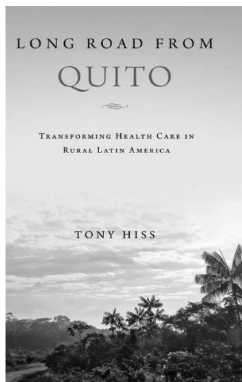
Long Road From Quito—Transforming Health Care in Rural Latin America

Tony Hiss

Notre Dame, Indiana, Notre Dame Press, 2019, 224 pp., $10.99 paperback



Clearly a remarkably talented and experienced storyteller, Tony Hiss, a former longtime staff writer for *The New Yorker*, current NYU Visiting Fellow, and author of over a dozen books, tells the tale of Dr David Gaus and Andean Health and Development (AHD). AHD is a nongovernmental organization that founded two hospitals in rural Ecuador. Dr Gaus, who is an equally talented individual and hardworking physician, grew up in Milwaukee, Wisconsin. He later attended the University of Notre Dame, and then Tulane University for medical school and a master's in public health and tropical medicine.

The bridge between his accounting degree and medical school turned out to be 2 years working in an orphanage in Quito, Ecuador. It was during this time that the course of Dr Gaus' path was changed forever, upon realizing his desire to improve access to medical care for Ecuadorians. Soon after he returned to the United States to become a doctor.

Tony Hiss masterfully weaves in bits of medical history from all parts of the globe as he tells the story of how throughout the journey, Dr Gaus always focused on the singular goal of bringing access to quality medical care to the people of rural Ecuador. Dr Gaus' clear and unyielding, yet ever adaptable vision shines clearly throughout the book, and readers will sense his steadfast devotion to the people of Ecuador as the tale unfolds. Personal conversations are recounted as Hiss brings the reader along with him on the path to discovery of how AHD came to be a reality, and the hardships, redirections, and successes along the way.

Especially powerful is the subplot of Dr Gaus' personal encounter with a mother who brought her son to him after a snake bite. The boy later died because the antivenom he needed was not available, and the only service they had set up in the area was a small outpatient clinic. Hiss goes on to recount how with much reflection, some soul searching, reconsidering what the needs of the community actually were, and what his patients had been telling him all along, Dr Gaus transformed this painful experience into a program that currently offers not only antivenom, but also a test to discern whether it is needed. The program also brings trained physicians to rural Ecuadorians so that when people come in with snake bites, as they inevitably will continue to do in rural areas, they can receive the care they need.

Hiss also takes readers through Dr Gaus' journey of learning from Dr Diego Herrera to integrate patients' cultural beliefs (especially important when treating indigenous patients) into the care he provided, enabling his patients to trust him. He gives the example of when Dr Gaus first started seeing patients from the Tsáchila tribe, he would try to "correct" their long-held beliefs about meat consumption. These beliefs, although not founded on science, were not causing them harm. Once he stopped trying to do this, his patients began to trust him. It was this small act of taking the time to understand what was important to his patients that enabled him to begin building lasting relationships with them.

In the book's foreword, Lou Nanni describes what many others saw in Dr Gaus as well:

> I recall David lamenting, one particular missive, that he had experienced repeated bouts of lice while playing with the children at the Centro Muchacho Trabajador … The physician counseled David to stop wrestling around with the little children. Instead ... he opted to shave his head. "I need the warmth and affection as much as, if not more than, the kids," he explained. He had discovered his calling to return to Ecuador to pioneer a sustainable

> health care model for the marginalized and indigent, especially the rural poor, who had little to no access to health care. I could feel his passion and determination jump off the page as I read his scribbled cursive: "Never underestimate a bold vision combined with fierce determination." The purity of Dr Gaus' call and the depth of his passion were positively contagious: "If you are lucky, a few times in life you will come across a person who is able to hew out of the mountain of despair a stone of hope."

The most impressive part of this story, for many family medicine students and teachers reading this review, may in fact be the last part, where readers learn not only that Dr Gaus has achieved this immense task of helping to create two high-quality, sustainable, and reliable hospitals in rural Ecuador, but also how he took it a step further, and used these two hospitals to create a 3-year family medicine training program for young Ecuadorian doctors. This has provided opportunites for young Ecuadorians to become competent, lifelong learning, curious, family doctors themselves. These young doctors in turn would graduate from the program and go out and start their own programs, thus spreading not only access to quality medical care across rural Ecuador, but also a love and enthusiasm for learning, teaching, and collaborating.

For family physicians with an interest in global health, rural medicine, and tropical disease, plus an appreciation for a well-told story, this book is a great read. Thoroughly entertaining while still conveying a message about how global health can be done well and responsibly, the book gives a sense of hope and energy. The message rings clear that in order to properly serve rural communities, full-spectrum, acute, and hospital care are needed, rather than simply outpatient or community health worker services. This is certainly a worthwhile book for educators as well, a book that reminds us about the joy of teaching, and why we do it.

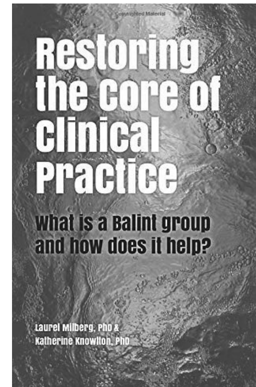
doi: 10.22454/FamMed.2020.458376

Alida Maria Gertz, MD, MSc, MPH
Wellstar Atlanta Medical Center Family Medicine Residency Program
Atlanta, GA

Restoring the Core of Clinical Practice: What Is a Balint Group and How Does It Help?

Laurel Milberg and Katherine Knowlton

Independently Published, 2019, 59 pp., $14.50 paperback



If you think of this monograph only as an introduction to Balint groups (which it primarily is), you may be inclined to acknowledge its value for someone else but less inclined to read it yourself. If you consider reading it as an approach to understanding the complexities of healing relationships, you begin to appreciate anew the intricacies of connecting with another human being who happens to be struggling with health challenges.

Restoring the Core of Clinical Practice succeeds in its intended goal of describing the specifics about Balint groups, and it provides multiple participant quotes and examples of the benefits of Balint group participation. In logical order, it explains who its audience is and isn't, enumerates necessary and sufficient conditions for groups to experience these benefits, describes the specific and unique roles and tasks of group leaders and group members, identifies strategies that are useful in starting Balint groups, and finally, names resources that can be helpful. It includes all anyone needs to know about what they are getting into and what to expect from being in a Balint group.

However, there is a curiosity in this manual that parallels the curiosities in Balint groups themselves, and sometimes the curiosities that occur in doctor-patient relationships as well. There is a subtext suggesting that exploring and understanding doctor-patient relationships takes more than teaching an algorithm to master empathy, for example. It takes a unique set of conditions that allow and support participants' potential to learn from the inside out, from their own perspective and experience about their own rich potential to be their patients' uniquely designed healing agent. These group norms that the authors name include well-trained leaders, regular dedicated time

and space, strict confidentiality which allows even socially inappropriate thoughts and feelings to be aired, cultivating a nonjudgmental atmosphere, encouragement to speculate, and an emphasis on divergent thoughts and feelings. These are the components of an emotionally safe learning environment, and as *Restoring the Core of Clinical Practice* suggests, there are no other similarly structured or systematic learning opportunities in medical education or even in practice. It is no coincidence that this is the kind of environment needed for patients to have a truly healing relationship with one's physician, as well.

There are numerous key Balint group learning pearls that also have parallels to doctor-patient relationships. These are less explicit but implied or hinted-at lessons that are crucial for any primary care professional. Examples include the ubiquity of uncertainty and ambiguity, the development of emotional muscle, the layers of emotional impact for both patient and physician, the primacy of the therapeutic relationship—exhibit #1 in the art of medicine, and the nature of a contract, too often implicit, between group leader and participant or doctor and patient.

What is missing? There are some unavoidable missing pieces, not because the authors failed in their intended goal, but rather because there are limits to one's ability to describe the experiential nature of being in a Balint group. Further, there is not just one experience that would suffice; everyone has their own comfort level in groups and therefore their own experiential trajectory. It is common for people to hear or read a description of a Balint group and then participate in even a single demonstration, and their understanding and reactions are as different as night and day.

One unattainable perspective is to write an introductory book from the eyes of a beginner. By definition, once you can write knowledgeably about any subject, you are no longer a beginner! In thinking about my first Balint group experience, I ask myself how helpful this book would be. The helpfulness of this book would be a function of one's needs to be fully informed, warned, and prepared for this experience. Sticking my toe into this water was ultimately an expression of trust and a willingness to take a risk. Reading this book ahead of time provides a clear idea of what to expect. However, it cannot provide perspective on other unknowns like who else is in the group and confidence in the leader's ability to guide the group's evolution. The visual learner might appreciate a brief diagram or chart that outlines the steps of the process (eg: leader asks for a case, case presentation, clarifying questions, presenter observes only, group discussion, presenter reenters, end of daily group).

Readers of *Restoring the Core of Clinical Practice* will have enough information to reduce their uncertainty. Ultimately, Balint group participation is like climbing a pyramid of anxiety management one step at a time while having faith that approaching the pinnacle, case by case, you will be reassured that you are not alone and that you continue to be the healing force that your patients need, and faithfully return to experience.

doi: 10.22454/FamMed.2020.285682

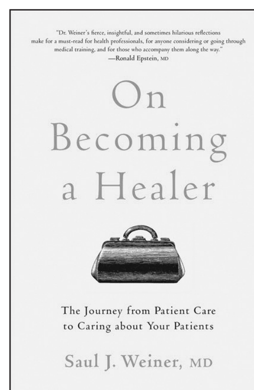
Jeffrey L. Sternlieb, PhD
Lehigh Valley Health Network Family Medicine Residency (retired)
Wyomissing, PA

CONFLICT DISCLOSURE: Dr Sternlieb is longtime member and past president of the American Balint Society (ABS), a faculty member at leader trainings, a mentor in the ABS Fellowship program, a supervisor of credentialing candidates, a proponent of reflective practices and self care, and a behavioral scientist who taught in a family medicine residency. He knows both of the authors of *Restoring the Core of Clinical Practice* well. However, the authors were not aware of Dr Sternlieb's writing and submitting this book review, and Dr Sternlieb received no payment or other consideration or incentive to write this review.

On Becoming a Healer

Saul J. Weiner

Baltimore, MD, Johns Hopkins University Press, 2020, 194 pp., $26.95, paperback



In an exceptional and timely publication, Saul Weiner, MD, offers an antidote to practicing medicine in this era of burnout: engage with patients on a personal level with boundary clarity.

Dr Weiner was mentored throughout his life, and most particularly starting in medical school, by his physician-godfather Dr Simon Auster, an insightful family physician and psychiatrist by training. Much of the book relates conversations or principles arising from their insightful conversations. "While I had someone to guide me during my medical education, few physicians in training are

so fortunate. Without help finding their way, they are socialized to the norms of the profession, modeling their behavior on what they observe." (p 12)

Dr Weiner asserts that doctors are disengaged, part of a learned process cooked into physician training. He writes,

> …I came to see that doctors hide behind their white coats while patients want to connect with a real person who cares about them." (pp. 12-13)

Dr Weiner encourages physicians to break down the social construct that separates physicians and patients and accept that we are, in fact, very similar. One bad accident or unfortunate diagnosis makes a doctor a patient. He described patients this way: "Some are jerks, some are nice, some are lost, and some are confused—just like the doctors who care for them." (p 102) But just as doctors learned through training to be disengaged in patient interactions, they can learn through self-reflection to be engaged.

Dr Weiner discusses boundary clarity and defines it as knowing yourself and being comfortable with yourself; knowing where you as a physician end, and where the patient begins. Acknowledging the importance of boundary clarity, the author presents several figures illustrating the physician-patient interaction. In the figure displaying the most ideal interaction, he points out

> …that the boundaries of the two individuals are in contact, indicating that each of them is experiencing directly who the other one is. This is a natural state that occurs anytime two individuals are open to engagement. (p 86)

Further describing the topic he adds,

> Boundary clarity is …what enables a physician to respond to suffering based on their patient's needs rather than their own discomfort. (p 88)

The book addresses physician burnout in several ways. As physicians, we know the problem to be multifactorial. A few of these factors include increased pressures from electronic medical records and administration, less time to do more, feeling like a cog in a wheel, and meeting patient expectations. Dr Weiner adds this thought-provoking idea:

> It's tiresome putting on a façade all day. It's also less fulfilling not to open oneself to the experience of real connection. (p 85)

> With sufficient grounding and curiosity, each of us can find the courage and honesty to acknowledge, at least to ourselves, where we are developmentally in our journey to becoming healers. (p 72)

Dr Weiner includes questions for reflection and discussion at the end of each chapter to reinforce the chapter's main principles, and to help readers begin to introspectively assess their own qualities. Healing interactions, caring, and physicians as technicians vs healers are deep themes that permeate the book and offer the reader plenty of opportunity to consider their own perspectives on being a physician, and helping patients as engaged healers.

doi: 10.22454/FamMed.2020.204226

Robert Zukas, DO
Mercy Health – St Rita's Medical Center
Lima, OH

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