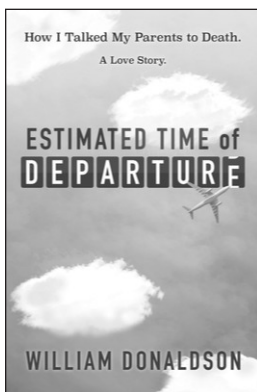


# BOOK AND MEDIA REVIEWS

## Estimated Time of Departure: How I Talked My Parents to Death. A Love Story

William Donaldson

New York City, Aitia Press, an imprint of Morgan James Publishing,  
2021, 103 pp., \$12.95, paperback



William Donaldson's *Estimated Time of Departure* serves as an intimate portrait of an adult child wrestling with the timeless challenges that come with planning for the aging, physical decline, and ultimate passing of his parents. Although Mr Donaldson ex-

PLICITLY notes that his book is not a road map, readers uncertain of how to approach conversations about aging and death with their loved ones or patients will find his story full of relevant tips and information. With loving kindness, Mr Donaldson takes us on a journey rich with all the sadness and joy that can be born out of open discussions about aging and death.

The book's title and format is an homage to Mr Donaldson's father, a pilot and aeronautical engineer, who was possessed by a lifelong love of airplanes and flying. Mr Donaldson's journey is at once as deeply personal and universal as death itself. From chapter one, "The Departure Lounge," to the book's conclusion, the author uses the flight plan metaphor to deliver bite-size and digestible snapshots into the various legal, medical, and interpersonal aspects of successfully navigating the challenges of planning for the aging and passing of one's parents.

After some relevant family biography, the author takes us on a stepwise journey from his parents' downsizing of their retirement farmhouse all the way to their enrollment in hospice care and the planning of final affairs. Every crossroads is rich with poignancy and intimate detail that many patients and families will find quite relatable. Touching scenes like that of Mr Donaldson singing a final rendition of *Cheek to Cheek* with his

mother, then too debilitated from a cerebellar stroke to dance, imbue *Estimated Time of Departure* with a humanity sometimes missing from more academic literature. That being said, Mr Donaldson's story is indeed an upper middle class one. Absent are the unsavory details of Medicaid spend-downs and financial strain that many adult children will face as they struggle to navigate our byzantine long-term care system. Although Mr Donaldson does not address the inequities in our system head on, he is an honest and elegant writer who has given us a text full of insights and practical knowledge for families across all layers of the social strata.

Though not a physician, Mr Donaldson poignantly illuminates through personal anecdote a framework that medical providers at all levels may find useful when discussing end-of-life care with patients and families: the distinction between the biological and biographical stories of our lives. Within his framework, the kind of care we choose and the medical and legal documents we must review and sign to ensure our choices are respected reflect only our biological story. To have a successful take off, the author implores his readers to also be mindful of the biographical story of themselves and their loved ones. The biographical story, according to Mr Donaldson, is rich with the details of our emotional life, our most valued relationships, and our individual philosophy of aging and death. As a family physician who practices palliative care, I have often found myself intuitively operating within Mr Donaldson's paradigm when facilitating advance care planning with patients and families.

However, students and physicians looking for reference material regarding advance care planning and end-of-life care will need to supplement their library beyond *Estimated Time of Departure*. Though Mr Donaldson does provide evidence-based answers to common questions regarding end-of-life conversations, the true value of this book is in its offering of the first-person perspective of a son doing his best to honor and care for his parents as they approach their final transition. Younger trainees and physicians will find that having a deeper understanding of this perspective serves them

well as they approach difficult conversations with patients and families.

Overall, Mr Donaldson has added his unique voice to the canon of other recent popular literature on death and dying. The lay perspective he offers serves to both contrast and enhance that of more well-known physician-author counterparts such as Atul Gawande, Angelo Volandes, and Lydia Dugdale. Patients, family members, and physicians alike will find the pocket-sized *Estimated Time of Departure* a colorful and insightful text about life's most immutable certainty.

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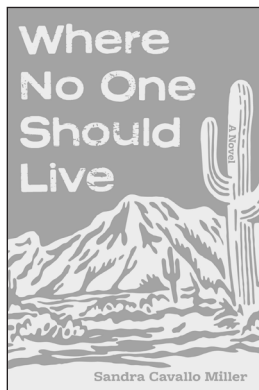
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## Where No One Should Live

Sandra Cavallo Miller

Reno, NV, University of Nevada Press, 2021, 264 pp., \$26.00,

hardcover



*Where No One Should Live* is a fictional account of family physician educator and public health expert Dr Maya Summers. Set in Phoenix, Arizona, it chronicles Dr Summers' work tracking mosquito-borne illnesses, spearheading disaster prepared-

ness, and advocating for necessary health regulations in her community. Many of us will see a reflection of our busy lives here, as her public health work intersects with days working in academic family medicine. She navigates past trauma, heartbreak, and budding romance. Halfway through, she becomes a key player in solving a residency mystery—but this review is without spoilers! The story weaves together romance, mystery, public health, and academic family medicine. Like many of us in family medicine, this book does a lot of different things.

Perhaps as a result of the many facets of the novel, there was less opportunity for character study and growth. The mystery, romance, and even horse-rearing plots interwoven with the medical anecdotes move the story forward. Though the culprit at the center of the mystery was easy for me to guess, I was still entertained by how the author let the story unfold and wove ties to medicine into it. As a work of fiction, it was light and entertaining, capably done if slightly predictable. My favorite part of *Where No One Should Live* was the depiction of the daily life of family medicine and public health. It felt accurate, if dramatized—forgivable for a work of fiction! It was refreshing to see academic family medicine represented in its many roles, from clinic preceptor and resident advisor to inpatient medicine, end-of-life, and, of course, direct cradle-to-grave clinical caregiver.

I also deeply enjoyed the many references to a breadth of public health issues, from West Nile virus and rabies to helmet use, the opioid epidemic, and disaster response. It was a great reminder of how powerful a public health approach to health problems in a community can be; at the same time, all these vignettes were well woven into the story. Unlike public health stories I'm used to hearing in the news (even pre-COVID-19), these rarely felt like doomsday predictions and had plausible, action-oriented solutions. A valuable bonus is the extensive list of references in the end of the book used to inform these parts of the book.

There were a couple places where I did find the representation of academic family medicine disappointing. There was a cringeworthy lack of professional boundaries between two supporting characters. A female resident is portrayed as overly flirtatious while her leering male attending goes uncorrected by his peers. Inappropriate and unprofessional behavior does happen in family medicine academia,<sup>1</sup> and I applaud the author for bringing attention to that issue. However, it is a disservice to portray the victim as if she were asking to be objectified. Dr Miller gets it right in that, too often, inappropriate behavior is not addressed. However, victims rarely welcome or solicit that behavior. Dr Miller introduces complex public health topics in a very understandable and accessible way elsewhere in the book, contrasting a current state with an ideal state (eg, of helmet use, opioid deaths). I would have liked to have seen similar treatment of the very real problem of sexual harassment and gender bias in medicine.

The second instance where the book rang false for me was in the approach to a struggling learner—a paucity of formative feedback led up to an abrupt academic probation. It blindsided not only the character but me as the reader. My experience in resident education differs, though I concede that it probably happens as described in the book sometimes. This choice was perhaps meant to illuminate that. Still, I would have appreciated if one of the characters had more directly examined the role of the residency in remediation—how could they all have done better by that resident? Both subplots could make an interesting touchstone in a faculty development session or faculty book club.

The above critiques notwithstanding, I think family medicine educators could use this work with learners. It could make an interesting and unique introduction to the fields of family medicine, public health, or both. In the case of family medicine, this is likely to be most effective in the preclinical or early clinical years, since the target audience is laypeople. If you have ever found yourself frustrated with medical TV drama, even when it is close to right, this book will give you a similar feeling. Nothing is inaccurate, in fact, most of the medical aspects of the book ring quite true! That said, being a work of fiction, readers will sense that the work doesn't quite reflect real life. Thus, it might do quite well paired with a real-life account to balance that flavor of fiction. For a public health focus, *Where No One Should Live* would make a great preface to something like *Mountains Beyond Mountains*,<sup>2</sup> or *Prevention Diaries*.<sup>3,4</sup> This work is a great way to get learners interested—the added drama and romance support engagement. A first-hand, real-life account would add empowerment—here's what true attention to public health can do in the real world! Similarly, to introduce learners to family medicine, it might be nice to pair this work with nonfiction reflections from general family medicine, such as *Windblown*,<sup>5,6</sup> or *A Country Doctor Writes*.<sup>7,8</sup> *Where No One Should Live* is a charming window into family medicine and public health, disguised as a fun read well-suited to any book club. The same can't be said for many nonfiction medical works. Using both with learners could prove to be a powerful way to gain interest and follow up with real-life proof that Dr Miller really did have it right. As she says in her dedication: "Family physicians do everything. They do it all, all the time" (p. 256).

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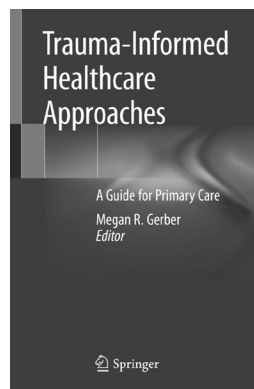
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### Trauma-Informed Healthcare Approaches: A Guide for Primary Care

Megan R. Gerber (editor)

Cham, Switzerland, Springer Nature Switzerland AG, 2019, 216 pp., \$59.99, paperback



What if nearly three-fourths of our patients had an unrecognized condition that demonstrated a dose-response relationship with ischemic heart disease, cancer, chronic bronchitis, emphysema, liver disease, or fractures and this condition increased the likelihood of metabolic disorders, depression, suicide, and cognitive decline? The competent physician would certainly want to understand that condition. This is the *raison d'être* for this slim volume on trauma-informed care (TIC); it is about acknowledging the effects of trauma and adverse childhood experiences (ACEs) in our patients' lives.

Dr Gerber, who teaches at Albany Medical College, has edited an immensely practical and accessible book that describes the effects of

trauma on our patients and what needs to be done to build trauma-informed clinical skills. The book also addresses how to build systems that are healing for patients and the health care team members.

The first two chapters comprise the introduction. The brightest gem in the book is chapter two by Drs Kimberg and Wheeler, both primary care physicians. They tell stories of patients they have known, illustrating how to become a trauma-informed physician working in a compassionate system. They also show how the doctor can use calming techniques to avoid burnout. This is such a powerful chapter that, immediately after reading it, I emailed two physician friends to recommend the book.

The second part of the book discusses TIC with specific populations. This section describes how to cultivate cultural humility when working with patients of diverse backgrounds, including Black men, sexual and gender minority patients, and veterans.

The third section of the book covers clinical strategies for developing a trauma-informed primary care setting. Topics in this section are adult primary care, maternity care, pediatric care, and trauma-informed nursing care. The authors' clinical experience shines through with many practical tips about how to set up the waiting room and train nurses to interact with patients when rooming them, among many other clinical pearls.

As clinicians, we're often reluctant to broach sensitive topics. However, the authors report that patients are open to being asked about their adverse childhood experiences<sup>1</sup> and even want to discuss their trauma history

...not in all its terrible detail, but in general outlines. Doing this, and identifying how the abuse may have led to maladaptive coping strategies, can be life changing and ensures that patients do not feel responsible for the trauma they have experienced (p. 129)

It's helpful to think of these skills as a subset of well-honed, patient-centered communication (PCC) skills. That allows us to consider more broadly the benefits that accompany patient-centered communication skills in one's practice—things like increased patient satisfaction, reduced anxiety, greater trust in the physician, better patient adherence, reduced treatment avoidance by patients, and reduced litigation.<sup>2</sup> It is likely that these benefits will accrue to physicians using TIC, since it's based on the same principles as PCC and uses many

of the same basic techniques, such as empathic listening.

The authors acknowledge that studies linking TIC per se to better patient outcomes are scarce. However, the field is in its infancy. Since the publication of this book, more studies have been published demonstrating that patients and physicians like the principles of TIC and that physicians feel better equipped to engage in these conversations after receiving training.<sup>3,4</sup> The next step it seems is to build a corpus of research demonstrating that trauma-informed care goes beyond good patient-centered communication skills.

Fortunately, it's possible to start with small steps in the clinic, and “Chapter 7: Trauma-Informed Adult Primary Care” and “Chapter 11: Helping the Healthcare Team Thrive” provide valuable strategies on how to do this. They describe the use of “universal precautions” for trauma: If we assume patients have had these kinds of experiences, we will be right 60% to 75% of the time, and we will be providing compassionate care to all our patients.

This book could be improved with specific guidance on how to train physicians in TIC. I would have appreciated a chapter on setting up a training program within a residency. In searching for guidance, I found mostly studies using curricula that are unavailable to the public. One glowing exception, Schmitz,<sup>5</sup> includes in the appendix a complete slide deck for training residents in trauma-informed care.

Starting with this book as a guide, family doctors can become instrumental in creating a health care environment comforting to all our patients and especially to those who have experienced trauma. It is a worthy journey, and Gerber's book shines a light on the path. doi: 10.22454/FamMed.2022.516484

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