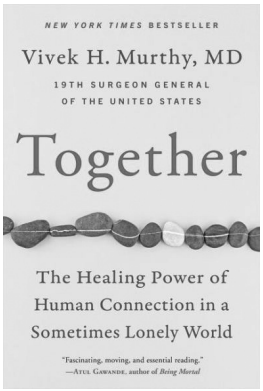
Together—The Healing Power of Human Connection in a Sometimes Lonely World

Vivek H. Murthy

Broadway, NY, HarperCollins, 2020, 326 pp., $20.49, hardcover



There could not be a timelier book than *Together—The Healing Power of Human Connection in a Sometimes Lonely World*. The author is the 19th United States Surgeon General Vivek H. Murthy, MD, who makes the case that we are experiencing an epidemic of loneliness. Ironically, this book was written in 2020 before we knew of the pandemic. Murthy provides a comprehensive, well annotated, and insightful study of the epidemic of loneliness that he passionately argues is eroding public health. Today, with social isolation and recommendations that we remain at home as much as possible, we are experiencing a surge in the loneliness epidemic Murthy brings to light.

It was during his time as a young internal medicine resident that Murthy first noticed loneliness that burdened so many of his patients. As family physicians we learn how the social domain of life contributes to illness, but are not given tools to recognize loneliness. We see loneliness daily in our offices often without recognizing it. In a 2013 poll of general practitioners in the UK, 75% said they saw between one and five patients per day whose visit was primarily driven by loneliness (p. 14). Consider the elderly patient with overly frequent visits your office who loves to chat with you and your staff; the angry adolescent experimenting with drugs because he has no peer crowd; or the workaholic administrator, who is focused on climbing the ladder, is not caring for his health, and is estranged from his family. And certainly we have all seen the patient in the hospital who has no visitors, no phone calls and no one to care for them.

Physicians are not immune to loneliness. Most people, perhaps physicians especially, do not want to admit that they are lonely. Murthy writes, "This shame is particularly acute in professional cultures like law and medicine, which promote self-reliance as a virtue" (p. *xvii*).

To make matters worse, there is the dehumanizing consequence of burnout, a chicken-and-egg relationship with loneliness.

During his time as surgeon general, Murthy traveled the United States and overseas, meeting scientists, doctors, and a wealth of other people to explore facts and stories about loneliness. By exploring social science, evolution, biochemistry, medical findings, and more, he promotes the idea that we are "wired" to connect with others. He then describes the population of the lonely, supported with alarming statistics of its prevalence. Loneliness is not limited to the aged or frail, although it may peak in the 50s and 80s. Adolescence and young adulthood into the 30s is also a time of risk for loneliness. Technology, in particular social media, is part of this mix that "distorts our sense of the value of actual contact with friends" (p. 107).

Dr Murthy goes to great length to describe the connection between relationships and health. Reported in the book is a meta-analysis of 148 studies with 300,000 participants from around the world by Dr Julia Holt-Lundstad.[1] Her data show that people with weak social relationships are 50% more likely to die prematurely than those with strong social relationships. This reduction in years of life is equal to "the risk of smoking 15 cigarettes a day, and greater than the risk associated with obesity, excess alcohol consumption, and lack of exercise" (p. 13). And not to be forgotten, loneliness is closely associated with depression, overdose, and suicide, among other tragedies.

Based on his travels, Murthy suggests some ways to remedy this epidemic of loneliness. He describes many cultures' and individuals' efforts to address the connection we all need with one another. In Blue Zones, where people have highest life expectancy thought to be due to lifestyle, there is also an unusually high degree of social connection (p. 76). He

discusses how we find our connections with family, friends, in work, and with the kindness of strangers. Suggested antidotes to loneliness include removing digital distractions, finding empathy, and being present with one another. He promotes programs that teach emotional fitness to our young and those who create community. *Together* identifies loneliness as a root cause of many of our social and medical illnesses, but it is also rich with hope.

In conclusion Murthy writes, "The universal drive to connect is still alive and well" (p. 284). The need for social connection is undervalued, especially today. *Together* is an eye-opening and inspiring examination of how being lonely impacts us all.

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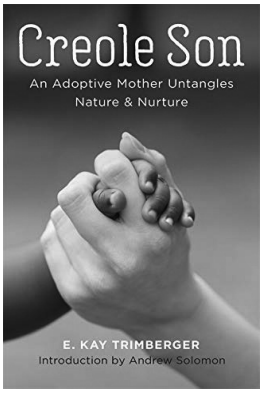
Reference

1. Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. PLoS Med. 2010;7(7):e1000316. doi:10.1371/journal.pmed.1000316

Creole Son

E. Kay Trimberger

Baton Rouge, LA, Louisiana State University Press, 2020, 196 pp., $27.15, paperback



Creole Son is a memoir interwoven with a summary of literature related to adoption, addiction, and race with reflection on how these intersect via behavioral genetics. The author, E. Kay Trimberger, PhD, recounts her relationship and struggles with her adopted son, Marco. Kay describes herself as Caucasian with middle-class values. She is a university professor of Sociology, and education is a core component of her identity. With great care and detail she recounts her initial hopes and assumptions that her son Marco would share her values. What she failed to understand then, and what she reflects on in this book, is the impact of genetics on childhood and adult behavioral characteristics.

One significant gap Dr Trimberger found in her perspective was an appreciation for the importance of self-identity. Genetics and environment both factor into sense of self, and lack of knowledge about family history inadvertently leads to some degree of unknown self. Interestingly, she begins her story in the interest of Marco understanding his roots, and what she also learns is that through pursuit of uncovering his history she also discovered her own. She narrates Marco's discovery of his self-identity upon learning of his mixed-race genetic roots, and of the shared struggle with addiction he finds in common with multiple biologic family members. She reflects on her own reconciliation with the discrepancy in her values compared to those of her mother. Ultimately, both nature and nurture frame our experiences, and what culminates is a reflection of one's sense of self. This sense of self appears to be the crux of the author's pursuit. However, rather than exploring the relevance of self-identity development in relation to life path followed, she fervently searches to measure the impact of both genetics and nurture on behavioral development.

Laden with questions about why her mixed-race, adopted son seemed to be on such a different path than what she experienced herself or envisioned for him, including addiction, dysfunctional relationships, and unstable employment, the author turned to scientific journals for answers. Kay introduces the reader to the field of behavioral genetics, which studies the way nature, via genes, interacts with the environment to shape behavior. She explains how she applied what she was learning on her quest of understanding to her relationship with her son. One of the central questions for the author seemed to be how much, and for what, she should take responsibility for her son's challenges.

The author punctuates her journey with insights gained from behavioral genetics, such as evidence she presents that argues substance use in biological families is correlated significantly with adoptee substance use irrespective of use in adoptive families,[1] as well as the fact that risk is multiplied when a biological parent has an antisocial personality disorder.[2] These data seemed to assuage some of the author's guilt about her adopted son's trajectory. Indeed, at times the author's primary motivation for

consuming these studies was to confirm her belief that the biological foundations of her son's behavior must have overridden the environment she provided. Rather than such factor comparison, the greatest benefit to individuals in the future may instead come from helping them understand themselves in a way that will optimize their genetic dispositions within their environment, through strong sense of self.

Limited information is available for family physicians about adoptive families, beyond guidelines on international adoption.[3,4] Nevertheless, they are urged to familiarize themselves with the unique issues faced by adoptive families.[5] This book may be helpful as a recommendation specifically for adoptive families that find themselves in the position of trying to understand their child's behavior. Family physicians may also find this book helpful for understanding both the subjective experience of some adoptive families as well as the science surrounding adoption, but there is limited applicability to the clinical practice of family medicine. This narrative is, however, a reminder of the importance of thorough history taking in the comprehensive care of all patients. An exploration of individual history may prove to be one of our most powerful, timeless resources in both genomics and holistic, equitable health care.[6] Other texts are available for the clinician that focus on adoption medicine.[7] Ultimately, Kay and Marco's story illustrates the need, both within and beyond the scope of adoption, for us all to embrace the power of acknowledging, exploring, and celebrating our full selves.
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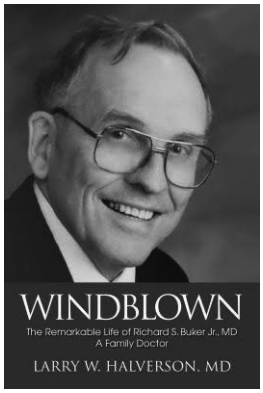
References

1. McGue M, Malone S, Keyes M, Iacono WG. Parent-offspring similarity for drinking: a longitudinal adoption study. Behav Genet. 2014;44(6):620-628. doi:10.1007/s10519-014-9672-8
2. Cadoret RJ, Yates WR, Troughton E, Woodworth G, Stewart MA. Adoption study demonstrating two genetic pathways to drug abuse. Arch Gen Psychiatry. 1995;52(1):42-52. doi:10.1001/archpsyc.1995.03950130042005
3. Johnson DE. The family physician and international adoption. Am Fam Physician. 1998 Dec;58(9):1958, 1960, 1963.
4. Quarles CS, Brodie JH. Primary care of international adoptees. Am Fam Physician. 1998;58(9):2025-2032, 2039-2040.
5. Melina CM, Melina L. The family physician and adoption. Am Fam Physician. 1985;31(2):109-118.
6. Qureshi N, Kai J. Genomic medicine for underserved minority populations in family medicine. Am Fam Physician. 2005;72(3):386-387.
7. Miller LC. The Handbook of International Adoption Medicine: A Guide for Physicians, Parents, and Providers. New York, NY: Oxford University Press; 2005.

Windblown: The Remarkable Life of Richard S. Buker Jr, MD, a Family Doctor

Larry W. Halverson, MD

Lavergne, TN, Frugal Fam Doc (self-published), 2020, 432 pp., $24.95, hardcover



Windblown was initially written by Larry W. Halverson, MD, as a tribute to his friend and mentor, Richard S. Buker, Jr, MD, at the time of Buker's death in 2018. However, it soon grew to be a chronicle of a "legendary family doctor who transformed and toiled to preserve a rural community and an entire region" (p. ix), and now serves as inspiration and renewed calling for all who practice family medicine.

Like many of us, Dr Buker's early life experiences shaped his career path. As the son of a missionary doctor in Burma, medicine was his obvious career choice. With internship newly required prior to medical licensure, following completion of medical school at Yale he chose to be commissioned as a first lieutenant in the US Air Force to gain access to their highly regarded training. Thus, he began a rotating internship in general surgery, internal medicine, pediatrics, and obstetrics, which ultimately formed the foundation for his future career as a rural prototype for the yet-to-be envisioned specialty of family medicine. The ever-relatable doctor was praised in military reviews as achieving highest marks in "attending to duty" and "solving problems," but unsatisfactory in "writing records and reports" (pp. 44-45). The intrepid Dr Buker was thwarted from following in his father's footsteps with the American Baptists due to his marriage to a Roman Catholic, but nevertheless continued his search to serve humanity. This led him to Chester, Montana, to an abandoned hospital and clinic that he would subsequently revive

and grow, and where he would continuously practice for more than 48 years.

In Chester, Dr Buker practiced the full spectrum of family medicine long before family medicine became a recognized specialty. Out of necessity, he dealt with trauma, snake bites, surgeries (emergent and elective), and obstetrics, and brought preventive health care, well-child care, and treatment of chronic disease to the community. He exemplified the life of the ideal family physician, balancing his love of his community and medical practice with his family, outdoor hobbies, and scholarly pursuits. An avid outdoorsman, his story teaches us the importance of making time for these pursuits even in the overwhelming circumstance of being the only source of care in the community. In other lovingly described vignettes, we learn the importance of abiding with patients, sitting by their bedsides, and comforting by presence when medical care can no longer heal. We also learn that being a rural physician does not preclude scholarly activity, as he published several thoughtful observational studies in well-known journals including the *New England Journal of Medicine*. Dr Buker, of course, was human, and the author also realistically includes tales of the difficult times when errors were made, or things did not go as planned. Dr Buker's pain in these circumstances, illustrated by quoted letters he wrote to family members, mirror the feelings than any of us would feel under these circumstances. In 1971, Dr Buker became board certified in the new specialty of family medicine, a specialty that his career helped to define, passing the exam on his first try.

Halverson skillfully portrays the difficult decisions regarding when to end one's career. Dr Buker's love of medicine and for his patients remained strong, but age was taking its toll on his judgment and skills. The author explores the feelings of those working with him, and of Dr Buker himself, as it became clear that it was time for retirement. Despite having asked colleagues to tell him if they felt he was becoming incompetent and needed to retire, he was emotionally devastated when this transpired.

I truly enjoyed this biography, which serendipitously retells the history of our specialty by telling the story of one who went before us and shaped our calling. I am reminded that family medicine is more than just the delivery of medical care but is a specialty in which we are called to abide with our patients, compassionately guiding them through the health care system from cradle to grave, even though few of us continue to provide the full spectrum of care. It has renewed my sense of purpose and calling, and I am grateful to the author of this book for that. This book would make an excellent gift to any practicing family physician in need of inspiration, to a resident in family medicine at the start of their career, or to a student who is considering family medicine as a specialty choice. Well done, Dr Halverson!

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Deaths of Despair and the Future of Capitalism

Anne Case and Angus Deaton

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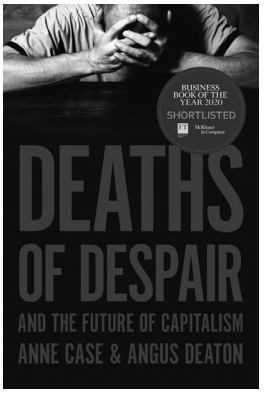
"Capitalism does not have to work as it does." (p. ix)



Is capitalism in the United States an engine of general prosperity, or a racket for upward redistribution? In *Deaths of Despair*, Princeton economists Anne Case and Angus Deaton explore the relationships between economic inequality, health status, and increasing rates of death and suicide among middle-aged White Americans.

The authors (a husband and wife team) relate that the book "was born in a cabin in Montana in the summer of 2014" (p. 1). Their discovery that suicide rates in their rural summer retreat were four times greater than in their home on the East Coast prompted further research into increasing rates of pain and ill health among middle-aged White Americans, and increasing mortality from what they labeled "deaths of despair"—deaths from suicide, drug overdose, and alcoholism. They justify this combined outcome by arguing that all three types of death have in common an underlying degree of intentional or unintentional self-harm, which in most situations can be attributed to a lack of hope.

The book combines meticulous analysis of data with comprehensive historical and social analysis. Its four sections explore historical

antecedents of today's economic conditions (Part I: Past as Prologue"), analysis of social data ("Part II: The Anatomy of the Battlefield"), economic realities ("Part III: What's the Economy Got to Do With It?"), and the nature of 21st century capitalism in the United States ("Part IV: Why Is Capitalism Failing So Many?").

Throughout the book, Case and Deaton return time and again to the argument that recent history in the United States has been particularly harsh to Whites without a bachelor's degree. This argument may sound insensitive after 2020 has thrust the realities of racism to greater prominence in our national conversation. However, Case and Deaton point out that while mortality disparities persist between Blacks and Whites, mortality rates for middle-aged Blacks have continued to improve yet mortality rate improvements for middle-aged Whites have stalled. Indeed, they argue that while racial disparities are diminishing for many outcomes, "class divisions are widening, at least if we think of class in terms of education" (p. 185).

Among the causes they identify for increasing deaths of despair among middle-aged Whites without a bachelor's degree are the decline of social and religious institutions, increasing disparity between rural and urban economies, the weakening of unions, and increased outsourcing of work. Most significantly, especially for those of us in medicine, they attribute much of the blame for deaths of despair to the structure of health care in the United States—a "cancer at the heart of the economy" that steals "from the poor on behalf of the rich" (pp. 10-11). Case and Deaton argue that the structure of employer-paid health insurance drives down wages and curtails job growth, that the power of professional medical associations means that medical legislation more often favors the interests of lobbyists over those of the population, and that the protection of corporate and business interests means that rent-seeking (p. 11) is built into the very essence of health care in the United States. They also argue that the recent opioid epidemic has been a particularly insidious manifestation of the combined effects of these influences.

The breadth and depth of the economic analysis in this book is impressive—the authors clearly know their stuff! By contrast, some of the medical analysis (including discussions of addiction, pain management, and the structure of medical practice) would seem to have benefited from attention to the same level of exploration. At times the book offers critique and recommendations that seem to fall short in their understandings of the nuances of clinical practice. At the same time, this is the first book on health care economics I have encountered that includes advice on calling the family doctor—"If you (are) suffering from addiction to drugs or alcohol, talking to a trusted family doctor or spiritual advisor is a good first step" (p. *x*).

Case and Deaton clearly care about bringing in-depth analysis to bear on addressing the epidemic of deaths of despair, and their recommendations are aimed at solutions they hope might address some of the injustices currently robbing from Whites without a bachelor's degree and benefiting those at the top. It can seem deceptively easy to focus on problems within individual silos of society; Case and Deaton offer an analysis that cuts across disciplines both in making a diagnosis, and proposing steps towards a cure.

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