GENES, CHICKS AND DAWKINS
An Appetite for Wonder — The Making of a Scientist: A Memoir
Richard Dawkins
Bantam Press, 2013
PB, 320pp, £14.99, 978-0593070901

The Dawkins’ tree is wide, from the War of Independence to the shores of Lake Nyasa. Richard’s father read botany, then pursued a career in agriculture — plus service with the King’s African Rifles.

Yet the family don’t qualify as reserved: during one trip from Africa Mrs Dawkins entered a fancy dress competition as a male Indian waiter, darkened by potassium permanganate. The Dawkins left Africa for a farm in England.

Oundle Public School in the fifties brought fagging, Boyle, and Henry V. Even among well-educated adolescents, academic ability ‘was not admired’. Dawkins learned practical skills in a blacksmith’s workshop. As for adolescent music, Elvis Presley fired his imagination.

Balliol College Oxford is revealed as a curious quadrangle with spiral staircases. Views on good lectures are made plain. Don’t scribble. Listen and think: it should stir grey matter. The Victorian Society offered light relief through choruses of I’m Henry the Eighth I Am. Dress code: tweed jackets and trilby hats.

Science debate included innate behaviour versus learning. Dawkins’ research looked at the pecking habits of chicks; and processed huge quantities of data; hence enthusiasm for computer programming proved valuable.

Dawkins married Marian Stamp. They moved to San Francisco, he as an assistant professor and Marian to carry out research for her PhD. Two years later, a return to Oxford delivered a book allowance, research allowance, and free-meals allowance, plus a splendid study in a medieval building that would entrance architects.

Hierarchical organisation is explained as an important principle for watchmakers, robot vehicles, and the analysis of biological data. However, a new theme emerged to much applause: The Selfish Gene, applying to individuals, not species. Like the drunken driver, the selfish gene has no foresight. But I wonder — how many sorts of selfishness can be defined by science?

Neil Richardson,
Administration Assistant, North Kirklees Clinical Commissioning Group, Huddersfield.
E-mail: n.rich2@virginmedia.com
DOI: 10.3399/bjgp14X677608

THE IMMORTAL DEMON
The Cancer Chronicles: Unlocking Medicine’s Deepest Mystery
George Johnson
Bodley Head, 2013
HB, 304pp, £18.99, 978-1847921666

Most of us will have been profoundly affected by cancer, if not in our personal then certainly in our professional lives. Johnson elegantly tells a fascinating chronological tale of cancer; from finding osteosarcoma in dinosaur fossils through to Marie Curie, to the more recent serendipitous discovery of cisplatin and the groundbreaking research being done to outpace cancer in the future. Complicated cell biology terms vaguely remembered from medical school are explained simply in this very readable and measured text.

Through this ‘potted history’ of cancer and its treatments, Johnson weaves his own
personal experience, which affects his wife and then his brother. As we all might when faced with a cancer diagnosis, he mulls over their personal risk factors and the evidence for these. He unravels their sobering journey with an unsentimental but touching frankness.

The epilogue explains the jacket sleeve; the words of the title intertwine with the bindweed Convolvulus arvensis. Cancer is a tenacious weed; carefully dissected and subject to chemical attack, only to return and seed stealthily at the next opportunity. For the present moment at least, chaos remains the seed stealthily at the next opportunity. For the subject to chemical attack, only to return and a tenacious weed; carefully dissected and then his brother. As we all might when faced with a cancer diagnosis, he mulls over their personal risk factors and the evidence for these. He unravels their personal risk factors and the evidence for these. He unravels their sobering journey with an unsentimental but touching frankness.

Jenni Gibson,
GP Partner, Wishaw Health Centre, Wishaw.
E-mail: jennigibson@hotmail.co.uk
DOI: 10.3399/bjgp14X677617

TRUE DOCTORING
Being a Doctor:
Understanding Medical Practice
Hamish Wilson and Wayne Cunningham
Otago University Press, 2013
PB, 276pp, £12.50, 978-1877578366

In Being a Doctor Hamish Wilson and Wayne Cunningham explore what doctoring is, bringing in elements often misunderstood or undervalued in medical practice, even though they are of vital importance.

They start by discussing the concepts of wellness, illness, and disease; suffering, healing, and curing; and how the doctor’s role, where cure is often not possible, is one of healing through facilitating ‘the patient’s movement towards wholeness and personal integrity’. Here is the need for a social constructivist as well as a biomedical approach: emotional as well as biomedical intelligence. Two particular examples bring these approaches to light. The first is the ‘heartsink experience’ where the awareness of transference and countertransference can assist in the understanding of what is going on for both the patient and the doctor. The second is how to approach illness where there is seemingly no disease, true somatisation, or where we have not yet been able to make a diagnosis.

The next part of the book addresses the culture of medicine, not always healthy, and adverse outcomes and patient safety with the need to put focus on systems rather than just individuals. In navigating all this the authors underline the importance of reflective practice, and the need for looking after ourselves as doctors. Finally comes a chapter on the place of the doctor in the future. There are challenges ahead and we need to involve ourselves in preparing to meet them. The key to a good healthcare system, reiterated throughout the book, is the coaching and mentoring of our undergraduate and postgraduate trainees in order to help them develop resilience, flexibility, healthy professional identities, and a supportive medical culture.

I found this to be an excellent book, well referenced and worthy as a key resource in undergraduate and postgraduate training. It also provides important reading to remind us all what the real role of a good doctor is. We live in a world where medicine is becoming increasingly industrialised and somehow we must get back to the centre of what doctoring truly is — being with our patients.

Anne Stephenson,
GP and Director of Community Education, King’s College London School of Medicine, London.
E-mail: anne.stephenson@kcl.ac.uk
DOI: 10.3399/bjgp14X667626

GREAT SAVES, GREAT FAILURES
The Checklist Manifesto:
How To Get Things Right
Atul Gawande
Profile Books, 2011
PB, 224pp, £8.99, 978-1846683145

This book is for anyone who believes in the importance of checklists for the smooth running of organisations. The author, a surgeon himself, opens by discussing the banter that goes on between surgeons on their ‘great saves’ and ‘great failures’. He ponders on why we fail in the medical world; we simply lack full understanding or either fail to apply our knowledge. Knowledge and technical sophistication have increased but what of our ability to deliver? This is where the ‘checklist’ comes in. According to Gawande, ‘expertise is the mantra of modern medicine’ in this ‘era of the super specialist’, but despite the expertise, mistakes can still occur. Checklists first appeared in the field of aeronautics in the form of pilot’s checklists. And so the author’s journey of discovery begins.

After visiting people in the skyscraper industry and the restaurant and investment worlds we find Gawande working with the World Health Organization’s global programme to ‘reduce avoidable death and harm from surgery’. Alarmingly, he points out that worldwide 7 million people are left disabled and 1 million dead from surgical complications. He highlights that surgery has four big killers: infection, bleeding, unsafe anaesthesia and the unexpected. The WHO safe surgery checklist was formulated, with nineteen checks in all. Now it was time to put it to the test. It would be assessed in eight hospitals worldwide. In the Spring of 2008, the 2-minute, 19-step checklist, was implemented in the hospitals. Out of the 4000 patients studied, the checklist spared 150 people from harm and 27 from death. The findings were published in the New England Journal of Medicine in 2009.

Gawande concludes that the checklist alone isn’t enough to improve safe practice but that teamwork and discipline are also crucial. Checklists also have a role beyond the operating room. Gawande’s brilliance as a doctor and academic is without question, but what is really admirable is his humility, in that he has an ability to share his experiences honestly and openly with those around him, his patients, and his readers. His down-to-earth style is obvious from the way he reaches out to experts in other fields to learn about the ‘tricks of their trade’ and applies them in the medical world.

Patricia McWalter,
Consultant Family Physician. Department of Family Medicine and Polyclinics, King Faisal Specialist Hospital and Research Centre, Riyadh, Saudi Arabia.
E-mail: pmcwalter@doctors.org.uk
DOI: 10.3399/bjgp14X677635