

BOOK AND MEDIA REVIEWS

The Human Kind: A Doctor's Stories From the Heart of Medicine

Peter Dorward

London: Green Tree, 2018, 343 pp., \$28



When I think about medicine, I think about people. Their voices, the words they used, their bodies and their facts, their relationships, the way they made me *feel*—when I think or talk about medicine, these flicker through my memory.

These words from the introduction to Peter Dorward's fine book, *The Human Kind: A Doctor's Stories From the Heart of Medicine*, are full of insight. Not only are they an honest look ahead to the chapters that follow, they are a wonderful summary of our work as family physicians. The introduction is at least an account of the work that defines our best professional aspirations: to be competent, caring, and cognizant that our patients are real people.

The real people of Dr Dorward's practice—he is a general practitioner in Edinburgh, Scotland—are full of hopes and joys, fears and desires, strengths and failings, and all the rest that goes into being human. They are a complex mixture of physical, emotional, social, relational, and spiritual elements. They struggle with the same issues that others around the world struggle with, including adverse social determinants of health, mental illness, addiction, and resignation in the face of disease and disability: the bad stuff of life that all attentive family physicians deal with almost daily.

Dorward tells their stories, weaving his own curious and insightful perspectives into them. In doing so, he successfully illuminates the deep meaning that comes from being a family doctor in relationship with his or her patients. He examines the satisfaction that accompanies clinical successes, the sadness that emerges from painful errors, and the confusion that so

often complements patient presentations full of medically unexplained symptoms. At the same time Dorward unveils the challenges of dealing with suffering, he also unlocks the secret of his labors: solidarity with the human condition.

The facts of a case: the numbers, the signs, the science, the rarity, the amazing, miraculous cures, the smart diagnoses and the cleverness of the person that spotted them—these things are of great but passing interest. But what changes us—or me, at any rate—are the people attached to those facts. Those whom we accompany, walk with for a while through a part of their lives, sometimes even to the very edges of their lives. Those people whom we influence, and most influence us.

Being there, recognizing patients as individuals, learning from them, and growing in their presence; finding ourselves in the therapeutic bonds we share with patients; knowing ourselves as family physicians: these are the messages Peter Dorward invites us to discover, should we be open to such exploration, whether by reflecting on the course of our day-to-day routines or by reading his book.

Truly, *The Human Kind* touched me in a way that John Berger's 1967 classic, *A Fortunate Man*, did when I first read it in the midst of my residency training.¹ Neither are easy reads, reflecting the fact that family physicians spend much time and concerted effort attending to patients who despair in the face of sickness. Both, however, are powerful testaments to the value of the work we do in family medicine.

To fix a person who is sick, the facts of their damaged body, the nature and origin of the harm, and the skill to fix it must be clear in front of us. But unless we know the purpose of that—what it means to itself, how it functions in the world, what about it matters to its owner, or whether it matters at all—there still won't be any hope for remedy for the person, however we try.

I doubt Peter Dorward would have it any other way. I, for one, would not. I hope other

family medicine educators and clinicians will feel the same. I urge them to read *The Human Kind* and, in doing so, discover the secrets of their own labors in service to others.
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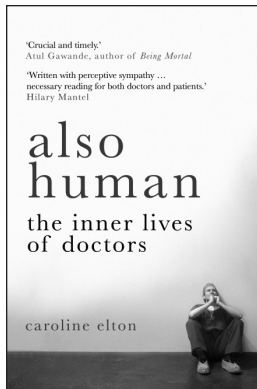
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Also Human: The Inner Lives of Doctors

Caroline Elton

New York: Basic Books; Hachette Book Group, 2018, 311 pp.,
hardcover, \$30



Physicians are also human beings!

You may think, “Well that’s a ‘duh’ statement!” Yet, is it also intuitive that physicians-in-training must dehumanize themselves in order to successfully navigate laborious and numerous years of training? Does the compartmental-

ization of a physician-in-training’s humanity actually facilitate success, or does it blindly enable unwellness, mental illness, cold-heartedness, and in the absolutely worst-case scenarios, lead to suicide? Beyond the individual physician, what are the consequences of such desensitization for our entire health care system? And finally, has that system been complicit in this dehumanization process?

Indeed, any of you who started your first day of medical school with the welcoming pronouncement, “Look to your left and look to your right—one of the three of you will not graduate,” might share in the belief that the intentional pruning of medical students has been a theme of institutional pride. Ironically, however, you are likely to also have heard the exalted Hippocratic Oath; and when you did, you most likely fully understood it as a physician to patient oath, not as a contract of the

medical education system to first do no harm to you, the physician in training.

In *Also Human—The Inner Lives of Doctors*, Caroline Elton, a vocational psychologist with over 20 years of experience working with medical students, residents, and practicing physicians, addresses these concerns with multiple relevant anecdotes as well as a developing body of research in the field. Since 2008 she has worked in the United Kingdom’s National Health Service to develop and run the “Careers Unit—a service for all trainee doctors in the seventy-plus hospitals across London” (p 4). In this book, Elton uses her vast and unique experience to expose system failures and shortcomings, and ultimately direct a humanistic path forward.

Elton explores themes of institutionalized dehumanization such as the one that classically occurs as new student doctors meet their first patient, a cadaver. This may be perceived as the initial step in “positioning (medical students) as ‘other’ than their patients” (p 129). This process is largely unconscious, and it buffers students from the emotional anxieties of mortality. Objectivity becomes a defense mechanism, imperceptibly reinforcing the split between “the first patient” as purely mortal, and the student doctor as MD, “Medical Deity.”

Advance forward through medical school graduation to a new doctor’s first day. In the United Kingdom this occurs on the first Wednesday in August. Despite 4 years of intense medical education, Elton describes a UK General Medical Council report that found that new physicians “felt unprepared, particularly for step-change in responsibility, workload, degree of multi-tasking and understanding where to go for help” (p 16).¹ In the United States, a similar situation has been termed the “July Effect,” where significant negative changes in mortality, efficiency, and fatal medical errors occur in hospitals with medical residents.^{2,3}

After laying the framework of a system that traditionally emphasizes objectivity at the expense of humanity, Elton depicts various scenarios that further stress the well-being of young physicians. What happens when doctors become patients? Why do demographics of specialists differ so greatly from those of medical schools? Why is it that the lowest-performing medical school graduates often get matched to graduate medical training in locations and settings that are less equipped

to support them? How does medical education prepare physicians to deal with their own sexuality when they perform intimate patient exams? Elton skillfully addresses these questions with real-life cases while changing names and other identifying factors to protect client confidentiality.

To deal with stressors at the individual physician level, Elton outlines how multiple defense mechanisms kick in “as a way of protecting (oneself) from emotional disintegration in the face of overwhelming psychological stress” (p 56). These defenses arise spontaneously like an immune response stimulated as doctors face dying, death, sorrow, and suffering. Unlike specific antibodies however, defenses such as avoidance, intellectualization, suppression, and repression are nuanced and metaphorical. Additionally, and of great significance, developing resilience in this setting is contextual, complex, dynamic, and takes time.

Fortunately, Elton describes evolving initiatives and institutional changes to help address most of the issues that she unpacks, leaving substantial hope for the future. Not only an enlightening and inspiring resource for wounded healers at any level of training or practice, this book serves as a loud beacon for necessary self-reflection and change throughout our system of medical education. This book will permanently alter your perception of medical education and how it impacts the humanity of young physicians—and you’ll be immensely grateful for that!

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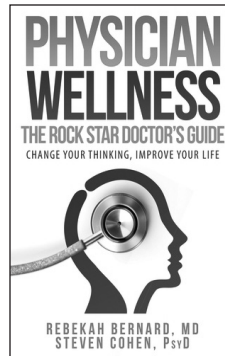
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Physician Wellness: The Rock Star Doctor’s Guide—Change Your Thinking, Improve Your Life

Rebekah Bernard, Steven Cohen

Rock Star Medicine Press (self-published), 2018, 247 pp., \$18.95, paperback



If I were going to write a book on physician wellness, this is how I would do it. Rebekah Bernard, MD is a fellow family physician who has teamed up with clinical psychologist Steven Cohen, PsyD, to offer advice to colleagues about being more mindful, setting boundaries, and improving efficiency.

The authors accomplish this by organizing their advice around 10 simple rules for clinician wellness. The first and most important, as expressed in the first words in the book, is: “The system is broken, you don’t have to be” (p 1). This sets a tone that the physician will not be blamed but will be offered a series of practical tips for working more effectively within our broken health care system. Each tip is attainable. Smartly, the book is designed as a how-to manual, divided into 20 chapters and a series of appendices. Each chapter has an explanation about the advice, followed by exercises for the reader to work on. Exercise examples include using a gratitude journal, doing an exam room time study, or working on financial goals. The authors tout the book as “specific, practical, data-driven advice.”

The book is a quick read. However, it is not intended to be read cover-to-cover in one sitting. Like other practical self-help books that I have benefitted from, this one is set up for the reader to pick and choose from the sections they need to work on in their professional and personal life. There are many topics to choose from, including mindfulness, time management, learning to say no, and dealing with bad outcomes. In fact, so many topics are covered that my only complaint about the book is that some topics are only touched on superficially. Covering mindfulness in six pages is inadequate; the book is more like a buffet than a three-course meal. That said, it is ideal for medical students and residents who want to

establish a foundation of good habits for clinical efficiencies and life balance, and still offer patients personalized care. Learners will appreciate the chapter on thoughtfully dealing with difficult patients. This book is also ideal for the seasoned clinician or educator who feels that life is getting away from them due to the moral distress that the medical system is thrusting upon us. However, it might be too simplistic for those who have already spent time delving into mindful medical practice and office transformation. I found that I was getting more reminders and just a few new tips.

This book is a companion to Dr Bernard's first book, *How to Be a Rock Star Doctor: The Complete Guide to Taking Back Control of Your Life and Your Profession*. What sets this newer book apart is that it is founded on principles of psychology that family physicians will recognize and appreciate. She writes about seeing a colleague commit suicide, someone who appeared to be doing great externally, and she felt motivated to help others avoid burning out. The book includes a chapter on identifying compassion fatigue in our fellow doctors and tips on how to approach them caringly.

The authors cover some of the routine wellness topics like eating well, sleeping enough, and taking time for vacation and hobbies. They also focus on reframing our stress. Importantly, there is a refreshing emphasis on nuances like leaving time for transitions in one's schedule to

decrease stress and a robust section on tending to relationships. What I especially appreciate about this book is the detailed section on how to improve office-based systems. Physicians often focus on improving their personal wellness, but without improved workflow and decreased office hassles, frustrations often continue. The authors point to something I have been doing for some time now: placing less emphasis on notes—embrace the bullet point, let typos go, and write for yourself rather than for perfection. They explain how the lawyers and billing specialists will still be content. Furthermore, they add practical information on personalizing schedules, since we all practice differently.

I applaud the authors for discussing how these issues can be different for women. The book ends with a reminder that there is always a way out—change jobs, take leave, or find a new career—an important message for those who are really struggling. The appendices offer a helpful list of resources including other wellness books and a list of state-by-state wellness programs. Personally, I am already doing about three-quarters of the suggestions in the book; if you are not, buy the book!

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