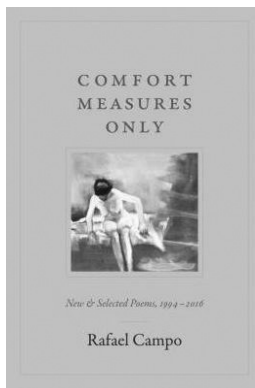


BOOK AND MEDIA REVIEWS

Comfort Measures Only: New and Selected Poems, 1994-2016

Rafael Campo

Durham, NC, Duke University Press, 2018, 166 pp., \$22.95 paperback; \$84.95 hardcover (cloth), \$22.95 ebook



I received *Comfort Measures Only* on a Monday, and sat rapt until after midnight reading the poems and a delightful bit of Campo prose—his preface titled “Illness as muse.” He tells us, as had been my experience in our morning poetry huddle, that reactions about the truth can

be...complicated. I laughed out loud when he described his spouse once suggesting to him, “Honey, maybe you should think about lightening things up a bit.”¹ He quarrels directly with any view of illness as romantic or metaphoric, at least for the patient. And like his poems, his preface tells the story of his experience and that of his patients. An experienced physician poet, he seems to move through the world collecting the essence of what a poem is: concentrated, penetrating words that move us. Sometimes moving us literally, as he describes the power of words in old Cuban songs that inspired his grandmother as she again “danced the *merengue* ... No wonder I have come to believe in the power of the imagination if not to cure, then to heal” (p 4).

Tuesday mornings in our clinic huddle, I offer a poem. Not an acronym POEM (patient-oriented evidence that matters), but a poem. I have been lucky to do this now for 8 years and as there are seasons to any practice, at first I wasn’t sure that it mattered, but when I would be away, people would ask for a poem, and my staff and faculty began to offer their own poems. Patients and physicians eventually, organically, began to write and read poems and now we have framed poems on the walls, because stories and words matter, and help, and shape us. Years ago, staff would balk at poems

that challenge or were considered “dark,” they would say, “we need something light.” But after a while, trust developed and they would say more honest things about circumstances poems reminded them of, and one day the most vocal critic conferred in the hall, “You know I wasn’t sure about this poetry thing, but that poem told the truth, didn’t it?” And it had.

On Tuesday I read aloud Campo’s poem “Addiction.” It captured our huddle, with its opening:

“Do trees crave sunshine?” The personification of trees and the beautiful and powerful first line pulls us into wondering about beautiful things ... and terrible things.

Do trees crave sunshine? Could the neighbors’ boy
not live without his dreams of paradise?
I’d watch him peering out of his window, sky

above him blue and innocent, like it
might really break his fall. I promised that
I’d never touch the stuff again, but light

has this way of lying to you, betraying
you, telling you your mind is not decaying.
That you’re not really crazy to be seeing

things, beauty maybe, maybe even hope.
“I need to get my hands on some good dope,”
he said... (p 155).

The staff critics in the hallway murmured, “who wrote that?” and “That captures the opiate crisis?” and “...have we heard from Anthony?” (our patient who hadn’t been in for a week for his buprenorphine), and bets that trees do crave sunshine. This is what poems are supposed to do. Pure phenomenology that gets at intentionality, patient and provider experience nestled somewhere on the horizon. This book of poetry functions as a tour de force medical text focused on perception that is human enough for the lay reader (though they are more likely to find it stark), while for a physician or medical provider, this is the stuff that provides oxygen and glucose to our very cellular experience as providers.

Raphael Campo has been a physician and writer throughout his career as an assistant professor at Harvard Medical School and has been writing, teaching, and thinking about writing for more than 22 years. He is a critic of writing as well, and in a 2004 *Boston Review* article he wrote regarding form that "...poetry in a world as richly diverse as ours need not be so rigidly and simplistically categorized."² The same might be said of his poems, as he displays a deep knowledge and mastery in playing with poetic form, as much as he challenges medicine "push(ing) back against the impersonal norms... of a strictly biomedical paradigm." As is always the case, the interesting questions come from borders at the intersection of ideas, and I say Campo provides a medical text as important as any other. Luckily, his comes in the form of engaging poetry.

doi: 10.22454/FamMed.2019.681147

Patrick S. McFarlane, MSN, MSW, MA

Northern Light Eastern Maine Medical Center Family Medicine Residency Program
Bangor, ME

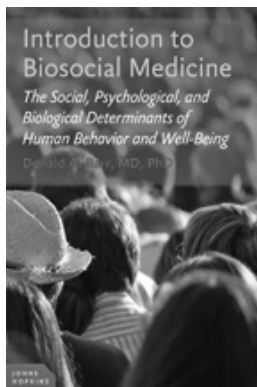
References

1. Burt S. Sestinas from the clinic: Rafael Campo, MD straddles medicine and metonymy. Boston, MA: Harvard Magazine; 2014.
2. Campo R. Not your father's formalism. Boston, MA: Boston Review; 2004.

Introduction to Biosocial Medicine

Donald A. Barr

Baltimore, MD, Johns Hopkins University Press, 2015, 216 pp., \$44.95 (paperback)



Family physicians care for patients from womb to tomb. Whether prince or pauper, citizen or immigrant, black or white, insured or uninsured, rural or urban, addicted or sober, wise or foolish, weak or strong, genius or less intelligent, family physicians care for all.¹

While this soaring vision of family medicine implies care in multiple dimensions across multiple contexts, it remains unclear how well suited we are to educate our learners in such

care. The "biopsychosocial" approach was initially articulated by George Engel, MD, in the 1970s and specifically applied to family medicine in the 1980s.² Over the intervening years, however, the scant attention that has been paid to the model per se in the medical literature has primarily served to demonstrate the need for more comprehensive training regarding the role of psychological and social factors in health and medical care.^{3,4}

Donald Barr's *Introduction to Biosocial Medicine* is thus a welcome and overdue contribution. Dr Barr is a professor of pediatrics and education at Stanford University, and his previous work includes a high-quality educational text on health disparities in the United States.^{5,6} With his *Introduction to Biosocial Medicine*, designed for learners in the health care professions, he sets out to provide "a fundamental understanding of just what behavior is in the human context and what factors influence behavior" (p 1). Acknowledging the challenges inherent in defining well-being (p 11), he concisely marshals a variety of research and data to argue that the key behaviors affecting well-being are smoking, diet, physical exercise, and alcohol use (p 25).

The introductory first chapter is the proverbial 30,000-foot overview of the book's principal arguments. Each chapter is concisely summarized, and this first chapter could well serve as a foundational reading in biopsychosocial medicine for the entry-level learner. The second chapter explores the interrelationship between the key behaviors and well-being, and the relationship between these behaviors and the concepts of social networks and social capital. The remainder of the book explores, chapter by chapter, topics such as society and culture, identity, motivation, personality, the brain, and inequality, all as they relate to behavior.

The chapters are well-written and concise, yet of remarkable depth as they examine the essential ideas, issues, and thinkers for understanding the topic at hand. For example, Chapter 3 ("Inequality and Well-being") covers the history of race, racism, and racial identity in the United States, and specifically explores how these issues affect medical care and health more broadly. Chapter 7 ("Personality, Behavior and Well-being") surveys the contributions of major psychological thinkers to our understandings of personality and mental illness, beginning with the contributions of Sigmund Freud and continuing through the more recent contributions of Carol Gilligan.

The book ends in Chapter 11 with a discussion of the ways that social inequalities, operating through each of the influences explored in the book, can affect individuals through childhood experiences that then shape adult behaviors and, subsequently, adult well-being.

Each chapter in this book could be used as a stand-alone introductory reading for learners at any level of medical education, and the entire text would provide a solid introduction for medical students to the broader contextual issues of health and medical care.

Dr Barr's training as a pediatrician is evident in the developmental approach he takes throughout the book. He makes a strong case for the influence of social and psychological factors on the behaviors of adults through their early experiences. While as a family physician I would have appreciated seeing further exploration of the impact of such factors specifically on grown adults and on the elderly, the developmental approach in this work is a welcome reminder that some of the most important windows of opportunity for influencing healthy behavior across the lifespan occur in childhood.

It is one thing to say that we in family medicine care for all patients with attention to their many and varied social contexts. It is an entirely different matter to teach and practice in a way that intentionally addresses biopsychosocial medicine. For those seeking a solid introduction to the breadth of scope that this entails, *Introduction to Biosocial Medicine* will be a valuable resource.

doi: 10.22454/FamMed.2019.352209

William Cayley Jr, MD, MDiv

University of Wisconsin School of Medicine and Public Health;
Prevea Family Medicine Residency
Eau Claire, WI

References

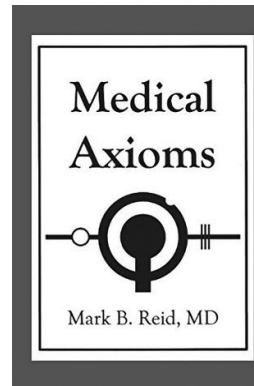
1. Goodell M, Wilson SA. STFM-50 years of working to transform health care through education. *Fam Med*. 2017;49(4):265-267.
2. Engel GL. The biopsychosocial model and family medicine. *J Fam Pract*. 1983;16(2):409, 412-413.
3. Borrell-Carrió F, Suchman AL, Epstein RM. The biopsychosocial model 25 years later: principles, practice, and scientific inquiry. *Ann Fam Med*. 2004;2(6):576-582.
4. Astin JA, Sierpina VS, Forsys K, Clarridge B. Integration of the biopsychosocial model: perspectives of medical students and residents. *Acad Med*. 2008;83(1):20-27.
5. Barr D. *Health Disparities in the United States*. 2nd ed. Baltimore, MD: Johns Hopkins University Press; 2014.
6. Cayley W. *Health Disparities in the United States*, Second Edition (book review). *Fam Med* 2016;48(2):149-150.

Medical Axioms

Mark B. Reid

San Bernardino, CA, Primedia E-launch LLC, 2018, 262 pp.,

\$12.99, paperback



In the current era of physician burnout, electronic health record dissatisfaction, and productivity scrutiny, it's easy to feel detached from our original calling—to care for patients. Mindfulness training, yoga, and physician wellness are all the rage, but sometimes you just

need a phrase, a quote or a quip to remind you of why you became a physician. Since 2010, Mark Reid, MD, an internal medicine hospitalist from Denver Health in Colorado, has made it his mission on Twitter to provide “medical axioms.” His first self-published book is a compilation of his tweets over an 8-year period, and provides the reader with whatever he or she is looking for. If you are not on Twitter and following @MedicalAxioms, then your best bet is to buy this book to see what he's been up to for a decade or so.

The book is arranged not by pages, but by axiom, and walks the reader through all aspects of life as a physician. From advice to premedical students choosing medicine as a career, to helping patients through death and dying, the book covers the full range of doctoring. Many of the axioms harken back to the great physicians of yore (Osler, Mayo, Hippocrates), but have a modern twist or flare that relates to the youngest physicians. The reader has options for reading the book: plow through all 1,100 axioms (plus additional selected quotes from famous people), pick a section when you need it (like Doctors and Patients, or Medical Educators), or just open it and random and read a few. What you will gain as a reader is a bit of perspective—my life as a doctor really isn't that bad, and there are patients, students, residents, family members and other doctors counting on me to do my job as best I can. The sections on malpractice, errors, and burnout are especially important for doctors facing these challenges (which we all do).

Not everyone will agree with every axiom, and I am certain that some are put there just to be provocative and make you think or question yourself. The only axiom I really had an issue with was “The only two people who should routinely share a hospital bed are a mom and a newborn,” because of the increasing number of deaths and near deaths of infants with their sleepy mothers in a hospital bed. A few examples of the axioms that I found most enjoyable include:

- “One of the mysteries of modern medicine is how badly some people want to be doctors and how badly some doctors want to be something else.”
- “What makes a doctor good is brains, judgement, and kindness. What makes a great one is willingness to see from the patient’s view.”
- “Daily challenge: Fulfill the promise of the personal statement you wrote on your medical school application.”
- “There is a magical hour when hospital graham crackers and peanut butter tastes like Thanksgiving dinner at your mama’s house.”

The book is not without flaws, which is to be expected without the help of a professional editorial staff. There are a few typos, a few repeated axioms, and formatting issues here and there. But none of these detract from the value of sitting down with a few and remembering why you chose this profession. I recommend this book to all physicians practicing in these challenging and changing times. It will help keep you grounded. It will give you a few clever lines to use on family, patients, or students and make you look smart. And it will be there when you just need to step away from the daily grind for a few minutes.

doi: 10.22454/FamMed.2019.528671

Scott Krugman, MD, MS

Herman and Walter Samuelson Children’s Hospital
at Sinai
Baltimore, MD

Reviewers interested in writing reviews for publication should contact Book and Media Reviews Editor William E. Cayley, Jr, MD, at bcayley@yahoo.com.

Publishers who wish to submit books for possible inclusion in *Family Medicine’s* book reviews section should send texts to Sam Grammer, Society of Teachers of Family Medicine, 11400 Tomahawk Creek Parkway, Suite 240, Leawood, KS 66211. fmjournal@stfm.org