

# Life & Times

## Books

*'As my general practice communication skills have improved, my popularity among my patients has increased and this has also led to a financial gain for me.'*

*'Previously I used to tell patients what to do. Now I share information.'*

*'Although I failed in my OSCE exam several times, the preparation for the OSCE changed my approach to my patients tremendously.'*

*'Before appearing in this exam I did not ask patients their ideas, concerns, and expectations about their problems.'*

*'I never asked about the impact of the patient's problem on his life (physically and psychologically).'*

*'After attempting this exam I feel the positive impact on my life as a physician, because my attitude towards the patients has changed completely.'*

The MRCGP[INT] South Asia Board, the examiners, management, and all the individuals involved in this programme have created a sense of community. They are selflessly motivated by a restless desire to see the improvement of family practice in the South Asia region and look forward to continuing this work in the future.

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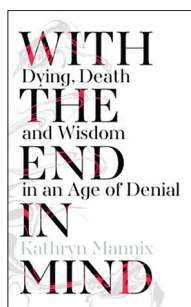
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### With the End in Mind: Dying, Death and Wisdom in an Age of Denial

Kathryn Mannix

William Collins, 2017, HB, 352pp, £16.99, 978-0008210885



### THE VALUE OF PALLIATIVE CARE

Dr Mannix is on a 'mission to reclaim public understanding of dying' through the medium of stories. As patients, families, and the professionals involved in their care undertake their own voyages of exploration, no journey is more apparent than that of the author, who gently infuses the lessons learnt from a lifetime of palliative care into her accounts of those with whom she has travelled.

Fundamentally, *With the End in Mind* is an ode to the value of palliative care and its ability to ease physical and mental suffering, framed by the author's eloquent descriptions of peaceful deaths. However, she does not shy away from describing distressing or difficult situations, including her personal experiences of bereavement and the contentious topic of euthanasia.

As medics, and as humans, we all practise and live through the prism of our own experiences, both personal and professional.

This collection of stories and reflections explores this in the context of death and dying. It is an emotive topic and the question is not whether the carefully wrought subjects will reach out and touch you, but which ones. At the end of each section is a 'Pause for thought', designed to aid reflection, though their overtly didactic tone sometimes feels disruptive. However, the narrative within each story is gripping and the depth of the author's compassion and warmth shine through.

From Gallic Sabine who wears her Resistance medal to remind her that she can be brave in the face of cancer, to young mother Holly whose daughters snuggle up to her as she goes to sleep for the last time, you will share the honour of learning from the people at the heart of these stories.

Throughout, Mannix refers to the privilege of her role. The privilege is now ours — to be guided by her gentle hand through this most difficult of topics. I for one will be using the 'D-words' more confidently from now on ...

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### Measuring Research: What Everyone Needs to Know

Cassidy R Sugimoto and Vincent Larivière

Oxford University Press USA, 2018, PB, 160pp, £10.99, 978-0190640125



### ANYONE FOR DONUTS?

Every summer, journal editors and publishers anxiously await the publication of the Journal Impact Factors, hoping that their journal's IF will have gone up and that their competitors' will have gone down. This used to be the only game in town but, in our heart of hearts, we know that Impact Factors are merely one, unsatisfactory, measure of the impact that publications in the biomedical sciences have on practice, policy, and society, and that better metrics are needed. An IF of 3, for example, means that on average each of the peer-reviewed research articles published in a journal has been cited in the mainstream, peer-reviewed literature three times during a specified 2-year window. At the same time, however, there will probably have been hundreds of thousands, if not millions, of website visits and full-page downloads of articles published in that journal. The IF is an aggregate measure of 'journal impact' and tells us nothing about the impact of an individual paper. It is also extremely

susceptible to manipulation.

The limits of bibliometrics supplemented by peer review have been recognised for some time by the UK funding councils so that 'impact case studies' are an important component of universities' research quality submissions. There have been many calls to ditch Impact Factors altogether, but researchers still try to get the work published in the most prestigious journals, which in practice means those with the highest Impact Factors. This can be problematic for primary care research because some of the top-quality clinical research in primary care has found its way into specialist, subject-specific journals rather than the more mainstream general practice and primary care literature.

This short book is a welcome guide to an increasingly complex and important area. The authors, from Indiana and Montréal, present a UK-friendly account of the research landscape, considered under the three general themes of input, output, and impact. There are a series of excellent descriptions of important components of the research measurement jigsaw — the Web of Science, Google Scholar, definitions of authorship and interdisciplinarity, the measurement of citations, and the calculation of the Impact Factor. Slightly more obscure aspects of bibliometrics are also lucidly described, including the Eigenfactor score, the SCImago Journal rankings, and the h-index, which increasingly appears at the top of CVs. There is an excellent section on alternative metrics, not just the widely used Altmetric — you will have seen the Altmetric donuts on the *BJGP* webpage — but also Plum Analytics and ImpactStory, which set out to capture article impact in different ways, all of which depend on extracting data from various social media platforms, online repositories, and social reference managers. The origins and trajectories of these innovative, leading-edge companies are extremely interesting but the best ways of making use of them as research impact metrics remain somewhat unclear. The excellent list of references includes a useful literature review on the scholarly use of social media and altmetrics, to which both authors of this book contributed.

The final section, 'The Big Picture', reflects on important questions about the control of research measurement, including the grip held by the big publishers on some of these metrics, the responsibilities of researchers and research administrators to understand and use the available metrics appropriately, recognising the potential adverse effects of some of these tools, and the potential for their misuse.

Biomedical science publishing and

university research funding are both big businesses, and we are still some way from having perfect measures of their quality, impact, benefits, and harms.

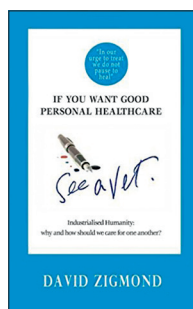
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**If You Want Good Personal Healthcare — See a Vet. Industrialised Humanity: Why and How We Should Care for One Another? David Zigmond**

*CreateSpace Independent Publishing Platform, 2015, PB, 716pp, £25.90, 978-1506173382*



**BRINGING HUMANITY BACK**

This is a book about meaning and shared humanity in medicine. David Zigmond, GP and psychiatrist for 40 years, rekindles our half-forgotten understandings of suffering and resilience, often overshadowed by the extraordinary cleverness of modern medicine. He does this through stories, suffused with wisdom and practical good sense; stories that allow us to notice what attracts us to them; stories about how to use medicine and not be used by it. He writes in the form of essays, case descriptions, and letters, spanning 1976 to 2014. He shows us our present medical world reflected in the mirror of the past, and using his keen memory for small details he gives the stories new life and meaning for today. We are jolted into awareness by understandings and inspirations that help us to articulate our otherwise often inchoate thoughts and feelings. For the medical reader, these new insights invite a rekindled fascination and even joy in practising medicine.

For most of his career, Zigmond, with his long-term associates, ran his small practice from a surgery cloistered in the north aisle of St James's Church in Bermondsey. His stories emerge from this often socially troubled,

multicultural, and multiethnic district of South-East London. From this 'hinterland' of humanity, we see the rawness, the laughter, the tragedy, the intimacy of everyday life, and the 'perverse results' of 'proceduralised and industrialised healthcare'. Medicine practised at the interface of science and art, of treatment and healing, of verbal and non-verbal communication, of agony and joy, of love, sex, and violence, of birth and death and bereavement; it is all there.

The full anthology is in three sections. Section 1, *What Can Go Right, or Hidden Personal Meaning In Healthcare*, contains the earliest writings with 13 substantial essays, epitomised by 'The Psychoecology of Gladys Parlett' (1988). This beautifully told and moving story is about the isolation and loneliness of old age, and the GP surgery as a surrogate friendly community. The ordinariness of the story and the language used to evoke the suffering have stayed with me.

Section 2, entitled *What Can Go Wrong, or Lost Personal Meaning In Healthcare*, comprises 29 essays spanning 2005 to 2014 and mostly a little shorter. This was a period of fundamental structural change in the NHS and epitomised by the short 2012 essay, 'From Family to Factory — The Dying Ethos of Personal Healthcare'. Zigmond's metaphor elucidates the serial revelations of gross neglect in health and social care towards the end of the 21st century's first decade. He fervently argues for the family as the better model.

Section 3, entitled *What We May Do, or the Struggle for Personal Meaning*, includes 24 mostly short pieces from 2010 to 2014: letters to newspapers, to medical journals, to the Secretary of State for Health, and to various institutions. This is epitomised by 'Bureaucratyrannohypoxia' (2010) — an open letter to Zigmond's mental health services director concerning the extreme difficulty in arranging urgent support for a middle-aged woman in crisis. Most GPs will recognise this.

The story that gives the book its title recalls skills perhaps becoming scarce in medicine. It concerns a doctor's visit with his dog to a vet. He is so impressed by her guileless and effortless rapport and liking for the animals that he arranges to join her in one of her clinic sessions.

Zigmond does not analyse the stories, but rather invites us to allow them, by their resonance, to analyse us. Through their moral sensitivity, the stories invite us to become the person we really want to be. This book is not about the 'good old days', and neither does it belittle our remarkable technological improvements. It is rather about moral values and interpersonal skills, once