and were inspired to share with each other our thoughts on the book and its implications in writing the review. It was particularly enjoyable to explore the generational differences in our reactions to the book, and a wonderful reminder of the power of books to connect us to important ideas and to one another.

Thank you for reading, for writing, and for continuing to contribute to this great big learning community we call family medicine.

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Seeing Patients: Unconscious Bias in Health Care
Augustus White III MD

The inside cover flap in Seeing Patients begins with a provocative statement: “If you're going to have a heart attack, an organ transplant, or a joint replacement, here's the key to getting the very best medical care: be a white, straight, middle-class male.” This caught our attention and suggested a book that would be an indictment of the bias inherent in the American medical system, with race as the lens of view. While bias in medical care has become a commonly understood and increasingly studied source of health care disparities, it is rare to find a book on the subject written by a well-known and distinguished leader from within the traditional health care field. However, the book turns out to be more of a memoir of one man's experience with racism throughout his medical career, with only a few chapters on the racism that patients encounter.

Augustus White III, MD, is a professor of Orthopedics and Medical Education at Harvard Medical School and the first African American department chief at Harvard's teaching hospitals. He has had a long and distinguished career within clinical orthopedics and research and a long academic career, from a private prep school to Brown University as an undergraduate, Stanford for medical school, and Yale for residency training. He grew up in Memphis in a middle-class family and lost his physician father at age 8. His mother and aunt proved to be strong and determined role models of speaking up in the face of outright discrimination.

The book is, more than anything else, a lovingly written memoir of growing up in the Jim Crow South, coming of age in the radical and challenging times of the 1960s, and succeeding, as an exceedingly bright and hard-working black man, in the exclusive and tightly sheltered “old boys” network that was academic medicine within elite institutions in those days. The stories that Dr. White shares about confronting outright bigotry are chilling and a reminder of how much has changed. During his medical school interview at Yale, he was told that he had no chance for admission because Yale “[has] taken a Negro student this year, so there's no use in your applying for next year. It's pretty much one every other year” (p. 53). Remarkably, his overall tone remains polite and restrained, and all of us as readers kept waiting for the outrage that would have rightfully been his. Ultimately, Dr White is sent to Vietnam as a combat surgeon in 1966; in this chapter, and a subsequent one about a research fellowship in Sweden, his voice comes alive, finally expressing some anger and challenging the system that he has managed to work very effectively within for so many years.

The final three chapters of the book tackle the literature on bias in diagnosis and treatment, the health care disparity literature, and culturally competent care, outlining the CLAS (Culturally and Linguistically Appropriate Services) standards and covering familiar ground for readers with background in these areas. Much of this section is handled in many other resources more effectively, though Chapter 9 on Diagnosis and Treatment is an efficient synopsis of the literature on this topic and could be useful in illustrating the issue for a medical school class or cultural competency workshop.

The book has strengths and weaknesses. It spends considerable time paying homage to extensive networks of mentors who helped Dr White achieve his goals and not enough time speaking from a deeper and more personal level about what it meant to be where and who he was at such a pivotal time in our country's history. We all kept wondering where his outrage and anger had gone to, yet his clear-eyed
and unemotional appraisal of the conditions of
the times had its strengths. Student readers
were disappointed that Dr White spends lit-
tle time discussing patients or offering insight
into how future physicians can overcome the
insidious bias in health care to provide equally
effective and culturally competent care to all
their patients. We all truly enjoyed the chap-
ter on his work in the leper colony in Vietnam,
a volunteer job he did on the side during his
2-year stint.

We think the book is highly readable and
most recommended for those who enjoy medi-
cal memoirs. For the generation who came of
age during the civil rights era, it is perhaps
even more enjoyable as a testimony to an era
that has passed. As a treatise on the state of
bias in health care and the need for cultural
competency, it provides the basics but is not a
definitive account. It can effectively serve, as
it did for us, as a springboard for discussion
about this extraordinarily important, yet often
neglected, issue in medicine.

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