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BOOK AND MEDIA REVIEW

The Doctor as the Patient: Doctors Recount Their Experiences on the Other Side of the Consultation Desk

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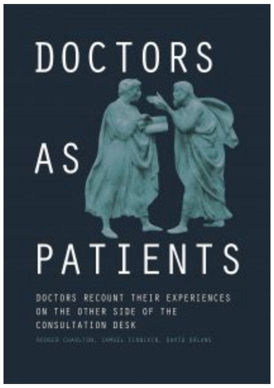

Book Title: The Doctor as the Patient: Doctors Recount Their Experiences on the Other Side of the Consultation Desk

Authors: Rodger Charlton, Sharon Worcester, David Orlans

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The Doctor as the Patient is a collection of stories by British physicians who had their lives disrupted by a health event. The book, constructed in a way that a reader can read a chapter here or there rather than cover to cover, is a unique addition to the familiar genre of medical narratives in the way the editors provide nuance, context, and reflection. Some tell of sudden onset scares that resolved as quickly as they appeared, while others tell of gradual, ongoing, and debilitating diagnoses. The doctors who wrote these deeply personal stories share their vulnerable experiences of grappling with the failures of their human bodies and ultimately their own mortality. Some stories reveal the doctors' surprise, even shock, at finding that their expertise and place of hierarchy in the health system does not protect them from indignities of the patient experience often invisible to clinicians—the gown, long waits, patronizing interactions, shame, and fear of being a burden. All the authors reflect on how their experiences of being a patient influenced their identity as a doctor, their relationships with patients, and their ability to compassionately sit with suffering.

These illness narratives bring to mind the work of Arthur Frank, a medical sociologist, who wrote about three illness narratives.[1] The first is the *restitution narrative*, in which a patient presents with a health concern, seeking treatment so they can return to baseline functioning. The restitution narrative works well with western medicine, which thrives with conditions that are curable: "Yesterday I was well; today I am sick; tomorrow I will be well again." When the restitution narrative fails—the diagnosis is elusive and symptoms persist—the patient descends into the *chaos narrative*. The illness forces reformation of primary valued identity roles. Patients in the chaos narrative present in the office with a story that often emerges as disorganized, nonlinear, and full of anguish, leaving doctors feeling overwhelmed and ineffective. Time and again, the health care system is not what helps patients emerge from a chaos narrative, but finding others with similar experiences who can offer camaraderie, validation, and survival tips. When the patient reconstructs their identity with or despite their illness, they enter the *quest narrative*; they grasp the silver lining of insight, strength, or lessons learned that can accompany the illness experience. Progression through the three illness narratives is not linear or chronological. When a new symptom presents or changes in severity, the patient might be thrown into a different mental model as it relates to their illness.

The depiction of these illness narratives emerges in reading this collection of doctors' narratives. Frank, in his analysis of the doctor-patient relationship, articulates a call to arms for those doctors who have been in the shoes of the patient. He describes the illness experience as a club membership of sorts, in that they know something that the uninitiated(or not yet disabled) do not understand. As such, he encourages doctors to be more forthcoming with patients about their own experiences, which can be an effective means of meeting the needs of those who might benefit from hearing their doctor say, "I get it."

Having personal experiences as a patient, no doubt, makes one a better doctor. Empathy emerges, oftentimes through vulnerability. The editors' chapter reflections and the authors' musings after each story is where the reader can access the experiential lesson learned of the role reversal. This book engages in a dialogue about how the medical system constructs and upholds an *us* and *them* construct, and how health care workers, unintentionally or subconsciously, uphold this dichotomy.

Given the sheer number of authors, the style and tone of the individual voices vary widely. The book's anecdotal style might challenge readers who are looking for rigor in terms of methodological qualitative analysis. Additionally, while the stories depict failings of the medical system and the way it can victimize and disempower patients, the editors do not offer a systematic critique or call to action for necessary changes.

Through these doctors' honest accounts of being on the other side of the consultation desk, perhaps the reader can access the perspective and increased empathy that comes along with the illness experience through reading those of their colleagues. At the very least, reading these stories allows for the uncomfortable realization that the white coat and stethoscope do not protect from the myriad ways our human bodies can (and will) fail, and the way professional identities might be reshaped in the process.

REFERENCE

1. Frank AW. *The Wounded Storyteller: Body, Illness, and Ethics*. University of Chicago Press; 1995.