
I was given a pre-publication copy of Hippocrates’ Shadow by a colleague who was a classmate of the author in medical school. He thought I would like the book because the content concerned concepts important to me as a psychologist teaching in a family medicine residency program. My colleague was right. I thoroughly enjoyed the book. I was especially pleased to have someone with the author’s background as an ER physician focus on the importance of relationship and communication in patient care. Dr. Newman is a faculty member at Columbia University and at the Department of Emergency Medicine at St. Luke’s-Roosevelt Hospital Center, where he runs a clinical research program.

Newman’s use of Hippocrates as a model and the application of his teachings to current patient care are apt and creative. His use of anecdotes from his own life and practice bring to life his thesis that the phenomenon of secrecy is responsible for the relational gap between patients and their physicians. The author does an admirable job describing medical situations that illustrate this role of secrecy in medical care. His discussion of topics such as mammograms, CPR, antibiotic use, back pain, and placebos should resonate with almost anyone in the medical community who provides care to a broad range of patients. The author’s hope is to pull the covers away from cultural behaviors of physicians that inhibit open and honest communication with their patients.

The book consists of nine creatively titled chapters, seven of which describe phenomena most physicians will recognize (although I suspect many would differ in their interpretations, and many would disagree about whether they engage in these themselves). The chapters include “We Don’t Know,” “It Doesn’t Work,” “We Don’t Agree,” “We Don’t Talk,” “We Prefer Tests,” “We Won’t Unlearn (The Pseudoaxioms),” “We’re Missing the Meaning (The Placebo Paradox),” and “You’re a Number (The NNT).” Each chapter reflects on the conflicts that exist between how patients are treated and what is known about the treatment utilized for each condition. In the final chapter, “A New Old Paradigm,” Dr. Newman is more philosophical as he presents the contributions of Bayes, Heisenberg, and Godol with respect to the flaws in science’s relation to the care of patients.

My initial reaction to the term secret was negative. I thought that what Newman was referring to were really not secrets, in the sense of physicians intentionally keeping information from patients. Then I began to think about those times I would observe residents withholding information from patients for reasons that had nothing to do with proper care, done more out of habit or a desire to avoid a lengthy, “unfruitful” conversation than for any other reason. By the final chapter I came to think of secrets in the way family therapists use the terms systemic, cultural, and unconscious. Dr. Newman points to the culture of medical education and practice (including such aspects as system pressures, safety, and patient dissatisfaction) as contributing to the phenomenon of secrecy. I suspect it could be painful for physicians to consider times when they made a choice to not be open and honest with patients for reasons unrelated to good patient care. There are so many such examples in this book that it is hard to imagine that physicians would not be prompted to consider changing their approach to patients.
Who should read Hippocrates’ Shadow? Patients perhaps, but there is so much technical information that I suspect many would have difficulty understanding it. (Then again, maybe I am just applying what Newman refers to as medicine’s paternalism.) Established practitioners would have to be seasoned enough not to feel threatened by some of what the author describes. Approaching the book with an open mind, however, might lead to some practice-changing discoveries. Medical students may be the group most likely to consider the implications of the author’s thesis. In the midst of their acculturation process as physicians they may be most open to developing a different orientation to their professional role as Newman suggests. Hippocrates’ Shadow should be considered as a core text in any Introduction to Clinical Medicine course offered in medical schools today.

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In Whatever Houses We May Visit: An Anthology of Poems That Have Inspired Physicians, Michael A. LaCombe, Thomas V. Hartman, eds, Philadelphia, American College of Physicians, 2008, 257 pp., $34.95, hardback.

In the fall of 2003, the physician-poet John Stone visited our medical community to teach a seminar on poetry writing. I remember when, walking with him through the doctor’s parking lot, he pointed to a lovely gingko tree. He went on to explain how the tree’s beauty inspired him to write about it years ago. He scribbled a few lines about the gingko in my copy of his book of poetry. Dr Stone died last fall.

One of my favorite poems by Dr Stone, “Death,” is included in the book, In Whatever Houses We May Visit: An Anthology of Poems That Have Inspired Physicians:

I have seen come on slowly as rust sand
or suddenly as when someone leaving a room
finds the doorknob come loose in his hand

The editors likely had Dr Stone’s poem in mind when they selected the book’s title and cover. The cover shows a faded green door with a large black handle, ready for a doctor to put a hand on, ready for a doctor to enter a dying patient’s house.

Experiencing poetry is a personal thing: some of us read poetry to find meaning, courage, or wisdom—others for diversion, fun, and the sheer pleasure of rhyme and vivid image. Many of the 200 poems in this anthology will appeal to physicians. In fact, the collection was put together from suggestions offered by physicians from around the globe. Even physicians with no interest in poetry may be curious enough to learn what poems their peers have turned to for inspiration and meaning. Readers will find poems about wisdom, nature, illness, and death; poems about anatomy, autopsies, and pathology; poems by well-known poets such as Wordsworth, Dickinson, and Tennyson; and poems by physician-poets Williams, Coulehan, and Campo.

For physicians looking for an introduction to poetry that relates to the doctor’s experience, this anthology is a wonderful place to start.

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In response to the “widespread and growing demand for primary health care (PHC) from Member States,” the World Health Organization’s World Health Report 2008: Primary Health Care Now More Than Ever provides the rationale and supporting evidence for creating health systems that are “more equitable, inclusive, and fair.” In so doing, this report also reinforces the conceptual basis for family medicine as an integral component of PHC and an essential link for implementing the reforms advocated by WHO.

World health reports (WHR) have been issued annually since 1995. They carry considerable weight with ministries of health, international organizations, and a variety of stakeholders involved with policy, education, and funding decisions. This year’s report was released on the 30th anniversary of the Alma-Ata Declaration that called for “health for all by the year 2000.” Although this ambitious exhortation was not achieved, it has inspired and guided many initiatives that have saved millions of lives. WHR 2008 describes how these accomplishments have been limited, however, by dysfunctional, fragmented health services; vertically-oriented, donor-driven programs; and reductionist, easily measured interventions that frequently overshadow the complexity and richness of comprehensive PHC. Further, the adverse effects of globalization have led to internal and external brain drain and undue emphasis on the market economy with corresponding unregulated commercialization and commodification of health care. This results in striking inequalities in health outcomes and immense suffering, especially in low-resource countries.

The core message of WHR 2008 is that PHC, as a set of values and principles, is admirably suited to respond to these impediments when infused with four sets of interlinking reforms: