
FROM THE EDITORS' DESK

Borrowing from Strength

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On my first day of medical school, a fourth year student was called to the podium to tell a story. He looked at us kindly and began.

A man descends to the afterworld and is confronted by two rooms. He enters the first room and sees rows of banquet tables spread lavishly with every kind of food and drink imaginable. Yet the people are in anguish. When the man looks closer he sees why. Their arms are locked in rigid splints, making it impossible for them to bring anything from hand to mouth. The wailing and thrashing are overwhelming. Soon the man has had enough. He moves to the second room.

The second room is uncannily similar to the first: the banquet tables, the sumptuous offerings, the people with their arms locked in splints. Yet there is no wailing or thrashing. Instead there are sounds of laughter, merriment, and joy. The man is dumbfounded. He turns to the one of the inhabitants and asks how can the people be so happy under such manifestly trying conditions. “Here,” the inhabitant of the second room responds, “we feed each other.”

The critical importance of strength through collaboration and mutual support is foundational to the field of general internal medicine. These themes are illustrated by several articles in the current issue.

Behavioral economics uses lessons borrowed from psychology to explain deviations from rationality in economic decision-making. It is especially relevant to health behavior, where the rewards of poor health choices tend to be obvious and immediate, whereas the consequences are often obscure and delayed. In this issue of JGIM, Reddy et al.¹ apply insights from behavioral economics to examine a set of behavioral “nudges” designed to enhance statin adherence. They found that a combination of electronic reminders and performance feedback (delivered either to the patient or to a partner) were more effective than usual care in boosting adherence at 3 months. However, the effect dissipated by 6 months.

Also in this issue, Rollman et al.² use electronic “nudges” to encourage physicians to refer patients with possible anxiety disorders to a collaborative care intervention. The intervention consisted of telephone intake by a lay “behaviorist,” weekly multidisciplinary case discussions, and treatment consisting of a cognitive-behavioral therapy (CBT) workbook, medication, or referral (as guided by patient preference). The intervention seems designed to balance efficacy (by incorporating several elements known to work) and pragmatism (by emphasizing phone contact and using trained lay personnel as the initial point of contact). Patients with high levels of anxiety who were assigned to the intervention were less anxious and had better health-related quality of life than those assigned to the control group. In an accompanying editorial, Roy-Byrne³ questions these striking outcomes in light of the modest reported use of the CBT workbook and limited prescribing of serotonin-reuptake inhibitor medications. He speculates that patient self-activation as well as liberal mental health specialty referral may have played a key role.

A third paper in this issue provides insights into the nature of primary care while underscoring the critical importance of team-based collaboration in the care of challenging patients. Hwang and colleagues⁴ asked primary care physicians to classify their patients as high and low effort and as high and low complexity. Nearly 5% of patients were of modest complexity but still “high effort,” and these patients were just as likely to be high utilizers of primary care and acute services as those with multiple chronic conditions. Many of the high-effort patients had a stunning array of social or behavioral health problems that were unlikely to be fully accounted for by standard risk-adjustment formulas.

Bayesian statisticians speak of “borrowing from strength” as a way of generating better predictions. As general internists, we are constantly borrowing from the strength of our peers, our collaborators, our team members, and our patients. We will need to continue to do so in the fraught political landscape that lies ahead. We will be ok if we do not forget our core values, and if we continue to feed each other.

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Compliance with Ethical Standards:

Conflict of Interest: *The author reports no relevant conflicts of interest.*

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