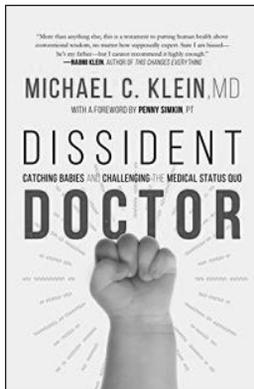


BOOK AND MEDIA REVIEWS

Dissident Doctor

Michael C. Klein

Madeira Park, BC, Canada, Douglas and McIntyre, 2018, 276 pp., \$32.95, hardcover



In *Dissident Doctor*, Dr Michael Klein tells the story of his uniquely inspiring career. He was a fledgling doctor when family medicine first emerged, and he shifted his course from pediatrics to family medicine to better provide holistic care. From an early age he held

unconventional views, ultimately leading him to emigrate from the United States. Dr Klein capitalizes on myriad opportunities in training, research, practice, and leadership, indicating a deep level of engagement with his career. Numerous anecdotes scattered throughout the book illustrate the unique strengths of family medicine as a discipline.

The book first meanders through Dr Klein's upbringing and early career, including his brushes with McCarthyism and involvement in the civil rights movement. Dr Klein's professional story begins with an early, formative exposure to international medicine. As a medical student, he cared for Ethiopian patients in a resource-poor and politically unstable setting. He speaks fondly of his experience learning obstetrical care from the unique perspective of midwives *before* learning traditional obstetric techniques—to the later chagrin of his obstetrical attendings. When Dr Klein became eligible for the military draft, he ultimately emigrated from the United States to Canada, immersing himself in an entirely new health care model to avoid entering a war he opposed. These experiences illustrate his early identification as an outsider, both politically and medically. “I had the idea that as a physician...I would be my own boss, autonomous—free from political interference” (pp 21-22).¹

Dr Klein peppers his overarching “outsider” narrative with stories of doctoring. As a pediatrician fresh out of training, he chronicles his joy in teaching the next generation and passion for making a difference in the public health of his served population. Later, a series of narratives illuminate how he was drawn to the discipline of family medicine. His patients help him realize that comprehensive care ought to include adult patients and obstetrical care through delivery. Though his tone is often matter-of-fact, his anecdotes reveal his calling to find ways to give patients the care they need. These stories will motivate and captivate family medicine clinicians and educators.

Later, *Dissident Doctor* details Dr Klein's admirable contributions in scholarship and leadership. His skeptical attitude combined with his outsider perspective led him to shift paradigms as a researcher in maternity care, most famously through cutting-edge research challenging routine episiotomy use in obstetrics². He later challenged the existing literature regarding anesthesia during labor, finding that early epidurals more than doubled rates of cesarean sections!³ However, when discussing obstetrical care, his attitudes and viewpoints are strongly stated and can be troubling. At one point he challenges the well-established practices of late-term induction and breech cesarean section, yet he fails to provide any supporting evidence (p 222).¹ He argues convincingly in *Dissident Doctor* about the selective use of epidural, referencing his own meta-analysis.³ Unfortunately, in the book, he unfairly generalizes anesthesiologists' differing results as dishonest, claiming they “learned how to design the studies that would give them the answers they sought” (p 225).¹

As *Dissident Doctor* progresses, Dr Klein emphasizes active involvement in decision making as a Canadian health system leader and educator. As a department head during a challenging time of organizational turmoil, he “... considered that removing myself... would affect my ability to make change—so I hung in” (p 218).¹ He shares several accounts of struggling for positive, patient-centered change as a leader. However, in the case of

US medicine, he seemingly gave us up as a lost cause. US readers looking to *Dissident Doctor* to find hope that our system can improve may find themselves disappointed. Additionally, when Dr Klein's memoir finds a touchstone with current events, he's quite direct and unapologetic in sharing frequent, blunt criticisms of the US administration and health care policy. These are common throughout the text and could alienate some readers. Accordingly, *Dissident Doctor* may be well-utilized for generating excerpts to share with learners rather than reading in full.

Practicing clinicians and family medicine educators alike can find much to appreciate in Dr Klein's memoir. Dr Klein details a lifelong practice emphasizing continuity, consideration of the family as a whole, and engagement in the community. He shows us that we should see problems clearly and address them directly, but we shouldn't give up hope that we can effect change. Dr Klein's significant contributions to medical research and medical literature make him a galvanizing role model for family physicians. If readers can tolerate a book that's occasionally abrasive, they will learn lessons demonstrated through experience. Dr Klein's story is inspirational.
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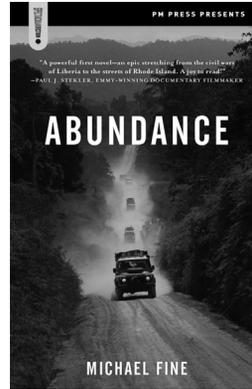
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Abundance

Michael Fine

Oakland CA, PM Press, 2019, 334 pp., paperback: \$17.95, Kindle: \$9.99



Abundance is a well told tale, part drama, part adventure thriller, set both in Liberia at the end of 14 years of nearly constant civil war, and in Rhode Island, where most of the characters have some connection. Julia, a 32-year-old doctor with experience

in several third-world hot spots, is kidnapped as the long-standing war makes a final gasp. Carl, a water engineer with a past he'd rather not discuss, realizes just as he is being evacuated that he is probably in love with Julia. Back in Rhode Island, he engineers an improbable return to Liberia to rescue Julia. He brings with him Terrance, a Liberian former child soldier, and Bill, a sixty-something, nearly-burned-out political activist ER doctor who also knew Julia.

I occasionally enjoy a thriller movie with a car chase and clever plot twists, which this novel provides. Michael Fine, MD, a family physician based in Rhode Island, drew from a short-term medical mission to Liberia in 2009 as he wrote. But beyond just an adrenalin-pumped, sound-cranked-up entertainment, this novel provides insights into the emergency medical aid industry, and especially who we expatriate aid workers are, what we fear, and what we hope for.

Who we are. It's an open secret that global health workers have mixed, and even selfish, motives for their work. "Julia loved desperate places, the places where there was nothing and where the people had no one, so they took her for who she was, as she was, and didn't ask her the questions she couldn't answer for herself." All the relief workers Fine describes are passionate, but most of them are unhappy at home, and feel in Africa a sort of freedom they never experienced back home. For Carl, "Africa was life itself, while home sucks your soul away."

But more than being vividly alive, expat aid workers set their own agendas. "In the compound, Carl was in charge... was all command and control." Especially for those who work

in failed states, we run the show, and there is little opportunity to develop equal relationships with local or national peers, to be their employees, to learn from them.

What we fear. Our fears are undoubtedly individual; mine include motor vehicle accidents and kidnapping. Some of these fears appear in our writings. Therese Zink's *Mission: Chechnya* features a kidnapping¹ as does my own global health novel.² We may be simply admitting our fears, though perhaps for us, kidnapping serves as a metaphor for this push-pull that Africa exerts on us. Years ago a doctor I worked with, formerly a Peace Corps worker in Botswana, admitted that though he loved working in Botswana, he was afraid that if he didn't return to the United States soon, he never would be able to. He felt the risk of being psychologically kidnapped. However, Fine does not point to any metaphoric meaning, and seems to use the kidnapping for its thrill value, and the rescue as a beginning for the sorting out of Julia's "questions she couldn't answer for herself."

What we hope for. Fine's characters, and perhaps Fine himself, are repeatedly trying to articulate what this global health helping is all about. Julia, quoting her mentor Bill, remembers him saying "If you save one life, you save the world." Yet Bill later admits: "What kind of idea was that? What does it mean to save a life? What arrogance!" Another of Bill's nuggets was: "Medicine is unself-interested advocacy," and fantasized "Julia was the real thing. Julia was repairing the world, saving lives..." Later, in captivity, Julia reflects: "That shit got me locked up. All that unself-interested crap. That is what brought me to Africa... That crap is going to kill me." Carl explores the dilemma with more of a political view: "Development brings more stuff, more goods, and more guns. More wanting. Wanting brings war."

A final irony is the book title. Some of these characters find abundance of life in Africa. Yet Carl's statement above reveals the other side of abundance: more stuff, more wanting, and more war.

This is a novel, an adventure story, and as such it succeeds. However, the characters' motivations and hopes, while quite realistic, are more disturbing in the larger context of global health. Some of us come to escape, to sort out our own problems. Others come to help, and thinking we know what help is needed, we impose our own solutions. In Julia's thinking,

"Together we make abundance, even as this abundance fuels the fires that tear us apart." doi: 10.22454/FamMed.2020.572733

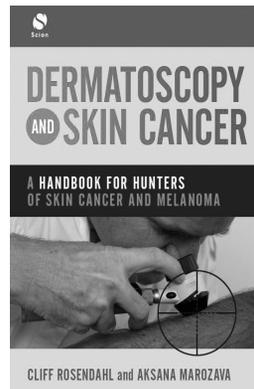
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Dermatoscopy and Skin Cancer: A Handbook for Hunters of Skin Cancer and Melanoma

Cliff Rosendahl and Aksana Marozava
Bloxham, United Kingdom, Scion Publishing, 2019, 384 pp,
£37.99, \$50.00, paperback



"Hey doc, what do you think of this skin spot?" is commonly heard within a family physician's exam room. Skin cancers are the most common form of all types of cancer and currently melanoma is the fifth most frequent new cancer diagnosis in the United

States.¹⁻³ Family physicians are frequently a patient's initial point of contact when a new or evolving skin lesion is noticed, and serve a critical role in the early detection of skin cancers. Dermatoscopy (also known as dermoscopy, epiluminescence microscopy, incident light microscopy and skin surface microscopy) utilizes the handheld instrument, the dermatoscope or dermoscope, to noninvasively visualize subsurface skin structures with a light source and magnification. The use of dermatoscopy has been shown to increase sensitivity and specificity for melanoma detection in conjunction with visual inspection.⁴

Cliff Rosendahl, a general practitioner with over 40 years of experience and internationally recognized author in the field of skin cancer, melanoma, and dermatoscopy, along with dermatologist Aksana Marozava, have compiled over 450 high-quality images in their text, *Dermatoscopy and Skin Cancer: A Handbook for Hunters of Skin Cancer and Melanoma*. *Dermatoscopy and Skin Cancer* is laid out with

clear, basic language that students of the skin at any level will benefit from. This handbook starts with a review of basic dermatoscopic techniques and concepts, followed by a basic science review of the anatomy, embryology, histology, and pathophysiology of the skin as an organ system. The entire text is extensively filled with artistic renderings, histologic slides, and photographs, from cover to cover. The book does not waste any time and jumps to reviewing photographs, histologic preparations, and dermatoscopic images of skin cancers by the third chapter. This format (photographic image of the skin lesion, histologic preparation, and dermatoscopic image presented together) is consistent throughout the entire text and allows readers to start to piece together pattern recognition of their own. From the fourth chapter on, the reader is presented with dermatoscopic terms, that are clearly illustrated in both artistic drawings and dermatographic images. This helps the reader start to build and develop their dermatoscopic vocabulary with chapters dedicated to pattern analysis and sections dedicated to dermatoscopic clues.

Drs Rosendahl and Marozava effectively describe the “Chaos and Clues” decision algorithm for the identification of pigmented skin lesions based on the recognition of symmetry (the absence of chaos) and pattern recognition with clues such as structures, thick lines, dots, clods, pseudopods, and vessels. Again, Drs Rosendahl and Marozava present these concepts in a visual manner with multiple example photographs of the skin lesion accompanied by corresponding dermatoscopic images. Similarly, the authors’ “Prediction Without Pigment” decision algorithm assists the physician in evaluating nonpigmented skin lesions. The handbook wraps up by reviewing commonly encountered benign, premalignant, and malignant skin lesions again with both nonmagnified and dermatoscopic images.

One element of the book that could be improved in a future edition is to move the skin exam chapter to the front, as it feels slightly out of place in the fifth chapter since the reader has already reviewed nonmagnified, dermatoscopic, and histologic images of skin lesions by this point in the text. The title would have also benefitted from the inclusion of any available supporting data regarding the proposed decision algorithms.

All in all, *Dermatoscopy and Skin Cancer: A Handbook for Hunters of Skin Cancer and Melanoma* is a great addition for any student, resident, or family physician looking to

extend their dermatoscopic library. Students of dermatology at all levels will benefit from the numerous, vivid images and clear language throughout this book. Rosendahl and Marozava’s work provides fundamentals for those without dermatoscopic experience and serves as a useful reference for the practiced dermatoscopist alike. This text is a valuable resource in the reader’s own hunt for skin cancer utilizing this new tool in dermatologic care, the dermatoscope.

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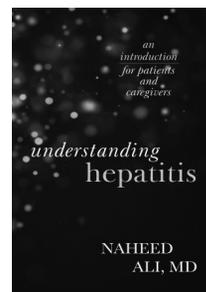
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Understanding Hepatitis: An Introduction for Patients and Caregivers

Naheed Ali

Lanham, MD, The Rowman & Littlefield Publishing Group, 2018,
175 pp., \$34.00, hardcover



When a patient receives a diagnosis of hepatitis, it can be initially met as a nebulous term offering no clear understanding of the specific processes and implications of the condition. In an effort to provide clarity in these moments, Naheed Ali,

MD, a Harvard-educated physician with additional training in holistic medicine, wrote *Understanding Hepatitis: An Introduction For Patients and Caregivers*. This is another book in Dr Ali’s *Understanding* series, where he attempts to provide comprehensible background information and clinical explanations for patients and their personal circles, for a number of today’s common medical diagnoses.

While the mechanisms of hepatitis can be difficult to understand for even a seasoned physician, Dr Ali makes it clear in his first sentence that “this book is not meant for medical professionals.” Instead, the aim of this book is to tackle hepatitis for the medical layperson. As the title summarizes, it provides a comprehensive approach to understanding hepatitis (A through E), and it is split into multiple sections in an effort to make a difficult topic easier to process.

The book initially approaches hepatitis by laying down a foundation in liver anatomy, physiology, and general importance via its role in human body homeostasis. An interesting detour into the history of hepatitis (as well as medicine in general) is provided to add levity to a section of the book heavy in details that might give physicians flashbacks to the joys of medical school’s preclinical years. After another brief section on hepatitis’ global epidemiology and its public health effect, a significant portion of the book is spent on the clinical manifestations of the disease processes. Dr Ali has done a fine job laying these sections out in a comprehensible order, moving from pathology, to risk factors, then on to screening/diagnosis, clinical sequelae, and eventually to treatment modalities.

Toward the end of the book, Dr Ali includes extremely high-yield topics: areas of discussion that may not be addressed during the average visit to the physician’s office, but which can improve understanding of, and coping with a hepatitis diagnosis. These topics include exercise for hepatitis patients, mental aspects of a hepatitis-diagnosed patient, and patience when dealing with hepatitis. I cannot recall previously finding a passage in a medically-themed book imploring me that, “...the person who has patience can easily handle upcoming unhappy situations. Rome was not built in a day, and hepatitis does not kill instantly.” Dr Ali’s voice is can be found in these moments, as he speaks specifically to patients, their family members, and friends. The opportunity to have this patient-centered aspect of coping with the disease is unique and important.

The author puts forth a commendable effort in making both the more insipid details and intricacies of hepatitis understandable to the book’s target audience, yet the target reading comprehension level for medical literature for patient populations is generally recommended to be the fifth-grade level,¹ and this book’s materials often exceed what one would expect of this level of reader. Dr Ali is cognisant of the book’s inherent challenge of explaining hepatitis to patients—he provides a disclaimer early on that “the non-medical reader may encounter advanced medical terminology through the writing” that will make comprehension challenging at times. While this notice to his readers is admirable, it does not excuse some of the material from a level that will be out of reach for many readers.

Conversely, there are some brief sections of the book that do not require the level of explanation the author provides; these would include a paragraph on “A Typical Day For a Primary Care Physician,” and a section explaining and elaborating on the initial point that “Hospitals are healthcare facilities.”

Explaining the many nuances of a diagnosis of a disease as complicated as hepatitis to patients can be a Herculean task to say the least; with *Understanding Hepatitis*, Dr Naheed Ali provides a comprehensive resource to these patients and those who will join them on their journey toward evaluation and treatment. This book provides the target audience with easy-to-understand facts and recommendations, as well as lifestyle suggestions that are clearly influenced by Dr Ali’s holistic background, and are truly patient-centered.

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