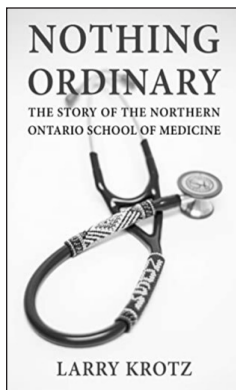


BOOK AND MEDIA REVIEWS

Nothing Ordinary: The Story of the Northern Ontario School of Medicine

Larry Krotz

Toronto, Ontario, Cormorant Books, 2021, 256 pp., \$ 24.95,
paperback



Mayors and hospital administrators around Northern Ontario were struggling. Despite their best efforts over the years, they were unable to recruit sufficient physicians to serve their region. Medical systems signed recruitment agreements with physicians from all over the world, who then left the region as soon as their contracts expired. Small communities relied heavily on locum tenens physicians, which led to expensive and fragmented care. Northern Ontario is the size of France and Germany combined, with a population of 800,000, and the lack of consistent health care for such a large region was hurting patients and hampering economic growth, placing a constant strain on these small communities.

It was in this context that local leaders developed a better strategy; they would create a new medical school, one rooted in service to its many Northern Ontario constituencies. This school would recruit local students who were committed to the region, and it would promote principles of social accountability and excellence in medicine. The push for this new school began in 2000, when a group of mayors traveled to Toronto to lobby for their idea. That trip provided the impetus for founding the Northern Ontario School of Medicine (NOSM).

Nothing Ordinary tells the story of that quest to create something extraordinary. Author Larry Krotz interviewed dozens of people, including graduates of the new school, physician mentors, mayors, hospital administrators, and NOSM faculty. He paints a comprehensive picture of how NOSM came to be, describing

the obstacles that had to be overcome in order to fulfill its vision, and he illustrates how one medical school can transform the communities it serves.

Nothing Ordinary shines when it tells the stories of young doctors who graduated from the school, and when it explains in very personal ways how NOSM has changed the lives of its stakeholders. Brief segments entitled “Voices” appear between chapters; each segment provides a fascinating glimpse into the lives of these individuals.

Another topic of general interest is how NOSM has benefitted the communities it serves. By almost any measure, it has been a huge success in improving local health care access and in retaining physicians in northern communities. In one study, the number of unfilled physician positions in five surveyed communities dropped from 29 to 1 after NOSM became operational, and one of those communities decreased its spending on recruitment contracts from \$200,000 to \$50,000 (p. 159).

Sections of this book that would appeal to medical school and residency faculty describe how NOSM developed its curriculum and refined its philosophy. The school is founded on principles of “problem-based learning, case-based learning, rural-based medical education, community-based medical education, electronic distance education, and, not least, the social accountability of medical education” (p. 52). Krotz develops these themes in some depth, delving into the social and cultural context of the school and how it partners with the Indigenous and Francophone communities it serves. For example, the first-year curriculum includes a 4-week cultural immersion program in an Indigenous community; that experience increases students’ awareness of the unmet needs as well as the cultural strengths of those communities. Krotz enumerates ongoing challenges the school is trying to address, such as finding better ways to recruit First Nations providers.

As to the remaining portions of *Nothing Ordinary*, this is most definitely a niche book. It provides extensive details about the founding of the school, administrative and political hurdles that had to be overcome, contract

disputes for adjunct faculty, how the first dean was hired and why he was chosen, and so on. That level of specificity would be interesting mostly to those who have close personal ties with NOSM.

Such detailed discussions of policy and pitfalls might be useful for administrators, educators, or policymakers seeking to found medical schools or satellite campuses based on the NOSM model. Unfortunately, for the average practicing physician, the ratio of details to story line in *Nothing Ordinary* is too high.

The story of NOSM is undoubtedly important. NOSM has become a model for improving rural health care; it has inspired medical educators in many countries, including Australia, Norway, Scotland, the United States, and the Congo. Those visionaries are taking note of NOSM's success as they strive to improve their own rural health care access. The story itself is fantastic and inspirational, but unfortunately the writing sometimes obscures that. I found myself wishing that this book had been much more crisply edited, to allow the underlying strength of a great story to become more apparent.

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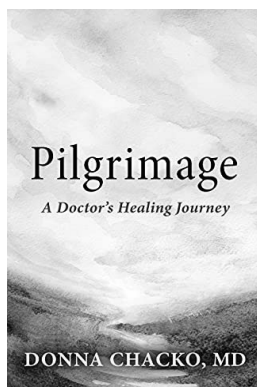
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Pilgrimage: A Doctor's Healing Journey

Donna Chacko, MD

Eugene, OR, Luminare Press, 2021, 256 pp., \$14.99, paperback



This is a tale of burn-out and resiliency, of despair and rebirth. Dr Chacko graciously shares her story of plumbing the depths of the abyss as a successful subspecialist (radiation oncologist) and how she found peace in, among other things, family medicine. Don't worry, for those of us al-

ready in the nirvana of the best specialty, there are other lessons in resilience to be gained!

This engaging, self-published memoir is divided into three sections: "The Pit," "Climbing Out," and "The Garden." In the first, she

bares her soul, presenting the causes of her personal crisis. Growing up, she felt no sense of unconditional love, and confrontation was studiously avoided. This set the stage for a highly dysfunctional marriage, further complicated by significantly different cultural expectations, which rapidly became noncommunicative. Though professionally successful, her life was summarized as, "I had no support system. My faith was weak. So I did what I always did – I just kept working hard and hoping for the best." As life spun steadily downward, she sought guidance in a variety of self-help books, including Scott Peck's *The Road Less Traveled*.¹ Based on this, she did a four-point, pass/fail, self-assessment of: (1) honesty, (2) delayed gratification, (3) accepting personal responsibility, and (4) balance. The conclusion was grim. Along the way, she rediscovered her Catholic faith. Life continued to deal her heartbreaking tragedies, but slowly she found strength. Regarding this point in her life, she recorded, "I was too tired to think of my marriage and what my family had been through. But I would start to notice that life seemed more precious.

The "Climbing Out" section follows the author's path through loss, grief, memories, healing, and change. As her priorities changed, she felt constrained by her narrow specialty, and a growing burden to care for the underserved: "...to be a real doctor." She closed her practice, and at age 51, began a family medicine residency. "Some thought I was out of my mind to leave what is considered one of the cushy, high-paying specialties in medicine and enter one of the hardest and lowest paid." (p. 130). This experience provided additional lessons in humility, transitioning from a knowledgeable subspecialist to a green primary care intern. That teachable spirit persisted, and she demonstrated remarkable insight for someone with the background of a subspecialist, commenting that a major reason for the plateau and even decline in life expectancy in the United States is due in part to the

...health care system [prioritizing] use of medicines, testing, procedures, and operations over primary care and self-care. In family medicine, we were taught to encourage self-care, counseling, and healthy habits, instead of always jumping to medications, injections, CT scans, and specialty referrals. (p. 146)

Following her family medicine residency the author plunged into a second career, caring for the underserved in the inner city. A sense of

fulfillment and purpose followed. One might think she lived happily ever after. Alas, that was not to be. As is the experience of many physicians, the imposition of a cumbersome and inefficient electronic health record (EHR) followed by a merger and switch to another EHR took its toll. This left less time for patients—but “Don’t worry,” the vendors say, “you’ll make up for it with higher billing due to better coding”—irrelevant, of course, when caring for disadvantaged populations! With lots of data entered, boxes checked, and information printed, but very little truly meaningful use... burnout was inevitable; it was time for something different.

The final section of the book, “The Garden,” chronicles the author’s finding of what she calls the abundant life: a balance of mind, body, and spirit, based on a meaningful relationship with God. She shares in detail how she found serenity, with the intent of helping others in also achieving it. In fact, she and her husband have established an organization to do just that: Serenity and Health.² There is understandably a touch of promotion of the organization in the closing chapters of the book, but it isn’t commercialized, rather, it is like Kentucky Fried Chicken publishing their secret recipe so that everyone can make it!

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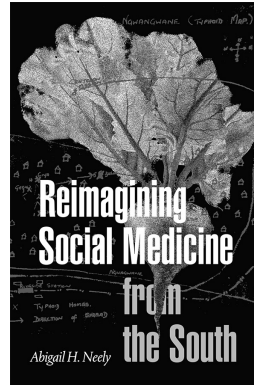
Reference

1. Peck, S. *The Road Less Traveled*. New York, NY: Simon and Schuster; 1978.
2. Serenity & Health. Accessed January 9, 2022. <https://www.serenityandhealth.com/>

Reimagining Social Medicine From the South

Abigail H. Neely

Durham and London; Duke University Press; 2021; 169 pp.;
\$14.72, e-book; \$24.95, paperback; \$94.95, hardcover



In an era when artificial intelligence increasingly champions personalized medicine, and amid a global pandemic that challenges the health care system every day for efficient and effective delivery, the title *Reimagining Social Medicine from the South* is bound to

intrigue any family physician. This book by Abigail H. Neely, an assistant professor of geography at Dartmouth College, explores the social, economic, and political determinants of health, as she delves into the medical anthropological and ethnographic constructs of health care delivery to highlight its ontological multiplicity. The author explores the prospects and constraints of the Pholela model and has put forth an argument that it can foster transformations in the oft protracted and complex transition of health care delivery paradigms.

Set in the locales of the Pholela Community Health Center (PCHC) of rural KwaZulu-Natal province of South Africa in the 1940s, the first two chapters offer an account of the evolution and concepts of social medicine, especially of the apartheid era. It underscores the intertwined role of clinical care and a social anthropological approach. Merging clinical care with social aspects including water resources, nutrients, and interpersonal relationships, Neely recounts the evolution of what began as a movement for equality in global health care and culminated in the seminal work of Sydney and Emily Kark and their colleagues.¹ The methodologies and conceptual framework established by these pioneers have come to be the central tenets of the now well-recognized practice of community-oriented primary health care (COPC). The novel data-driven approach of the Pholela model of health care delivery also laid the foundation for South Africa’s national health policy formation. The PCHC model has inspired many progressive health initiatives across several countries around the globe and has been replicated successfully in developing as well as industrialized countries.

Written in an expository style, the book presents the perspective of a nonmedical investigator. The author has reflected upon her fieldwork for facts, statistics, anecdotes, and ethnographical and archival records to discuss health care in South Africa. The evidential support has been meticulously documented and annotated throughout the book, replete with field notes, a glossary for the Zulu language, cross-references and citations, an index, and a comprehensive bibliography. Neely has researched and diligently documented fieldwork, interviews, archival reviews, and experiences to explore the “social” in social medicine.

The book goes on to explain the mechanics of the PCHC model that laid emphasis on nutrition, health education, regular health examination, early disease detection, treatment, and follow-up. These measures and social environmental factors made significant contributions to reduce the incidence of malnutrition, crude mortality including infant mortality, as well as preventable communicable diseases such as syphilis and tuberculosis.

The third chapter describes the effectiveness of the “Grow and eat more vegetables” campaign against malnutrition and ill health, the focus of the nutrition program on the macronutrient protein, and augmented livelihood intervention practices. The fourth chapter explores the most unlikely impediment for successful implementation of a social medicine program—witchcraft. Cultural determinism that prioritizes cultural beliefs over biological, evidence-based medical practices can jeopardize understanding of health and illness practices. Neely has deftly underscored these intertwined beliefs, taboos, and health entanglements.

Abigail H. Neely has successfully highlighted the conceptual framework of the practice of social medicine in South Africa, its uniqueness, the strengths of the PCHC model, and its weaknesses. She has emphasized the importance of social elements in the practice of social medicine. Her personal narrative makes the book an easy read, more humane and appealing.

The PCHC model was instrumental in reshaping the delivery of social medicine in South Africa, and that PCHC model can be mapped to present day practice of medicine. Even though we have come a long way in the delivery of health care and made advances with the development of new drugs, there is always an underlying element of social and cultural beliefs that will determine the outcomes of medical care.

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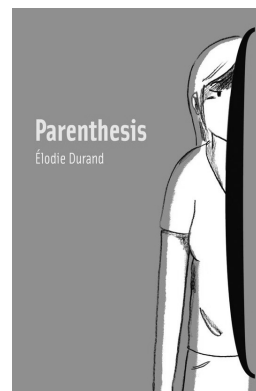
References

1. Tollman SM. The Pholela Health Centre—the origins of community-oriented primary health care (COPC). *S Afr Med J*. 1994;84(10):653-658.

Parenthesis

Élodie Durand

San Diego, CA, Top Shelf Productions, 2021, 224 pp., \$19.99, paperback



Patient memoirs of their experiences with illness are powerful teaching tools. Through them, physicians gain new insight into what their patients endure. Psychiatry curricula have included works from the patient's point of view such as William Styron's har-

rowing description of his depression, *Darkness Visible*,¹ and Elyn Saks' *The Center Cannot Hold*,² a brilliant lawyer's tale of her life with schizophrenia. By understanding the patient's perspective, physicians learn about diseases in ways impossible to learn by reading textbooks.

Author Élodie Durand makes a memorable addition to this genre with *Parenthesis*, a graphic novel that recounts the author's life with epilepsy; eventual diagnosis of the cause, astrocytoma; and treatment by the gamma knife when this treatment was still experimental. The “parenthesis” of the title represents the 3 years during which the illness disrupts her life. The disruption is depicted in part by the contrast between the detailed images drawn before and after her treatment and the crude, disturbing sketches drawn during the displacement.

Written in French, *Parenthesis* was originally published in 2010, 10 years after the events described. It was recently translated by Edward Gauvin. The book begins when Durand is 22 and newly independent from her parents. Her disease manifests as black outs, periods of which she has no memory, which eventually force her to relinquish her freedom and move back into the house where she grew up.

The core of the memoir is her memory of the series of hypotheses and procedures, culminating in a biopsy, which yield her diagnosis and are followed by treatment and the treatment's aftermath. Durand describes, and shows us in her drawings, the agony she experiences when doctors disagree over the correct diagnosis and its treatment. One image has several doctors in white coats arguing as they climb over the surface of her brain. When the biopsy result comes in, the doctor does not want to go into detail so tells Durand the Latin name for her illness, unaware that Durand, given her extensive research, is still able to understand that it is a cancer.

Her physicians seem oblivious to the brain fog—illustrated in the graphic novel through distorted views of her head—caused by anti-convulsants. Because of both the disease and the treatment, Durand's memory deteriorates to the point that her parents have to review with her the basic elements of her life; at her worst, she forgets her name and her way home through streets she has known most of her life. Her physicians fail to recognize both the symptoms and the distress that they cause. Listening to the patient is a key skill in family medicine, and Durand's examples remind the reader of the nuances of what the patient says and the ways, good and bad, that physicians react to it.

Another cause of Durand's distress is the ambiguity of radiology images. As a lay person, she is confused by false positives and false negatives. She struggles to decide whether to

undergo gamma knife therapy, in part because it is a new treatment. Her doctors have no direct experience with it and so can only explain it in generalities. Once she proceeds, there is significant pain during a part of the procedure she was assured would be painless. She develops side effects of the radiation unusually early, and her doctors initially dismiss the symptoms, further undermining her relationship with them.

Despite all of this, as she moves from denial that she has a problem through recognition to eventual acceptance, her attitude toward her doctors and other medical professionals changes from anger to appreciation.

In summary, *Parenthesis* provides a striking description of a patient's experiences with both illness and the medical profession. The images enhance her words in a visceral way, deepening the reader's understanding of her ordeal. For physicians, seeing how a patient negotiates medical uncertainty, physician language, and the social stress of a serious illness can inform our dealings with our own patients.

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References

1. Styron, W. . *Darkness Visible: A Memoir of Madness*. Vintage; 1992.
2. Saks, E. . *The Center Cannot Hold: My Journey Through Madness*. Hachette Books; 2008.

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