

Out of Hours Books

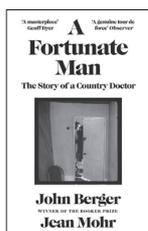
TROUBLE IN THE FOREST

A Fortunate Man:

The Story of a Country Doctor

John Berger and Jean Mohr

Canongate Books, 2015, HB, 176pp,
£14.99, 978-1-782115-01-4



First published in 1967, this is one of those must-read general practice books, essential for every trainer, trainee, and practice library, and one, I suspect, that has been more frequently recommended than read. It has been re-issued this year with an introduction by Dr Gavin Francis. Anyone coming fresh to *A Fortunate Man*, expecting a paean to idyllic country general practice, will be disappointed, because the romanticised hero of John Berger's extended essay is a deeply troubled individual to whom the epithet 'fortunate' can be applied, at best, with irony.

Berger, now 88, is a distinguished critic and Booker Prize winner. He met the central character of the book, Dr John Eskell, as a patient in St Briavel's, in the Forest of Dean, Gloucestershire, and became a close friend. Eskell had been a Royal Naval surgeon during the war in the Mediterranean, and was now in single-handed practice following the death of his GP partner. Some time after Berger had left England for Geneva, Eskell, who becomes Dr John Sassall in the book, invited him and the photographer Jean Mohr to spend 6 weeks with his family and to shadow him round-the-clock in his surgeries, on his many house calls, and, presumably, in his domestic life, although this is not mentioned once in the book. Sassall was clearly a revelation to Berger, and the degree of connection, empathy, and acceptance that he showed to his patients, and the lengths to which he went, literally, to care for them are clearly regarded by Berger as astonishing and exemplary. In describing Sassall's actions and thoughts, and it is more often than not very difficult to know whether Sassall or Berger is doing the thinking, many of the core qualities and responsibilities of a

GP working in an isolated rural setting are perfectly captured.

However, Sassall's hyper-commitment to his practice and his patients was, at least in part, a function of his bipolar disorder. Berger rather coolly describes Sassall's lows, but doesn't seem to quite understand the highs. Sassall's wife, who ran his practice, died in 1981 and Sassall shot himself the following year. His professional life was troubled and he practised with little professional or, indeed, social contact. While being admirably reflective and sensitive, he appeared to lack, or at least managed to avoid, any real recognition of his wider role as a GP as an advocate for his practice population's health or as a medical scientist. I can't help making comparisons with Julian Tudor Hart, working wonders in Glynccorwg, and John Fry laying the foundations of general practice research from his little practice in Beckenham.

I started reading this book 30-odd years ago and was put off by Berger's often convoluted, freewheeling writing and Jean Mohr's dreary photographs. I grew up in the Forest of Dean and, while recognising its comparative social isolation, bridled at Berger's patronising depiction of Forest folk as uncultured half-wits, and still do. However, re-reading it at one sitting very recently, I recognised the limpid beauty of some of Berger's prose, the subtlety of his descriptions of nature and of human interactions, and his insights into the needs of ordinary people faced with illness, anguish, and loss. His (or is it Sassall's?) understanding of the role of the GP as a witness and a 'clerk of record' needs to be widely understood, and never more so in these days of therapeutic miracles and performance indicators, when the unmeasurable essence of patient care can so easily be overlooked.

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STRESS RESILIENCE

Out of Chaos Comes a Dancing Star:

Notes on Professional Burnout

Chris Ellis

OpenBooks Press, 2014, PB, 95pp,
£18, <http://www.lastoutpost.info/>



The author of this book has a fellowship and doctorate in family medicine, and from 2005 to 2009 was associate professor of family medicine at the University of the United Arab Emirates. He is now back home, semi-retired, and doing family practice in Pietermaritzburg, South Africa.

The opening quote from the philosopher Friedrich Nietzsche sets the tone, 'Out of chaos comes a dancing star', which in its fuller context reads: 'One must have chaos in oneself to give birth to a dancing star.'

The text derives from his collection of notes taken from experience, workshops, and courses on the management of stress and burnout in medical doctors, and those involved in the healing professions, although he says it applies to all professionals whether in law, business, or driving the school bus. Stress is a common theme risking progression to burnout. His work shows that understanding another person's trials and tribulations can be a source of inspiration. Although the text has a serious undertone it sparkles with wit throughout.

Insights into some of the struggles experienced by healthcare professionals are revealed, creating an awareness of the similarity of concepts and conditions encountered by all doctors. The book offers advice and motivation to see past the common despairs of working life and provides comfort in the knowledge that you are not alone when times can get tough.

Topics included are: how we see patients, attitudes to medicine and the practice thereof, the organisation of our work, and conflicts. There are quotes from attendees at the workshops, and excerpts from 'iconic texts' scattered throughout the book for contemplation.

Even the list of contents is intriguing. For example; the wounded healer; long hours and no sleep; the character of the doctor; management of acute burnout; guilt and loneliness; the Mr God complex; the angry doctor; the doctor-doctor relationship; credentials needed for

burnout; know thyself; and finally, the Phoenix Phenomenon.

Fundamentally the problems are of time, or rather the lack of time, overwhelming obligations, anxieties over making errors in diagnosis, the increasingly informed, uninformed, and misinformed patient, and, of course, the burgeoning administrative and management problems. There are numerous splendid quotes and example situations placed throughout the text.

I would encourage you to dive into this treasure trove of medical wisdom and take away those insights that mean the most to you personally. Although many of the concerns are the products of extreme circumstances, it's fascinating to see how the messages relate to the NHS or similar systems all around the world, no matter how sophisticated we may think our version of health care to be. We all, save a few of us, appear to suffer stress in trying to fulfil our role.

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FACING THE END

Living with Dying: Finding Care and Compassion at the End of Life Margaret McCartney

*Pinter & Martin Ltd, 2014, PB, 256pp,
£8.99 978-1-78066-150-6*

If you would, as a fresh-faced medical student, have answered the question as to why you wanted to be a doctor with the words 'Because I want to help people', then



Margaret McCartney's new book, *Living with Dying*, will not make comfortable reading. She has done an alarmingly good job of explaining the aetiology of what many have been aware of for some time — that there is something seriously wrong with the way we practise medicine today. The healthcare system is sick, dangerously so, and this is particularly the case when it comes to end-of-life care.

The book begins with a dramatised account of how end-of-life care so often plays out, and ends with a rerun of how we would like it to were circumstances different. Between these scenarios is sandwiched seven meticulously researched chapters; there are over 450 references. The central chapter is entitled 'Caring not curing', and fittingly so since therein is the nub of the problem as McCartney sees it. She describes a healthcare system driven by the illusion that death can be avoided, spending inordinate time and money diagnosing pre-morbid conditions and identifying risk factors in order to try to avoid the unavoidable. By prescribing ineffective treatments that frequently serve only to reduce an individual's quality of life, patients are left bewildered and professionals exhausted, such that there is just no capacity left to simply care enough to address what is really important. The situation is exacerbated by a system

that practises medicine by tickbox and is underpinned by a fear of litigation if the inevitable should actually take place. And behind it all hover the sinister figures of Big Pharma and political expediency.

There is a helpful chapter on 'The myth of CPR' that, as well as raising the question of just how appropriate it is to discuss the matter of DNAR with patients and relatives, gives useful information on the reality of its effectiveness. The book ends with a chapter on the lies we tell and why we tell them at the end of life, and calls for greater honesty with patients. It is only by diagnosing dying and facing the consequences of that diagnosis with our patients that we will be able to maintain hope for a good death and care for our patients well in the process.

This is an excellent book and well worth reading by all who were once fresh-faced medical students and who now wonder just what it was that went wrong. The book explains the critical condition of the healthcare system in which we work and concludes that we must 'prioritise the things we need to care for dying people', which McCartney sees as 'hands on care' and 'enough time to do it well'. McCartney believes, with patients and carers united in calling for these priorities, that this is 'entirely within our grasp'. Earlier in the book she advises against over-optimism when discussing end of life with our patients: let's hope that she is not being over-optimistic in her hope for the future of the NHS.

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