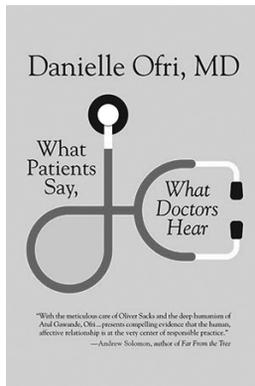


What Patients Say, What Doctors Hear

Danielle Ofri

Boston, Beacon Press, 2017, 242 pp., \$24.95, hardcover



Through her own transparent self-disclosure and interviews with patients and physicians, Dr Danielle Ofri distills the dissonance between what patients say and physicians hear. In this book, Dr Ofri, an internal medicine physician in New York City, further extends

her writing career on medicine and empathy. Family physicians will hear echoes of their own patients in these stories: the persistent patient who drops by unscheduled at lunch, the patient with type 2 diabetes who struggles to fit self-care into an already crowded life, the complex chronic patient who wants to drive the plan of care rather than rely on a primary care manager. She challenges physician assumptions and demonstrates the patient perspective.

Dr Ofri weaves in glimpses of theory and evidence, but at its heart, this book is a celebration of the physician and patient story. Little of what Dr Ofri writes will be novel to readers in family medicine. However, her voice reminds and reinforces the careful practice of listening. She emphasizes that medical communication is not only information transfer, but also a carefully woven tapestry of information, empathy, and connection.

Much of the value Dr Ofri imparts is her voice. She posits that physicians do not value the “less-tangible components of medicine—communication, connection, and empathy” because they are both harder to measure and less typically taught in medical education. But she claims those biases for herself. She argues that before physicians can overcome any sort of bias, they must be honest about it. Through

the transparency of this book’s narratives, she makes great strides toward that goal herself.

Her narrative argues that we should move from a patient-centered to a person-centered approach, in which we recognize each patient as an individual person. Hidden within the detailed stories are smart tactics to improve physician-patient communication, such as recommending that patients take notes if they like, or avoid the patient-critical jargon of medicine (“patient refused treatment” or “the patient expired”).

Dr Ofri attempts to answer bigger physician-patient communication questions such as “Does disclosure increase solidarity?”, “How is physician communication as, if not more, effective than placebo?”, “How should physicians frame recommendations?”, “Should they adhere to equipoise or raise expectations?” In response to each of these questions, she presents a balance of cited research and experience that demonstrate how physician-patient communication is not a predictable interaction that can be addressed with an algorithm. She shows how communication is an art in which physicians must consider the context and the individual patient in each encounter.

In the end, Dr Ofri’s book is an ode to teamwork between the physician and patient. As with any successful team, the key to effectiveness is trust built on careful communication. This book provides family medicine physicians and faculty useful content to create discussion points and vignettes for teaching students and residents the finer points of interpersonal and interprofessional communication. Family medicine physicians may also draw validation and additional inspiration for how they communicate with their own patients.

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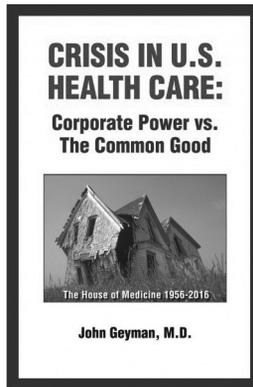
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Crisis in US Health Care: Corporate Power vs the Common Good

John Geyman

Friday Harbor, WA, Copernicus Healthcare, 2017, 358 pp., \$18.95, paperback



Crisis in US Health Care: Corporate Power vs the Common Good by John Geyman, is a must-read not only for family medicine physicians, but also for anyone interested in how the American health care system has devolved to the dysfunctional state we find it in today. Although

it has served well the few who have managed to profit immensely from the corporatization and privatization of the system, in becoming a business, it has strayed far from the social service that it is in most developed countries, and in one of the richest countries in the world, health care is no longer considered a human right, but instead, a commodity to be bought and sold.

Dr Geyman is the perfect bearer of this bad news, as his decades of experience dating from the 1960s to the present in family medicine as a rural practitioner, as a department chair, as a residency director, as a journal editor, and as a writer, among other roles, give him a unique and clear perspective of the changes that have occurred over time and that have brought us to where we as Americans find ourselves today.

The book traces the history of medicine in the United States starting in the mid 20th century just before Medicare was enacted, and tells the story of the political and economic forces that shaped our health care system. The first part of the book details systems changes over the past 60 years, while the second part chronicles a personal perspective during this same time frame. The final part, a summary of the state of the health care system today, also gives some insight into possible future directions.

Dr Geyman builds on the work of many other writers, doctors, academicians, businessmen and women, and historians to support his perspectives and the details of his story. He clearly has a firm grasp on research that has shown what works and what doesn't work to improve

the health of a population, and he is very adept at pointing out what we as a profession have done well and what we have done poorly to serve or disserve the American people.

Much of the book focuses on the intricate tale of how market forces and insurance companies inched their way into power, and slowly eroded the medical system and its value system until money ruled, and social justice, and physicians' sense of service, fell to the wayside. His remarkable descriptions of the series of circumstances and decisions that led us astray are beautifully told in this book, which can only be described as a work of art.

Clearly a proponent of a single-payer system, Dr Geyman explains why the current system, including the Affordable Care Act, and particularly any system the Trump administration puts in its place, has been and will continue to be a system that serves the interests of big business only, and not the interests of the population, nor individual health care as a human right, nor public health. A single-payer system, he argues, as most developed nations have moved to, is the only system that will fairly serve all, and is the only system that, if implemented, could salvage American health care from the nearly unsalvageable wreckage it has become.

The best part of this book is that Dr Geyman takes his readers through the evidence in such an easily accessible and understandable manner, and his arguments are so eloquently made that one is tempted to think that they almost came up with the ideas and flow of logic themselves. At over 80 years of age, he sees our flawed system with such clarity, his writing is so fluid, and his point-by-point plans for working toward a better health care system are so cogent that this is easily the best book on the problems and potential solutions to our broken health care system that has been written in the last 20 years. I highly recommend it to anyone interested in the subject, or in fact to just anyone who is a citizen of the United States.

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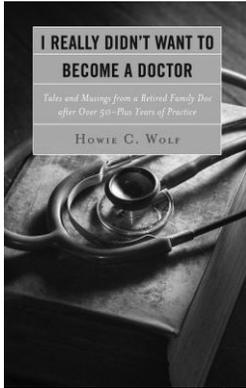
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I Really Didn't Want to Become a Doctor: Tales and Musings from a Retired Family Doc After Over 50-Plus Years of Practice

Howie C. Wolf

Lanham, MD, Hamilton Books, 2017, 77 pp., \$24.99, paperback



Reading this book feels like sitting down with a grandparent and hearing story after story—entertaining and enlightening at times, disjointed and repetitive at others. The author, Dr Howie Wolf, recounts in semichronological order his experiences from deciding in

college to follow in his father's footsteps and attend medical school, to serving as a Navy physician, to practicing family medicine, to volunteering in third-world countries.

Dr Wolf identifies himself as a social justice advocate throughout the last 50 years of medicine, but does not adequately acknowledge the ways his perspective is entrenched in white male privilege. He seems to recount many persons of color that he met along the way, at once observing the way “they” really are human just like him and simultaneously espousing a colorblind philosophy, rather than deeply examining the ways that racism impacts health. His self-portrayal as a champion of equality seems insincere in light of the sexist sentiments that are woven subtly into many anecdotes, describing women not in terms of their intelligence and not as equals, but instead by their looks and the extent to which their beauty fit a societal norm of attraction. For example, he reports being surprised when he met a sultry-voiced hospital operator and found “she was probably one of the ugliest women I'd ever seen: bad hair, bad body, and bad teeth” (p. 17). As a young female health professional, it would be difficult to smile and nod at the patriarchal objectification seeping through these stories, had we been sitting together.

Overall, this book would have benefitted from deeper reflection about some of the major themes Dr Wolf was trying to get at. An example of this is found when comparing Dr Wolf's recollection of learning clinical skills as a medical student at the University of Iowa through interacting with “actors” who were

paid to be patients, to an essay, “The Empathy Exams” written by Leslie Jameson¹, which is based on her experiences as one of those patient actresses at the same institution. Likewise, Dr Wolf's chapter, “Activities” could have benefitted from the ample literature² on how volunteer medical missions may contribute to reinforcing global structural inequalities. He does wonder whether his trips to places like Honduras and Rwanda might hurt more than help, but in the same sentence (p. 52) soothes himself with the words of a fellow volunteer, “we offer these people hope that someone cares about them.”

One chapter, “Examining an Old Adage: Doctors Should Avoid Lawyers” was the highest quality in the book, as here Dr Wolf wrestles with complex dynamics around ethics, malpractice, and the doctor's role in testifying against egregious acts of other doctors. These reflections were interwoven with specific cases he was involved in. In other chapters, Dr Wolf did relate compelling anecdotes, like being passed from one Navy ship to another over choppy waters to assist in an appendectomy, and fielding questions about sexual health in his son's elementary school class. These stories seemed disconnected from one another, and might have had more impact with smoother transitions.

In one sentence (p. 14), Dr Wolf relates, almost off-handedly and only as it related to a friend's story, the experience of being divorced, widowed, and having the tragic experience of losing a child. I found myself wanting to hear more. Perhaps this is where the story is; where readers could learn from how Dr Wolf's loss and vulnerability and suffering related to that of his many patients. This is the story that readers need, not a relatively sterile recount of somewhat amusing, somewhat arbitrary career stories, but rather a venture into the liminal space between providers and patients—dichotomized as healers and sufferers—and an allowance for epiphany in examining the way in which our own humanity and suffering allows us to provide whole-hearted, genuine, empathetic care.

Telling our stories, writing them down, and reflecting on the larger systems at play has such potential for the writer and the reader, especially after a long career. I was hopeful that this book would provide some comfort to the many family medicine physicians who are questioning their decision to be a doctor, wrestling with compassion fatigue, and needing some encouragement to use their skills,

passion, brilliance, and fortitude toward fighting against health care disparities by advancing the future of primary care. This is not the book I was hoping it would be.

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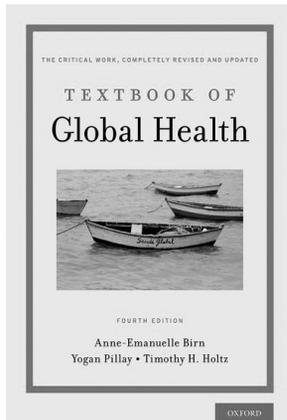
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Textbook of Global Health, Fourth Edition

Anne-Emanuelle Birn, Yogan Pillay, and
Timothy H. Holtz

New York: Oxford University Press, 2017, 674 pp., \$85, hardcover



The first mistake a reader unfamiliar with earlier editions of this textbook might make is to assume this is a clinical reference work along the lines of Manson's or Hunter's.^{1,2} It is not. Rather, it is a densely packed treatise on the history, influences, philosophies, and future of global health. It encompasses public health, national health policy, significant players in global health, politics, international trade, and economics, with only allusions to the clinical practice of medicine. This fills an important gap in the training and experience of most clinicians.

The volume begins by explaining why global health matters from a variety of perspectives, closely followed by chapters explaining what international/global health has been historically and how it has been practiced. A valuable critique of the vertical single-issue silo approach common in global health is included on page 70. The historical account presented in chapter 1 is excellent, and along with the introduction should be required reading for anyone

embarking on a global health venture. A lucid explanation of international vs global health is offered (no mere semantics here!), with a table (p. 77) highlighting the differences.

The third chapter transitions with a discussion of the authors' philosophical approach to global health, upon which the text is based: the political economy approach. While the validity of applying this economic interpretation of history³ to health and health care is certainly open to discussion, it speaks highly to the authors' integrity that they reveal their worldview early in the book. One of the strengths of the political economy model over previous models is its incorporation of the social determinants of health as a major factor in global health. A convenient comparison between this and the biomedical and biopsychosocial models is provided on page 108 (Table 3-2).

After setting the context for the remainder of the book, the authors introduce the major players in global health. An appendix including contact information for the major organizations named would have been a nice addition—perhaps this will be part of the next edition. There was a clear big business, big government, top-down bias in the collation of organizations; smaller, grassroots organizations are barely mentioned. The religious organization section was also disproportionately small compared to the impact missionary hospitals have; anyone with field experience abroad can't help noticing their ubiquity. In compiling a list of players, one must of course make decisions on whom to include; the authors appear to have selected large-budget players, a legitimate approach consistent with their model. For a more comprehensive list, one may wish to review the somewhat dated American Medical Association's *Practical Guide to Global Health Service*.⁴

A valuable review of statistics is included, clarifying the need to objectively measure meaningful outcomes. This is critical for policymakers, who undoubtedly compose a significant portion of the volume's readership. The emphasis on evidence-based public health is most welcomed. Chapters on epidemiology—and not just exotic infections—and social determinants of health demonstrate the practical application of these principles.

Influences on health including disasters and war, globalization, the natural environment, health systems, and health economics all receive attention. For clinicians not accustomed to considering the complexity of these factors,

these chapters provide critical insight. Naturally, as family physicians accustomed to dealing with patients in the context of their family and community, one would hope that we've already given thought to these factors in our global health involvement! A nice summary comparing the neoliberal and the social justice approaches to health economics is found on page 556 (Table 12-9). The table could have been improved by also including a column on a classical liberal approach.

In the chapter "Building Healthy Societies," the focus is primarily on large vertical health interventions despite acknowledging their limitations. An unfortunate omission is any significant discussion on the need for integrated horizontal activities, ie, primary care, which are recurring themes at venues such as the American Academy of Family Physicians' annual Global Health Workshop.⁵ There is only a brief acknowledgment of the importance of local personnel and resources, and that isn't until the final chapter (p. 603).

A cover-to-cover reading of this book is daunting; the final chapter provides an excellent summary. Readers who are reluctant to bite off the entire volume would do well to start here and then focus additional reading

in the earlier chapters addressing the topics they find compelling.

This textbook may not fit in every clinician's personal library, but it definitely belongs at every institutional program on global health, whether the focus is clinical, policy, or public health.

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