# Book reviews

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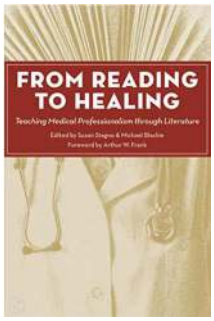


## From Reading to Healing: Teaching Medical Professionalism Through Literature

Susan Stagno, MD, and Michael Blackie, PhD, editors
Kent State University Press, Ohio, 2019, 336 pages

**Reviewed by Jack Coulehan, MD (ΑΩΑ, University of Pittsburgh, 1969)**

Authors typically define medical humanities by listing several disciplines, followed by a modifying phrase like "and their application to medical education and practice."[1] But how much and which applications? And how? Even the most ardent supporters of introducing humanities curricula in health professions schools acknowledge that very little time is available. Their educational objectives are large, e.g., teaching attentiveness, empathy, self-awareness, and cultural sensitivity. But content and methodology are vague.

Rafael Campo wrote that the term medical humanities seems "utterly exhausted, attenuated by decades of trying to encompass all that the invincible biomedical model of medicine actively ignores; it even risks sounding petty and adversarial, as if medicine were unremittingly inhumane."[2] He went on to confess, "Many of us find ourselves looking instinctively to the humanities as a source of renewal, reconnection, and meaning."[2]

Reflection, renewal, resilience, reconnection. The focus is on personal and professional development through self-knowledge and skill-building. In this context, medical humanities serves as one useful and engaging avenue or perspective that contributes to the overall curricular goal of professional development.

*From Reading to Healing* is the newest of several recent collections of essays on teaching medical humanities with a focus on literature. The audience is teachers, but the book will be most useful for a particular class of teachers—health professionals with no background in teaching literature. Most literature seminars or small group discussions in health professions schools are taught by clinicians who love literature but may not be experts. This book is for them.

Readers will find such tales as "Toenails" by Richard Selzer (ΑΩΑ, Albany Medical College, 1953); "The Most Beautiful Woman in Town" by Charles Bukowski; "The Speckled Rash" by Mikhail Bulgakov; *The Death of Ivan Ilych* by Leo Tolstoy; "The Use of Force" by William Carlos Williams; and The "Birthmark" by Nathaniel Hawthorne, informative and useful for preparing lesson plans.

After an introductory section, the following five divisions each focus on a specific topic in health care professionalism. The Boundaries section includes Julie Aultman's essay "On Both Sides of the Stethoscope" which describes a module on professional boundaries. "Toenails" is Richard Selzer's story about a surgeon who trims a homeless man's toenails in a library men's room. In "A Novel Approach to Narrative Based Professionalism: The Literature Classroom in Medical Education" by Pamela Schaff (ΑΩΑ, Icahn School of Medicine at Mount Sinai, 1979), and Erika Wright, the authors describe how they use Pat Barker's novel *Regeneration*, a story of English soldiers being treated for shell shock during World War I, to stimulate discussion of doctor-patient intimacy and antipathy. The section on Empathy and Respect includes Abraham Nussbaum's comments about using Tolstoy's *The Death of Ivan Ilych* as a stimulus for reflecting on these qualities with medical students.

The Authority and Duty section features William Carlos William's "The Use of Force," perhaps the most iconic story in the entire lit/med canon, about a doctor on a house call who gets fed up with a child's recalcitrance when she won't allow him to examine her throat, and he forces her mouth open. Fortunately, lesser known stories by Nathaniel Hawthorne and Sherwood Anderson are also included.

The most interesting piece in this section is the short essay by Tara Flanagan on the use of religious literature to teach health care professionalism. The example she offers is "The Poisoned Arrow," a parable attributed to the Buddha. "Assisting Medical Students in the Creation of a Class Oath Using Comics" by Michael Redinger, Cheryl Dickson (ΑΩΑ, Rutgers Robert Wood Johnson Medical School, 1998, Faculty), and Elizabeth Lorbeer is another fascinating essay in this section. They describe an exercise in which medical students create a professional oath for their class after viewing a series of images of virtuous and non-virtuous physician behavior. The images include paintings by Norman Rockwell and contemporary comic strips.

The final two divisions of the book are Stigma and Truth Telling and Communication. The latter features an essay on using short stories to teach cultural sensitivity and communication with Hispanic patients, and another piece on poetry's ability to stimulate personal reflection on women's health care. The former includes a piece by Kelly Fiore describing a six-week (three session) seminar for psychiatric residents on Flaubert's *Madame Bovary*. At the end of the seminar, residents "are mindful of their negative

biases toward narcissistic patients…this awareness leads to increased empathy and objectivity." p248–9

*From Reading to Healing* is a useful addition to literature and medicine pedagogy. Other recent medical humanities collections have different emphases, so *From Reading to Healing* complements, rather than competes with them. For example *Keeping Reflection Fresh*, edited by Allan Peterkin and Pamela Brett-MacLean,[3] is an anthology of approaches to teaching reflective practice in medical education, while *Health Humanities Reader*, edited by Therese Jones, Delese Wear, and Lester Friedman,[4] features a broad array of humanities and arts disciplines, rather than focusing on literature.

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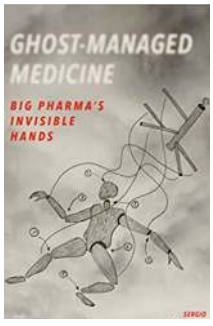


## Ghost-Managed Medicine: Big Pharma's Invisible Hands

by Sergio Sismondo
The Mattering Press, 2018; 234 pages

**Reviewed by David J. Elpern, MD**

I've taken care of Ian, a 27-year-old man with severe *Hidradenitis suppurativa*, for the past decade. His disease was unrelenting and referrals to two academic medical centers did not add value. Then, a promising new article on treatment appeared.[1] It was encouraging, and my academic colleagues and I jumped on the bandwagon and embraced it. Unfortunately, it did not deliver.

A new book, *Ghost-Managed Medicine* gave me insight into how we were led astray by this pharma-funded study. Had I read it before subjecting my patient to this medication I might have saved him from the disappointment and spared his insurance carrier tens of thousands of dollars. The persuasive article has 22 authors, seven of whom are full-time drug company employees. All of the other authors received grants and support from the company that makes the drug. This is not unbiased research and it has, and will, lead many physicians astray.

*Ghost-Managed Medicine* is an in-depth study of the many ways that the drug industry and its agents hold sway over medicine, and how it shapes and spreads medical knowledge for its own mercantile ends. It describes how drug companies "ghost-manage the production of medical research, shepherd the key opinion leaders who disseminate the research as both authors and speakers, and finally orchestrate the delivery of CME courses. In so doing, they position themselves to provide the information physicians rely on to make rational decisions about patient care."

Sismondo convincingly describes pharma's campaign to gain hegemony over all clinically relevant medical knowledge. We may think our decisions are rational and evidence-based, but they are influenced by a ghostly presence.

**CME programs**

The reason CME programs are funded by pharma is to serve as platforms for the ubiquitous key opinion leaders (KOL). These respected academics are almost always on the company payroll. They give the plenary talks, often with slides created by the drug company.

Most sit in awe in the darkened conference theaters listening enraptured as these well-known teachers tell of yet another marvelous advance. Sismondo tells us that they believe in what they are saying, even as they are paid handsomely for sitting on advisory boards, doing research for industry, and traveling on the company dime. If they go off-script, the companies have alternate speakers waiting in the wings.

Reading *Ghost-Managed Medicine* sheds light on the many shadowy ways the pharmaceutical industry has co-opted the practice of medicine. Most major American medical journals contain expensive drug advertisements. Physicians need to pay attention to the many messages of *Ghost-Managed Medicine* because those who are poor and suffering ultimately pay the price for the costly pharmaceuticals.

The Mattering Press has made *Ghost-Managed Medicine* available free of charge as a PDF on its website.

So, as you sit with your patients, hand poised to write the next prescription, think about the ghostly presence that controls how we practice medicine today. Consider the stealthy influence the journals we read, the prestigious academic KOLs we listen to, and the scripted conferences we attend play as "the new and promising" is promoted for us to prescribe. *Ghost-Managed Medicine* provides a new appreciation of some of the major drivers of the changes in medicine that have occurred over our professional lifetimes.

Osler admonished, "the best part of our practice will have nothing to do with powders or potions."

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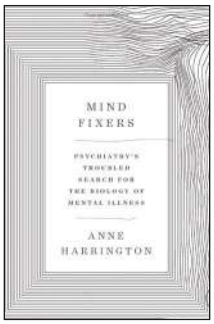


## Mind Fixers: Psychiatry's Troubled Search for the Biology of Mental Illness

by Anne Harrington
W.W. Norton and Company, New York, 2019, 384 pages

**Reviewed by Jack Coulehan, MD (ΑΩΑ, University of Pittsburgh, 1969)**

When I was a medical student in the late 1960s, my school's psychiatry department was firmly Freudian. Major tranquilizers and tricyclic antidepressants had arrived on the scene, but such medications were considered halfway measures. While drugs suppressed psychotic symptoms or lifted a patient's mood, the only way to cure mental illness was by discovering the underlying psychodynamic problem. We were unaware that psychoanalysis had dominated American psychiatry for only about 25 years, supplanting a long history of biological approaches to mental illness. Nor could we predict that Freudianism would be rapidly displaced by a new biological revolution.

That revolution was only one phase of the broader story Anne Harrington tells in *Mind Fixers*, as she traces the complex narrative of "psychiatry's troubled search for the biology of mental illness" from the mid-19th century to the present. She begins with the 19th century conflict between progressive alienists who supervised mental hospitals and promoted the idea of therapeutic communities, and neurologists who searched for brain lesions as the cause of insanity. Later, Sigmund Freud and his followers abandoned neurology by describing a host of unconscious processes that generally worked to suppress primal urges, and in doing so often caused mental disorders. Meanwhile, biological psychiatry continued on a parallel track during the early 20th century by developing various treatments like insulin shock therapy, prefrontal lobotomy, and electroconvulsive therapy.

In the 1970s, psychoanalysis was battered by methodological and therapeutic critiques; analysis failed to benefit patients with serious mental illness; and the method itself lacked rigorous scientific standards. Harrington sketches subsequent advances in neurochemistry, pharmacology, and neuroimaging that resulted in the 1990s "decade of the brain," and the contemporary reliance on medications in psychiatry. She also traces the role of social factors, including patient activism, as nomenclature progressed from vaguely defined neuroses listed in *DSM 2* (1968) to conditions defined solely by checklists and algorithms in *DSM 5* (2013).

In Part II of the book, the author steps back and considers the history of three major mental illnesses, providing chapters on schizophrenia, depression, and bipolar disorder.

*Mind Fixers* is full of fascinating tales; for example, the dawning realization that syphilis was the cause of general paresis, and the early investigation of LSD as a potential treatment for migraines.

### Three major narratives

The first is that the biological revolution has only been a modest success. We've discovered the roles of norepinephrine, serotonin, and dopamine as neurotransmitters and developed drugs that manipulate their levels in the brain. We've learned a great deal about neural networks and pathways. Nonetheless, we still don't fully understand the etiology of even a single mental illness. In fact, our gold standard diagnostic test for a mental disorder remains a DSM checklist or algorithm, rather than one or more indicators of abnormal pathophysiology.

The second narrative concerns limited therapeutic efficacy. While some antipsychotic drugs are unquestionably more effective than placebo, the situation with antidepressant medication is complicated. Harrington cites multiple metanalyses conducted in the 1990s and 2000s showing that antidepressants performed only marginally better than placebo in relieving major depression.

In an analysis of all clinical trials performed with six widely prescribed antidepressants—not just published studies, but those withheld from publication by pharmaceutical companies—it was found that the drug outperformed placebo in only 47 percent of the studies.[p263] On the other hand, it appears that a subset of patients benefit greatly from tricyclics and SSRIs, an effect washed-out in large scale studies. However, psychiatrists are unable to identify this subset in advance.

The mood stabilizing effects of lithium in patients with mania were first demonstrated in 1948 by the Australian psychiatrist John Cade. Since lithium compounds were simple, inexpensive, and widely used in nonprescription health tonics, the medical community failed to take this finding seriously, despite gradually accumulating evidence that lithium was effective both in terminating and preventing episodes of mania.

Drug companies played a major role in this delay since they had little incentive to conduct the requisite studies for FDA approval because they perceived little potential for significant profit. Lithium carbonate was finally approved for acute mania in 1970—the United States was the 50th country to approve it for use. Interestingly, when the expensive antiepileptic drug Depakote was approved for bipolar disorder in 1995, the use of lithium rapidly diminished, despite the fact that lithium is at least as effective as Depakote.[1] Likewise, big pharma has heavily promoted many new antidepressant drugs over the last two decades, none of which constitute a significant breakthrough in therapy.

Finally, *Mind Fixers* says very little about the fate of psychotherapy after the decline of psychoanalysis. The author comments that "clinical social workers, psychiatric nurses, counsellors, and clinical psychologists had, to a significant degree, taken over the field of psychotherapy." [p247] Psychiatrists, however, were more interested in "Medicare reimbursement, hospital privileges, and above all, the right to prescribe drugs." [p247]

The only specific reference to contemporary short-term treatment is with regard to cognitive behavioral therapy (CBT), developed by Aaron Beck. Harrington cites a 1977 study in which patients given 12 weeks of CBT, as compared to antidepressant medication, "not only showed significantly greater improvement (as gauged by their score on various rating scales), they were also likely to remain well longer." [p208] Although not detailed in the book, this was the first of many subsequent studies that showed, CBT and other types of psychotherapy to be generally as effective as pharmacologic treatment for mild to moderate major depression.

The author's recommendation for improving the situation is controversial. Rather than advocating for the profession's return to psychotherapy, she proposes a division of spoils in which nonphysician therapists handle all patients with psychiatric diagnoses like nonpsychotic depression, anxiety disorders, and so forth, while psychiatrists concern themselves exclusively with psychoses. Pharmacotherapy is clearly beneficial for the latter, but of questionable benefit, albeit almost universally prescribed, for the former.

I believe Harrington carries her critique of medications a bit too far in making this claim. Of course, given human nature and the immense power of big pharma, such a clear division will never happen.

*Mind Fixers* is an engaging and enlightening popular history of American psychiatry.

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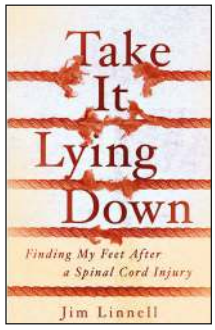


## Take It Lying Down: Finding My Feet after a Spinal Cord Injury

by Jim Linnell
Paul Dry Books, Philadelphia, 2019; 184 pages.

**Reviewed by Roberta Apfel, MD, MPH (AΩA, Boston University School of Medicine, 1961), and Bennett Simon, MD**

This engaging short book is written by Jim Linnell, a Professor Emeritus of Theater and Dance, and former dean of the College of Fine Arts at the University of New Mexico.

While leading what seems a charmed life, planning on retirement several months hence, on a vacation in Mexico with his wife and sons, he has a freak accident, rendering him quadriplegic. The prognosis for even some recovery from this devastating spinal injury is uncertain. The bulk of the book narrates both the details of his treatment and his attempts to deal with the attendant suffering. He

describes his search for "meaning" i.e., in what framework (e.g., secular-humanistic, religious, psychological) can he do this search? How can he, a secular humanist, use his life as a teacher and professor of literature and drama to deal with this awful injury/suffering, its life-changing limitations, and its impact on his wife, family, friends, and colleagues? Writing this book was an important step in his long-term struggle for recovery.

Doctors should read this book because it is about, and written by, a patient. It is written by someone who is suffering and someone who "patiently/impatiently" endures and persists, and "mas or menos," (to use his ironic words in an imaginary dialogue with a friend,[p171]) finds and creates a life imbued with meaning. This book is unique in Linnell's combination of honest physical details, ironic humor, struggles against self-pity, tantrums, gratitude, and creative literary excursions.

It is also about doctors and other care providers, their physical styles of helping or hurting, and how each deals with his/her individual limitations. The author demonstrates the importance of relationships and inter-relationships with wife and family, physical therapists and doctors. He describes how this web of interactions may decrease loneliness, isolation, and offers purpose and sustaining hope. Finding, building, and creating a new meaningful life takes place in a communal context.

This book puts forth profound existential questions: who am I now? How am I the same person, and how not? Linnell describes his reaction at the first clinical conference at the rehabilitation center where he and his family hear the medical staff present their findings:

> …everyone in the room is properly earnest and direct—this is the meeting to say how screwed Jim really is, and to lay out the options.
> …I blurt out, "Does this mean I get to croak sooner rather than later?" I am pretty much a mess. I can't move, I'm on oxygen, I wear a catheter, my legs do the spasm dance, my blood is in the dumpster. I need a lift to move from bed to wheelchair, and help with dressing, bathing, eating, and taking a dump. As I speak my voice trembles and I squeeze back tears. *Now* I cry. …The doctor calmly bats away my question, saying the length of my life won't be any different because of the injury. He can't calm the anxiety over the thought of death that merges with my body's roadside wreck. In my accident I'd experienced a death of who I was. I don't know how to talk about this. Jennifer and I have not begun to grieve this loss.[p32-33]

While such an acute event and its dramatic consequences for self-identity is relatively rare, aging as a developmental stage involves some of these same existential questions, but in slower motion. Loss of the previous selves, increasing limitation, loss of bodily functions, and greater dependence on others mark the later years. What Linnell describes as the affective disconnect between himself and his doctor is a common experience of many an aging patient, and is an important general lesson for medical practitioners. The challenge for the doctor is how to pay attention to the fears and feelings impelling the patient's question, rather than focusing on the literal content of the question.

A major contribution of this book is Linnell's ability to describe these interactions in a non-judgmental way as part of the human condition of inevitable incomplete communication of suffering, despite the best of intentions of all those involved. Here, the author's deep literary and theater immersion come to the fore as he describes finding in Greek tragedy examples of non-judgmental portrayals of human suffering. In Samuel Beckett's *Happy Days* Linnell finds a picture of a paralyzed wife and her husband, that is unflinching in its honesty:

> Beckett stands witness for those who don't want to tell a false tale of heroism or deny a knowledge that human life can be a blessing wrapped in a curse. Our job is to not tell lies about what it takes to prop up our happiness on the tender shoots of small mercies, holding our gaze upward…."[p163]

Linnell admirably succeeds at capturing the "blessing wrapped in a curse," and the comedy in the tragedy of coming to terms with the unpredictability of our mortal lives.

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