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## BOOK REVIEW

### The Art Of Medicine By Kevin J Soden MD: A Personal Perspective

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I am keenly interested in the Medical Humanities and the art of medicine. I am of the opinion that the 'art of medicine' has been squeezed by the science of medicine. We may be producing technically competent doctors, but at the cost of their innate humanness. I had conducted a voluntary medical humanities (MH) course for interested medical students and faculty members at the Manipal College of Medical Sciences, Pokhara, Nepal. At present, I am conducting an MH module for faculty members and medical and dental officers at the KIST Medical College, Lalitpur. With this background, I really enjoyed reading the book by Dr. Soden.

The author has hit upon a very innovative way to make the book interesting and gripping for the readers. He has created a character that he calls '*the student*', whom he guides through various experiences during medical school. The first chapter starts with 'the student' getting injured in a basketball game and visiting the emergency room (ER) for treatment. The patients in the ER were commenting on the rather blunt way in which doctors deal with patients these days, and the lack of common courtesy and kindness in the relationship. An important statement is that 'History taking alone accounted for the correct diagnosis almost 70% of the time'. History taking is a vital part of the exam, and should be stressed more in medical school.

The chapter 'Beginning the art of medicine and finding your dream' introduces 'the student' to his advisor who would serve as his mentor for learning the art of medicine. The student plans to be an interventional radiologist, and was of the opinion that the art of medicine was a waste of his time and was too touchy-feely. The layout of the advisor's room is different, and serves to reduce the barriers to the doctor-patient or mentor-mentee communication. The role of managed care organizations (MCOs) and their effect on the doctor-patient relationship is a recurring theme throughout the book. The internet has also had a tremendous effect on the doctor-patient communication. Medical students and doctors are much respected by society, and have a lot of responsibilities thrust up on them at an age when they are still emotionally immature. In our part of the world, students can enter clinics by the time they are eighteen or nineteen, and at this relatively young age, they carry a lot of expectations on their shoulders.

The second chapter is mainly about communicating. We have been using standardized patients for communication skills training at the Manipal College of Medical Sciences, Pokhara, Nepal, and plan to do the same at KIST Medical College. Standardized patients offer a number of advantages and a number of challenges. In our part, the teaching takes place in English, thus excluding a number of standardized patients from decisions about and involvement in their treatment. The United States (US) is an egalitarian society, and it was interesting to learn about patients taking

an active part in educating students. In an emergency room (ER), the encounter between a patient and a health care provider may be a one time affair, and may never be repeated, while in the case of the family physician, repeated encounters lead to a very close and personal relationship, and the doctor may be regarded almost as a member of the family. Because of this close and personal relationship, even in a highly litigation prone society like the US, family physicians are sued significantly less often, compared to other specialties.

Listening is the key to healing, and the doctor may cure sometimes, but should comfort always. This is the theme of the third chapter. The various barriers to 'effective listening' have been neatly covered by the author. 'The mind can take in only what the ass can endure', is a true aphorism. Bad seating in lecture halls, out patient departments (OPDs) and seminar rooms can be a barrier to effective listening. Body language and facial expressions are regarded by the author as independent of culture. This is true in general, but the movement (nodding) of the head to mean 'yes' or 'no' can be different in different cultures. Palm devices can be very useful for doctors, and are becoming common in medical practice. Drug interactions, doses of medicines and precautions while using them, can be loaded into the device, and can prove useful to the physician/doctor at the bedside. The importance of introducing yourself to the patient is stressed, but this is one common courtesy which we often ignore. Some of the instructions and admonitions may be specific to an American setting, but many of these are universal. 'Active listening' where you repeat back statements to the speaker till you as a listener get it right, is a good method to reduce misunderstandings and problems with communication.

'The doctor as detective', is the focus of the fourth chapter. Many writers have been doctors, and many of the legendary detectives of fiction have been created by doctors. 'Sherlock Holmes', created by Sir

Arthur Conan Doyle, is based on the English physician, Dr. John Bell. The advisor demonstrates to the student, the art of observation. The epidemic intelligence service (EIS) can be regarded as a group of medical detectives, and has played a key role in investigating outbreaks of various diseases. They have often been celebrated in literature. The book is for both patients and doctors, and ten tips to patients to help their doctor make the correct diagnosis would be interesting to the layman.

The invention of the movable type by Gutenberg was a significant advance in the history of human civilization. Great artists and writers have often explored the human condition through their work, and I often use literature and arts in my medical humanities course. Some of the excerpts are found to be difficult by the participants, but on the whole, the participants enjoyed this different perspective. Medicine is a rapidly changing science, and keeping up to date with the latest developments in technology requires a commitment to life long learning.

The seventh chapter deals with 'Women, sex and the internet'. The importance of taking a good sexual history has been emphasized in this chapter. Especially, in our part of the world, patients may be reticent about sex, and you may not get information about their sexual habits unless you pose a direct question. The internet is becoming a common source of information about medicines in the west, and in the future, may well do so in South Asia also. I teach my medical students to assess the quality of health information on the internet, and to communicate the skill to their patients. It was a nice feeling to notice the tips for getting medical information from the internet in this delightful book, but I think that the tips are too broad and more specific, and detailed information may be required.

Laughter has been widely regarded as the best medicine, and the relationship between humour and health has been widely recognized by various cultures all over the

world. The chapter on paediatrics and paediatric patients makes for delightful reading. The two simple rules of paediatrics which have been enumerated in this chapter are, 'If a mother tells you that her child is sick or not acting normally, believe her until proven otherwise', and 'Sick kids look sick'. The first rule was repeatedly emphasized during our paediatrics posting, and is one which I have found very useful throughout my career till now. No one understands a child better than the mother. Children with special needs have not been given enough attention or care in our society. I should know as I have a mentally challenged cousin, and it was nearly impossible for us to locate quality care for him.

South Asia, like the rest of Asia, is in the midst of a demographic transition. The population is still predominantly young, but is rapidly aging. In the coming decades, the problems of the aged will come to occupy an important place in healthcare delivery. The student's mother suffered a stroke and was admitted in the intensive Care Unit (ICU). The doctors in the ICU were abrupt and rude in dealing with the student. The nurses in contrast, were more caring, and spend more time with the patient. Long term care facilities for the elderly are becoming common in the United States and in many other developed countries. With increasing industrialization and break up of the joint family system, old age homes are becoming common in Asia also.

The twelfth chapter talks about family practice. The student has been scheduled to spend two weeks in a small town in West Virginia. Family practice is demanding in terms of time and effort, but the emotional rewards are huge. The student learns how the family practitioner makes his diagnosis through history and clinical examination, and uses laboratory and other investigations to the minimum. The patients regard the doctor almost as a member of their family. The student was deeply impressed by the family practitioner who resembled the 'country doctors' of yore.

As doctors, we are all familiar with 'difficult patients'. The next chapter in the book deals with difficult patients, difficult doctors and issues of spirituality. The question of ordering investigations and checking whether the investigation is really required is of special relevance for today. A good question to ask according to the author is, 'What will I do differently as a result of this test?' Illness is a trying time for patients and their families, and people turn to God and spirituality for support. Taking a spiritual history will enlighten you about the patients' sources of support and enable you to treat him/her better.

Medications and medical errors are an issue of special importance for me, as being a clinical pharmacologist I am keenly interested in Pharmacovigilance. Medication error is an important part of Pharmacovigilance. Medication errors exert a significant toll on the healthcare system. The student is posted in the hospital pharmacy, and he reviews and checks out medication orders from physicians. The issue of misuse of antibiotics and the global threat of antibiotic resistance is briefly discussed. Sore throat is a common complaint, and most doctors prescribe antibiotics for the same. However, most are viral in aetiology, and antibiotics are unnecessary.

Managed care organizations (MCOs) are a prominent component of the healthcare scene in the US. The bottom line of the MCOs is money, providing care at as cheap a cost as possible. With the advent of MCOs, the doctor-patient relationship has been affected, and doctors get to spend less time with their patients. The author mentions MCOs as a significant barrier to the art of medicine. MCOs have decreased the access of medical students to teaching cases.

The sixteenth chapter talks about 'Real Wellness' as something every doctor and patient needs to know. The top 10 factors

contributing to wellness makes for interesting reading. The number one factor in Dr. Soden's list is fulfilling relationships. Medical students often start medical school in an idealistic frame of mind with a genuine wish to help people. However, somewhere along the way, due to various reasons, most people lose that ideal.

'Taking your pulse' is the final chapter. The interactions with his advisor totally changed the perspective of the student. He changed his career plan from Interventional Radiology to Family Practice. The advisor gives some final pieces of advice to the students. The first one is to keep one's life as simple as possible. The second one is to choose your practice wisely. The ten ways to take charge of your life, makes for interesting reading.

The book ends with a comprehensive index. This is one book which I really enjoyed reading. The cartoons in the book are delightful, and add to the usefulness of the text. However a list of further reading at the end of each chapter and at the end of the book would have added to the usefulness of the book.

The author's coverage of topics is creative, and directly appeals to the reader. It has been mainly written for an American audience, and some of the descriptions and suggestions may not be of much relevance for a non-American audience. However, most of the human values described are universal. With the increasing emphasis on the Medical Humanities and the Art of Medicine, the book would be of interest to all doctors, medical students and students and practitioners of other health professions. General readers will also find the book useful and interesting because of the simple language and style of presentation.

### **About The Book**

The art of medicine: What every doctor and patient should know. Kevin J Soden MD. Mosby: Philadelphia, 2003. ISBN 0-323-02369-X.