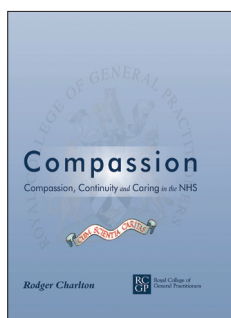


Out of Hours Books

Compassion: Compassion, Continuity and Caring in the NHS

Rodger Charlton

Royal College of General Practitioners, 2016, PB, 232pp, £24.95 (RCGP members £9.99), 978-0850844016



INTELLIGENT KINDNESS

This book, an anthology of essays, responds to a perceived lack of compassion in NHS care. Compassion, like empathy, is difficult to define and the terms are often used interchangeably. The book begins with a moving story of a husband's experience of his wife's care, illustrating the importance of having a physician who is truly engaged with the patient.

The atrophy of compassion is linked to a competitive culture that can drive undergraduates to become strategic learners. Work-based pressures such as targets, lack of time, lack of continuity, and guidelines may also threaten a compassionate approach. Millard asserts that the best skill nurses have is kindness and that compassion is floundering in a sea of audit and outcome measures.

Perspectives from long-term care, end-of-life care, and GP training and selection add to the richness of the book. Nolan asks whether modern preoccupations with evidence-based medicine and access to GP care lead to a lack of awareness that there is a problem with incorporating compassion. He puts forward an interesting concept of 'unconditional doctoring' featuring patience, understanding, and care.

Doctors and students can be encouraged to talk about their feelings. Patients often do and it should affect us emotionally — it is disingenuous to say otherwise. Bennison reminds doctors that they need compassion, without which they can become detached in busyness, cynicism, stress, and burnout.

A chapter on mindfulness includes a brief meditation for everyday use. Ballat writes of 'intelligent kindness' and reflects that clinical care is a relational task. A virtuous kinship cycle is described showing how trust depends on empathy and leads to a better therapeutic alliance.

Gunderman adopts a novel approach in an amusing chapter that carries a serious message, on 'how to discourage a doctor'. He looks at how bureaucratic organisations can transform previously independent doctors into employees and induce 'learned helplessness'.

After discussion on the new professionalism Charlton winds up this thoughtful collection by concluding that the best doctors are those who seek to understand the patient's plight.

David Ian Jeffrey,

Honorary Lecturer, Palliative Medicine, University of Edinburgh, Edinburgh.

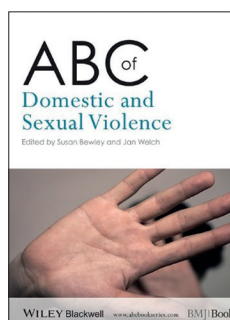
E-mail: D.I.Jeffrey@sms.ed.ac.uk

DOI: 10.3399/bjgp16X685561

ABC of Domestic and Sexual Violence

Susan Bewley and Jan Welch

Wiley Blackwell BMJ Books, 2014, PB, 136pp, £21.99, 978-1118482186



NO QUICK FIX — AIM TO RECOGNISE, RESPOND, AND REFER

This book is a comprehensive and much-needed guide to an under-taught field of medicine. Unlike other areas, the focus is not on medicalising and fixing the issue — there is no pill to treat and no test. Instead our role is to recognise, respond, and refer.

In order to cover such a diverse topic the book is divided into 26 fascinating chapters, each containing practical information on how to word difficult questions, red flags to be aware of, case studies, and support service contact details, in addition to the cultural and historical background of abuse. 'Taboo' issues, such as male rape, are openly discussed, providing refreshing myth-busting advice.

There are many valuable ideas for a clinician to implement, such as the need for coding of practice notes involving abuse to avoid a controlling partner reading them, the regular use of the HARK questions (have you ever been Humiliated by your partner, have you ever been Afraid of your partner, have you ever been Raped by your partner, and have you been Kicked or physically hurt by your partner?), and the use of the IRIS (Identification and Referral to Improve Safety) model.

Practical advice on the documentation of assaults is hugely useful, as is the dermatology-like classification of injury types. Primary care is highlighted as a vital cog in the process of disclosing violence: through training healthcare workers and making a practice domestic violence-aware it can be made far easier and safer for a patient to disclose assault.

This small book teaches a lot more than the mere ABC: advice varies from language to avoid (abuse *not* violence, survivor *not* victim), to how to write a professional witness statement, to what happens in court.

I highly recommend this guide to GPs, emergency doctors, midwives, and social workers, to name but a few.

Clementine Anderson,

BSc Women's Health (King's College London), Fifth-Year Medical Student (University of Southampton).

E-mail: clementine.anderson@kcl.ac.uk

DOI:10.3399/bjgp16X685573
