

The Body Economic: Why Austerity Kills

By David Stuckler & Sanjay Basu.
Allen Lane, 2013.
£20.00 (hb). 216pp.
ISBN: 9781846147838

At the time of writing, in autumn 2013, the UK economy is showing signs of a recovery and the Chancellor is claiming victory for his austerity-based policies. However, the opposition claims that this recovery is just for the wealthy few. The debate on how to respond to the recession continues along ideological lines. In this book an economist and an epidemiologist explore government responses to financial crises through the lens of health outcomes. They argue that austerity is never the right prescription as it hinders return to growth and causes immense suffering to citizens' health and well-being. Mental health outcomes feature prominently in these analyses. For instance, the authors report 1000 excess suicides in the UK due to the effects of this recession and a second wave of 'austerity suicides' in 2012. Historical data and examples from financial crises at different times from across the globe develop their argument against austerity. Examining the Great Depression of the 1930s they show that US states that embraced the New Deal stimulus measures had lower child mortality, suicide and infectious disease rates than those that did not. In the late 1990s as the 'Asian Tiger' economies collapsed those states that accepted international bailouts also had to accept austerity packages. Thailand reduced its spend on medication to prevent mother-to-infant transmission of HIV and could only cover 14% of the need. Half the infected children died before their 5th birthday. The book describes many other tragic consequences.

Iceland and Greece have taken different paths in response to the current recession and the authors explore the effects in some depth. They show that Iceland's citizens, rejecting austerity, maintained high levels of health and happiness. Greece's enforced austerity has seen 35 000 clinicians lose their jobs, waiting times increase, people presenting sicker; and suicide rates increasing by 20%. Chillingly, the Greek Health Minister blamed the health crises on the burden of immigrants.

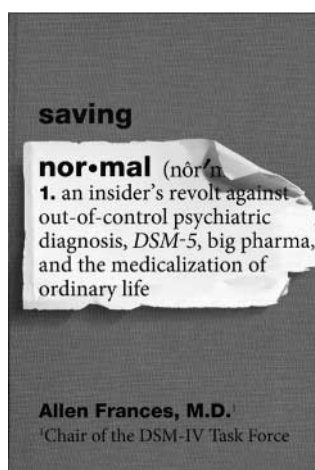
The book is heavily annotated but reads well. Clinical examples lend a particularly poignancy. The authors give the story of an unemployed former teacher in the USA who delays seeking help for a toe-splinter because of the high costs of healthcare outside insurance, and then develops septicemia and organ failure. Unsurprisingly, they champion Obama's healthcare plan to extend health insurance and are concerned that the UK is moving towards a more market-based approach to health. They suggest that the free and universal access to healthcare in the UK, through the National Health Service, has protected its citizens from the worst effects of this recession.

In 1848 Rudolph Virchow observed that 'medicine is a social science and politics is nothing more than medicine on a grand

scale'. Readers of this *Journal* will find much that resonates with clinical practice in these difficult economic times. The statistics presented here will help elevate anecdote to evidence when discussing policy with those that hold power.

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Saving Normal: An Insider Revolts Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life

By Dr Allen Frances.
William Morrow, 2013.
US\$20.86 (hb). 336pp.
ISBN: 9780062229250

Readers will recognise the mythical force of a forgotten warrior hero returning from obscurity to achieve deliverance from a villainous tyrant. *Saving Normal* is marketed along these lines. Allen Frances, Chair of the DSM-IV Task Force, described on the flyleaf as once the most powerful man in psychiatry, has emerged reluctantly from retirement to do battle with the evil excesses of DSM-5. This has fallen into the wrong hands (a coalition between the American Psychiatric Association and extreme commercialism) and has gone bad. Powerful forces are trying to convince us that we are all sick, thus robbing humanity of its essential normality. Not to mention making billions of dollars on the way.

Frances writes well, and is no stranger to hyperbole. Profits are reaped not earned. Psychiatric medications are star earners for drug companies. Researchers have inserted pet diagnoses, which are rampantly hyperinflated. DSM-5 has become an obese monster, and a publishing profit centre for the APA. Such rhetoric can border on paranoia, but Frances believes that psychiatric overdiagnosis is an exemplar of the bloat and waste that follows throughout US medicine when commercial interests hijack the medical enterprise.

After such a rousing analysis, and a thought-provoking outline of diagnostic fads, past, present and future, Frances then reveals his practical road-map back to a sane and safe psychiatry. Big Pharma, identified as one of the main adversaries, is to be tamed. No more free lunches, no more off-label marketing, no more beautiful salespeople congregating in doctors' waiting rooms, no more co-opting of 'thought leaders'. More contentiously he also seeks an end to campaigns for disease awareness. To counter the excesses of DSM-5, Frances advocates careful stepped diagnosis,

moving from attempts to normalise, through watchful waiting and minimal interventions, towards brief counselling, and finally definitive diagnosis and treatment. While acknowledged as innovation in the USA, much of this is familiar ground to UK practitioners.

For many readers of this *Journal*, struggling to keep a grip on a National Health Service they feel slipping away from their grasp, *Saving Normal* will appear as a dreadful transatlantic warning of the shape of things which might come. In this context, the rhetorical shock and awe, and

the lack of balanced argument, will diminish its impact. In so far as the book is targeted at a lay readership, it should be better judged by the standards of popular journalism, although in that arena too it has already been criticised for its lack of objectivity.

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