The healing environment: without and within
Deborah Kirklin and Ruth Richardson (eds)
Royal College of Physicians, 2003
PB, 221pp, £15.00, 1 86016 191 X

Creative writing in health and social care
Fiona Sampson (ed)
Jessica Kingsley Publishers, 2004
PB, 240pp, £19.95, 1 84310 136 X

Sunbathing in the rain: a cheerful book about depression
Gwyneth Lewis
Flamingo Harper Collins, 2002
PB, 272pp, £7.99, 0 00 712062 1

HERE is a treasure trove for you. Three books to read in your deckchair on the lawn with your feet on the spaniel. Offering a range of views and experience, they're that friendly, and that fascinating, informative, and inspirational. Gwyneth Lewis' *Sunbathing in the Rain* is an autobiographical study of surviving severe clinical depression with the use of artistic understandings and practices. The other two (Kirklin and Richardson, and Sampson) cover the broad fields of medical humanities and arts and health — fields which go hand in hand, ducking and diving.

Medical humanities is the development of arts and humanities within medical and healthcare education, and the development of the academic disciplines of medicine and health care: extending the human side of medicine. A study of literature or history, philosophy or ethics can hugely broaden understandings of the human condition in all its social and psychological complexities, for example.

Arts and health is the provision of arts — writing, painting, music, and so on, in health. Art can be provided in two ways, *a*) as appreciation of product — pictures and poems on practice walls and concerts in wards, and *b*) as a practice — with people writing, painting and playing instruments. This latter can either have a therapeutic or a more purely creative aim. The arts forms are usually provided by artists in particular fields, rather than health or therapeutically trained people.

The arts have healing power, whether through creative practice or by appreciation. This is hardly a new insight: the arts have been used in this way for thousands of years. A study of the humanities on its own, does not of course, ensure more compassionate, understanding doctors with improved listening skills. Doctors are not suddenly to be educated as philosophers or literary critics, but to be able to draw upon the insights, knowledge and experience within arts and humanities disciplines — fruitfully and practically.

These books are not textbooks. Rather than telling you how to do things, they offer a patchwork of experience and interdisciplinary knowledge and skill.

Sunbathing in the Rain is Gwyneth Lewis' personal experience of deep clinical depression. The reader travels with her, learning what helped and what didn't, what she could do and what she couldn't. What helped the most? Writing poetry. Like Gwyneth, I too would have gone under if it hadn't been for the self-illuminating, searingly uncompromisingly, honest power of journal and poetry writing to face one with oneself. A hard road to psychological healing, but a true one. And you don't have to be clinically depressed or traumatised for it to help you. Writing can be illuminative for anyone.

I recommend a reading of Gwyneth's brave exposure of her own experience, both for you — to help with understanding depression — and for your patients to read. I also recommend her poetry collection (*Keeping Mum*, Bloodaxe 2003), but you'll have to wait for a further review for that.

You can learn more about how to use poetry for healing from John Fox, president of the American National Association for Poetry Therapy. His chapter in *The Healing Environment: without and within*, eloquently and elegantly describes the use of writing personal poetry, and reading published works. In the same book, Claire Elliott writes fascinatingly about using the cult text *Trainspotting* to enable medical undergraduates to understand the junky's point of view much more clearly in the treatment of drug abuse. Michele Petrone, cancer sufferer and artist extraordinaire, tells us fascinatingly how a dream helped him to understand his condition (first published in

Opening the Hoard, my literature and medicine section in the journal *Medical Humanities*. If you don't know it then subscribe now.) Ruth Richardson paints a graphic picture of what hospitals used to be like in the bad old days in her historical chapter.

The Healing Environment: without and within culminates in a superb chapter by Roger Higgs (a professor of general practice and a medical ethicist). An autobiographical reflection on medicine and general practice, beginning with a memory of tonsillectomy in 1949, he calls it a 'brief and personal study of the change of the emotional and moral landscape' of health care and medicine. I recommend this book for this chapter, and to appreciate the illustrations throughout. I hope you'll read the other chapters too; your practice will benefit.

Creative Writing in Health and Social Care is full of experience of working with patients with dementia, hospital, hospice and occupational therapy patients, and those in primary care. This is innovative work — deeply helpful to the patients, illuminatively described. It also includes an excellent chapter by Robin Downie, a professor of moral philosophy. Robin writes very persuasively, pragmatically and unemotionally about medical humanities in medical education.

I've run out of space, and I've run out of time. You'll have to read the books for yourself. Please do.

Gillie Bolton

mike fitzpatrick

'Access'— who needs it?

I have recently received a personalised letter of congratulation (the same letter went to all local GPs) from the chief executive of our primary care trust (PCT). I am supposed to share in the general exultation in the PCT that both 'primary care access targets' (proportion of patients able to see a GP within 48 hours and a primary care professional within 24 hours) have been met for the first time. The tone of such letters — both condescending and subtly intimidating — is objectionable enough, even though it has become increasingly familiar. But I take no pleasure whatever in the achievement of these targets, which symbolise the arbitrary and destructive character of government interference in medical practice.

The origins of the obsession with access, which has gathered momentum since Tony Blair's election victory in 1997, lie in New Labour's reliance on focus groups, the source of much recent government policy. Focus groups tend to exclude babies, children and the frail elderly, the chronically sick, the mentally ill and mentally handicapped, and all those, such as recent immigrants, refugees and asylum seekers, who do not speak English. In other words, such methods of public consultation exclude most of our regular patients. However, they include young adults, particularly middle-class men, a key electoral constituency for New Labour and a section of society that has become, in recent years, a rapidly growing source of demand for appointments at our surgeries. Such men are often brought — or sent — in by their partners, even by their mothers, or come on their own in the grip of anxieties about diverse health risks, seeking screening tests, investigations and reassurance.

The elevation of the demand for rapid access to doctors to the apogee of government health policy reflects the ascendancy of the preoccupations of the 'worried well' over the concerns of the chronically ill. Although young men with atypical chest pain or those who have suddenly discovered a miniscule epididymal cyst or a benign naevus on their backs believe they need an urgent medical consultation, in fact they would benefit greatly from a 2-week wait for an appointment (during which, in the vast majority of cases, their symptoms would disappear). But, while loud-mouthed yuppies barge to the front of the queue demanding immediate attention, backed by the full authority of the prime minister, the minister of health and the chief executives of the PCTs, the infirm and the elderly, and all the rest, who value continuity of care with the same doctor or nurse more than rapidity of access, lose out.

The priority given to access helps to explain why most patients have failed to experience much benefit from the substantial increase in government expenditure on health care. Although vast resources have been allocated to appointing 'access facilitators' and to the promotion of Advanced Access schemes, the result has simply been to encourage more of the worried well to demand more rapid access. Now that we have (apparently) achieved our target of 100% access to a GP within 48 hours, it remains to be seen whether even more heroic efforts can raise this rate still further and meet the demands of those particularly needy patients who want an appointment yesterday.

The promotion of rapid access with financial incentives has, like all such initiatives, encouraged all sorts of scams through which GPs can secure their income without too much disruption to their practices. Yet appointment systems that have evolved organically over time to suit the highly particular requirements of different practices have had to give way to systems dictated by the bureaucracy promoting the new orthodoxy (which, of course, continues to proclaim its commitment to local autonomy). One result of this policy is that it tends to give priority to those patients whose clinical need is lowest. Another is that it tends to provide a poorer service to those whose need is greatest.

Perhaps the most disturbing consequence of the great leap forward to meet access targets is that the pervasive cynicism that dominates government policy now extends its corrosive influence into every surgery in the country. In the telling phrase used by the last audit inspector of the practice of the late Harold Shipman, our chief executive signs off urging me to 'keep up the good work'. Indeed the struggle to maintain standards of medical practice in face of bureaucratic intrusions driven by the imperatives of political expediency was never so difficult.