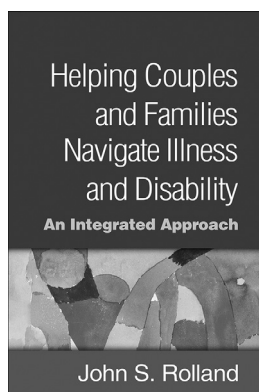


## BOOK AND MEDIA REVIEWS

### Helping Couples and Families Navigate Illness and Disability: An Integrated Approach

John S. Rolland

New York, Guilford, 2018, 400 pp., \$45.00, hardcover



This book arrived by mail, by great coincidence, in exactly the same week that a family member in our home received a diagnosis of advanced cancer and the family was about to gather at our home to visit her. Timely, and very much appreciated, John Rolland's

book served as salve for me and for our family. His voice comes through the pages with caring, empathy, understanding, and wisdom. Despite the scholarly nature of the book, the personal sharing and case examples breathe great humanity and compassion into the enormity of the caregiver struggle.

In the book, John Rolland, MD, MPH, expands on his innovative and sensible Family Systems Illness model that is built on a foundation of a systems viewpoint that encourages health care practitioners (and family members) to adopt a broad perspective on the patient and their condition within the larger context of their life.

From this perspective, function and dysfunction are defined by the fit between the individual and the family, and their social context, the psychosocial demands of the health condition, and other stressors in family life. (p 9)

As if this is not complicated enough, Dr Rolland prepares health care practitioners to understand that the journey of illness is often marked by dramatic changes in severity of symptomatology, patient and family needs, responsiveness of the health care system, and the availability of resources (psychological and material).

Part I, "The Family Systems Illness Model: The Experience of Illness and Disability," provides extensive and foundational background to Dr Rolland's whole-person and whole-family approach. He immediately begins providing helpful tools such as questions clinicians can ask patients and family members about their understanding of the illness (p 26) and preparedness to optimize their own well-being along the journey (p 39).

Part II, "The FSI Model: Working With Couples and Families," begins with an extremely timely and useful table by which clinicians can determine the skills they will need to develop, based on their level of clinical involvement with the patient. Dr Rolland does not end with skills, however; he sagely includes suggestions for the knowledge base required to be successful, as well as suggestions for personal development. Here we see the precious recognition of the emotionally demanding nature of this work for family members and clinicians alike, and the essential role of self-awareness, self-care, and attention to countertransference reactions. Again, his perspective is broad, multigenerational, developmental, and anthropological to the degree to which patients, families, and caregivers ascribe meaning to the experience of illness and caregiving.

In the third part of the book, "Phase-Related Issues and Specific Populations: Practice Guidelines," Dr Rolland provides a master class in strengthening the reader's attention to and knowledge of the emotionality and intensity of the illness journey. He highlights experiential aspects (and unique patient and family needs) related to loss, grief, intimacy, and cognitive changes. He devotes a chapter each to intimacy, parenting, and children and adolescents. Sage advice flows, as in the reminder,

One of the most painful aspects of a serious childhood diagnosis is the parents' sense of loss of control over protecting their child from physical harm and suffering. (p 204)

Dr Rolland saves the best for last. In the final part of the book, "The Clinician's Experience and Collaborative Practice," the reader

encounters deeply moving and personal accounts of both the rewarding and potentially depleting nature of family and patient caregiving. A renewed call and helpful suggestions for self-care and resilience are included.

Early in the book, the author briefly discusses the impact of disparities in health insurance coverage on the journey of illness and caregiving. Throughout the book he is attentive to the impact of gender and generation, and in chapter 18 presents a case highlighting the impact of culture. This book would be strengthened by a more deeply developed exploration of the intersection of poverty, racism, and unique cultural contributions to the experience of both illness and caregiving. Attention to minority and oppressed status is an essential component of the provision of enlightened and responsive health care.

I am a smarter clinician, better teacher, and more compassionate family caregiver having spent time learning from Dr Rolland. As promised in the title, I am better prepared to navigate illness and caregiving with a decreased sense of isolation, and a deepened understanding of the essential importance of a systems perspective.

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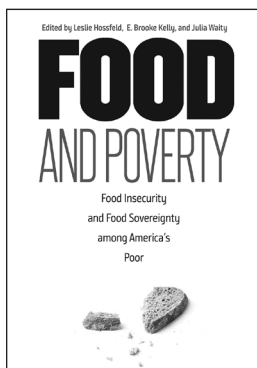
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**Food and Poverty: Food Insecurity and Food Sovereignty Among America’s Poor**

Leslie H. Hossfeld, E. Brooke Kelly, Julia F. Waity

Nashville, TN, Vanderbilt University Press, 2018, 258 pp., \$79.95, hardcover



The type of food produced and the way in which it is produced has drastically changed over the last 80 years in the United States. The transformation has been from regional, small, family-owned farms producing the bulk of the food the US needs in the 1940s, to now when food is mostly a mass-produced commodity that is shipped all over the

country for consumption. Although food has been a commodity since the advent of agriculture, the relationship between the producers and consumers has grown into a complex web of transactions that ends up leading to inequities. These changes and complexities have affected people differently based on their race, class, and geographic locations. *Food and Poverty: Food Insecurity and Food Sovereignty Among America’s Poor* is a compilation of chapters from about 40 contributors from the fields of sociology, anthropology, horticulture, public policy, health policy, economics, and public health.

The book is organized into three parts: Concepts, Problems, and Solutions. In the first part, the authors of the three chapters discuss the concepts of food insecurity, food sovereignty, and cultural factors that affect type of food intake. It also comments on the weakness of the federal poverty line to represent a measure of those at risk for food insecurity, and proposes different ways to define poverty to better elucidate food-insecure communities. Authors in this part point out that the poverty line was meant to elucidate the income that was definitely not enough to maintain a home, not the amount sufficient, as it is used now. Although the poverty line adjusts for inflation, this does not account for the larger increases in health care and childcare costs that affect the poor more significantly. By using the poverty line, many assistance programs are underestimating or undercounting the poor and those at risk for food insecurity.

The second part has nine chapters and constitutes the bulk of the text. This part of the book focuses on the problem of inequality of access to healthy, sustainable food. These chapters discuss the impact of geography, race, and ethnicity on food spending and risk of food insecurity. Chapters in this section support their assertions with data from national government resources and academic studies. Authors of the seventh chapter (Byrd, Byrd, and Cook) bring to light the problem that coupons for food items and sales at grocery stores are most often for high-calorie, low-nutrient, highly processed foods as opposed to healthier fresh food or produce. One of the assertions in this chapter is that coupons and sale ads can offer a way for households to reduce their food expenses, but due to emphasis on profit in the food industry, the benefit comes at a price of potential negative health outcomes.

The third part of the book has six chapters that focus on solutions. It reviews examples of

successful small-scale, community-based initiatives addressing the issue of food insecurity. These chapters discuss successes and challenges faced by public-private partnerships, food activist groups, campus food pantries, and community-based food systems in the journey to get healthy, culturally accepted food to all communities. While the previous two sections of this book are appropriately heavy with the seemingly insurmountable challenge of alleviating food insecurity and institutional racism in this world of plenty, this last part provides some light and hope to start addressing this challenge.

Overall this book reads as a textbook from which certain chapters should be read as they are relevant to one's area of study or interest, and not from cover to cover. I noted that when reading this book through chapter to chapter, there was some repetition and contradictions of the common themes. I found this slightly blunted the message that each of the authors asserted in their chapters.

The audience that would benefit most from this book are those involved in the fields of health policy, public health, sociology, applied anthropology, resource equity, and community organizers. While this book may not be the best choice for the busy clinician seeking actionable steps to address the food insecurity seen in his/her patient panel, it has a wealth of data and perspectives I had not before considered. As a practicing physician I see how my patients are greatly affected by their food and lifestyle choices. This book has helped me understand that there are larger forces at play in food production and distribution that impact the daily choices our patients make.

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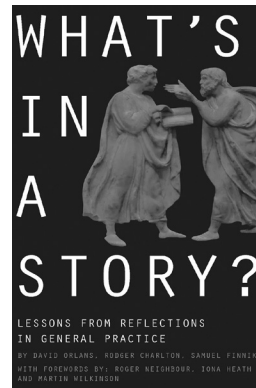
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## What's in a Story?

David Orlans, Rodger Charlton, and Samuel Finnikin

Solihull, UK, Hampton-in-Arden Publishing, 2017, 212 pp., £10.00, paperback



“What’s in a story?”

This book is not a treatise on narrative medicine proposing a direct answer to this question; rather this extended collection of narratives leads the reader to find his or her own answer. In 2009, the *British Journal of General Practice* published a call for “valuable

learning points” and clinical “golden rules”<sup>1</sup> to be collated for passing down to the next generation, and a decade later this work now presents the compiled learning points, golden rules, and clinical wisdom that was submitted by individual practicing clinicians.

The breadth of topics covered in the individual submissions have been grouped into topical chapters such as “The Art of General Practice,” “Making a Diagnosis,” “Gut Feelings,” “Death,” and “Looking After Yourself.” Within each chapter is a range of reflections, running from brief one- or two-paragraph observations, to more extended multipage stories; and each narrative is followed by one or several “golden rules” related to the clinical story at hand.

Some of the stories, such as the emotional chaos surrounding the precipitous delivery of an unexpectedly pregnant teen, are powerful reminders that “Life often isn’t ideal... it’s our job to deal with these situations as expertly as possible” (p 32). Others, such as dealing with pain management in the elderly for whom guidelines provide reasons to discourage nearly all analgesics, present the conundrum that “tying to tailor all available medical science and best practice to individuals, as opposed to populations, is the core process of consultation” (p 53). While many stories convey the depth of pathos we often confront in general medicine, most of chapter 5 (“Occupations and Hobbies”) introduces sometimes humorous diagnoses such as “Barber’s Belly” (p 147) and “Sudoku Shoulder” (p 148). Themes that run prominently throughout the book include reminders to listen and be present, to never be easily reassured by the absence of “classic”

symptoms for serious conditions, to be careful of the details, and to expect the unexpected.

The collected vignettes appear to have been only lightly edited for clarity, thus the authors' original voices are preserved. This gives an air of authenticity and reality, as it often seems the reader is peering over the author's shoulder or sharing the consultation room. However, the variation within each chapter in length and format of contributions sometimes makes for an uneven reading experience; a more systematic approach to organizing material within each chapter might make for a smoother read in future editions.

Since the book presents the collected submissions of general practitioners in the United Kingdom, it relates a style of practice with different terms, phrases, and *modi operandi* than those to which physicians in the United States are accustomed. Despite this, the more important point comes through that clinical primary care has important common themes no matter where or how it is practiced.

While evidence-based-medicine has long been touted as the application of "current best evidence in making decisions about the care of individual patients,"<sup>2</sup> debate continues both over the best ways to personalize evidence<sup>3</sup> and to apply evidence in the context of the individual patient narrative.<sup>4</sup> In contrast to works that address this question from broad first principles, this book takes us through the challenges of practicing medicine one patient story at a time. Those new in practice will glean many valuable insights from this book to inform their growth in practice; and experienced clinicians can find both inspiration and solace in reading the reflections of others who have faced the challenges of general practice and been willing to share their wisdom. Nearly all readers will at some point want to reply, respond, or riposte, and while direct reply to the many vignette authors is not possible, the authors have an open call on the book's website for reflective learning pieces to be shared in a future edition.<sup>5</sup>

What's in a story? Many things, it turns out—humor, pathos, and the collective wisdom of colleagues who have been willing to share.

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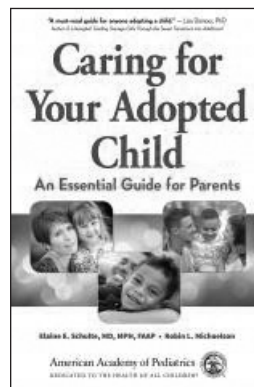
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## Caring for Your Adopted Child—An Essential Guide for Parents

Elaine E. Schulte, Robin L. Michaelson

Itasca, IL, *American Academy of Pediatrics*, 2019, 212 pp., \$16.95, paperback



Parenting a new child is a daunting task, even more so when adoption is part of the story. Those of us who are adoptive parents have faced the double uncertainties of what to do with the new little life (or lives!) entrusted to our care, and how to account for, adapt to,

or respond to the events and traumas our little one(s) already experienced. While there is no one-size-fits-all instruction manual, *Caring for Your Adopted Child* provides a welcome and needed introductory resource.

The author team brings a useful combination of skills and experiences. Dr Schulte is an adoptive parent, a practicing pediatrician, and a specialist in adoption medicine<sup>1,2</sup>; Ms Michaelson is an adoptive parent and a writer who has worked on childcare books for the general public. Together these two authors have assembled a text that provides useful medical, social, and parenting information in an accessible writing style with extensive use of side-bar boxes addressing particular issues or listing relevant resources.

The book's nine chapters progress chronologically through the experience of the adoptive parent, from "Getting Ready to Bring Your Child Home" (Chapter 1), through "Your Child's First Pediatric Visit" (Chapter 3), "Health Issues and Conditions" (Chapter 5), a chapter

on “Attachment” (Chapter 6), and ending by addressing “Talking About Adoption.” The extensive use of quotes from adoptive parents as well as the authors’ own reminiscences ground the material in the day-to-day reality of the adoptive experience.

This is not an exhaustive resource, and each of the topics covered deserves a full text in its own right for in-depth treatment. Instead, each of the chapters provides an introduction to the topic at hand that is accessible enough for the lay-parent reader to understand, yet with sufficient relevant detail to be useful for clinicians. None of the topics covered should be completely new to any clinician caring for children, but each chapter provides sufficient detail to help clinicians begin to understand the social and medical complexities of adoption.

While resources for further information are discussed throughout the text, including books, magazines, web sites, and other organizations, the list of resources at the end of the book is rather brief. A future edition of this book might be improved by a more extensive collection of resource recommendations in a final appendix. Additionally, particularly for lay parent readers, it would be useful for future editions to acknowledge and support the role of family physicians in providing childhood medical care. Consulting with a pediatrician adoption specialist, as recommended in the book, is an important step for all adoptive parents; however since family physicians care for approximately one-third of the childhood population in the United States,<sup>3</sup> it is also important to help prospective parents understand that for routine primary care it is the qualifications

and experience of the physician that matter, not necessarily the specialty.

This text could provide a solid introduction to adoption issues for medical learners (whether residents or students), and a useful overview for any practicing clinician taking on newly adopted patients. Prospective and current adoptive parents would also find this a useful and accessible text. Other books may give more depth on particular issues, but the introductory breadth of this book makes it excellent foundational reading. The adventurous clinician could even consider organizing an educational book group for new adoptive parents around the chapters of this book.

Children do not come with instructions, but for parents or clinicians venturing into the territory of adoption, this is a readable, practical, and useful introduction.

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