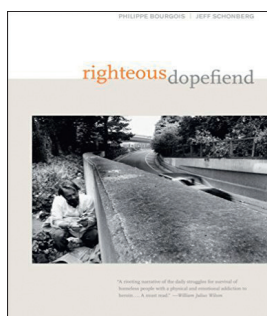


Life & Times Books

Righteous Dopefiend

Philippe Bourgois and Jeff Schonberg

University of California Press, 2009, PB, 420pp, £21.99, 978-0520254985



AN ETHNOGRAPHY OF HOMELESS HEROIN USERS

In *Righteous Dopefiend*, the anthropologists Philippe Bourgois and Jeff Schonberg present their findings from over 10 years of ethnographic research within the Edgewater community, a group of homeless heroin addicts living at the margins of San Francisco. Following the lives of almost a dozen main characters, or the 'lumpen' as the author terms them in a revival of Marxist terminology, we witness the symbolic and structural violence that they experience on a daily basis. As one would expect in a book of this sort, there are graphic representations of drug use, violence, and ill health; but more than that come detailed descriptions of the everyday details of what it is to be a homeless drug user. Bourgois and Schonberg describe how there is an almost honour among the substance-addicted, how addicts are duty bound to help another member of their community who is experiencing symptoms of withdrawal by sharing what little heroin they have.

Access to health care, especially substance misuse programmes, makes up a significant portion of the book. Leaving aside the idiosyncrasies of the US health system that seem to throw up barriers that even the most seasoned NHS bureaucrat may find baffling, the politics of biopower (a term used by Michel Foucault '... to refer to the practice of modern states and their regulation of their subjects through "an explosion of numerous and diverse techniques for achieving the subjugations

of bodies and the control of populations"')¹ and opiate substitute therapy is truly revealing. As one homeless veteran, Frank, remarks, 'They got complete control of your fucking life ... That's why I never get on maintenance [opiate substitute therapy] again. It's like being in prison. I can't stand that. They got you scared all the time ... And then when they get a little hair up their ass about something, they gonna cut you down. And that shit, is life and death man.'

This book is one of the most powerful and detailed accounts of heroin use of the homeless. For practitioners involved in the care of homeless or substance misuse patients, it is particularly poignant and provides an invaluable perspective from the other side of the consulting table.

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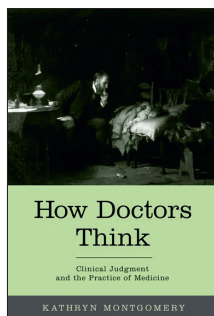
1. Biopower: wikis. *The full wiki*. <http://www.thefullwiki.org/Biopower> [accessed 9 Jan 2018].

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How Doctors Think: Clinical Judgment and the Practice of Medicine

Kathryn Montgomery

Oxford University Press USA, 2012, PB, 256pp, £20.49, 978-0199942053



THE IMPORTANCE OF ANECDOTE

Kathryn Montgomery's classic text is even more relevant to medical education and

practice today than when it was published a decade ago (originally in 2005). The author acknowledges the benefits of biomedical science but argues that clinical medicine is not a science but an interpretative practice. She points out a central paradox in medicine, the disparagement of anecdote, regarded as the lowest level of evidence. Yet it is the anecdote, a patient's story, upon which the process of clinical medicine is based. Doctors work from the individual story, relating this to guidelines and their own clinical experience, returning to apply this to the individual patient in clinical judgement, which inevitably includes uncertainty. GPs are familiar with the challenge of this negotiation between the general and the particular.

In our society science is equated with rationality. However, clinical medicine is clearly different from a science and this has been recognised by conceding that it is also an art. However, Montgomery dismisses this duality and takes a middle path in describing medicine as a practice or, paradoxically, as a 'science of individuals'. This view acknowledges the value of clinical experience and takes account of context in sound practical reasoning, or *phronesis*.

Montgomery asks whether it is possible to educate a 'good doctor' while recognising science as a tool rather than the soul of medicine. Medicine's identification with science offers doctors an escape from emotion and the supposed perils of subjectivity. But this detachment has costs: a harsh medical undergraduate education, unnecessarily distanced clinical practice, dissatisfied patients, and disheartened doctors. Furthermore, it is evident that detachment from patients does not protect doctors from emotional pain but leads to an impoverished form of practice, eventually spilling over into the doctor's personal life.

Montgomery argues that there is a place for emotions in rational judgements. The author dismisses a 'friendship model' of the doctor-patient relationship but advocates the doctor acting as a 'good neighbour', in an effort to rehumanise medical practice.

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