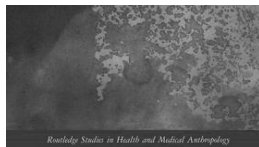


# BOOK AND MEDIA REVIEWS

## Diagnosis Narratives and the Healing Ritual in Western Medicine

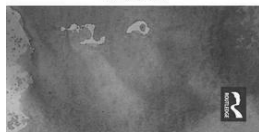
James P. Meza

New York, Routledge, 2019, 258 pp., \$140, hardcover



DIAGNOSIS NARRATIVES  
AND THE HEALING RITUAL  
IN WESTERN MEDICINE

James P. Meza



tackle the research question, “What is healing?”

The book reads as a qualitative research study and is divided into sections accordingly. The beginning chapters of the work define the study question and methods. Later chapters go on to detail the author’s theoretical framework; this is interspersed with various narratives describing the author’s observations of interactions (eg, physician patient, physician-physician, physician-staff, etc) and conclusions resulting from these observations. Reader beware: there is potential to become lost in a whirlwind of anthropologic jargon. Students of anthropology will perhaps find this section clarifying, but the novice reader should be prepared to externally define the unfamiliar terminology.

An initially identifiable shortcoming of the book is that the intended audience is not explicitly mentioned until the final chapters of the work. Furthermore, the question arises as to the generalizability of the author’s findings to multiple clinical settings, since the study takes place in a urology and an oncology practice. For example, the author notes spatial cognition (reviewing images) was more essential than verbal elements (conversation with the patient; p 65), and that doctors decided the diagnostic narrative (plan) before even seeing the patient based on these (p 75). Perhaps this is true for a particular subspecialty but likely does not apply to most primary care patient

encounters. The author notes these practices were selected for methodology purposes but does not go on to further explain just what this means.

In the quest to define healing, there is first an attempt to define “doctor.” The author surmises during his initial field work, “the doctor is actually a group of people working in a highly coordinated fashion toward a unified goal: patient care” (p 57). As I find this supposition philosophically flawed, I found this to be an unfortunate frame for the remainder of the work. In ensuing chapters, the author identifies two prominent narratives. The purveyor of the diagnostic narrative (etiology of disease [p 108]) is identified as the physician while the illness narrative (recounting a life story [p 113]) belongs to the patient. The author concludes that the input of the patient is actually unnecessary to make a diagnosis (p 77), again a supposition I find to be not particularly applicable to primary care.

After establishing the diagnostic narrative, the author goes on to explore the “universality of ritual healing.” The middle of the book finally began to capture my attention—through its exploration of the idea of the ritual across cultures. Ritual theory notes that a healing ritual must have a “socially sanctioned healing agent, a sufferer who seeks relief, and a healing relationship” (p 116). The interaction of the healer and the sufferer is, therefore, necessary for the ritual of healing to take place, and indeed, this makes sense when considering the nature of the physician-patient relationship. He then goes on to identify the trigger for the initiation of the healing ritual ie “the existential threat of disease and death” (p 130). Thereafter, the survival of the healing ritual is noted to be predicated upon cultural replication, ie, the socially sanctioned leech (doctor) teaches the apprentice (students and residents), noting this represents what appears to be a “ritual within a ritual” (medical training occurring concurrently alongside the healing ritual; p 136).

By the end of the book, I finally realized that this work is primarily aimed at the anthropologist rather than the clinician. Through this study, the author attempts to reframe current perception of the Western healing ritual. He notes that anthropologic work on this topic to date creates observation and sampling bias

and also fails to address important topics such as the doctor as healer, the existence of suffering due to the human condition, and the collaborative (rather than competitive) nature of the doctor-patient relationship.

If you are searching for an anthropological treatise that explores the theoretical foundation of the Western healing ritual, then look no further. However, if you are looking for some light reading describing the healing relationship, this book is probably not for you. At \$140, this slim volume is probably best used as an anthropologic reference rather than as a part of your personal library.

doi: 10.22454/FamMed.2020.617592

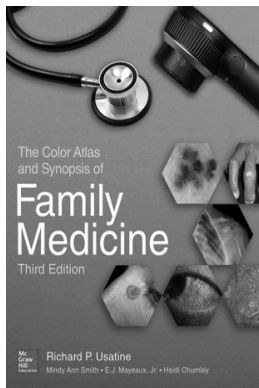
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### The Color Atlas and Synopsis of Family Medicine, Third Edition

Richard P. Usatine, Mindy A. Smith, E.J. Mayeaux, Jr, and Heidi S. Chumley

New York, McGraw-Hill Education, 2019, 1,645 pp., \$165.00, hardcover



While previous editions were intended to be used as a reference atlas facilitating diagnosis based on outwardly appearing signs and symptoms, *The Color Atlas and Synopsis of Family Medicine, Third Edition*, has been reworked into a comprehensive reference meant to be

used at the point of care. It covers a number of topics unique to family medicine, as well as wide range of general medicine topics arranged by organ system. Each chapter is introduced by a patient story that humanizes the topic, followed by epidemiology, risk factors, guide to diagnosis, differential diagnosis, and a management guide. The management guide helpfully includes first- and second-line therapy, as well as what not to do. Follow-up and education are also emphasized, and separate links are included for patient and provider resources.

The first few sections are well written and cover important topics to family medicine, such as the doctor-patient relationship, end

of life, social justice, and global health (including emerging infections such as Zika, Ebola, MERS, and SARS). Educational and thought provoking, for the most part they will likely be appreciated when read at leisure, and are not likely to be referred to at the point of care. The sections on emerging infections, however, will be of immense benefit to the clinician who sees returning travelers, with helpful maps of distribution of disease in the world, risk factors, symptoms and their time course, diagnosis, and treatment. Important information on which diseases are reportable, as well as up-to-date links to CDC provider and patient resources are also included.

The chapter on dermoscopy, part of the newly revamped dermatology section, warrants special mention. It serves as a tutorial for the beginning user or review for the experienced user, clearly explaining the findings that can be seen using both diagrams and photographs. It includes a readily-followed algorithm to determine diagnosis, and more importantly indicates which lesions must be biopsied as opposed to which can be monitored.

Other dermatology sections include an extensive atlas, with photographs of both normal skin changes as well as pathology, review of dermatology terminology, guides to choosing appropriate biopsy techniques, treatment options (that includes a section on topical and intralesional steroids), and indications for referral. This will enhance clinicians' confidence in handling most in-office dermatological conditions.

This timely addition also includes such hot topics as mental health, the opioid crisis, dementia, sports-related head injury, and LGBT health. Like earlier chapters in this book, these are well-written, quickly accessed, discuss both first- and second-line treatment, and contain follow-up guidelines. The section on sports-related head injury will be especially indispensable to non-sports medicine physicians who volunteer with youth sports teams. Emergency on-field management, including reminders for first aid as well as on-site screening tests and indications for imaging, are included. Post-concussion follow up and indications for referral are enumerated, as well as information on prevention.

Chapters covering substance abuse and the opioid crisis enumerate signs and symptoms, expound on the social determinants of health and their inter-relation with these diseases, and provide helpful guidelines for managing these patients, including appropriate screening

for associated diseases. However, only brief mention is made of medication assisted treatment (MAT). This book's reach could have been extended by including links to SAMHSA-HRSA resources and certification programs.

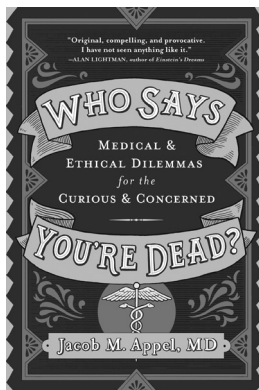
LGBT sections include helpful considerations of care in these populations, mental health challenges, and special disease risks and screening needs.

Overall, *The Color Atlas and Synopsis of Family Medicine, Third Edition*, will be an invaluable addition to busy physicians' clinical libraries. Its wide-ranging topics covering the gamut of family medicine are thoroughly covered and efficiently organized for point-of-care use. This, as well as its useful and exceptional photographs, will make it a resource the clinician will reach for again and again during evaluation of unfamiliar conditions. Residents and students will find it particularly useful as they systematically broaden their experiences and fund of knowledge—well done!  
doi: 10.22454/FamMed.2020.973417

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### Who Says You're Dead? Medical & Ethical Dilemmas for the Curious & Concerned

Jacob M. Appel  
Chapel Hill, NC, Algonquin Books, 2019, 352 pp., \$23.95,  
paperback



Practicing medicine in today's society is fraught with a seemingly endless supply of ethical questions and moral challenges. Dr Appel provides readers, both health care professionals and otherwise, the mental challenge of answering these questions in *Who Says You're Dead?*

*Medical & Ethical Dilemmas for the Curious & Concerned.*

Formatted as 79 quick-hitting reflections with six overarching themes, the book effectively provides example vignettes of medical-ethical dilemmas accompanied by a brief discussion of central points of the issues' debates. The book tackles themes ranging from some of the more common yet challenging

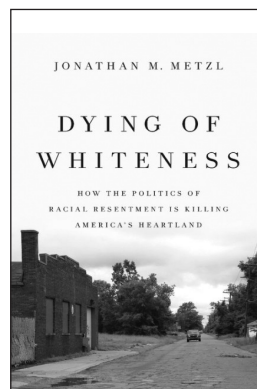
topics physicians are required to address, including end-of-life decision making, informed consent, patient privacy issues, to emerging ethical quandaries such as genetic privacy and cognitive enhancement.

While physicians will appreciate this collection, particularly the additional background citations for each reflection, the nonmedical reader has potentially even more to gain from this book, getting a glimpse into the complex questions that challenge even the most seasoned practitioner. With most vignettes comprising five pages or less, the book neatly avoids becoming bogged down in detail, which would likely swing the appeal pendulum back toward the medical community. The book is entertaining and extremely pertinent; it even has the potential to bring medical laypeople to a better understanding of the challenges of physicians' medicolegal and ethical decision-making processes, when they might otherwise not have the opportunity to fully grasp the full breadth of each hypothetical's debate.  
doi: 10.22454/FamMed.2020.396342

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### Dying of Whiteness: How the Politics of Racial Resentment is Killing America's Heartland

Jonathan M. Metzl  
New York: Basic Books, 2019, 341 pp., \$32, hardcover



*Dying of Whiteness* is a very timely, highly political book by Jonathan M. Metz, a Missouri-born physician who is now Professor of Sociology and Psychiatry at Vanderbilt University. Dr Metz uses his familiarity with the heartland

to tackle the fraught question of why people vote against their own interests. He “wanted to learn how people balanced antigovernment or pro-gun attitudes while at the same time navigating lives impacted by poor health care, increasing gun-related morbidity, and underfunded public infrastructures and institutions” (p 2). Metz mines decades of data surrounding

gun legislation and gun suicides, health care policy, and life expectancy to make his case that racism and racial resentment are at the heart of this behavior. In addition, he suggests that many do not see the connection between their political decisions and the effects on their personal health and well-being.

Metzl develops this provocative position by dividing the book into three parts: Missouri, Tennessee, and Kansas. Each is a case study of a state where he argues that right wing politics have caused a quantifiable increase in death among their white populations—Missouri by relaxing its gun laws, Tennessee by refusing to expand Medicaid, and Kansas by slashing taxes and thus school funding. The most compelling section is Part I: Missouri, which outlines changes in gun laws in Missouri from the 1990s when they were among the strictest in the nation, to the beginning of the 21st century when they began to be relaxed. This part of the country has a strong culture of gun ownership for hunting and sport. Since the author grew up in Missouri, he is in tune with this culture. After discussing the specific legislative changes, he pivots to argue that racial bias and fear are the true motivators behind them. Despite decreasing rates of gun violence, white people felt the need to own and carry a gun for self-protection. Metzl finally connects this to the increasing rate of death by gun suicide, mostly with white victims. He does suggest the link is evidence of cause rather than a simple association.

Long, dense, data-driven chapters form the heart of these sections, with short interview chapters interspersed. The interviews are with locals directly affected by the changed policies. They sometimes highlight lack of personal insight and sometimes social resignation, but mostly they emphasize real-world interpretation of the statistics presented. In an interview entitled “The Biggest Heart,” where the 54-year-old aunt of a gun suicide victim is asked whether her experience has changed her views about guns, she replies “It absolutely has not changed my view about guns. This does not make me anti-gun...but part

of me blames the parents...if you choose to leave loaded weapons lying around your house and one of your own kills themselves with it, then why are you not criminally responsible? I don't understand that.” (p 93). In a different interview entitled “The Whys and What-Ifs,” another relative of a gun suicide victim also remains in favor of gun rights but advocates for stricter background checks. Metzl uses the interviews to expose common ground—a place to start rebuilding policy.

Interestingly, Dr Metzl began his research conducting interviews in 2013, well before anyone could have predicted the Trump presidency, and he seems to have tapped directly into the societal fractures that culminated in Trump's election. He continued his research well after the 2016 election into 2018, showing how many of Trump's policies victimize his own voters and still manage to escalate the divide. This book is not objective in tone, but it is respectful of the people spotlighted and of local culture. For those who embrace gun control legislation, Medicaid expansion, and school funding, it is a fascinating read with plenty of supportive statistics. This seems to be the target audience, and the book may provide these readers with something of a road map to reach common ground. For those that who these positions, *Dying of Whiteness* provides food for thought in the form of the historical background behind incremental policy change and its effect. Because of the divisiveness of the topics covered, it seems unlikely to change minds, but may offer depth of perspective to both sides. The book would benefit hugely from a more visual layout with graphs and pictures replacing some of the more tedious data-filled narrative, but otherwise this is an insightful framework for the poorly understood tensions and divisions in American society and politics. doi: 10.22454/FamMed.2020.661725

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