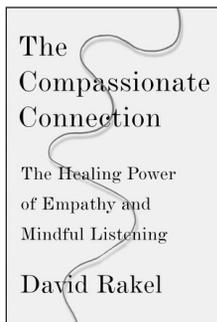


BOOK AND MEDIA REVIEWS

The Compassionate Connection: The Healing Power of Empathy and Mindful Listening

David Rakel

New York, W.W. Norton & Company, 2018, 280 pp., \$25.95,
hardcover



How does a busy physician forge a connection with a patient to hasten healing? David Rakel, MD, empowers the heart and provides tips in *Compassionate Connection*. Drawing on his own encounters teaching primary care and integrative medicine, Rakel

communicates the soul of presence as he takes the reader into his and others' exam rooms.

Family physicians are all trained to practice patient-centered care, but pausing and reflecting on these skills is important if one is to maximize the power of healing, increase treatment compliance, and prevent physician burnout. This book is designed to help the reader approach problematic patient encounters with mindfulness to achieve these goals.

Rakel states that fostering a "compassionate connection" hastens healing. A high-yield way of doing this is by improving empathic listening skills. Rakel expands clinician skills with two excellent chapters on the "biology of connection" and how to "physically communicate good intentions." For example, one can engage the mirror neurons of the patient by augmenting one's body language in research-authenticated ways. Oxytocin may be evoked in an appropriate interpersonal connection, which may soothe both patient and clinician. Neuroplasticity can be harnessed. When physicians master the art of connecting with empathy and optimism, "they create change in the neuroplasticity potential of their own brains" (p 71). If physician burnout is to be successfully addressed, focusing on patient strengths instead of their deficiencies strengthens positive, peaceful, neural pathways in the synapses of the physician.

A compassionate connection is markedly enhanced, according to Rakel, by the understanding of physician and patient body language. A strength of this author's treatment of this topic is how specific and research-based his coverage is. Examples useful to family medicine educators include congruency between verbal content and facial expressions, closed vs open body positions, and what percentages of eye-contact time are the most effective. Even the handshake can have an improved technique.

Strengths of this book include extensive and useful research references. The text abounds with integration of studies that the family medicine educator can use to improve teaching. An example is how negative bias can be overcome by taking time to more fully evaluate patient information. Residents were asked to rate patient scenarios in two dimensions: how likable a patient was, and how difficult a patient was; they were also asked to make diagnoses. With less likable and more difficult patients, when residents increased their time on careful reflection, their diagnostic accuracy increased. A conclusion of a related study is that there is a risk of physicians making mistakes when they are spending internal energy dealing with a patient's disturbing behaviors, rather than "adequate processing of clinical findings." Rakel concludes that the ability to mindfully suspend judgment or adequately recognize one's potential biases will improve both connection and accuracy.

Another research-supported section is mindfulness training for physicians to reduce burnout. For a more extensive presentation of mindfulness, the reader may also wish to consult Epstein's *Attending: Medicine, Mindfulness, and Humanity*.¹ A strength of Rakel's briefer presentation, however, is including non-Eastern meditation approaches by identifying "pause and be present" practices some Westerners may do habitually (eg, pausing before prayer or pausing before swinging a golf club). One empirical finding cited in the book cited empirical finding was that when physicians paused frequently or—more bluntly—stopped moving and speaking, patients often provided important information that they had hesitated to reveal.²

One weakness of the book is a noticeable style difference between the senior author (Rakel) and his guest nonphysician writer. It is also unclear who the intended audience is. The primary audience appears to be medical clinicians, but the text works too hard to include an overly-broad audience of nonmedical readers. Common medical terms are overexplained, which can seem pedantic. These issues would be profitably addressed in a subsequent edition.

Nonetheless, this volume is a beacon to help clinicians connect with core values in the helping relationship, and to foster patient relationships in a time-efficient way. If you are buffeted by modern institutional demands that could suck the soul out of your best intentions, keep this small book at your elbow with Rakel's gentle reminders, wisdom, and wit.

CONFLICT DISCLOSURE: Dr Rakel is the recently appointed chair of Family and Community Medicine at University of New Mexico (UNM), Albuquerque. Dr Billington is affiliated with UNM as a 1+2 program, but only reports to UNM indirectly. Dr Billington's employing organization has its own program director and faculty.

doi: 10.22454/FamMed.2019.696076

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The Chronicles of Women in White Coats

Amber Robins and Contributing Authors

Columbia, SC, self-published, 2018, 282 pp., \$11.59, paperback (Amazon.com)



Medicine and journaling one's own lived experience as a female physician is the essence of *The Chronicles of Women in White Coats*. Twenty women representing a variety of cultures and color share 30 personal stories ranging from childhood to

medical school, residency, and current clinical practice. Each story is a quick read, offering

opportunities to read it straight through or haphazardly when you have a few free minutes.

This is the second book written by Amber Robins, MD, a board-certified family medicine physician, medical journalist, and health care media personality. Her story (#15) describes what many medical students experience: breezing through high school and college as a smart girl but running into the reality that in medical school you are only one of many smart people, and medical school is tough. At her school, there were few physicians of color, and diseases specific to minorities were frequently not covered. In her story, she relates how in a dermatology class the only pictures they saw were of white people, yet she received little or no education on how to diagnose and treat her future patients of color. One day she discovered *The Journal of Minority Medical Students* and eventually began writing a column about her experiences as a minority medical student.

One of the most brutally honest stories, by Angela Freehill Brown (#25), describes the day she discovered a small painful breast lump and waiting over a holiday weekend for a mammogram. She vividly describes all her past challenges, finally having a calm, successful, balanced life of family and an orthopedic practice, and then waiting at the edge of the cliff to see if she would lose it all. She followed her instincts to insist on an immediate ultrasound-guided biopsy of the small 1-centimeter cyst instead of watchful waiting. The diagnosis was invasive ductal carcinoma, high grade. In the author biographies at the back of the book, she describes herself as a cancer survivor trying to grow back her hair after chemotherapy.

Current issues including the #MeToo movement (medical students and residents sexually harassed by attending physicians) and physician suicide are also covered in stories in #30 and #27.

One of the funniest stories was "One Night on OBGYN," where a medical student who wanted absolutely nothing to do with vaginas, fell in love with OB after delivering her first baby. Written from a clerkship perspective, Kendra Segura describes how on shadowing rotations, "the primary objective of the medical student wasn't to learn; it was to not be in the way. We were like dogs begging for treats, hoping our doctor masters would throw us a bone—a surgical case to observe, the chance to assist with a central line placement, anything

to get us the experience and approval we needed so that one day we might be the ones handing out the doggy treats” (pp 122-123). I shared the story with medical students on an OBGYN rotation and they just started laughing, telling me it is “a thing” for the medical students to bark at other medical students if they get the opportunity to participate in a procedure.

Many of the stories have similar themes of overcoming adversity, of being told they aren’t smart enough, skilled enough, motivated enough, and of just not being good enough. Different perspectives on the cultural and economic effects of their childhood or country of origin give the stories originality and an awareness of how strongly many women need to fight to become a physician in the United States. The stories are also honest about trying to find a balance between having a career and having a family, and admitting they worry about the effects of long hours, stress, sleep deprivation, not taking care of their own health needs, and burnout/compassion fatigue on their own children and marriages.

I was disappointed none of the stories included a physician who discussed their experiences as an LGBTQ individual. This is especially important as minorities often feel even more exclusion from their personal and professional communities if they come out about gender and sexual preferences that are not heterosexual.

I am also curious how these 20 women were selected as authors. Were they all friends and colleagues or was there an open call for authors to submit their stories? There is no introduction in the book that explains the process of how the stories were obtained or selected for inclusion. It would have been interesting to explain how this community of women was brought together to share their insights and experiences.

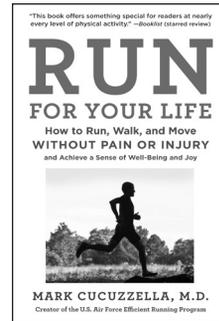
doi: 10.22454/FamMed.2019.894207

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Run for Your Life: How to Run, Walk, and Move Without Pain or Injury and Achieve a Sense of Well-Being and Joy

Mark Cucuzzella

New York, Alfred A. Knopf, 2018, 384 pp., \$26.95, hardcover



Mark Cucuzzella, MD, is a lieutenant colonel in the Air Force Reserve, family physician, and competitive long-distance runner who lives in Shepherdstown, West Virginia with his wife and two children. As a competitor, he currently holds the world’s longest

active streak for consecutive years running a marathon in under 3 hours (30 years). As an educator and entrepreneur, he is a professor at West Virginia University School of Medicine, race director, owner-operator of his own educational running website (Natural Running Center), and owner of two running and walking shoe stores.¹ Having immersed himself in the world of running and completing over 100 marathons and ultramarathons (including 24 Boston Marathons), he offers a unique perspective as an elite athlete and physician.

In his book, Dr Cucuzzella draws from his unique experience to discuss multiple aspects of running and advocate for the activity to which he has devoted his professional life. He explains basic biomechanics, how our modern lives contribute to incorrect posture and running adaptations, discusses types of running shoes, and goes over injury prevention strategies. Later, he goes on to address basic physiology and dietary considerations surrounding glucose and fat metabolism in relation to exercise, with special attention paid to insulin resistance. The tone shifts toward the end of the book, when Dr Cucuzzella explores the social and mental benefits of running. While there does not seem to be one concise theme, in its variety, this book has the potential to appeal to seasoned and prospective runners alike. In the context of modern running literature, it is most similar to *Anatomy for Runners*, by biomechanics researcher and therapist Jay Dicharry.² It is a practical and specific guide, very different from George Sheehan’s *Running and Being*, which provides a philosophical view of running and life.³

At the end of each chapter, he includes stretches as well as physical and mental

exercises to encourage movement, functionality, correct breathing, and proper mentality. The drills and exercises are comprehensive, complete with pictures and descriptions, and for the most part are easy to complete. He gives a good foundation of drills to boost performance by mastering the correct technique and by increasing strength and flexibility to maximize the forces within that technique. The limitations of the drills and exercises offered in the book include the large number of exercises and the requirement of proper equipment. The average runner reading this book may have difficulty discerning which drills or exercises to perform due to time limitations for each running session.

Dr Cucuzzella frequently uses examples from his own life as he describes injury prevention and nutrition. He uses a few examples of friends, fellow runners, and patients. More patient examples would have been helpful to connect the concepts to primary care. Overall, he is pretty dogmatic in terms of his running advice: minimalist running is good, nonsteroidal anti-inflammatories should be avoided completely. Although at times the solid evidence behind these claims is lacking, he does not stray too far from conventional wisdom.

The appendix references the book's website, which is a very well-organized web portal for additional resources, information, and links to videos of the drills and natural running technique.⁴ The appendix also has great training plans for a 5K, half marathon, and full marathon, aligned with the concepts of the book. The training plans are based on running for a

certain length of time instead of distance, and include drills, cross training, and recovery days.

This book is a dense read that encompasses many aspects of running including mechanics, nutrition, footwear, and step-by-step plans for training. It is all about injury prevention; it is not a book about how to deal with common running injuries. Overall, it is geared more toward runners than physicians, and would be a great reference for a new runner at any age, a runner contemplating a first marathon, a seasoned runner trying to avoid continued injury, or a running coach in need of good drills for the team.

doi: 10.22454/FamMed.2019.986100

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