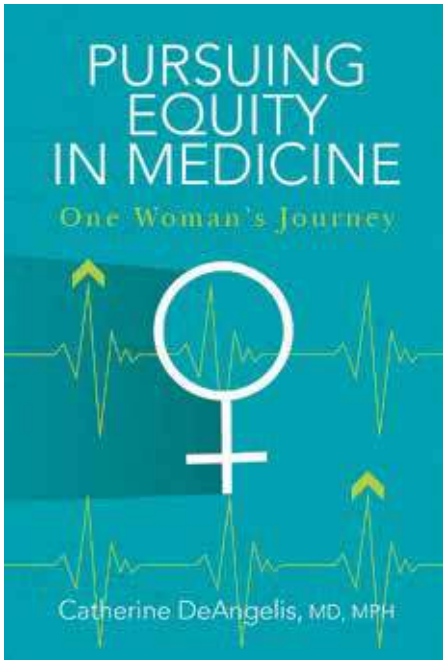
# Reviews and reflections

David A Bennahum, MD, and Jack Coulehan, MD, Book Review Editors




## Pursuing Equity in Medicine: One Woman's Journey

Catherine DeAngelis, MD, MPH (ΑΩΑ, Johns Hopkins University, 1990, Faculty)
CreateSpace Independent Publishing Platform, July 15, 2016, 330 pages

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

I meet with a group of first-year medical students every couple of weeks as part of a course on the human experience of illness and doctoring. If you include me, the group consists of six women and six men. Among the women, two are married, one has two children, and another is about to deliver her first child. Like the men, the women's backgrounds are varied—athletic trainer, Wall Street analyst, actor, and Peace Corps volunteer. Overall, 64 of 132 students in our school's Class of 2020 are women.

How different from the fall of 1965 when I entered medical school! At that time, medicine was still considered a male profession. Sure, there were already a small number of female physicians, but every young woman who aspired to become a doctor carried an extra burden, one not shared by her male colleagues. Why do you want to become a physician? Why not be a nurse? What about your family?

In my graduating class of 135, there were only nine women. Nonetheless, each of them played a vital role in our dedicated, rambunctious, and tight-knit "family," and none more so than Catherine DeAngelis—class president, director of the annual musical spoof, and chief cheerleader for every single one of us. And now, 50 years later, the author of *Pursuing Equity in Medicine: One Woman's Journey*.

In this engaging memoir, DeAngelis describes a personal journey that began in a poor, but loving, Italian family in the northeastern Pennsylvania coal country. It was a journey that carried her to a position of leadership in American medicine—an eminent pediatrician, activist, medical educator, Vice Dean at Johns Hopkins, and for more than 11 years, Editor-in-Chief of the *Journal of the American Medical Association* (*JAMA*).

A unifying theme of DeAngelis' memoir, and her entire career, is the pursuit of equity, or fairness, in her profession. While she has worked in many ways to achieve equity for students, residents, and patients, overcoming traditional barriers to women in the medical profession has been a major focus of her professional life. DeAngelis has played no small part in the changes that make my varied group of students now possible.

Three features of *Pursuing Equity in Medicine* make it an especially fascinating read.

First is the author's voice. DeAngelis speaks to the

**Dr. Catherine DeAngelis, editor of the *Journal of the American Medical Association*, October 5, 2010, in her Chicago office.** Photo by Chris Walker/Chicago Tribune/MCT via Getty Images

reader in an informal, down-to-earth manner with a touch of wry humor. Whether she is describing her confrontation as a medical student with a faculty member who disparaged female students, or her surprise at being asked to become Editor-in-Chief of *JAMA*, she tells the story without frills or affectation.

The author's personality shines through on every page: disciplined, determined, principled, generous, and—this is quite striking—full of gratitude to the Great Comedian (as she likes to think of the divine) for all her opportunities and accomplishments.

The second important feature is the consistent focus on the pursuit of equity. For DeAngelis, this began in medical school when as a third-year student she walked out of an ambulatory care clinic where patients had to sit for hours because there was no appointment system. She refused to return until patients were treated more respectfully. Because she stuck to her guns, she was sent to Nicaragua to participate in a mass immunization campaign.

During her first years as a pediatric faculty member at Columbia, DeAngelis obtained funds for, developed, and directed one of the nation's first pediatric nurse practitioner (PNP) training programs. Later, at the University of Wisconsin, she initiated a PNP program, a general pediatrics and adolescent medicine program, and a community clinic located in a large housing project.

On to Johns Hopkins, where DeAngelis established a new Division of General Pediatrics and Adolescent Medicine, directed the pediatric residency program, became Deputy Chair of the department, and, finally, in 1990 Vice Dean for Academic Affairs and Faculty.

Active in national medical societies, DeAngelis consistently championed the role of women in medicine. Even before becoming Vice Dean, she conducted a study that demonstrated female faculty members at Johns Hopkins received lower salaries than men, and were being promoted at a slower rate. Once in the dean's office, she worked in a number of ways to foster a more equitable environment and greater opportunities for female faculty.

In 1984, DeAngelis was only the 12th woman to be promoted to full professor in Johns Hopkins' history. When she left that office in 1999, there were 58 female full professors.

In 1992, she was instrumental in introducing a new medical curriculum that emphasized hands-on experience, and early contact with patients. Considering the goal of

medical education is to train practicing physicians, this change might well be considered a form of enhanced equity for students.

The third compelling aspect of the book is the author's detailed reflections on her years as Editor-in-Chief of *JAMA*. More than one-third of *Pursuing Equity in Medicine* is devoted to her experience as "jamamama," the moniker she chose for her e-mail address.

I found this the most fascinating part of the book, partly because of the important cases and issues she dealt with as editor, but also because of the details she provides about the organization itself, the editorial process, and day-to-day experiences of life at *JAMA*. True to the theme of equity, DeAngelis begins this section with her successful negotiation for a five year contract that ensured complete editorial autonomy; preserved her academic relationship to Johns Hopkins; and provided a proportionate increase in salary. I'll bet the American Medical Association didn't expect this type of hard bargaining from a woman! I also suspect this is why DeAngelis includes the episode, along with many other examples of her insistence on being treated with the respect due to her, and to her female peers, rather than accepting the profession's "discounted" expectations of their gender.

*Pursuing Equity in Medicine* is an enjoyable and refreshing read: a good old-fashioned success story with a clear-cut hero and a happy ending. It's a tale I want to share with my first-year medical students, who sometimes become disillusioned about their prospects as future physicians. They need it—just like I do.

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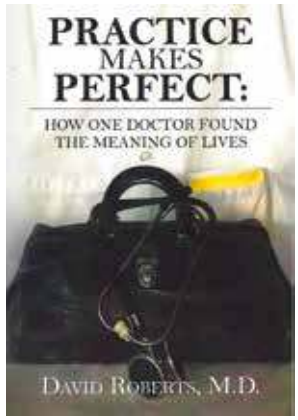


## Practice Makes Perfect: How One Doctor Found the Meaning of Lives

David Roberts, MD
CreateSpace Independent Publishing Platform, February 22, 2013, 296 pages

**Reviewed by George Comerci, MD, FACP (ΑΩΑ, University of Arizona, 1982)**

Of the many joys I derive from my practice of medicine, the privilege of being a part of my patient's "story" is perhaps what I value the most. As a general internist, I am an active participant in many of the trials and tribulations of the health narratives of my patients. As these stories often involve the most important thing that we possess, our health, they tend to be invariably captivating.

Roberts opens his book describing the importance of meaningful stories in our lives, and the importance of some of his patients' stories in his life. His narrative begins after the completion of his chief residency, with an account of his very first day of practice as a "real doctor," having been hired by his former chief resident to join a small private practice.

His sickest patient on the first day of hospital rounds is Mr. Harandi who, after their very first encounter,

has forbidden Roberts to return to his hospital room. Nonplussed, and over the strong admonitions of the patient's nurse to stay away, Roberts visits the patient who becomes furious at the sight of him, bolts out of his room and promptly suffers a cardiac arrest and dies. While contemplating the events leading to Harandi's arrest Roberts concludes, "You just killed this man, David. Not exactly keeping your Hippocratic Oath here, are you?" What followed were the self-doubt, and guilt ridden thoughts that we often feel after a bad outcome.

Things get a bit lighter as Roberts describes visiting three patients consecutively, all of whom have an overwhelming uremic fetor. Initially concerned that these patients had renal failure, it finally became apparent to him that all the patients were far too healthy to have the degree of advanced kidney failure to produce such an overwhelming smell of urine. Much to his chagrin, he quickly learns that the odor is emanating from his lab coat, upon which a neighbor's cat had urinated after sneaking into his car.

Chapter after chapter, we read of the history professor with bright yellow "jaundiced" skin who prided himself on eating two crates of iceberg lettuce per week resulting in astronomical serum levels of beta carotene; the infectious disease specialist admitted for anemia who is discovered to be secretly self-phlebotomizing to intentionally cause himself to become anemic; and the thyrotoxic pinball wizard who becomes despondent when his game is ruined by Roberts' treatment of his hyperthyroidism.

Roberts is at his best when he describes his tender care of Chuck, who had recently lost his wife and was raising his two children who had become somewhat estranged from him. Chuck had developed advanced lung cancer, and Roberts had made a home visit to the dying man. As he sat at the patient's bedside in a run-down trailer, he helped the children overcome their estrangement, and express their love for their father in the moments before he dies.

Frustrating for Roberts, as it is for many physicians during hospital rounds, is competing with the incessant drone of the TV set when talking with patients. He skillfully uses this distraction to give a sense of the place in time of the events he describes—the wedding of Prince Charles and Princess Diana on the TV in the room of a comatose patient; seeing an entire family transfixed by *The Dukes of Hazard* as their loved one slowly passes; and the attempted assassination of President Ronald Reagan during his busy ER shift.

In *Practice Makes Perfect* we get a glimpse of the pitfalls of private practice, and the fact that a physician's practice is no different from any other small business. When Roberts and his partner realize that more than 65 percent of accounts payable are at least 120 days old—an unsustainable number in any business—they realign the responsibilities of their accountant, and Roberts takes over the business management of the practice. It is at this point that the practice becomes truly successful, and able to expand and grow.

The most difficult story for me was the story of Mr. Redmond, a cranky, gruff man who came to Roberts for clearance—demanded by his wife—to go on hunting trip. A heavy smoker, with numerous cardiac risk factors, Roberts reluctantly clears him for the trip with extensive warning and cautions. While on the trip, Redmond experiences a heart attack and dies. Redmond's family eventually sued Roberts. The subsequent emotional consequences of the ensuing legal battle described by Roberts brought back unsettling memories of my own "Mr. Redmond" early in my career.

I read *Practice Makes Perfect* in one sitting. A surprising number of the stories recollect familiar experiences. Roberts writes with clarity, depth, and a warmth and appreciation for his patient's. I highly recommend this book to any physician who has experienced the trials and tribulations, successes and failures, and elation and despondency of patient care. It's a great read for all of us!

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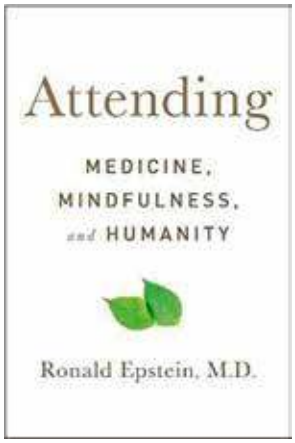


## Attending: Medicine, Mindfulness, and Humanity

Ronald Epstein, MD
Scribner, New York, January 24, 2017, 304 pages

**Reviewed by Arnold R. Eiser, MD, MACP**

The practice of medicine is under siege from corporatization, computerization, and consumerism. Into that fray, Ron Epstein has helped lead a growing movement that utilizes the wisdom of Buddhism and related Eastern philosophy and psychology to enhance mindfulness and resilience for physicians.

Using vivid descriptions of experiences from his medical career and practice, Epstein delves into the many challenges a physician faces in today's medical milieu. He relates with honesty and courage his own mistakes, and how he dealt with them—sometimes effectively, sometimes less so. He makes use of advances in the neurosciences, contemporary psychology, and epigenetics to elucidate how physicians can enhance their mindfulness and presence.

"Attending" in the title is a double entendre implying both the moniker for a practicing physician, and the attentiveness needed to be cultivated through meditation and other mindfulness techniques—deep listening, appreciative inquiry, and dyadic contemplative practice—to be fully present in the clinical encounter. These practices also help the physician develop a deep source of resilience.

Epstein notes that the ability to deal with the many stresses of clinical practice is not innate for most physicians, but that these skills can be acquired. He has led many workshops for physicians that build the skills of mindfulness, presence, attentiveness, and resilience. With Michael Krasner, and others at the University of Rochester School of Medicine, he conducted an evaluation of these programs and reported the results in a seminal article in *JAMA*.[1] Studying the participants longitudinally, they documented the benefits of these workshops at reducing measures of burnout while increasing measures of mindfulness and empathy.

Epstein's candor and courage in discussing his own errors, as well as those of others, make the book compelling. One patient has a very difficult to diagnose multisystem disorder adversely affecting her life. Epstein tries to help, but feels helpless. Eventually she improves and attributes her improvement to Epstein, who has been supportive of her goals of care.

In another case, the patient's concealed consumption of large quantities of sweetened tea leads to an excessive insulin dosage, resultant hypoglycemia, and a stroke. Epstein explores sharing responsibility for this therapeutic misadventure with the patient, the health care system at large, as well as himself.

I would have preferred that Epstein delve deeper in the systemic issues that contribute to clinician burnout, and diminished quality of care. How the 15 minute office visit for many patients is insufficient. How the time pressure on clinicians is exacerbated by the added requirement of inputting data into the electronic health record, and other challenges of the patient-physician relationship.

Using the description of the "metta," or compassion meditation practice in chapter 8, "The Shaky State of Compassion." Epstein expresses his initial reservations about this loving kindness practice, but notes when practicing it in a group setting it engendered in him a strong sense of community, shared purpose, and meaning. This practice consists of extending kindness to oneself, one's friend or benefactor, a person with whom one's feelings are neutral, a person who evokes negative feelings, and, finally, to all living sentient beings. The author relates the neural substrate for the practice that includes activation of the dorsolateral parietal prefrontal cortex, and the nucleus accumbens—linking the brain's social cognition and moral decision-making center with its reward center.

Epstein has benefited from insights gleaned in his experience as a patient suffering from kidney stones. He relates that the cool aloofness of care he received for this condition raised his awareness of the necessity of making his own patients feel accompanied in their illness. He illustrates this by describing how he accompanies patients

walking out of the exam room and back to the reception desk, tacitly communicating what Jack Coulehan, MD (ΑΩΑ, University of Pittsburg, 1969), has termed compassionate solidarity.[2] Epstein provides a great example here that other clinicians would do well to follow.

In the last chapter, Epstein evokes images of an imagined health care system that is mindful, and fulfills the tenets of the high-reliability organizations as described by Weick and Sutcliffe.[3] This includes a focus on preventing errors, reluctance to over-simplify, situational awareness, working outside comfort zones, and a flattened hierarchy. Such organizational mindfulness may be sought after, but is rarely achieved into today's medical corporate climate of mergers, rigid hierarchy, profitability, and statistical quality control.

I recommend that every medical student, resident, and physician read this book for its wisdom and practical advice on how to be a mindful, caring, and resilient clinician.

**References**

1. Epstein RM. Mindful practice. JAMA. 1999 Sep 1; 282(9): 833–9.

2. Coulehan J. Compassionate Solidarity: Suffering, Poetry, and Medicine. Perspectives in Biology and Medicine. 2009;52: 585–603.

3. Weick K, Sutcliffe K. Managing the unexpected: Resilient performance in an age of uncertainty. San Francisco: Jossey Bass; 2007.

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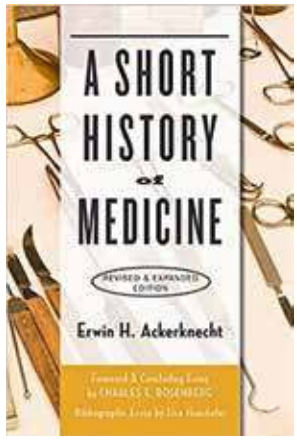
## A Short History of Medicine, revised and expanded edition

Erwin H. Ackerknecht, foreword and concluding essay by Charles E. Rosenberg, bibliographic essay by Lisa Haushofer

Johns Hopkins University Press, Baltimore (MD), March 14, 2016, 272 pages

**Reviewed by Shannon Withycombe, PhD**




Without a doubt, when published in 1955, Erwin Ackerknecht's *A Short History of Medicine* was revolutionary and important. Historians in the 1950s too often relied on accounts of great men and their equally great ideas, discoveries, and inventions to tell the story of western medicine. These narratives usually closed with the miraculous golden age of medicine historians of the time were witnessing. By the mid-1950s it seemed as though American medicine was on the verge of eradicating all infectious diseases, and the typical history presented to doctors at the time was a congratulatory story of this momentous progress.

Ackerknecht veered from this path and crafted a concise history of western medicine that both broadened the meaning of medicine, and introduced readers to the idea of culturally-constructed illness and medicine. No longer content to merely focus on treatments, Ackerknecht expanded his study to include disease prevention, arguing that public health was just as important to the history of medicine.

He also investigated why the integration of religion and superstition in healing made sense to societies in the past, claiming that what worked in medicine was greatly influenced by historical and cultural context. Weaving his way from healing practices of "primitive" cultures to the wonders of scientific medicine of the 20th century, Ackerknecht urged readers not to just appreciate the compelling stories of William Harvey and René Laennec, but also to consider how the categories of normal and pathological are deeply entrenched in culture.

*A Short History of Medicine* stands as an important milestone in the historiography of medicine, as a text that opened the door to innumerable studies that helped to shape the field, and created the rich and robust area of study that we have today. But the reissue of this classic, along with new essays by Charles Rosenberg and Lisa

Haushofer, force us to ask: what use is this book today?

In his forward and concluding essay, Rosenberg outlines the contribution of this book and Ackerknecht's other scholarship to the field, and argues that the work importantly "provided a usable past for a new generation of critical social historians."[p206] Haushofer's thorough bibliographic essay introduces readers to myriad influential studies carried out in the decades since Ackerknecht, making this text extremely useful for graduate students in history.

But Ackerknecht did not intend his book for historians. As stated in his original preface, he wrote for the "medical student, busy doctor, and other members of the great health team, as well as to educated laymen interested in health problems."[pxvii] The cultural sensitivities that made the book so important 60 years ago are still relevant, but the history of medicine has come a long way. While Ackerknecht's aims are still laudable, his execution runs counter to much of the medical history produced since its original publication.

Reading Ackerknecht's text is a lesson in the language and historical style of the 1950s. His continual use of the term "primitive" to describe societies devoid of civilization and scientific medicine creates and sustains a hierarchy of medical knowledge and reasoning. In the 60 years since Ackerknecht published, historians have shown how it's preferable to look at how healing philosophies and practices are shaped by social, cultural, political, economic, and other factors, whether they be of the ancient Egyptians or the "rational" "scientific" American doctors in the 21st century.

Ackerknecht's prioritization of western exceptionalism, scientific progress, and university-trained practitioners creates a dangerous narrative. Rosenberg informs us that Ackerknecht believed that medical history had to begin "with the patient's experience with sickness, and with culture's entire repertoire of responses to felt illness."[p197] Alongside other histories from the 1950s, this was an important claim. Today, however, *A Short History of Medicine* does not fulfill this promise.

Ackerknecht focuses on the Galens, the Pasteurs, and more recent Nobel Prize winners, but rarely acknowledges the patient or the experienced illness. Nor does he analyze how scientific medicine was created and carried out in a world shaped by race, class, and gender. While we might view Ackerknecht as an early pioneer of social history of medicine, his book would no longer fit within that category.

Touting this book to medical practitioners, students, and the lay public as a reissue reaffirms the common narrative that western medicine marched along a path to science; that doctors have always stood as objective, selfless figures; and, that medicine always benefits everyone.

How would a figure like J. Marion Sims fit into this picture? Ackerknecht portrays Sims as a heroic figure, an "outstanding gynecological surgeon," who developed a procedure to repair urogenital fistulae—a common injury to women during childbirth.[p153] Ackerknecht's narrative applauds Sims and the international reputation he gained for his "skill and daring," but neglects the circumstances of the enslaved women Sims relied upon as his experimental materials.[p178] Following the widely-held belief at the time that African-Americans felt less pain than whites, Sims gave little thought to the multiple procedures he conducted on each woman, without anesthesia.

To recognize that this moment of progress in western medicine lay on the backs of disenfranchised women, with no power to refuse Sims' work, is critical. It aids in better understanding the history of medicine, and aids modern practitioners and laymen alike in understanding how factors like race, gender, class, sexuality, and geography still shape the practice of medicine.

A medical student who picks up the revised, newly published *A Short History of Medicine* will come away confident that medicine is always objective, and somehow exists separately from the society in which it is developed and deployed, which I think, in the end was not Ackerknecht's intent.

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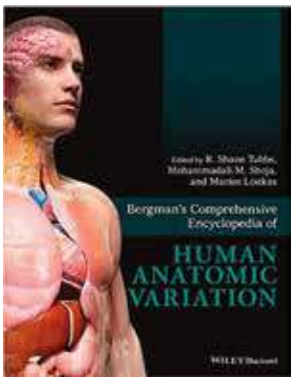


# Brief reviews

### Bergman's Comprehensive Encyclopedia of Human Anatomic Variation

Edited by R. Shane Tubbs, Mohammadali M. Shoja, and Marios Loukas
Wiley-Blackwell, May 4, 2016, 1,456 pages

This is the third edition of the classic textbook and atlas of human anatomical variation first published by Dr. Ronald Bergman MD (AΩA, University of Beirut, 1979, Faculty), and his colleagues in 1988. As the editors note in their preface, new radiologic techniques and surgical microscopy have "allowed us to see into the body with better accuracy than ever before." This new edition is both comprehensive, and visually stunning with hundreds of full color illustrations, including anatomical drawings, photographs, X-ray images, and MRIs. *Bergman's Comprehensive Encyclopedia* is the authoritative text on human variation for anatomical scientists, anthropologists, physicians, surgeons, and students of anatomy.

# More AΩA member books

*Improving Mental Health: Four Secrets in Plain Sight*, by Lloyd I. Sederer, MD (AΩA, State University of New York Upstate Medical University College of Medicine, 1969); Amer Psychiatric Pub, November 1, 2016, 160 pages

*Your Health, Your Decisions: How to Work with Your Doctor to Become a Knowledge-Powered Patient,* by Robert Alan McNutt, MD (AΩA, Michigan State University College of Human Medicine, 1992, Alumnus); The University of North Carolina Press, September 6, 2016, 168 pages

*Physicians' Untold Stories: Miraculous experiences doctors are hesitant to share with their patients, or ANYONE! by* Scott J. Kolbaba, MD (AΩA, University of Illinois, 1976); CreateSpace Independent Publishing Platform, July 24, 2016, 240 pages

*The Ultimate Guide to Ovarian Cancer: Everything You Need to Know About Diagnosis, Treatment, and Research, 2nd edition,* by Benedict B. Benigno, MD (AΩA, Emory University, 1964); Sherryben Publishing House, May 25, 2016, 234 pages

*Progress Notes: The Federal Healthcare Student Literary Review,* Adam Saperstein, MD (AΩA, Tulane University, 2000), Editor-in-Chief; Uniformed Services University of the Health Sciences, Volume 1 – Spring 2016, 54 pages