

Medical Humanities Companion Volume Two – Diagnosis

Edited by Rolf Ahlzén, Martyn Evans, Pekka Louhiala and Raimo Puustinen

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\$47.70



and the patient's perspectives during the diagnostic process and delivery of news? How much of what we do is biomedical and how much is existential?

This volume of *Medical Humanities Companion* explores some of the philosophical, cultural, historical and psychological components behind diagnosing illness in an easy-to-read, interesting style. It opens with accounts of five fictional patients who all receive diagnoses in different settings and in quite different ways. The remainder of this volume is divided into chapters on different topics, each written by a different contributing author, with the patients used as illustrative examples throughout. Using narrative in this way is a very effective and engaging technique and is employed well, as it helps ground the book, which may otherwise run the risk of being seen by some as too philosophical and removed from day-to-day clinical practice. The reader is able to connect with the characters and can therefore relate to the subsequent text with greater ease.

This book is an international collaborative effort with an impressive list of editors and contributors.

Most are from the United Kingdom and Europe, with the exception of Associate Professor Jill Gordon from the University of Sydney who wrote a chapter titled 'Diagnosis: telling and hearing'.

Many of the examples given relate directly to general practice and are relevant to the Australian healthcare system. I feel that the international perspectives add to, rather than detract from, this book's value to Australian GPs, registrars and medical students.

Medical Humanities Companion will suit those with philosophical leanings – those of us who like to ask 'why?' and reflect on the meaning behind what we do as doctors. It may not improve our ability to reach a diagnostic decision but it will enhance our understanding of the significance of the process to both us and our patients. Hopefully, this greater understanding will help us to travel more smoothly with our patients through their illness journeys.

Genevieve Yates
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Ferri's Clinical Advisor 2011

Fred F Ferri

United States of
America: Mosby
Elsevier, 2010

ISBN 13 9780 3230
56106, \$122.00



This book is a desktop reference, divided into five sections and an appendix, aimed to be a clinical resource for physicians and allied health professionals. Dr Rachel Lee reviewed the 2008 edition previously in *Australian Family Physician*. This book is updated regularly, and this updated edition includes over 1000 medical topics, plus added illustrations. There are electronic versions available, with additional handy patient instruction sheets or handouts reportedly available online, in printable forms.

Section I, the largest section of the book, describes medical disorders in alphabetical order, most topics restricted to one or two pages, giving basic information about the disorder, how to make the diagnosis, an overview of treatment, and

specific 'pearls' that need to be considered. Some topics are accompanied by a section regarding the evidence behind some of the recommendations made, with a focus on current, peer reviewed literature. The tables and diagrams included are mostly very relevant, and most of the information presented is in point form for easy reading.

Section II focuses on providing lists of differential diagnoses physical complaints or abnormal investigation results, with the aim of then referring clinicians back to the appropriate topics from Section I.

Section III goes on to providing useful algorithms for symptoms and signs that clinicians may encounter. Some algorithms would be more useful than others, and really should only be used as a guide when unsure what to do next in specific cases, but some deficiencies noted by Dr Lee previously, appear to have been revised.

Section IV describes various laboratory investigations and the interpretation of their results, with very concise explanations provided.

The contributing authors are all based in the United States, and from that perspective some parts of the book (and some of the terms used),

in particular Section V focusing on preventive medicine, are less relevant to Australian general practitioners. Australian general practice guidelines for preventive medicine (eg. the RACGP 'green' book and 'red book') would be a more useful reference.

Ferri's *Clinical Advisor* feels overwhelming to begin with, being of hefty size (almost 1600 pages in total) and trying to cover much information, however is made less overwhelming the more you use it and get used to its format. The text is clear and concise, and geared toward getting quick answers rather than providing exhaustive information. The five sections complement and refer to each other, with each 'topic' in Section I indicating whether there is an accompanying patient teaching guide available online or an accompanying algorithm available in Section III. I would definitely use this book as an all-in-one quick desktop reference during clinical practice, especially when not sure what to do next with an unusual presentation or when wanting to ensure I'm not missing anything.

Deepa Daniel
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The Pen and the Stethoscope

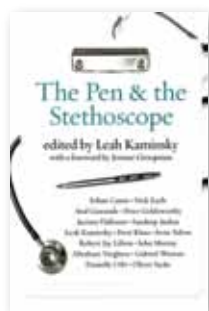
Edited by Leah Kaminsky

Australia: Scribe Publications Pty Ltd, 2010

ISBN 978 1921 640 735, \$32.95

Fictional protagonists are often more honest in portraying their emotional world and inner experiences than the characters in nonfictional works. In fiction, characters are what they are and hide nothing from us as readers. Their creators will usually force them to reveal to us their motivation, their passions, their insecurities and their darkest fears. When the protagonist is a real person, aspects of their inner world are invariably obscured by their public persona, how they wish to be portrayed, by the limitations of their self awareness or by the understanding of their biographer.

So when I started reading 'The Pen and the Stethoscope' a collection of short stories by doctor writers, I was surprised to find that the



nine nonfiction works were not only extremely engaging, but also dealt very honestly with some of the big issues at the intersection of medicine and mortality, ethics and existentialism, public persona and private trauma. Robert Jay Lifton provides extracts from his work, 'The Nazi doctors: medical killing and the psychology of genocide' based on interviews with doctors who participated in the Nazi genocide. What is most disturbing about these interviews is that these doctors, who had undertaken cruel human experimentation and supervised and participated in the mass murders at Auschwitz, seemed quite 'ordinary'. Ordinary doctors who 'mock and subvert the very idea of the ethical physician... dedicated to the wellbeing of patients...' Ordinary people, just like you and me, committing demonic acts.

For my money, the nonfiction prize goes to the story by Danielle Ofri that tells of her experiences as a resident in the often brutal intensive care ward. The 'characters' are all people we would recognise: the young, anxious resident keen to impress; the intimidating consultant with gallows humour; the young mother with leukaemia,

photos of her premature baby adorning her bedrail. The honesty of the story shines through in the juxtaposition of professional and personal responses to a traumatising workplace.

When I reached the fiction section I was not disappointed. Here too was honesty: Nick Earl's playful, surrealist exploration of drug trials and the pharmaceutical machine; Leah Kaminsky's distracted, lousy (literally) doctor ministering to a woman who had suffered extraordinary trauma, yet embodied mindfulness and grace; Peter Goldsworthy's portrayal of a not-so-good Samaritan doctor answering the dreaded call, 'Is there a doctor on the plane?'; and Jacinta Halloran's heart wrenching depiction of grief and guilt.

Most of these stories have been published previously, but their collection in this anthology is a gestalt of the muddled, inconsistent, conflicting humanity of people who work as doctors and the patients they treat. Don't let the fairly pedestrian cover design put you off... it really is a compelling read.

Jenni Parsons
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Tell me the truth – conversations with my patients about life and death

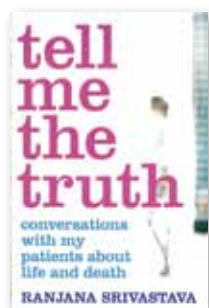
Ranjana Srivastava

Australia: Penguin Group, 2010

ISBN 978 0670 074 402, \$32.95

'Tell me the truth' is a carefully written, narrative, 'in my experience' style book following the personal revelations of the author regarding the nature of people as they face death. This is a book with a nonmedical audience in mind. The author, Melbourne oncologist Ranjana Srivastava, succeeds in presenting a series of vignettes exploring particular human characteristics of her patients.

In the early chapters of this book, Dr Srivastava describes a conversation with her boss, the director of an oncology department when she was a junior. The director, faced with a junior enthused with discovering the personal



resilience of her patients, the way they make decisions about death and illness and her work with vulnerable populations, is dismissive of this and emphasises the career importance of clinical research and aspirations to be published.

This genre of books requires two important preconditions: one is that the doctor/author is presented as a point of wisdom, insight and caring; and the other is that individual positive characteristics of patients and their families in how they deal with death and disease are recorded.

The second part of 'in my experience' stories is for the audience to know that they are also unique and special. Our hospital colleagues all discover, as we GPs do, that for all the medicine we know and deliver, it is our patients who offer some of the most interesting aspects to our work. Dr Srivastava is able to show that there is a connection and there are things to be learned from our patients. The stories show some of the colour and context of medical practice and why patients present at a particular time and manner and make the choices they do. Oncology, in particular, is an area of medicine where patients

only occasionally resist doctors' advice. General practitioners may be more used to dealing with patients making choices we disagree with.

This point is perhaps the value of this book to GPs. Sometimes, books which require such careful construction, offer an insight into how our colleagues think. Also, in varying degrees, how they think of themselves. The construction of the written persona as described saw the author make comparisons to build up the highly functioning, highly capable image. General practice came in for a couple of swipes among many other specialties in regard to the perceived lack of intellect in nonhospital specialties and work replete with 'pedestrian' tasks. I note an exchange with a rural doctor in which I strongly suspect the tone was different to the written description.

That aside, the extent to which the media picked up this book shows the degree to which the author has found the centre of this genre. This book will easily find a receptive audience.

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