

susceptible to manipulation.

The limits of bibliometrics supplemented by peer review have been recognised for some time by the UK funding councils so that 'impact case studies' are an important component of universities' research quality submissions. There have been many calls to ditch Impact Factors altogether, but researchers still try to get the work published in the most prestigious journals, which in practice means those with the highest Impact Factors. This can be problematic for primary care research because some of the top-quality clinical research in primary care has found its way into specialist, subject-specific journals rather than the more mainstream general practice and primary care literature.

This short book is a welcome guide to an increasingly complex and important area. The authors, from Indiana and Montréal, present a UK-friendly account of the research landscape, considered under the three general themes of input, output, and impact. There are a series of excellent descriptions of important components of the research measurement jigsaw — the Web of Science, Google Scholar, definitions of authorship and interdisciplinarity, the measurement of citations, and the calculation of the Impact Factor. Slightly more obscure aspects of bibliometrics are also lucidly described, including the Eigenfactor score, the SCImago Journal rankings, and the h-index, which increasingly appears at the top of CVs. There is an excellent section on alternative metrics, not just the widely used Altmetric — you will have seen the Altmetric donuts on the *BJGP* webpage — but also Plum Analytics and ImpactStory, which set out to capture article impact in different ways, all of which depend on extracting data from various social media platforms, online repositories, and social reference managers. The origins and trajectories of these innovative, leading-edge companies are extremely interesting but the best ways of making use of them as research impact metrics remain somewhat unclear. The excellent list of references includes a useful literature review on the scholarly use of social media and altmetrics, to which both authors of this book contributed.

The final section, 'The Big Picture', reflects on important questions about the control of research measurement, including the grip held by the big publishers on some of these metrics, the responsibilities of researchers and research administrators to understand and use the available metrics appropriately, recognising the potential adverse effects of some of these tools, and the potential for their misuse.

Biomedical science publishing and

university research funding are both big businesses, and we are still some way from having perfect measures of their quality, impact, benefits, and harms.

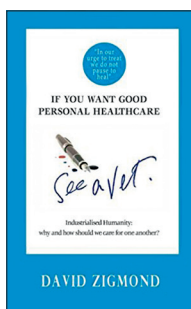
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**If You Want Good Personal Healthcare —
See a Vet. Industrialised Humanity: Why
and How We Should Care for One Another?**
David Zigmond

*CreateSpace Independent Publishing
Platform, 2015, PB, 716pp, £25.90,
978-1506173382*



BRINGING HUMANITY BACK

This is a book about meaning and shared humanity in medicine. David Zigmond, GP and psychiatrist for 40 years, rekindles our half-forgotten understandings of suffering and resilience, often overshadowed by the extraordinary cleverness of modern medicine. He does this through stories, suffused with wisdom and practical good sense; stories that allow us to notice what attracts us to them; stories about how to use medicine and not be used by it. He writes in the form of essays, case descriptions, and letters, spanning 1976 to 2014. He shows us our present medical world reflected in the mirror of the past, and using his keen memory for small details he gives the stories new life and meaning for today. We are jolted into awareness by understandings and inspirations that help us to articulate our otherwise often inchoate thoughts and feelings. For the medical reader, these new insights invite a rekindled fascination and even joy in practising medicine.

For most of his career, Zigmond, with his long-term associates, ran his small practice from a surgery cloistered in the north aisle of St James's Church in Bermondsey. His stories emerge from this often socially troubled,

multicultural, and multiethnic district of South-East London. From this 'hinterland' of humanity, we see the rawness, the laughter, the tragedy, the intimacy of everyday life, and the 'perverse results' of 'proceduralised and industrialised healthcare'. Medicine practised at the interface of science and art, of treatment and healing, of verbal and non-verbal communication, of agony and joy, of love, sex, and violence, of birth and death and bereavement; it is all there.

The full anthology is in three sections. Section 1, *What Can Go Right, or Hidden Personal Meaning In Healthcare*, contains the earliest writings with 13 substantial essays, epitomised by 'The Psychoecology of Gladys Parlett' (1988). This beautifully told and moving story is about the isolation and loneliness of old age, and the GP surgery as a surrogate friendly community. The ordinariness of the story and the language used to evoke the suffering have stayed with me.

Section 2, entitled *What Can Go Wrong, or Lost Personal Meaning In Healthcare*, comprises 29 essays spanning 2005 to 2014 and mostly a little shorter. This was a period of fundamental structural change in the NHS and epitomised by the short 2012 essay, 'From Family to Factory — The Dying Ethos of Personal Healthcare'. Zigmond's metaphor elucidates the serial revelations of gross neglect in health and social care towards the end of the 21st century's first decade. He fervently argues for the family as the better model.

Section 3, entitled *What We May Do, or the Struggle for Personal Meaning*, includes 24 mostly short pieces from 2010 to 2014: letters to newspapers, to medical journals, to the Secretary of State for Health, and to various institutions. This is epitomised by 'Bureaucratyrannohypoxia' (2010) — an open letter to Zigmond's mental health services director concerning the extreme difficulty in arranging urgent support for a middle-aged woman in crisis. Most GPs will recognise this.

The story that gives the book its title recalls skills perhaps becoming scarce in medicine. It concerns a doctor's visit with his dog to a vet. He is so impressed by her guileless and effortless rapport and liking for the animals that he arranges to join her in one of her clinic sessions.

Zigmond does not analyse the stories, but rather invites us to allow them, by their resonance, to analyse us. Through their moral sensitivity, the stories invite us to become the person we really want to be. This book is not about the 'good old days', and neither does it belittle our remarkable technological improvements. It is rather about moral values and interpersonal skills, once

second nature, but now frozen out, leaving us with a demoralised awareness that, amidst the technology, guidelines, protocols, and financial incentives, something important is missing. Zigmond cogently describes what this is and what happens without it. At its core is an erosion of relationships that nourish: both therapeutic and fraternal. We ignore his message at our peril.

Postscript

In July 2016, 1 year after the book's publication, Zigmond's surgery was closed as an emergency, 5 days after their second CQC inspection. This was enforced by a carefully and expensively choreographed summons and 8-hour hearing in Camberwell Magistrates' Court with neither opportunity for legal representation nor adjournment. The previous CQC inspection in February 2014 produced a glowing report. This time, remarkably, his practice was considered to be: *'... so extremely hazardous that the public need[ed] immediate protection by its closure'*. There had been no significant changes to his practice since the previous inspection and he never had a substantive complaint in 40 years of practice. He was always polite, but doggedly persistent; a maverick whose GP career ended ignominiously, or perhaps gloriously. The day after the hearing his patients turning up for their appointments found the surgery door locked and an official notice advising them to seek care elsewhere. It seems that Zigmond's real crime was to expose the roots of oppression and to scatter seeds of hope.

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Eleanor Oliphant is Completely Fine

Gail Honeyman

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978-0008172145



MEANINGFUL CONTACT

Loneliness is topical. This year the government accepted a series of recommendations from the Jo Cox Commission on Loneliness and strategies have been devised to combat loneliness. Olivia Laing's 2017 non-fiction work *The Lonely City: Adventures in the Art of Being Alone* was widely read and positively reviewed. A quote from the latter is used as an epigraph for Honeyman's *Eleanor Oliphant is Completely Fine*, a novel about a woman who has sealed herself in her own private world.

The eponymous narrator of the novel is a fine creation. She works in an anonymous office job, has no friends, consumes unhealthy amounts of strong liquor at home, and is content to pass through life without making any impression. She is blunt,

judgemental, formal in her dealings with other people, and has idiosyncratic ideas about what constitutes proper behaviour. There are hints of an abusive relationship and a troubled childhood; she has burn scars on her face. Her one connection is provided by phone conversations with Mummy, a caustic, belittling woman who has a massive negative effect on Eleanor's life.

There is sadness but humour too. Comedy comes from Eleanor's attempts to negotiate the routine — office politics, bikini waxing, supermarkets, a manicure — and with an infatuation with a small-time musician. However, I think the comedy is only partly successful. The crux of the novel comes with a chance event that forces Eleanor to make meaningful contact with two other characters, Raymond (the IT guy from her work) and Sammy (an older man who collapses in the street), after which her social network expands. Without wanting to spoil the novel, this propels her towards revelation, disaster, change.

Eleanor Oliphant is Completely Fine is an undemanding novel that edges towards meaningfulness in places. I asked myself two questions while reading the book. Can a character, possibly with autism spectrum disorder, convincingly move from trauma, emotional deprivation, and isolation to a fulfilling life and interaction with other people in 400 pages? And how would that affect her distinctive character, humour, and outlook?

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