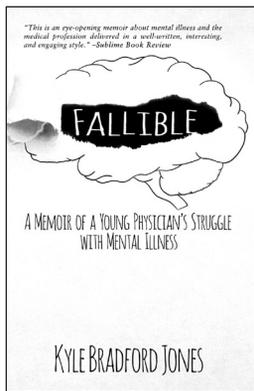


BOOK AND MEDIA REVIEWS

Fallible: A Memoir of a Young Physician's Struggle With Mental Illness

Kyle Bradford Jones

Castroville, TX, Black Rose Writing, 2020, 333 pp., \$21.95, paperback



“I have major depressive disorder and generalized anxiety disorder” (p 1), says Kyle Bradford Jones, MD, an associate professor of family and preventive medicine at the University of Utah. His intended audience includes individuals who suffer from mental illness

as well as “anyone who interacts with someone with a mental illness” (p 2). The book is written in simple prose; even the segments that explain key concepts like anxiety and depression are for the most part easy to follow, so its message can be understood by “all of us.”

Fallible includes information about residency training as experienced by the author; although regulations have since changed to mitigate the “torture” (p 24), the message rings true to those exposed to similar circumstances and is vividly described for those who were not.

This memoir spans 11 chapters. The first shows the author in a season of struggles during residency, leading to loss of empathy, and introduces his concept of anxiety as a disorder: dread amidst ideal circumstances, different from normal anxiety that may be provoked by present happenings. He illustrates normal anxiety in chapter two using a baseball game his team lost after he made a “momentary show of poor athleticism” (p 35), talks about his early years, then discusses the *Diagnostic and Statistical Manual, 5th Edition*’s criteria for anxiety. In chapter three he is a missionary in Ukraine; although regular engagement in religion and spirituality has been thought protective against mental illness, Kyle says “it’s not religion itself that affects mental health; it’s how we individually relate and interpret it”

(p 70). Chapter four documents his successful quest for medical school admission and how he met his wife Becki; it also presents his first panic attack, the subsequent diagnosis of generalized anxiety disorder after the “wind of anxiety” had built slowly for 10 years, and the author’s first experiences with pharmacotherapy (helpful despite side effects) and counseling (disappointing). Chapter five covers the author’s starting medical school 1,000 miles away from extended family, having moved with his wife and baby son Weston. In his excitement he stopped his anxiolytic. Anxiety grew as he struggled to keep up with study material and grades; it worsened when his wife showed signs of postpartum depression complicated by seasonal affective disorder. He did a second trial of medication and counseling, neither of which went better than the first. Chapter six shows the author working through different medical school rotations with some difficult preceptors, and the jading effect that had on him. He discussed outbursts of anger at his young sons that may have stemmed from anxiety; he saw Weston develop fear of wind after a tornado.

Dr Jones chose family medicine because it offered “the potential and expectation of looking at patients in their entire lives” (p 191), and he matched to a community hospital in Utah. In chapter seven, the author documents his life as an intern and shows him sinking into depression while working with a depressed senior resident, disconnected or shady attendings, and a hospital that seemed not to value quality care. Chapter eight contrasts burnout and mental illness; Kyle used the SIG-E-CAPS mnemonic to show he was depressed. Notable in chapter nine is how Kyle surprises himself by showing open frustration with a patient who declined a precious placement opportunity; fortunately, the patient saw the breakdown as a display of empathy. Chapter ten gives an account of his becoming faculty in his program on completion of residency, which brings some relief from anxiety, and allows more availability to his family. However, soon after, Kyle was named in a lawsuit brought by a patient of a resident that was settled out of court 2 years later, but the process wore on

him. The closing to chapter eleven closes with the author's reflection, "I hope, and thus I am whole" (p 332).

The book is a good value for the price and I am unaware of any similar memoirs. I see *Fallible* as an engaging, well-written exposé of how persons with mental illness see life; reading it can improve the ability of a primary care practitioner to support patients through treatment. I believe its message to young people (and their parents) is that they can achieve real success despite pervasive anxiety. Indeed, *Fallible* is a noble contribution toward the destigmatization of mental illness we all hope for. I recommend it to present and future practitioners of primary care, from premedical scholars to residents and fully-licensed providers, to help them calibrate their own journeys and/or mentor those coming along with and after them.

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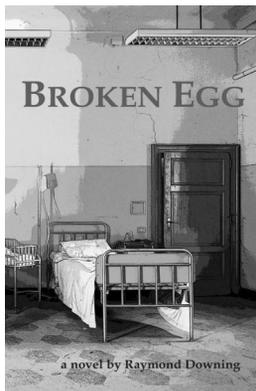
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Broken Egg

Raymond Downing

Nairobi, Kenya, Manqa Books, 2018, 242 pp., \$9.69 paperback



Informative, yet subtly raising intrigue, this is the latest book by Raymond Downing, MD, an American family physician who devoted a majority of his career to providing health care in sub-Saharan Africa. Dr Downing dedicated almost his entire professional life to

medical missions and rural hospitals in Tanzania and Kenya. He also designed the first family medicine training program in Kenya. A prolific writer, he authored several essays and books on global health and medicine. A pioneer of global health, his stories are influenced by his personal experiences, and thus offer a first-hand account of medical practice by an expatriate in Africa.

Downing's choice of a captivating title, "*Broken Egg*" symbolizes a fragile state. A story of two doctors in South Africa, it highlights the challenges, the diseases, the bottlenecks, and

the unrealized potential for effective global health care delivery in underserved countries.

Narrated in a flashback manner, the story meanders through the infrastructure, needs, politics, and philosophy of the health care system in the horn of Africa during the turbulent phase of postelection violence in Kenya from 2008 through 2011. The story unfolds in a narrative style and gradually introduces the setting, the plot, and the characters, before reaching a climax and conclusion.

Downing has drawn abundantly on his personal experiences, and has delivered a physician's insight to the global health care, while skillfully guiding the reader through geographic, sociopolitical, and cultural nuances. The chapter "The Doctors" provides a quick view into the daily working conditions and hardships of serving in underserved areas with constrained resources. Lack of funds relentlessly push the health care delivery system against the wall. Various anecdotes throughout the book highlight the challenges for a physician that range from managing a spectrum of acute and chronic conditions, and at the same time being proficient in locally endemic diseases like sickle cell anemia, tuberculosis, malaria, AIDS, etc. Among many Kenyan communities, access to inpatient health care services is seriously constrained. The scarce resources, whenever available, are tied up to disparity in schemas of individuals and institutions.

"The Doctors Respond" goes on to describe the personal beliefs, passion, dedication, struggles, and sorrows of health care workers devoted to providing health care in resource-poor regions, and what drives them. Driven by the zeal to serve others and a mandate for global health, the medical workers may often have to conquer personal tribulations, both physical and emotional. Whereas early adopters are likely to face scarcity of resources, misplaced resource allocation, misjudged priorities and government regulations with frustration, the experienced physicians can contribute a lot to the local systems. Eventual empowerment of the local medical system happens by virtue of efficient and effective health care delivery, upgrading local expertise; or even developing a family medicine training program at the local institute, as happens in this story. Dr Downing gently and covertly attempt to connect dots of resource allocation to various global health initiatives/local governments, and their desire to be a part of the narrative through the purse-strings. Downing has masterfully handled this delicate topic with a neutral opinion, without

demonizing or validating anyone. Nonetheless, he emphasizes the need for a coordinated approach by global health actors. Narrating a personal experience of one of the characters, Downing has made an emphatic appeal for policy and process improvements in this part of Africa, to address the challenges of pharmacovigilance and drug delivery issues in the interest of patient safety.

This is Dr Downing's most recent novel, and he has succeeded to deliver the global health narrative with his usual panache and elegance. He has subtly emphasized better resource utilization, governance, priorities harmonization, and alignment for an effective coordination. A synergistic approach between the government and the development partners/donors to the often-fragmented health care services is needed for realistic global health initiatives and interventions. His personal narrative makes this need human, emotive, and engaging. This book is a must-read for health care providers who are passionate to advance global health.

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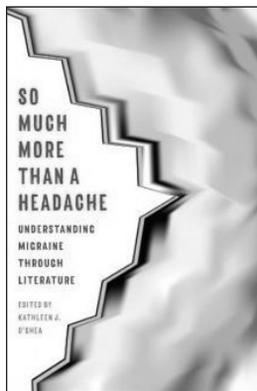
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So Much More Than a Headache: Understanding Migraine Through Literature

Kathleen J. O'Shea, Editor

Kent, OH, Kent State University Press, 2020, 232 pp., \$34.95, paperback



The rarity of versatile storytelling is perhaps best exemplified by the animation prowess of Pixar and the entertainment magic of Disney. Together, these studios garner audience appeal unbounded by age, education, or social status. While *So Much More Than a Headache* aims to compel a similarly wide readership, the editor most effectively speaks to migraineurs themselves. "Migraineur" is the all-encompassing and peculiarly romantic term presented throughout the book to identify those who experience migraine headaches. To the book's credit, any reader will quickly

recognize the devastation, marginalization, and isolation that headaches inflict upon our loved ones.

From the book's opening, two things are clear about editor Kathleen O'Shea: she deeply loves literature in all its artforms, and she is a longtime, personal sufferer of migraines. O'Shea presents a smorgasbord of excerpts, poetry, essays, diary entries, and a play in this anthology aimed at improving the world's understanding of migraines. Unlike medical textbooks, this collection heavily features the frustratingly invisible and catastrophically debilitating symptoms that headaches produce.

This collection of literary works is neatly organized into five parts ranging from disease physiology and living with disability to cherishing headache-free periods. The opening section is the strongest. It offers multifaceted glimpses into examples of aura, headache, and hangover. Having personally experienced ocular migraine variants, I found the passages describing insidious and unsettling preheadache symptoms to be the most riveting. Through poetry, Linda Pastan depicts feeling "ambushed by pins and needles of light" and afraid that her "eggshell skull won't hold" (p 8). In a *New York Times* editorial, Oliver Sacks recounts "shimmer zigzagging borders" and "brilliant brightness, blindness, and emptiness" (p 10). Although such imaginative words might feel superfluous in a clinic progress note, these bizarre portrayals can offer camaraderie for fellow migraineurs.

O'Shea chronicles her personal journey with neurologists and coworkers who seemingly ignore or misconstrue her struggle. One physician kindly reassures her she lacked a "migraine personality," clarified to mean ambitious, perfectionist, or inward (p xxv). O'Shea shares gratitude that her husband also has migraine so there's less belittlement when social activities have to be canceled or medications have to be constantly adjusted. These passages can offer health professions students glimpses into the lived-in experiences of patients beyond their diagnosis. I had never considered that patients might experience guilt over "chemical inferiority." Despite having "no brain tumor, no high blood pressure and nothing wrong with me at all," Joan Didion writes she struggled to reconcile her chronic illness with the accompanying loneliness and helplessness (p xxiii).

Several included literary works might narrowly cater to avid playgoers or literary historians. The fictionalized rendering of Friedrich Nietzsche and the eccentric reimagining of

Virginia Woolf, for example, fall short of advancing universal understanding of headache. Even for a busy clinician or medical educator, one outstanding excerpt should not be skipped. Sallie Tisdale's memoir entitled, "An Uncommon Pain," was originally published in Harper's magazine in 2013. Her essay reviews the pathophysiology of migraine, highlights the pharmacology of common remedies, and outlines a framework for obtaining a migraineur's medical history (p 72). Furthermore, Tisdale expertly underscores the "unsharability" of pain, the frustration of reaching for fourth-line medications and the glee of feeling "twenty years younger" when a headache finally subsides (p 82).

Unlike the innumerable self-help books written to remedy migraines through diet and behavioral changes, this text redirects our attention to patient-centered holistic care. After finishing this book, the reader appreciates that

the simple act of gathering a history can be inherently therapeutic. While the text is unlikely to alter a physician's approach to headaches, we are reminded of the powerful value in hearing with a silent ear. Perhaps by completing a book that provoked a constant need to criticize, correct, and interrupt, I practiced the most valuable skill for treating migraines—listening. doi: 10.22454/FamMed.2020.956966

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