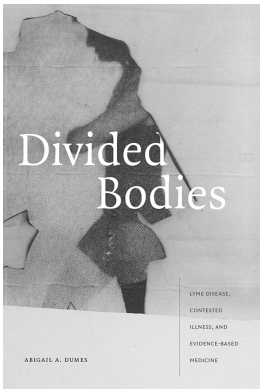
Divided Bodies: Lyme Disease, Contested Illness, and Evidence-Based Medicine

Abigail A. Dumes

Durham, NC, Duke University Press, 2020, 338 pp., $27.95, paperback



Divided Bodies, by Abigail Dumes, PhD, is an intriguing exploration of the controversies surrounding Lyme disease, the effects of evidence-based medicine (EBM) on our modern diagnostic approach, and the impact the advent of EBM has had on medically unexplainable illness. Dr Dumes is an anthropologist by training, and her book is based on her PhD thesis work at Yale. Her approach to this topic is decidedly anthropological, which can be interesting and frustrating at the same time; she simply seeks to report on and catalogue the subject matter at hand without assigning degrees of value or truth to any aspects of it. Physician readers, often accustomed to arriving at the "right" answer, might feel stymied by this approach. That's one of the points Dr Dumes is trying to make.

At the outset of the book, Dr Dumes makes a distinction between "mainstream" and "Lyme-literate" physicians. The author states in the footnotes (p. 235), while acknowledging the potentially controversial nature of these terms, that she chose them based on observing physicians in the two groups self-identifying with those labels. This is perhaps the starkest example of the challenge of Dr Dumes' anthropological style; although she resists assigning value, the mainstream physician reader cannot help but be struck by the positive connotation afforded the "Lyme-literate" physicians.

The early parts of the book also set the stage for an interesting discussion of the unintended consequences that Dr Dumes perceives the advent of EBM to have had on the health care system. The author contends that EBM has changed the epistemology of medicine, such that *signs* (ie, objective findings) have all but displaced *symptoms* (subjective findings), in our diagnostic processes. This is supported by a previous text, entitled *The Gold Standard*.[1] Family physicians reading this will likely be sympathetic, as we endeavor to impart to our learners to remember the whole person, the whole disease experience. Relatedly, there have been recent attempts to reintroduce symptomatology into EBM.[2] Dr Dumes also draws a potentially controversial equivalence between the randomized, controlled trial (long seen as the gold standard of EBM) and other, softer forms of evidence such as patient experiences and case reports. This "truth in all" approach runs counter to much of what academic family physicians teach in our daily practices; readers may find it useful to refer to a previous text exploring the differences often inherent in medical practice and opinion.[3]

Chapter four, "Diagnosing and Treating Lyme," will likely be the most interesting section of the book for practicing physicians. In it, Dr Dumes describes her experiences interviewing and shadowing four physicians, two on either side of the divide, who primarily specialize in Lyme disease. Two central themes emerge from the physician interviews. First, that all involved are making an earnest attempt to apply the literature and science—as they interpret it—to provide maximal benefit to their patients. Second, and perhaps most compelling, is that the treatments and approaches between the different physician groups aren't as different as one might expect; readers could interpret this as evidence of one of Dr Dumes' arguments about EBM, that both sides are able to point to various levels of evidence within the hierarchy as proof of their approach.

The rest of the book, although richly detailed, is also quite a dense read. It will take a motivated reader to traverse the first half of the text, which is often thesis-like in its structure and pace. I can't help but wonder at the intended audience for this book, and whether it includes practicing physicians. The more academically minded will surely enjoy it, but many physician readers may find themselves lost in the social science weeds. That said, there can be no doubting Dr Dumes' skill as a writer, as shown in this evocative opening to a patient narrative (p. 101): "Entering Madison's home in Connecticut was like arriving

at a party soon after it was over." The author also provides very useful summaries at the end of each chapter, or each section, in the longer chapters.

Divided Bodies is a thorough, anthropological study of the controversies present in Lyme disease and inherent in EBM. A scholarly work that demands a motivated reader, the text eventually rewards with physician experiences and a balanced argument. Interested physicians are encouraged to check it out; those looking for a light summer read should look elsewhere.

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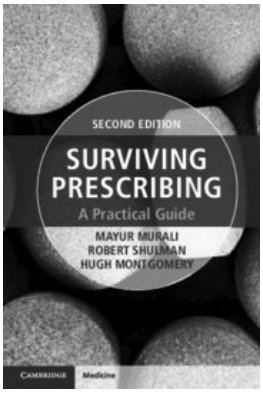
Surviving Prescribing: A Practical Guide, 2nd Edition

Mayur Murali, Robert Shulman, and Hugh Montgomery

Cambridge, UK, Cambridge University Press, 2020, 233 pp, $21, paperback



Surviving Prescribing is touted as a practical guide for "real-world prescribing problems" for the hospital-based new prescriber (p. *i*). Edited by the trio of Mayur Murali, Robert Shulman, and Hugh Montgomery, whose respective combined backgrounds include those of anesthesia trainee, clinical pharmacist, and intensivist, the editors have contributed chapters to the work in addition to multiple other authors who are primarily pharmacists and physicians. As the authors practice in the United Kingdom, multiple drug options are suggested that may not be available in other countries. Furthermore, the online resources mentioned throughout the book are probably most helpful for UK-based prescribers but likely are less useful references for a global audience.

Organized into more than 40 chapters, each of the 11 sections is designed to be a quick read. High-yield facts are highlighted in tables with interspersed mnemonics in order to promote retention. Mortality data are also sprinkled across various chapters, highlighting the importance of prudent management. Notably, several chapters are particularly helpful for the new prescriber, including "Pregnancy Prescribing" and "Electrolyte and Metabolic Emergencies," as well as the "Surgery" section. As a seasoned prescriber, I especially enjoyed the "Interactions That Matter" chapter as it taught me several new interactions, and the "Intravenous Therapies" chapter detailed information that I've never seen explicitly discussed in any general textbook or pocket guide.

Unfortunately, though, the work does not seem to embrace the role of the primary care physician. For example, in the special populations section, the pediatric chapter explicitly states that only pediatricians should fill the role of pediatric prescriber; similar advice is given in the geriatric prescribing chapter as well. In fact, the paracetamol overdose chapter outright states that this the not the place to "discuss management extensively" at all (p. 49). Specialist consultation seems to be the prevailing recommendation for management of most conditions; therefore, utility is definitely lacking for the primary care physician.

Overall, each chapter provides a broad overview of prescribing in selected conditions. However, the bulk of the information is not of sufficient detail to assist with acute management of conditions beyond the initial patient presentation. Remarkably, considering that this is a prescribing guide, chapters actually inconsistently mention any drug classes, doses, or prescribing recommendations whatsoever.

Though I appreciate humor as much as anyone, a prescribing guide is not an ideal setting for this form of writing. For example in the "Delirium Tremens and Alcohol Withdrawal" chapter, the author unsuitably mentions that giving a larger dose of sedation at nighttime can ensure a quiet night for the entire ward.

Additionally, the theme of the book becomes confusing at various points as it seems to transition from prescribing guide to an in-depth exploration of pathophysiology and drug mechanisms of action. However, this exploration is inconsistent among the chapters. The writing style of each chapter also varies greatly. For instance, some chapters are written as clinical

vignettes while others primarily consist of tables or algorithms. While the tone of most chapters is serious, some may be construed as comical or outright offensive, depending upon the sentiment of the reader. For example, the "Nausea and Vomiting" chapter encourages the reader to imagine a night of heavy alcohol intake to illustrate symptom cause and therapy selection. Overall, these inconsistencies may be off-putting to readers who expect consistent rhetoric from one chapter to the next, but may actually be interesting or entertaining to others.

So, for whom is this book best suited? The answer is, quite frankly, not readily apparent. When considering the overall depth of the material, it is probably best suited to a medical student on clinical rotations as an introduction to prescribing. At this level of training, however, many of the concepts would be difficult to understand without more foundational medical knowledge (which the book will not provide).

Upon encountering this book, my initial thought was, "*Surviving Prescribing*, where have you been all of my life?" However, the ultimate execution proved to be little more than an ambitiously broad overview of important, though for the most part, superficially covered topics.

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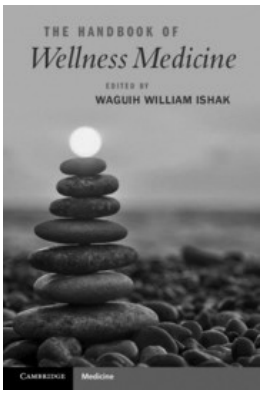
The Handbook of Wellness Medicine

Waguih William IsHak, MD, Editor
Cambridge, UK, Cambridge University Press, 2020, 652 pp., $64.99



The importance of well-being and quality of life has never been more clear than during the challenges of the COVID-19 pandemic. One could therefore find serendipity in the 2020 publication of *The Handbook of Wellness Medicine*, an excellent reference for all things connecting medicine and the pursuit of well-being. Edited by Dr Waguih IsHak, an accomplished professor of psychiatry at the David Geffen School of Medicine at University of California, Los Angeles, and including an impressive list of contributors from all walks of medicine, the handbook contains evidence-based resources for the pursuit of "restoration and maintenance of health."

In the first chapter, IsHak takes a helpful initial step by defining "wellness," framing the target for the rest of the materials included in the following chapters. The book is divided into sections addressing organ systems, populations, evidence, and integration into daily life. These sections focus on assessment and measurement of wellness, wellness by organ systems, improving wellness in special populations, the evidence behind specific wellness interventions, and wellness integration into normal life routines. Each chapter breaks down its overarching section into greater detail, laying out specific references that connect the topic at hand to the pursuit of wellness. Major organ systems, and their role in the overall goal for wellness, are addressed via evidence-based references; an impressive bibliography, both in length and in substance, is included at the conclusion of each chapter. The handbook covers a variety of subjects such as nutrition, sleep, pain, pets, humor, and spirituality. The materials are concisely and effectively presented in charts, tables, and case vignettes; this is a reference book, after all!

The Handbook of Wellness Medicine is an effective reference for any reader looking for a one-stop source for guidance in the pursuit of improving wellness. An area for improvement for future editions of this book would be to consider a different title, or to add a more descriptive subtitle. "*The Handbook of Wellness Medicine*" potentially does itself a disservice by not emphasizing the extensive focus on evidence-based medicine that Dr IsHak and the contributing authors have clearly prioritized during the book's compilation. Medical educators will find this book particularly useful, not only as a tool for educating their learners on the methods by which wellness can be pursued, but also in the instruction of self-care for medical students and residents, a topic of paramount importance. This is a reference source worthy of any physician's bookshelf; that is where you'll find my copy.

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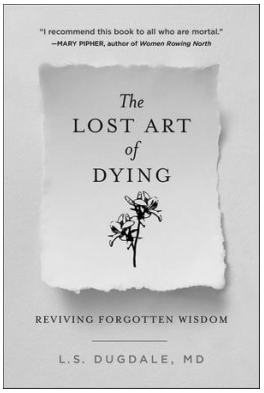
The Lost Art of Dying: Reviving Forgotten Wisdom

Lydia S. Dugdale

New York, HarperOne, 2020, 272 pp., 27.99, hardcover



When was the last time you asked a patient how they plan to die?

This a question Lydia Dugdale, MD, is particularly equipped to ask in *The Lost Art of Dying: Reviving Forgetting Wisdom*. She writes as an internal medicine physician, medical ethicist, and director of the Center for Clinical Medical Ethics at Columbia University.[1]

Dr Dugdale's inspiration is a medieval genre called the *ars moriendi* ("the art of dying well"). In the 1400s, following the bubonic plague, clergymen circulated several handbooks on dying throughout Europe. Dugdale focuses on a popular version featuring woodcut prints, pairing five temptations faced by the dying with five virtues which the dying might strive toward: despair was to be met with hope, arrogance with humility, avarice with generosity.[2] To die well, according to the *ars moriendi* tradition, one must first live well.

Dugdale imagines a 21st century version of this forgotten art of dying, naming the barriers to dying well in modern medicine while meeting those challenges with revived virtues. She argues that to die well we must come to terms with our mortality, live and die within community, resist the overly medicalized death, confront death courageously, acknowledge bodily frailty, and respect our spirituality.

The Lost Art opens with a bad death (a patient already close to death is resuscitated several times before ultimately dying), and closes imagining a good one, wondering how physicians and patients might "think twice about hospitalizations" (182). Dugdale recommends making judicious use of the tools already available to us as primary care physicians, such as Five Wishes[3] and the Fried Frailty Phenotype.[4]

In addition to vignettes, the author works through history, literature, art, and religious philosophy. We learn about the bubonic plague and how it shaped the *ars moriendi*, the birth of hospitals in the West, and the history of burial and mourning rituals. In this way, Dugdale joins an ongoing conversation on death in medicine, including Atul Gawande's *Being Mortal*[5] and Jessica Zitter's *Extreme Measures*.[6] Both capture the stark realities of dying in the modern hospital setting, emphasizing active listening by asking patients and families candidly what they hope for in death.[7] Paul Kalanithi's memoir *When Breath Becomes Air*[8] and Victoria Sweet's dyad *God's Hotel*[9] and *Slow Medicine*[10] follow in kind, reimagining what Kalanithi named "the pastoral role" of the physician—the doctor as metaphysical guide who practices a slow, attentive art, especially at the end of life.

Dugdale follows this pastoral approach, critiquing the popular notion of "spiritual but not religious" (142) as working against the assembly of the very communities equipped to help patients wrestle with the existential questions death brings. At the same time, she is careful to avoid truisms: "I don't pretend to have easy answers, but I am willing to 'go there' with my patients" (150).

Whereas *Being Mortal* and *Extreme Measures* emphasize the patient's autonomy, Dugdale emphasizes *dependency*. She seeks a renewed anthropology, where patients are understood as embodied, enmeshed neighbors who are marked by mutuality, especially in death.[11–14] As Dugdale writes, "we die best in community. … In fact, we might go so far as to say that it is *impossible* to die well if you die alone" (p. 35). Dugdale does not specifically address the conflicts which can arise with community, such as disagreement over the dying process of a family member. She focuses instead on preparation, cooperation, and something like corporate rehearsal: "community does not materialize instantly at a deathbed; it must be cultivated over a lifetime" (p. 55).

To conclude, Dr Dugdale's book is a grounded reflection from a physician, scholar, and ethicist on the *ars moriendi.* Physician readers will find that the medical stories are accessible to the layperson, and may recommend this book to patients with an interest in history or philosophy. For teachers of family medicine, sections of the book may foster reflection and dialogue with students. The book does not directly address how medical schools or residency programs could better train physicians on the art of dying. Likewise, it does not address how to fix the larger cultural, political, and institutional forces that work against dying well in modern society.[15]

As family physicians, this book left us eager for next steps, whether sitting down to write

out our own art of dying, ensuring our clinics incorporate appointments for advanced care planning, or brainstorming with colleagues to create an *ars moriendi* study to explore this lost art. Perhaps there we can ask our patients, our students, and ourselves, *how might we practice the art of dying well*?
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CONFLICT DISCLOSURE: Dr Eberly discloses that he invited Dr Dugdale to speak about her book as a part of AnMed Health Family Medicine Residency's medical ethics lecture series, which took place on February 18, 2021. The residency paid Dr Dugdale an honorarium of $200 for her lecture. Drs Eberly and Dugdale also serve together on the planning committee for a symposium on Medicine and the Art of Ethics.

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