Out of Hours Books

your expertise. And don't try to be a lawyer.

Don't let anyone make you say something you don't think is right; you're unlikely to be able to go back into the witness box later. Be charming to everyone, including the other side's lawyer. The attitude to strike is respectful, modest expertise. Sympathy, concern, and humility are never wrong.

Doctors are usually treated with great respect by judges and court lawyers. But not always: the wind will shift the moment you start being slippery.

If you get flustered, breathe, have a drink of water, and collect yourself. If you need a break, ask the judge: you'll almost certainly get one and no one will mind. But you won't be allowed to discuss your evidence with anyone, including your own lawyer, while you are in the middle of giving it.

Finally. Afterwards, expect to feel deflated. Things never go quite as you expect. You won't have said exactly what you intended and you may have had a bit of a mauling. There may be no one around for a debrief, and some lawyers aren't good at the human stuff that you and I do for a living. You'll probably feel exhausted: don't expect to be much use for the rest of the day. But you've done it: well done.

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DOI: 10.3399/bjgp15X687565

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The Euthanasia Protocol Grahame CW Howard

Troubador Publishing, 2015, PB, 336pp, £10.99, 978-1784620950

PERFECT HELL

It must have been great fun writing this novel — targets and protocols, common sense outlawed, individuality discouraged and no question of using discretion. It might sound like just another day in the life of a foot soldier in the NHS. And as a retired clinical oncologist, surely Grahame Howard must have been inspired by the crumbling edifice that is the NHS. But the world portrayed here is not the NHS: it is a country where the protocol is king and the population has lost completely the ability to think for itself.

The Euthanasia Protocol occupies a middle ground between the teen fiction of *The Hunger Games* (Suzanne Collins) and the Harry Potter novels (JK Rowling) and the classic novels *Nineteen Eighty-Four* (George Orwell) and *Brave New World* (Aldous Huxley).

The young hero, throughout most of the book simply known as 'boy', has been rejected by a protocol-driven society because, for whatever reason, he does not exist on the national database and therefore is deemed not to exist. He meets 'the old man' by chance. The old man stands gazing through the windows of the local euthanasia practice, wondering whether to sign up for the voluntary programme. Together, they embark on a great adventure.

This is their story. It's a gripping tale, simply written, where the bad guys are only a shade more ridiculous than the politicians and officials we read about every day in our newspapers.

But there is a serious message here. The average age of the population is increasing. Medical science helps us all live longer; we're no longer dying of the things that used to kill us. Imagine the state offering to pay people to end their lives rather than paying to prolong life at whatever cost?

Living in a world driven by protocol, where people can no longer think for themselves, may not be too far from reality. Machine-driven protocols already help us decide what car insurance to buy — but just wait until there's a protocol to tell us how to live and when to die.

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DOI: 10.3399/bjgp15X687517

It's All In Your Head: True Stories Of Imaginary Illness

Suzanne O'Sullivan

Chatto & Windus, 2015, HB, 336pp, £16.99, 978-0701189266

IMAGINED ILLNESS, REAL PAIN

In the mental atlas of medicine held in many doctors' minds, the region containing psychosomatic illness will simply be marked 'here be dragons'. This book, written by a consultant neurologist at the National Hospital for Neurology and Neurosurgery, London, tries to change that by taking this diverse array of conditions out of the footnotes and into the limelight. Engagingly written, occasionally evangelical in tone, this book aims to make patients and professionals alike feel more comfortable with the concept that psychological factors may not cause disease but they *do* cause illness, disability, and heartache every bit as real as that caused by physical conditions.

Using a series of fascinating case studies as a framework, Dr O'Sullivan skilfully weaves the historical understanding, and misunderstanding, of functional illness into a series of narratives that are moving and thought provoking. She makes deceptively simple work of explaining the work of such historical titans of medicine as Freud,

Janet, and Charcot and drops interesting historical tidbits here and there, such as how a fall from a horse led to the discovery of EEG, and how Hippocrates attempted to cure illness by analysing dreams 2000 years before Freud. Similarly, Dr O'Sullivan explains complex medical phenomena, investigations, and treatments in ways that are clear for both the lay person and the non-specialist medic.

Perhaps more important is the effort to de-stigmatise these conditions. The book is filled with examples of patients who resist their diagnosis because of the perceived stigma of having an illness that they feel many will think they are faking, and in many cases their resistance is backed up by the opinions of other doctors. After all, as the author points out, how can we expect patients to accept a diagnosis that many doctors will not?

The World Health Organization estimates that up to one in three patients attend their GP with medically unexplained symptoms so, as GPs, how can we afford to ignore the wisdom contained in these pages?

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DOI: 10.3399/bjgp15X687541

Adventures In Human Being Gavin Francis

*Profile Books, 2015, PB, 256pp, £14.99,
978-1781253410*

THE BODY, AFRESH

My previous consulting room looked out onto grass, flowering cherry, hawthorn, and laurel. On late spring days the blossom would catch my eye, blowing like confetti over the nodding daisies, in the small sunlit pauses between one patient and the next. This book is like those moments: acute, contemplative, reviving.

Gavin Francis has clearly taken a meandering route to general practice. Richness in life experiences may not be part of the official selection criteria, or indeed of the curriculum, but here is an elegant exposition of how it can deepen our empathy towards the stream of humanity that will wash over us during our career. He joins a rich heritage of doctors combining literary with medical work too: a quote from

John Berger adorns the dust jacket; though the late Dannie Abse is the prototype conjured by my mind in this context.

Here, his third book delivers a delicate interweaving of narratives, well-researched information and ideas, each chapter focusing on a different body part. Much originates from his own experiences and yet Francis keeps himself from being the subject, remaining instead the observer, the commentator, the informant.

Most interesting for me is his delving into our tendency to forget how contingent all knowledge is. His description of the context to Epley's breakthrough with vertigo is a case in point. It also underlies his telling of the many traditions relating to the afterbirth, including the switch in Britain from viewing it as waste to seeing it instead as a source of stem cells. And it is there in the revelation that footprints in Tanzania overturned previous beliefs that hominid brain development necessarily preceded the ability to walk upright.

My new consulting room has a far less enticing aspect. I have been reminded, though, that interest and beauty are often found where least suspected.

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DOI: 10.3399/bjgp15X687529