PAUCITY OF MIND

Scarcity: The True Cost of Not Having Enough
Sendhil Mullainathan and Eldar Shafir
Penguin, 2014
PB, 304pp, £9.99, 978-0141049199

This book is written by two American academics. Its message is that: ‘the bandwidth of the mind is narrowed if it is distracted by other more pressing problems’. By bandwidth they mean the ability of the mind to cope with a current problem. It is a singular strength of the book that their results cover a range of cultures from the US to the Indian poor. The problem at the heart of the book is poverty, but their results also hold if the mind is preoccupied with other forms of scarcity such as time pressure and loneliness. Their results are impressive; the loss of function, such as time pressure and loneliness. Their results are often as great as that produced by a sleepless night. When the mind loses bandwidth it not only functions more poorly but also focuses exclusively on the problems at hand and on the present: the problems in what the authors call ‘the tunnel’.

What remains outside the tunnel and, in particular, future needs are ignored. This, as they demonstrate, is why payday loans at exorbitant rates are so attractive to the poor. Similarly, with colleagues I have described how asylum seekers simply do not attend to their health needs while waiting for an asylum decision, a situation that we called ‘Home Office syndrome’. The good news is that, in their tests, what makes the poor have a lower bandwidth is not their personality, but the context. If we lived their lives we would experience similar impairments.

How can the book’s findings be used to help those suffering from scarcity or reduced bandwidth? From a GP’s point of view the main benefit may simply be empathy; we need no longer get so frustrated that an unemployed man mired in debt does not take his tablets or attend appointments. Lack of bandwidth helps to explain why the poor have worse compliance. A general remedy the book offers to lack of bandwidth is building in slack.

For GPs, suffering from scarcity of time, this may mean keeping the scheduled appointment length at the average length for that consulter and building in 15-minute breaks at regular intervals to allow catch-up. For young offenders on probation it means offering mental health facilities at the same time and place as their probation appointment; they simply do not have sufficient bandwidth to attend both separately. Read the book yourself and see if you can apply its insights to your daily lives and those of your patients!

Gervase Vernon,
GP, Dunmow, Essex.
E-mail: gervase@jth.demon.co.uk
DOI: 10.3399/bjgp15X683737

* * * * *

DIAGNOSIS — UNDERSTANDING ITS INTERPERSONAL DIMENSIONS

Social Issues In Diagnosis: An Introduction for Students and Clinicians
Annmarie Goldstein Jutel and Kevin Dew
PB, 264pp, £39.95, 978-1421413006

The book, as its title suggests, is aimed at ‘those who work, or are studying to work, in a clinical setting’. It is particularly relevant to those who have, to date, had no social science input to their training, but also allows us all to reflect on the complexity and impact of diagnosis. Intriguing chapter headings include ‘None of the Above: Uncertainty And Diagnosis’ — a key theme throughout the book; ‘Is This Really a Disease? Medicalization And Diagnosis’, which takes up the contemporary debate about the risks of market and professional pressures turning us all into patients; and the tensions between medical authority and the voice of patients or indeed lobby groups in both resisting and aspiring to diagnostic status (‘Who’s the Boss?’ and ‘Contested Diagnoses’).

Its overall claim is that ‘a sociological perspective will assist clinicians in examining their own assumptions and in relating their experiences to broader social and cultural concerns’ in the journey through history and contemporary clinical practice. The authors claim to shed light on why there is so much more to the process and impact of making a diagnosis than the purely technical pathological test or working hypothesis, and, in my opinion, they succeed!

The language used in the text, although doing justice to the complex literature and concepts it applies, is admirably clear, and will allow both the new student of medicine or nursing and a mature practitioner to follow the lines of argument. There are detailed references that allow for in-depth study, but the text stands alone for those who have, to date, had no social science input to their training, but also allows us all to reflect on the complexity and impact of diagnosis. Intriguing chapter headings include ‘None of the Above: Uncertainty And Diagnosis’ — a key theme throughout the book; ‘Is This Really a Disease? Medicalization And Diagnosis’, which takes up the contemporary debate about the risks of market and professional pressures turning us all into patients; and the tensions between medical authority and the voice of patients or indeed lobby groups in both resisting and aspiring to diagnostic status (‘Who’s the Boss?’ and ‘Contested Diagnoses’).

In summary, as a social scientist, medical teacher, and clinician, I found much new and much familiar in this book. It is one I would recommend to colleagues, students, and GP trainees as a very useful, relevant, and easily approached text on an important subject. Read, reflect, and learn.
Out of Hours
Film

TO NOT OBSCURE THE TRUTH
An Enemy of the People
Directed by George Schaefer, 1978

The film An Enemy of the People (1978) was based on Henrik Ibsen’s 1882 play, a version of which was staged by Arthur Miller in 1950. The film is set in a Norwegian spa town that is popular with tourists, and stars Steve McQueen in the role of the town’s GP.

The doctor documents that the town springs are contaminated with harmful bacteria by a tannery uphill. The mayor explains that no one should know about this as it is too expensive to change the water system and the economy of the town will be negatively affected. The editor and a journalist of a local ‘progressive’ newspaper encourage the doctor to write an article about the contamination, but under pressure from the mayor they decline to publish the article. When the doctor refuses to conceal the truth the mayor threatens to expel his brother from his post as the doctor of the springs. The doctor, with the help of Richard Bradford (captain of a ship), calls for a meeting to explain to the townsfolk the issue, refusing the truth to be silenced. In the name of ‘democracy’ the doctor is not allowed to expose his point of view; in fact, he is shouted at as an ‘enemy of the people’ and his house windows are smashed by rocks.

As the doctor’s family become outcasts, a decision to immigrate to America on the captain’s ship is made. However, the doctor decides to stay when his father-in-law raises several points. He is convinced that the locals actually listened to and believed him as on the second day they all sold their shares in the baths at half price.

An Enemy of the People makes one reflect on several issues. To someone interested in ethics this is a must-see movie dealing with several principles like truth telling and doing no harm. Obscuring or changing the truth is a universal and ongoing issue leading to death and destruction (for example, Iraq’s invasion and subsequent war). One wonders if democracy is possible when the media is intimidated by power or when powerful people use the media to influence politicians. One may not be aware of Ibsen’s play but many may be familiar with the story of Rupert Murdoch, the media tycoon, who appears to have manipulated several politicians in developed countries. Others may have watched The Green Hornet (2011) which highlighted the influence of politicians on the media, as is the case in Ibsen’s play.

Altruism, a rare commodity in medical practice (at least in our opinion), is exemplified in the character of the doctor refusing to compromise even at the expense of losing his job, the expulsion of his children from school, and even departing the country. Most doctors nowadays look for a secure and lucrative job. Some physicians may forget their oath to do the best for the patient and not what is convenient to them. For instance, in Lebanon (currently witnessing an emergency situation with the presence of more than a million Syrian and half a million Palestinian refugees) many physicians decline to serve those in dire need of their expertise.

The doctor in An Enemy of the People was concerned with morality and science away from economy and politics. He realised that not only was the water poisoned but also the minds of the ignorant majority, too imprudent to know what was best for them. Thus, it seems that intelligent individuals in our world are often powerless to act on their opinion out of fear of the majority.

REFERENCE