wretched human suffering, and moral injury among staff, clinicians drew on a multitude of sources including clinical experience, storytelling, social media interactions, and rapidly published research preprints to build and apply dynamic knowledge at the clinical frontline.

Another PhD, by Michael Hodgins, supervised by Ann Dadich and Jane Bye, looked at the role of emotions in the delivery of community-based palliative care. These authors show us how emotions are not *separate* from our knowledge but *part* of that knowledge. As one palliative care nurse quoted in their chapter said (on page 78), *'you cannot do your job without emotions'*. They reach the intriguing conclusion that in palliative care, *'Mindlines were assembled with* emotion *as a productive mechanism to prioritise or limit certain kinds of care'* (my emphasis).

Who should buy this book and why? First and foremost, people who want a beautifully written antidote to the reductive depiction of clinical practice as rational, algorithm-based decision science. Second, those who study and teach clinical knowledge – especially ye who believe, naïvely, that evidence-based medicine will serve up most or all of the answers. And, finally, the philosophers among you, who will find, in among the rich accounts of how mindlines have informed and explained effective interventions in a wide range of clinical settings, conceptual and theoretical gems from (among others) Wittgenstein, Polanyi, Heidegger, Dewey, Marx, Schatzki, Garfinkel, and Tsoukas.

Trish Greenhalgh,
Trish is Professor of Primary Care at the University of Oxford.

Email: trish.greenhalgh@phc.ox.ac.uk
@trishgreenhalgh
@trishgreenhalgh@bsky.social

This review was first posted on *BJGP Life* on 20 May 2023; https://bjgplife.com/mindlines

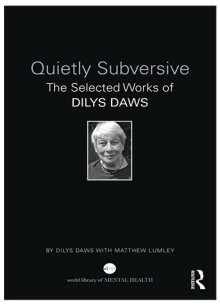
DOI: https://doi.org/10.3399/bjgp23X733101

REFERENCES

1. Gabbay J, le May A. Evidence based guidelines or collectively constructed "mindlines?" Ethnographic study of knowledge management in primary care. *BMJ* 2004; **329(7473):** 1013.
2. Payne D. Twenty top papers to mark the BMJ's two digital decades. *BMJ* 2015; **351:** h3660.
3. Gabbay J, le May A. *Practice-based Evidence for Healthcare. Clinical Mindlines*. Oxon: Routledge, 2011.
4. Wieringa S, Greenhalgh T. 10 years of mindlines: a systematic review and commentary. *Implementation Sci* 2015; **10:** 45.

"Daws quietly subverts our need to make things better and move on, which often makes the consulting room a revolving door."

Quietly Subversive. The Selected Works of Dilys Daws
Dilys Daws and Matthew Lumley
Routledge, 2022, HB, 224pp, £104.00, 978-1032294636



PICKING LOCKS

Why would you pick up a selection of articles by a child psychotherapist you've probably never heard of? In my case it was a combination of editorial charm and the lure of a free book, and I must confess to some initial ambivalence about actually reading it. As it happens, owning ambivalent feelings is something the author encourages.

Just as in war, no plan survives contact with the enemy,[1] we must all at some point come to terms with the messiness of much that happens in our consultations, and the degree to which success in general practice depends not just on clinical knowledge and skills, but on the relationships we form with our patients. Michael and Enid Balint, who highlighted this, were psychotherapists rather than doctors, and much of what Daws writes about child psychotherapy is directly relevant to our day-to-day work. In particular, she argues for the importance of listening without jumping in to try and fix things:

'When families are really listened to … it may enable them to feel that something crucial about them has been understood … As they tell their story, unconscious threads draw together and connections emerge … Most families do not really need more advice. They need to look at the process by which they have found it difficult to use the advice which is freely available.'

I would argue that this applies equally to many of the situations in which we find ourselves as doctors. Does that resonate with you, or do you feel your hackles rise at all this fluffy nonsense? Either reaction is fine: what matters is *'to note the feelings stirred up in oneself … and to use these as a source of information.'*

Our emotional response to a patient is sometimes the key that tells us what sort of a lock we are dealing with.[2] A good doctor–patient relationship must go beyond the merely transactional, but the danger in gauging our success at this by how we feel is that we equate a comfortable relationship with one that is effective, and end up colluding with patients we get on with and resenting ones we don't.[3] I've noticed in my own practice that a sudden feeling of protectiveness towards a patient can be an indicator of significant trauma in their past. To be helpful in this situation means not just following the feeling and behaving protectively, but considering how to help that person feel safe in themselves.

If you get the chance to read this book, you might be pleasantly surprised. Daws quietly subverts our need to make things better and move on, which often makes the consulting room door a revolving one. The alternative is simply to listen, to our patients and ourselves, with a view to enabling change rather than forcing it. It often feels as if we don't have time, but perhaps less haste, more speed?

Ben Hoban,
Ben is a GP in Exeter.

Email: b-hoban@hotmail.com

This review was first posted on *BJGP Life* on 13 May 2023; https://bjgplife.com/dily

DOI: https://doi.org/10.3399/bjgp23X733113

REFERENCES

1. Paraphrased from: Moltke HV. *Moltke's Military Works: II. Activity as Chief of the Army General Staff in Peacetime*. Berlin: Ernst Siegfried Mittler und Sohn,1871.
2. Goldberg PE. The physician–patient relationship: three psychodynamic concepts that can be applied to primary care. *Arch Fam Med* 2000; **9(10):** 1164–1168.
3. Sidaway-Lee K, Pereira Gray D, Harding A, Evans P. What mechanisms could link GP relational continuity to patient outcomes? *Br J Gen Pract* 2021; DOI: https://doi.org/10.3399/bjgp21X716093.