There is much to value in this thought-provoking new book. Alex Watson and David Gillespie develop the GP consultation as a construct of six main themes; Status, Story, Summarising, Sharing, Securing, and Sanity, organised within six chapters. They set out not to be prescriptive or formulaic, and in doing so this book is far more persuasive. Indeed, for me, the chatty informal style and pleasing brevity make for an easy read.

Watson and Gillespie purposefully and helpfully use stories to highlight each theme. These are relevant and recognisable, allowing us to empathise and in doing so, consider our own behaviour. Many of the ideas presented here will be familiar. Some will recognise, for example, Berne, Neighbour, and Calgary-Cambridge featured within the Six S’s construct. However, the authors give status and rapport key prominence. These concepts are more thoroughly developed in this model than I have seen elsewhere and clearly linked with the other five S’s. Status, our relative social or professional standing, is a matter of both perception and projection: Do I see us as equal? Do I behave in a superior manner to you? Do you feel inferior to me? Understanding the impact of this function (and aiming to equalise our standing) is of great importance in determining the tone and thus likely success of any patient interaction.

Many trainees ask for a template that allows one to pose the same questions each time to every patient and generate an exam-passing outcome, but of course general practice isn’t like that. This book doesn’t pretend to tell you what words to use. It makes suggestions as to how a doctor might wish to behave in a 21st-century consulting room to gain a shared outcome. It reflects the challenge of daily modern general practice honestly, acknowledging the pressures we deal with, and21
attending to our own sanity. Bringing status to the fore, in particular, is a welcome concept and one I have continued to consider in my daily practice.

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One of the advantages of being a generalist is that there is no field of knowledge that is off limits. If we can find wisdom that could help the full range of humanity walking through our doors, then we will put it to use. This book neatly summarises that by quoting William Osler: ‘For successful health care, science is absolutely necessary. But it is also never sufficient.’

Suburban Shaman: Tales From Medicine’s Frontline. Helman sits us down and tells us stories about patients and colleagues encountered over the years, and meditates on the meanings of these encounters for doctors, patients, and the effective practice of medicine. These meditations will take many of us beyond our familiar ways of thinking about medicine. You won’t find talk of ‘evidence’ here, but you will find folklore, myth and metaphor, and the meanings run much deeper. Time and again, I was surprised by little nuggets of insight: a heart transplant carrying metaphorical as well as literal meaning; stories that inhabit people before being blown away on the wind to be told elsewhere; the changing significance of skin as technology in medicine advances. The book closes by showing that we may be closer to shamans than we would like to imagine; wounded healers, exorcising symptoms of possession by demons.

What we do, then, in medicine is a profoundly cultural exercise. We don’t recognise it until we step outside and see with the eyes of an anthropologist. Helman shows us this unfamiliar world in ways we can recognise. If, as generalists, we are specialists in people, what better discipline to draw upon than anthropology?

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