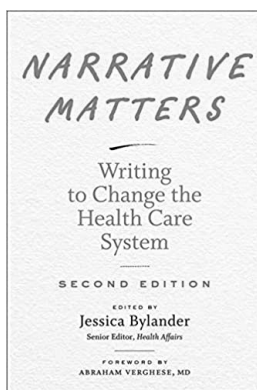


BOOK AND MEDIA REVIEWS

Narrative Matters: Writing to Change the Health Care System, 2nd Edition

Jessica Bylander, editor

Baltimore, MD, John Hopkins University Press, 2020, 301 pp., \$27.95, paperback



The essays in this collection offer hope with their new ideas and ways of seeing. Upon finishing each essay, I wanted to rush back to my office to make changes to how I offer care! Abraham Verghese sets the tone for the book in his foreword with idioms like “stories change our lives,”

and “narrative moves us.” This is followed by an eloquent introduction by the editor about the power of stories and how narrative can drive advocacy. This book is a collection of previously published essays from the health policy journal *Health Affairs*. The section of the journal entitled “Narrative Matters” publishes writing that begins with a personal story and ends with a policy message. For those of us who cling to medical humanities to preserve the soul of medicine, the writing in this book reminds us of the power of the lived experience in faceless policy debates and health care administration.

The list of authors in this collection reads like a who’s who of great medical humanities writers: Abraham Verghese, Louise Aronson, Siddharthra Mukherjee, Charlotte Yeh, etc. There are authors from various backgrounds, such as the former president of Planned Parenthood, a former secretary of health and human services, and others less well known but nonetheless writing from the heart about elderly caregiving, end-of-life care, and opioid addiction. The book is smartly divided into eight sections, covering everything from innovation and research to maternity and childbirth with a timely section on disparities and discrimination.

Dr Mukherjee gives us credence to fight back against overtesting and overscreening; he suggests we are creating a continuous state of precancer anxiety with little improved outcome. Dr Yeh takes us through the over-processed and disengaged care she herself received that lacked quality and highlighted the fact that patient-reported outcomes are seriously lacking. And there is much more commentary on bundled care, informed consent, and how inconsistent doctors can be, so getting a good one feels like winning the lottery. Lest you worry about being lectured to, the stories are heartfelt. With stories of a physician being mentored by a patient, a transgender physician being insulted by a fellow physician, and stories from patients with chronic pain recounting how addiction begins, you won’t be able to put the book down. Trust me, I couldn’t.

Many of the essays question the standardized, impersonal approach of medicine. A health care CEO and other physicians admit their mistakes which were realized when their own loved one had to deal with an illness in our overly-complicated health system. This certainly resonates with me and how my own care evolves every time I face a personal health scare. While many complain about our system, they seldom offer feasible solutions. These authors are different. Take Katy Kozhimannil’s essay, for example, on reversing the rise of maternal mortality in the United States; after talking about her grandmother, she lays out a detailed five-point plan that includes evidence-based tool kits, expansion of health insurance pre- and postpregnancy, and a national maternity mortality review board. Dr Leana Wen’s essay demonstrates how to directly confront a colleague about mistreatment of a patient with a disability. Dr Wen outlines how we could all be better clinicians with patients living with disabilities if six core principles were part of required training for students and residents: Amen!

This is a book for learners, faculty, and practicing doctors alike. I plan to use certain essays with residents and students to teach them empathy. The plight of immigrant physicians and Black doctors not being accepted is highlighted; the authors’ voices will inspire the reader

to want to do more and make changes. The global lesson of using stories as evidence is also a lesson that can be taught using this book. Lastly, essays like the one written by family physician Maureen Mavrinac will challenge and inform readers on how to rethink our traditional visits and seize back our agency through innovations like group visits and creating buddy systems for patients. Her enthusiasm will reenergize the reader and help us all avoid burnout. Each of these lessons are relevant and essential. While I don't agree with the suggestions of every writer, I admire the writing and the way the ideas challenge us to be better. This book will invigorate and also offer you hope!

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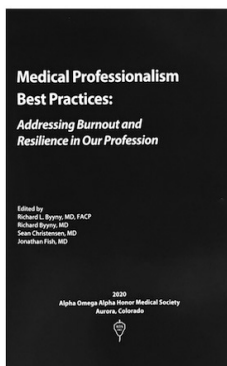
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Medical Professionalism Best Practices: Addressing Burnout and Resilience in Our Profession

Richard L. Byyny, Richard Byyny, Sean Christensen, and Jonathan Fish, eds

Aurora, CO, Alpha Omega Alpha Honor Medical Society, 2020, 152 pp., paperback

Free access at <https://alphaomegaalpha.org/medprof2015.html>, paper copies available on request from info@alphaomegaalpha.org.



It's rare that we are invited to be troublemakers, but here is just such a provocation:

Physicians experience conflict ... They have been professionalized for acquiescence, docility, and orthodoxy. They are taught to be more like sheep than cats....

We need cats who will resist conformity in service of extra-professional forces. The mission... is about saving health care for patients and society, and enabling our profession ... to care for patients and not experience burnout (p 4).

This book represents a passionate call for physicians to examine critically the forces that are shaping the practice of medicine, and to have the courage to advocate for patients.

One of a series of monographs published by the honor medical society Alpha Omega Alpha (ΑΩΑ), this volume is a collection of 14 essays addressing timely topics. These range from societal pressures eroding professionalism in medicine, to impacts of electronic health records, to how individual physicians can adopt practices that will buffer against stress, and most of all, an exploration of market and business forces that challenge medicine's professional identity. The monograph includes a thoughtful preface and closing reflections on the challenges at hand.

Richard Byyny, in his preface (coauthored with George Thibault) and in the first chapter, outlines the scope of the problem and identifies professional challenges for physicians that have to do with the “businessification” and corporatization of medicine (p 2). The next essay, by Darrell Kirsch, delves into the role of individual mentoring, with a focus on helpful initiatives in medical training. That topic is picked up in a chapter by Douglas Paauw and Sheryl Pfeil that includes excellent case studies, and also in Anne Eacker's “Well-being Definition and Measures in Medical Education.” Dr Eacker discusses issues such as student debt and provides a case study of how the University of Washington School of Medicine approached these challenges.

Carrie Horwitch's essay on professionalism and burnout as they relate to the electronic health record investigates issues of moral injury and potential pitfalls for physicians. She identifies some fixes that are relatively easy to implement, and others that might be quite challenging to the status quo. For example, she recommends that “a minimum of 30 minutes with patients should be the standard of care,” based on her own analysis, bolstered by a 2015 article by Linzer, et al.¹

The issues raised in this monograph are not easy, and I appreciate the willingness of the authors to wrestle with really big, complex moral and societal issues. One chapter, written by two scholars from Mayo Clinic (Frederic Hafferty and Jon Tilburt), ventures into a rather deep sociological analysis of pressures on medical professionalism, and it invites the reader to invest considerable thought and attention.

Some chapters are quite accessible and very straightforward in their recommendations. For example, Christina Surawicz' "Personal Strategies to Beat Burnout: The 20 Percent You Can Control" feels very positive and uplifting, because it is full of things that physicians can do right away, and over which they have considerable control.

Other chapters are more sobering. It can be disheartening to have to face squarely the enormity of the entrenched forces causing physicians to experience moral injury. One essay that identifies concrete steps to address these systemic challenges is Steven Wartman's "Changing the Behavior of Organizations." It is aimed at those in positions of leadership, and it provides strategic guidance on fostering compassionate change in health care systems.

There are some real gems in this monograph, but nevertheless, I would not recommend reading the whole monograph straight through. The conference presentations on which these essays were based often reviewed the same introductory content, for instance by defining burnout. That makes sense in the conference where these topics were presented, but once the essays are collected, it makes for considerable overlapping content. I would therefore encourage the reader to sample topics of greatest interest, or select authors whose work you most want to explore, and delve into those chapters.

The call to rethink our approaches to medical education and health care delivery is a daunting one. The authors point out that we are in difficult times, and remind us that medicine has successfully overcome challenges throughout its history. We are currently in very choppy waters, globally, nationally, and professionally. This AΩA monograph is free, timely, and contains a great deal of valuable, high-level thinking about what we need to do to navigate this difficult period in history, while holding tight to our moral compass.

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