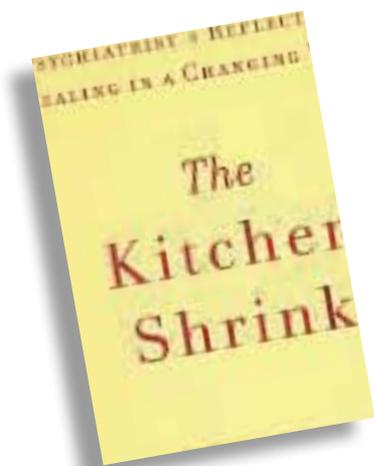


Reviews and reflections

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



The Kitchen Shrink: A Psychiatrist's Reflections on Healing in a Changing World

Dora Calott Wang, MD
New York, Penguin Group, 2010, 354 pages

Reviewed by Justin Taylor, MD (AΩA, University of New Mexico, 2009)



While the catchy title of this book will entice some to crack its cover, some others may overlook it because it appears to be a book solely

about psychiatry. They don't know what they are missing. This intelligent book by psychiatrist turned first-time author Dora Wang is actually less about psychiatry than it is about the American health care system. Psychiatry is simply a window for examining the system. Dr. Wang's vivid memoir shares experiences from her medical training, career, and personal life as well as insights from the lives and stories of her patients to point out the changes that have occurred in medicine at the turn of the century.

The major theme of the book is driven by the story of a young patient that Dr. Wang cares for at the University of New Mexico Hospital. After the liver transplant service at the hospital closes permanently, Dr. Wang continues to follow transplant recipients as the team psychiatrist. One particular patient, a young girl named Selena, struggles with family issues and grief that impede her ability to adhere to her post-transplant medication regimen. Selena ends up in need of evaluation for another transplant, this time at a new hospital. Below is an excerpt showing the frustration that Dr. Wang faces when trying to

schedule her patient for that evaluation.

Finally I resort to calling UCLA, where I first cared for transplant patients as a resident.

"I used to evaluate transplant patients at UCLA," I tell their coordinator.

She is sympathetic, kind. "Your patient was just a child. We make allowances in cases like this. Our team would give her a second chance. But if the insurance company won't pay, there's nothing we can do."

"So the insurance company decides? Not doctors, nurses, or the patient?"

"Basically," she says, "there's nothing we can do."

Kaliami listens, watching me do this strange new work of a doctor.

By now it is too late, anyway. Beneath the ICU's fluorescent lights, I read Selena's flowsheet. Her creatinine is rising, meaning now her kidneys are also failing. The soft beeps of the green monitor screen tell me her heart no longer beats regularly.

I stand beside Selena's bed. I hold her jaundiced hand.^{p39}

Dr. Wang uses stories like Selena's to illustrate physicians' loss of control over patient care and their own practice of medicine. She chronicles this change in medicine over the course of her career, from medical school at Yale during the deregulation of the health insurance industry and expansion of health maintenance organizations to the emergence of "prior authorization" requirements and other hurdles during her first experiences in private practice. She grapples with the challenges of a changing system that increase her administrative burden and detract from the time she has available to spend with patients, and explains the unforeseen effects of changing reimbursement.

Under the old fee-for-service system, there were abuses, of course, by physicians who overcharged and overtreated. However, the reasonable, ethical physician was in no jeopardy. The reasonable physician was compensated reasonably.

Under the for-profit managed-care system, many reasonable physicians have found it impossible to survive.^{p180}

Rather than continue to see more patients to try to break even, Dr. Wang decides to work for an institution where she can serve as an employee and leave the institution to deal with insurance companies. However, she soon learns that insurance companies that also own health care institutions are finding cheaper ways to practice medicine to make a profit. Then even the physician-owned institutions must do the same to compete. She relates how she was asked to see patients in less than fifteen minutes and how her patients no longer received their psychotherapy from her, but from psychologists and therapists. Thus, in order to cut costs, medicine has become more fragmented, less coordinated, and the patient-physician

relationship has eroded.

The book is threaded with harrowing stories of some of the consequences for both physicians and patients of changes in the practice of medicine. Dr. Wang co-authored a paper demonstrating that one in five physicians working at medical schools in 2001 had significant symptoms of depression.¹ She shares her personal battle with anxiety and the story of a colleague whose work contributed to her illness. She aptly explains how patients are also negatively affected, relating stories of her father's poor medical management and the tragic murder of two Albuquerque police officers by a mentally ill man whom the health care system had failed to help. And of course, there is the story of Selena.

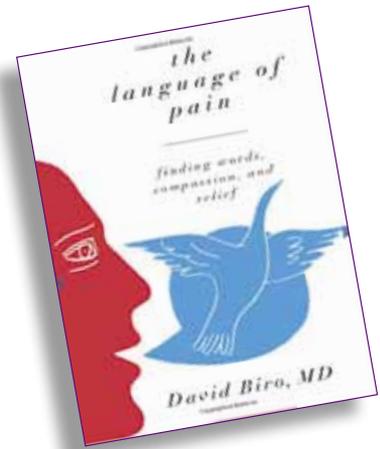
The Kitchen Shrink is a compelling and timely read, published in the midst of health care payment reform. Its narrative format and humor make it easy to read and the author's positive outlook gives the reader hope. This memoir will provoke physicians to remain active members of the health policy debate and will, above all, remind us to consider the art of healing above the business of medicine.

Reference

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The Language of Pain: Finding Words, Compassion, and Relief

David Biro
W. W. Norton, New York, 2010

Reviewed by George D. Comerchi, Jr., MD, FACP (AΩA, University of Arizona, 1982)

Have you ever read *The Decline and Fall of the Roman Empire*, Doc?" my patient asked during our first encounter in the pain clinic. "Well," he continued, "there was a story in the book about a woman that was flayed alive with sharpened oyster shells. That's how my pain feels, day and night, like somebody shaving my skin off with oyster shells."

This patient's incredibly graphic description of chronic neuropathic pain, I learned after reading David Biro's excellent book, *The Language of Pain*, was an example of an *agency metaphor*. This occurs when the patient likens his pain to some external agent acting against the patient's body. Motivated to write this book after experiencing his own very painful illness, Biro, through examples from literature and art, describes the difficulties inherent in expressing pain and the manner in which metaphor is utilized to achieve this.

Pain cannot be measured with a blood test, imaged by an MRI, or adequately described by the analog pain scale which ranks pain on a scale of one through ten. Biro believes that

Expressing pain seems impossible, whether the paralyzing pain from ulcers spreading through the

gastrointestinal tract or the less debilitating kind caused by a blood clot in the eye. Patients, even physicians who become patients, find themselves tongue-tied, unsure how to begin—how to describe what feels so immediate and yet so intangible at the same time.^{pp12–13}

Biro devotes the first part of this book to exploring the difficulties in describing pain and the effects that pain can have on the individual. He notes that pain is often a very private experience that isolates the sufferer from his world; an experience that cannot be known, shared, or understood by the nonsufferer. Of the many examples from the works of Oliver Sacks, Virginia Wolf, William Styron, and others that Biro uses to illustrate pain, his description of Harry, from Ernest Hemingway's *The Snows of Kilimanjaro*, conveys this concept most effectively. Describing a scene from the story in which Harry is contemplating his painful, gangrenous leg, the author writes

Harry's connection to the world has been severed. He has retreated into the depths of his body, the only world that matters now. His girlfriend cannot penetrate that world; what is so overwhelmingly present for him is entirely absent for her. Nor can he convey what is happening inside him; language has become useless. Harry is alone.^{p24}

The second and most prominent part of this book encompasses what Biro feels is the most effective and important means of communicating pain: the use of metaphor that

isn't merely a rhetorical device that dresses up language but a powerful and necessary resource of the imagination that literally extends the boundaries of our shared world.^{p16}

Biro notes that three different types of metaphors are commonly used to

describe pain. The *agency metaphor* is used when the pain sufferer imagines an agent acting upon the body. An example of this would be the description of pain as "like being cut with a knife" or having one's skin flayed as noted above. Biro further describes a more elaborate version of agency that clinicians use regularly: the *military metaphor*, which he attributes to Susan Sontag in her *Illness as Metaphor*. He illustrates this by quoting a passage from Solzhenitsyn's *Cancer Ward*, in which the main character's pain is described as "secondaries tearing his defenses to pieces like tanks."^{p87} The agency metaphor is perhaps our most effective tool to describe pain.

A second type, the *projection metaphor*, is used when the pain sufferer attempts to transfer his pain and feelings onto an object or an animal. As Harry becomes worse, finding himself unable to communicate his pain to his girlfriend, he imagines his pain in the form of one of the hyenas that had been stalking their camp. The ability to attribute one's back pain to a prolapsed disc, whether or not this is the true pain generator, can be particularly validating, especially for the chronic pain sufferer who is made to believe that her pain is not real. In attributing pain to something else, the individual may also be able to infer meaning to the pain.

The third metaphor is the *anatomic metaphor*, or what Biro describes as the use of metaphor to "make pictures of the body's interior with words."^{p180} Instead of projecting pain outside the body, it is projected inward in a manner that helps the sufferer better understand her pain. A common example of this is the arthritic who envisions his painfully stiff joints as something mechanical like rusty hinges or worn bearings. Biro's most effective explanation of the anatomic metaphor is his description of Frida Kahlo's famous self portrait, *Broken Columns*. In this painting, the artist—who suffered a disabling spinal fracture as a youth—paints herself bisected in such a manner that the viewer

sees her spine depicted as an Ionic column broken in several places.

As a physician with both a professional interest in pain and a personal interest in literature I found this very thoughtful book to be transformative in that I have a new appreciation of the importance of metaphor in not only communicating pain, but in describing it. This book is more about literature and language than medicine and, as such, can be bit daunting, especially to those of us who are more comfortable with *Harrison's Textbook of Medicine* than Hemingway. In rare instances, Biro's prose became a bit ponderous and a bit repetitive. Nevertheless, I highly recommend this excellent book to any clinician who has struggled to understand the language of suffering and, particularly to understand the language of those who suffer with chronic pain.

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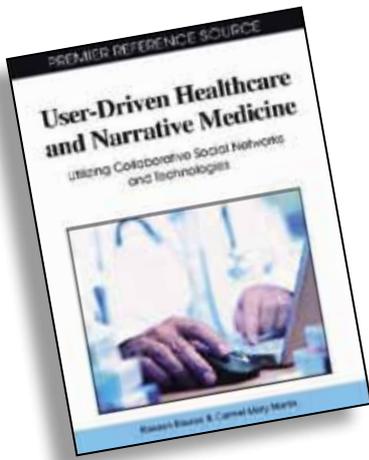
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User-Driven Healthcare and Narrative Medicine: Utilizing Collaborative Networks and Technologies

Rakesh Biswas and Carmel Mary Martin
IGI Global, Hershey, Pennsylvania,
2010, 610 pages

Reviewed by: P. Ravi Shankar, MD

The doctor-patient relationship is a mainly unequal one, with the patient in a subordinate role, although changes have been slowly occurring around the world. In the case of medi-



care, the two roles are often characterized as “the one who decides does not pay and the one who pays does not decide.” Recently two academicians, Dr. Rakesh Biswas from India and Dr. Carmel Martin from Canada have written and edited a book on user-driven health care and narrative medicine. With an international advisory board, the book has reviewers and contributors from many countries both developed and developing.

In his foreword, Dr. Richard Lehman of Oxford University writes, “Medicine in our time has become alienated from its users, and even from its practitioners. We are all, to a varying extent, pawns in a global business which is only incidentally related to helping sick people. . . . We will know when we have arrived at a proper model of user-driven medicine when there is a free dialogue between each patient’s experience and evidence-based medicine.”

I have known Rakesh for a number of years and know his keen interest in the patient perspective and using stories to teach medicine. For the last five years I too have been teaching a module on the Medical Humanities (MH). The book brings together many eminent personalities, some of whom I know personally. Among them are Joachim Sturmberg from Monash University in Australia, a physician and writer; Binod Dhakal, who completed his undergraduate medical degree (MBBS) at Pokhara in Nepal; Dr. Huw Morgan, an eminent medical educator who has helped with our MH program; Dr. A. K. Das, a cardiac surgeon now associated with stem cell research in Malaysia; Prof.

B. M. Hegde, former vice-chancellor of Manipal University in India, and Professor Suptendranath, a biomedical informatics specialist. I also contributed a chapter on MH for the book.

The book combines two related fields, narrative medicine and user-driven health care, and starts with a description of one patient’s struggle with idiopathic thrombocytopenic purpura and her journey to recover her health. The book uses conversations to explore various issues in medicine from a broader perspective. For too long I believe that we have been concentrating on the technical issues of illness and ignoring the personal, family, and social dimensions. Patient stories, the impact of their illnesses on self and family, and how patients coped or are coping is a major theme. I especially liked the chapter in which authors, using patient stories, explore critical illness and the emergency room. The book introduces the concept of patient journey record systems (PaJR), which examines illness and the struggle to regain health from the patient perspective.

Many chapters also explore the personal perspectives of doctors, health professionals, and medical students. Dr. A. K. Das writes beautifully about being a medical student and cardiothoracic surgeon in a government institution in Kolkata, India, and how they reused materials and equipment to reduce costs. The poor socioeconomic condition of the population in eastern India and how they could not afford basic health care and the implications of the loss/sickness of a working family member on family finances are powerfully described. An American physician reflects over seven decades of medical practice and describes the changes throughout the period. Today he abstracts articles from medical journals for the benefit of busy clinicians.

The book covers issues ranging from descriptive statistics, medical humanities, user-driven learning both in medicine and other subjects, on-line learning in discussion groups, on-line health

education, developing community ontologies in user-driven health care, social networking, and the doctor-patient relationship. Patient perspectives in diseases ranging from spinal injury to cystic fibrosis are covered. I am not sure about whether some of the topics covered are strictly useful to understanding and within the domain of health care. While they provide a different perspective, they also make the book bulky and constitute more information for the reader. The book is hardbound, which presents for me a basic conflict about what kind of book it aspires to be. The personal stories are interesting and engaging and I feel are best read curled up comfortably in bed, while its size and weight makes that difficult! Some of the other chapters are full of theoretical constructions and concepts and are a traditional scholarly read.

The strength of the book lies in personal stories and stories (conversations) about how to interact with other doctors, health professionals, and patients, both face to face and using the Internet. The detailed table of contents at the beginning will help the reader decide which chapters to read and in which order. The compilation of references at the end, the contributors section, and the index are useful. The book caters to a wide range of readers, from physicians, other health personnel, patients, other academics, and interested lay readers. The editors are to be congratulated on their work and the publishers for their high standards. The publishers and the editors are publishing a journal titled *International Journal of User-Driven Healthcare* (<http://www.igi-global.com/bookstore/titledetails.aspx?titleid=41022>) to continue the debate and discussion on this interesting topic.

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