://playatriconthecoronas.weebly.com>.

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Long-Term Care in America: The Crisis All of Us Will Face in Our Lifetimes



John P. Geyman, MD (AQA, University of Washington School of Medicine, 2010, Faculty)
Copernicus Healthcare, 2020,
197 pages.

Reviewed by Jack Coulehan, MD (AQA, University of Pittsburgh, 1969)

It's no secret that availability of high-quality long-term care is the biggest hole in the American health care system. Provision of care for the elderly and disabled demonstrates the gross inequity of the system. Readers of *The Pharos* who have had any personal experience with nursing homes, assisted living facilities, or lengthy home health services are well aware of this and won't need charts or statistics to convince them. However, the hard data is overwhelming, and John Geyman has done a great service by bringing it all together in his book *Long Term Care in America*.

The book's subtitle, *The Crisis All of Us Will Face in Our*

Lifetimes, is important. Long-term care is not like dialysis or cancer treatment, problems that many Americans, but not all, will encounter. Every one of us will grow old, 52 percent will require nursing facilities for some period of their lives, and most of the rest will have functional impairments in their later years.^{p7} The need for affordable, high-quality long-term care affects us all.

Nonetheless, it's an 800-pound gorilla that few policy-makers seem to notice. Neither standard health insurance nor Medicare covers nursing home expenses, except for limited, short-term rehabilitation. Yet the cost is prohibitive. In 2015, the median annual cost for residence in a nursing facility was \$91,250, and for a home health aide was \$45,750.^{p25}

The only recourse for the vast majority of people is Medicaid, which requires the patient first to "spend down" virtually all of his/her financial resources before becoming eligible. In the United States, if you need a nursing home for a substantial period of time, you must become a pauper.

One obvious partial solution to the problem would be wide availability of long-term care insurance. However, as Geyman notes, such policies have "almost become a relic of the past."^{p91} Insurers discovered that costs and claims soon spiraled upward, out of control. Resulting premium increases became too burdensome for the average insured person. Thus, the number of companies offering this type of insurance decreased from 125 in 2002 to 15 in 2014.^{p92}

Geyman presents a comprehensive series of graphs and charts that demonstrate the extent of these problems today, and the demographic trends that will magnify them in the future. He also shows the unacceptable quality of much existing nursing home care. A major factor favoring poor quality is privatization; two-thirds of American nursing facilities are in the corporate for-profit sector.

Compared to their not-for-profit counterparts, for-profit nursing homes have less RN nurse staffing despite sicker patients and worse quality of care and patient outcomes.^{p54}

Geyman discusses various business techniques and outright scams, including Medicaid fraud, that nursing homes have used to maximize profits. He also presents data on background conditions indirectly related to expenditure on long-term care resources; for example, conservative tax policies and privatization of health programs, both of which favor the good of the wealthy over the common good.

While Geyman presents a detailed analysis of the problem, his suggestions for solving it are thin and predictable. The centerpiece, of course, is comprehensive health care reform, more specifically, some variation of Medicare for

all. He lists the many benefits of such universal health insurance,^{p131-132} but one benefit is notably missing—it doesn't include nursing home or extended home health care. This isn't surprising since these services are precisely what existing Medicare doesn't cover. For a single payer system to "solve" the long-term care problem, it must include at least some coverage for services that directly address the long-term care need.

There is a fascinating paradox at the heart of the high cost issue. The costs of nursing facilities and home health care are already exorbitantly high, far out of the reach of most Americans. Yet, as a means of improving quality, Geyman proposes better training, higher wages, and more benefits for nursing home staff and home health workers. For example, the median wage for home health workers in 2018 was \$11.52 per hour, resulting in a yearly income of \$16,200, very close to the federal poverty level.

Providing a safe, therapeutic, and comfortable environment for frail, vulnerable patients is an expensive proposition. In fact, there is a preponderance of thin staffing, frequent injuries, and a high incidence of fines for health regulation violations in for-profit facilities, as reported by Geyman.^{p55}

There is a common belief that Americans don't respect or value the elderly as much as they once did, and this leads to relative neglect. In the case of health care, this way of thinking is simplistic. The large majority of care for the elderly and disabled in the U.S. is performed by family members. However, demographic change, sophisticated technology, and economic realities, have created a growing need for high quality residential and non-residential health services. This is the 800-pound gorilla we have yet to face. Geyman directs us to look in the right direction.

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Corrections

In the article, "The landscape of academic medicine and health care in the United States," in the Spring issue of *The Pharos*, the date Johns Hopkins Hospital officially opened should have been May 7, 1889. In addition, the Johns Hopkins School of Medicine officially opened on October 2, 1893. We apologize for any confusion or inconvenience this may have caused.