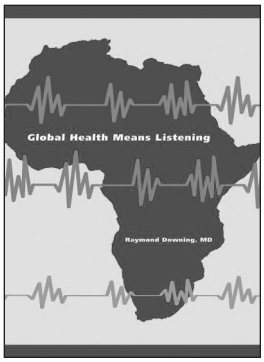
Global Health Means Listening

Raymond Downing

Nairobi, Kenya, Manqa Books, 2018, 163 pp., $7.80, paperback



The title of this book says it all: global health means listening.

Listening. This is the lesson Dr Raymond Downing has for anyone from the United States working in global health, in any setting, wherever in the world they may be. Listen to the "other peoples" of the world. Hear their stories. Value their perspectives. Learn from their histories.

Who are these "other peoples?" In Africa, where the author has spent almost all of his family medicine career in various practice, educational, and administrative capacities, this means Africans living and working in Africa. In other parts of the world, this means those living and working in their home countries, including local professionals who are engaged in direct patient care, health systems development, and daily life in all its complexities.

Why is listening important? Dr Downing explores this question repeatedly in his book, giving insights from four distinct points of view emergent from his 30 years' work on the African continent. First, based on his own personal experiences, listening is crucial to understanding interpersonal and cultural differences. Second, based on the politics of HIV in the particular context of Africa, it is vital to grasping that our Western technological fixes address only one facet of the AIDS epidemic there. This rigid focus of attention has severely limited our ability to appreciate other social and structural aspects of the problem. Third, based on the early development of family medicine in Africa, it is essential to envisioning and promoting a discipline rooted in local values and needs. Last, based on his own spiritual foundations—for many years Mennonite or Quaker congregations have supported his work in Africa—listening is necessary to grasping the shared significance of suffering, the value of collective well-being, and the profound sense of worth that healing in community with others offers.

How can we best listen? Dr Downing suggests we might best accomplish this task by paying less attention to measurable goals in health outcomes and relying less on our technological capabilities as ends in themselves. Instead, he advises, we might do better by paying more attention to our relationships with others, noticing how those relationships change our perspectives. We might listen better by relying more on finding meaning through the expression of appreciative respect as we work to fulfill our calling as physicians.

Readers expecting stories of a heroic adventurer guided by missionary zeal–someone out to save the world—will be disappointed by this book's contents. Throughout, Dr Downing portrays himself more as attentive observer than interventionalist actor. His words shed more light on his attempts to comprehend health care in Africa than on any answers about how to improve it. More than anything, they convey a certain reflective sadness. We miss so many opportunities to listen because of the ethnocentric belief that we have what everyone else in the world wants, and taking it upon ourselves, through the guise of medicine, to be deliverers of those supposed gifts.

Dr Downing sums up his lesson of listening using words that thoughtful family medicine clinicians and educators involved in global health activities will readily identify with:

> Health means wholeness—the words have the same root—and people are whole only when their physical lives are in harmony with the routine of life in their families and their communities. Global health does well in understanding physical lives, because that part is more or less the same throughout the world. But societies and cultures are very different, and global health can only understand these by listening.

Those who want to understand this perspective, and grasp what lies behind Dr Downing's

conclusion that "global health that listens is truly global," would be wise to read this book. Others looking to enter into any kind of global health activity would be wise to read it, too. It just might help us all open our ears to hearing what wisdoms exist around the world and learn how we can grow our wisdom, as well.

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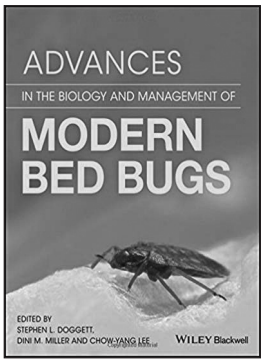
Advances in the Biology and Management of Modern Bed Bugs

Stephen L. Doggett, Dini M. Miller, and Chow-Yang Lee, editors

Hoboken, NJ, Wiley Blackwell, 2018, 472 pp., $200 (amazon.com: $169.25), hardcover



In 1966, Robert Usinger published *The Monograph of Cimicidae*, a thorough review of the family that includes bed bugs.[1] At that time, infestations were becoming less common; perhaps he thought this was the last opportunity to write about a once-common but now-vanquished foe. How times have changed! Bed bugs have made a resurgence, and rare is the family physician who has not encountered a patient with concerns about these pests. Whether living in homeless shelters, or amidst the clutter of affluence, our patients are once more at risk of this ancient scourge. It is into this setting that Doggett et al have contributed the first comprehensive treatment of the topic since Usinger.

The authors begin with a fascinating review of the history of bed bugs, from their origins and spread to the variety of efforts at extermination and prevention through the years. The place of bed bugs in popular culture, poetry, and both visual and performing arts is described. Whether one's interest is in medical history, biology, the arts, or epidemiology, the first couple of sections of the book are real page-turners; you could read them just for fun!

Following the establishment of the historical context, the book continues with a review of the modern global resurgence of these arthropods as a public health issue. While the reader's focus may be their own nation, it is enlightening to realize this is a global phenomenon, ranging from the penthouses of Manhattan to the huts of sub-Saharan Africa. Proceeding from there, the authors discuss the wide-ranging impact of these infestations: dermatological, immunological, psychological, pulmonary, hematological, toxicological, and financial. For primary care physicians treating the whole patient, this part of the text provides valuable insight for the care of patients affected. Of particular value is Table 13.1 on page 128, which summarizes the evidence linking infestations to mental health issues.

The next sections on the biology of bed bugs makes for intriguing reading, though they are of less direct clinical relevance. While details of maintaining a bed bug colony in the lab may be of limited interest to most readers of this review, the behavior of the bugs, their means dispersal, the various pheromones involved, and oddities of their biology (eg, traumatic insemination, mitochondrial heteroplasmy, obligate endosymbiotes) reawakens that fascination with the remarkable diversity of life processes that first led many a physician into the biological sciences and ultimately to medicine.

Management of bed bug infestations makes up a significant portion of the volume. Beginning with an overview of the establishment of public policies and codes in all corners of the globe, the authors address various detection methods, chemical and nonchemical extermination approaches, and prevention strategies. Individual chapters focus on special high-risk situations, including low-income housing, shelters, multiunit housing, hotels, health care facilities, and the transportation industry. While offering a thorough overview of methods and strategies, the authors include a valuable discussion of the limits of technology. While emphasizing the importance of education, they do not shy away from the mixed results found when evaluating the effectiveness of education.

The final portion of the book specifically addresses legal issues related to bed bugs, and not only from a US perspective. Topics such as pesticide and pest management professional licensing and regulation (including the potential of global standards), public health laws, public housing and temporary occupancy regulations, and civil lawsuits are all discussed. An interesting chapter on the role of expert witnesses in bed bug litigation (a role that family

physicians could conceivably find themselves playing) rounds out the section.

While reading the book for this review, several passers-by commented "Ooo! There's a whole book on *that*?!" Indeed there is, and it is well written by 60 coauthors and skillfully edited to read as a united whole, not merely a collection of loosely related essays. It is packed with valuable information including historical, clinical, biological, and legal perspectives. A wide audience will benefit from its contents, ranging from clinicians to policy makers to innkeepers to exterminators! This is an important book that should be acquired by your local library, and perhaps even for your personal collection.

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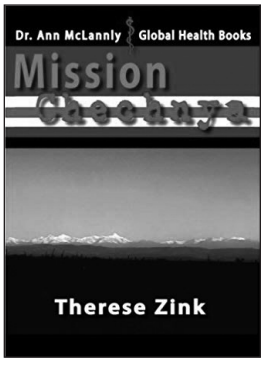
Reference

1. Usinger RL. Monograph of Cimicidae (Hemiptera–Heteroptera). Annapolis, MD: Entomological Society of America; 1966.

Mission Chechnya

Therese Zink

Zenterram Press (self-published), 2017, 285 pp., $15, paperback



Many are drawn to global health by the allure of making a big impact in a place that truly needs it. The realities, of course, are far more nuanced and rarely as attractive as imagined. *Mission Chechnya* continues the global health journeys of the fictional Dr Ann McLannly as she grows listless and once again leaves her Midwest home to pursue dreams of making an impact, this time, in Chechnya.

Since her time in Rwanda, detailed in the first Ann McLannly book, *Mission Rwanda*, Ann has tried unsuccessfully to reacclimate to life at home. It is only in trying to reconnect with Edward, her love interest from Rwanda, that she lands herself with the opportunity to be the medical director of a mission in Chechnya. Ann has learned from her previous experiences and finds herself better able to navigate the complexities of relationship building. She prioritizes getting to know the local team on a personal level, which allows her not only to find joy in the difficulties of daily life, but also to strategically position herself for success. As Ann describes, "Here was joy and laughter among the ruins" (p 43).

This attitude serves her well as several complicating issues arise to take this adventure beyond just health care, as is often the case in global health. Ann finds her team caught between the Chechen and Russian governments, trying to work toward humanitarian goals, but finding the politics difficult to navigate. In investigating an explosion site, the team finds the grenade that may have caused the incident, and decide to carry it with them so they can send it for further analysis. Ann is filled with anxiety at concealing and transporting this evidence through various searches and checkpoints, but often finds herself the primary caretaker of their contraband, given her unassuming status as a young American woman. Romance also stirs the pot, as Ann begins to have feelings for her new mission director, Jeffrey, just as Edward joins the mission. The love triangle is given little time to simmer as Jeffrey is pulled from consideration, kidnapped by unknown forces. Even worse, Jeffrey suffers from often-discussed asthma, and even if he is unharmed by his captors, his life may be in danger without his inhalers. The focus of the mission quickly shifts to acheiving his safe return, with continued frustration with the lack of progress toward the original goals of the mission. Ann's frustration is palpable as her mission ends unsatisfyingly, with no clear answers to many of the concerns raised throughout her time in Chechnya.

As with any subsequent book in a series, it is a bit difficult to jump into Ann's life story without understanding her motivations. The various allusions to her previous significant experiences leave the reader wanting to know more about how these events have led Ann to this point. While readers of the first book would likely enjoy the lack of repetition, new readers should consider reading *Mission Rwanda* before embarking on this second mission.

Nevertheless, *Mission Chechnya* paints a portrait of daily life, not just for health workers but also for the people who live the realities of a war-torn nation. Beyond the descriptions of sacrificed first-world comforts, such as

consistent light and internet access, Zink also highlights the lesser known adjustments, such as Ann having to search her room for spy devices and worry about the very real possibility of spies and double agents. Zink also takes the reader inside the more abstract struggles of each character trying to live up to expectations of family, country, and personal moral compass. For example, one young woman serves as a translator for the mission, but a dimension is added when she finds herself struggling against an arranged marriage her parents have proposed. In the setting of destruction and devastation, of struggle and death, she still manages to find light in the situation and highlight it with optimisim. As Ann says, "In a place with so little, where people suffered such misery, had such limited options, they gave so much" (p 205).

This piece of historical fiction will be a quick read for anyone interested in Ann's life after *Mission Rwanda*. It emphasizes the theme that while global health work can have satisfying moments, it is largely overshadowed by mysteries that may never find clear answers, and frustration at solutions that are stalled due to political strife. Overall, *Mission Chechnya* provides a realistic view into life as a global health worker in Chechnya and the many systems which complicate the delivery of medical care for all.

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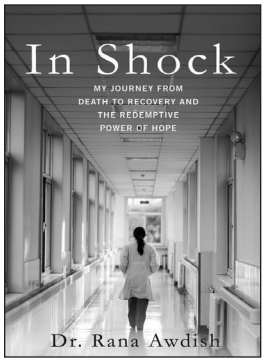
In Shock: My Journey From Death to Recovery and the Redemptive Power of Hope

Rana Adwish

New York, St Martin's Press, 2017, 272 pp., $25.99, hardcover



In Shock: My Journey from Death to Recovery and the Redemptive Power of Hope by Rana Adwish, MD, FCCP, details the traumatic experience of a pregnant critical care physician who loses her unborn first child and nearly dies of hemorrhagic shock. Instantly she is thrown from her role of physician into the patient role. The true shock comes when she is further traumatized by her fellow physicians' inability to be present with loss and suffering, and to respond compassionately.

In Shock juxtaposes a series of organ failures, major surgeries, and code events with careless comments, dismissive behaviors, and occasional outright bullying from medical teams. In one memorable example, an obstetric resident asks Dr Adwish, who has just identified the absence of a fetal heartbeat in her own ultrasound, "Can you show me where you see that?" (p 26). Eventually, she resumes her work as a critical care attending. While rounding on a patient with a presentation eerily similar to her own, she notices: "What was missing [was] any acknowledgment of the absolute shattering horror of this particular sequence of events. They didn't see her as a person. She was a case to them" (p 119). Dr Adwish examines the educational culture causing this phenomenon: the grueling hours, the pressure to dispassionately diagnose a variety of pathology in pursuit of competency, and the lack of emphasis on humanism. She knows this well, having been through it herself. One key passage depicts Dr Adwish mourning the death of a pediatric patient, then being chastised—after all, the work must go on.

While the subject matter could easily lend itself to being dreary, Dr Adwish maintains a persistent tone of hope. Just as we learn pathology, we can learn empathy. We can heal ourselves and our patients. Anecdotes of Dr Adwish encouraging empathy and patient-centeredness on a small scale with her own ICU

team parallel her gradual physical and emotional recovery. She also begins to note larger-scale changes at her institution—learners are now being specifically taught skills in communication and empathy. She has another bout of shock several years later. This time she is treated with empathy, respect, and compassion by the learners charged with her care.

In Shock touches on many themes present in literature: wellness, burnout, physician-patient communication, and dehumanization. Generally, Dr Adwish does not refer the reader back to the known literature. It's a wise choice to keep the focus on the true strength of the book: her narrative as the patient. She shows us through her harrowing experience that we need to be intentional about our words and interactions. We need to connect to patients in their time of suffering. We should teach our learners to do better. She offers practical tips for effective communication at the end of the book. This section is readable in under 10 minutes, and is easily shared with patients and learners even without reading the book, though putting them at the end of this powerful narrative makes their necessity and value more evident.

For educators hoping to delve deeper, a reader guide is available at https://www.ranaawdishmd.com/book. The guide is composed of six sections of three to ten questions for reflection. It would lend itself best to an ongoing series of discussions with learners. The questions themselves are generally thought-provoking and insightful. Supplementary references and reading materials to help further illustrate themes of burnout, wellness, communication, and dehumanization in medical training would have been ideal for educators. These could help the book and guide to reach their full potential to serve as a basis for a formal curriculum about physician-patient communication, empathy, and humanism. The art in medicine section was interesting, but felt a bit disconnected from the theme of the narrative and the very necessary and practical call to action it embodies. The narrative medicine section feels underdeveloped. This segment does not currently offer any reflective questions; I would have loved for Dr Adwish to encourage her readership to reflect on times when they've invested in patients' stories as much as their illness, to explore why that was, and how it affected their relationship and care delivery.

Ultimately, any qualms I have with the reader guide are minor, especially considering the power and impact of the book itself. *In Shock* is exceptionally well written. It is honest and unflattering but also offers understanding, grace, and hope. I'd highly recommend it to any clinician, educator, or learner seeking to become a more empathetic, passionate, humanistic physician.

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