odds with the private self of the individual when illness intervenes. A mythic sense of invulnerability coupled with a desire for secrecy resulted in physicians delaying the adoption of healthier personal behaviors and/or seeking medical care. Fearing loss of reputation, prestige, employment, and medical insurance, and frequently experiencing guilt and shame, many of the physicians that Dr Klitzman interviewed were reluctant to engage in truthful disclosure regarding their illness and suffering. Preservation of confidentiality was a more daunting task for patient-physicians, particularly if they were seeking care in a community where they also practiced. Truth-telling represented an ethical dilemma fraught with risk, though in several instances physician-patients utilized declarations of their HIV, cancer, or mental illness to empower their patients or become more politically active.

The hardest transition for many of these physician-patients was their crossing into retirement from their research or clinical practice, particularly if this was forced upon them by their illness or a less than supportive public and profession. Whereas their training and work could frequently be dehumanizing, the loss of a professional self and identity was frequently cited as one of the most painful losses these individuals endured. For a fortunate number whose stories Dr Klitzman captures, their illness had the effect of reforming and enlightening their views of patients and coworkers, left them more appreciative of their challenges and points of view, and better able to practice whole-person medicine. Some physicians discovered a novel or deepened connection to things spiritual within and external to themselves. Others pursued maladaptive behaviors that included substance abuse and/or high-risk sexual behaviors. Many physicians described isolation and alteration of mood, whether or not mental illness was their primary disorder. Sadly, some physicians were pushed to the brink of despair and contemplated and/or attempted suicide.

Not surprisingly, several of the physicians who Dr Klitzman encountered in the process of his research died prior to the publication of his book. Dr Klitzman honors the life and memory of Deborah, “a fellow psychiatrist,” who bequeathed to him a series of articles she had been collecting on physicians and illness shortly before her death from breast cancer. Most poignant is the accounting of Nancy, an endocrinologist who too lost her fight against breast cancer and is memorialized not just in Dr Klitzman’s book but in videotaped excerpts of her interviews that he shares with incoming medical students at Columbia.

Medical education and practice are repeatedly indicted in Dr Klitzman’s book for failing to prepare physicians to adequately identify and address bodily and psychic suffering in themselves, their colleagues, and their patients at critical phases of illness. Patient-centered medical care and communication are heralded when experienced and frequently became more prominent in the practices of the physician-patients who Dr Klitzman interviewed. From Samuel Shem’s legendary House of God of a previous medical generation, we glimpse in Dr Klitzman’s book a transformed “Home of Women and Men” in which the humanity, hopes, uncertainty, fears, and frailty common to both doctors and patients might be addressed with compassion, dignity, humility, and reverence.

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The Spirit of the Place, Samuel Shem, Kent, Ohio, The Kent State University Press, 2008, 334 pp., $28.95, hardcover.

Stephen Bergman, who writes under the pen name Samuel Shem, has done it again. In juxtaposing the harsh reality of the medical world with the nobility of the human spirit, medicine moves from the drudgery of endless forms and drawn out committee meetings to one of hope and healing—a noble profession that, while seemingly tarnished, still warms the heart.

As a physician who practiced in a rural town for a number of years, I originally picked up Bergman’s latest book wondering what an urban psychiatrist who is a former Harvard professor would know about medical practice in a small town. Of course, as I quickly learned, I had asked the wrong question. Any locality in Bergman’s hands, whether a large urban hospital in his first book The House of God or a psychiatric department in his subsequent book Mount Misery, is a microcosm of the larger world in which we practice the healing profession. While small town doctors have their flaws, their love for their patients and their hard-earned knowledge about their lives allows them to use a teddy bear to distract a frightened child while extracting a foreign body from his ear, as well as to devise a simple behavioral management program for an enopletic child. The sophisticated urban physician in the neighboring city who is well versed in the latest technology—and who attracts many of the social climbers from the small town—lacks the warmth and good judgment of the local medical doctor and makes proportionally more diagnostic errors.

Yet, the novel is not about either of these physicians, who are important but relatively minor characters. Rather, the protagonist is an internist who has lost touch with his soul and has drifted from his successful
urban practice to an international practice with Médecins Sans Frontières. Only upon returning to his rural hometown on the banks of the Hudson River for a year and 13 days, in accordance with the unusual death wish of his mother, does he sort out his priorities and find “the spirit of the place.”

While the amount of medical drama that occurs in the course of a year stretches credulity, this literary license simply affirms that life—whether in a small town or any other locality—is filled with twists and turns. Life is bigger than man, even when man is finite and prone to mishaps. Burnout, discouragement, depression, and anxiety can be the too-frequent companions of many a physician, as the protagonist knows only too well. By reconnecting with his family and geographic roots, he in turn reconnects with his patients and profession.

Bergman, who actually grew up on the Hudson River in a small town named Hudson that has many similarities to the novel’s town of Columbia, renders keen insight into the medical profession. Time and time again he makes the reader re-consider his or her presuppositions about the practice of medicine. When the older physician observes “You’re always making 100% of the decision on 50% of the data,” Bergman is getting at a deeper truth about medicine and the role of intuition.

Like any good book, one reading is not sufficient. If one is adrift in disillusionment, this story might reignite the passion that led one into the medical profession in the first place.

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**Books That Shaped Family Medicine**


Given his professional qualifications, William Carlos Williams probably could have been a successful pediatrician catering to the children of Manhattan’s high society. Instead, he was the family doc for the impoverished immigrant families of Passaic County. He cared for them from the hard years of the Great Depression until 1951. This load of impoverished patients was the rich literary lode his muse mined late every evening and at other moments snatched from his busy practice.

Some liken reading Williams’s essays to watching a film noir about the dark underside of a physician’s life. For me, it is to be transported from my kibbutz to a seamy neighborhood tavern in Rutherford, where I find myself seated opposite Williams sharing a couple of beers, having an unfiltered, unguarded conversation about our medical experiences. I feel a collegial kinship with him both because for many years I also practiced primary care in a small town and often visited relatives in Passaic County. I can see, smell, and feel the scenes he describes.

With simple, concrete, everyday words, Williams brings the reader as close to unclothed, fully exposed events he witnessed as is possible. No euphemisms, no convoluted sentences full of abstract ideas, no masking of “unsuitable” or politically incorrect thoughts or emotions. He describes—sometimes crudely—lust, sexual attraction, murderous anger, resentment, and bitterness. We forgive him because these feelings are inseparable from the (com)passion he showed in caring for his patients. He sought perfection and found it in moments of absolute authenticity in any form: the “savage brat” in “The Use of Force,” the seductive, sassy teenager in “The Girl With a Pimply Face,” and the refined, elderly Italian husband in “Ancient Gentility.” Williams portrays each of them without pretense, the thing and not the idea.

The stories are touchstones forcing readers both to reflect on how they might respond to similar circumstances and to recognize the flaws all physicians share by virtue of being human. Medical students still in their pre-cynical years may at first find these stories off-putting or threatening, but they invariably become excited about the difficult issues contained within. These stories of tough love rather than bland, idealized empathy give them license to discuss the realities of their training to become not saints but physicians.

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Not only for students and doctors, this volume contains Williams's thirteen "doctor stories," several of his m...Â These writings, together with Dr. Robert Coles's enthusiastic appraisal of teaching Williams and Dr. William Eric Williams's personal and touching filial account, "My Father, the Doctor," make up an intriguing and timely study of the poet as a physician of rare humanity and self-knowledge. As Coles suggests, Dr. Williams's writing can help many others take a knowing look at the medical profession. Summer Falls by Amelia Williams: Young Kate discovers a mysterious painting entitled The Lord of Winter in a charity shop.Â Three separate stories, each tied to an episode of Doctor Who and including River Song (Melody Pond or Melody Malone) There is also a preface that is as heart rending as the afterward shown in "The Angels Take Manhattan" and a final interview with Amelia Williams and her husband Rory. Since I am a devoted Whovian, this was a wonderful read.Â The Angelâ€™s Kiss is a thinly-veiled River Song story. In fact, the doctor and River use it within an episode of the series in order to solve a mystery, themselves. The setting is in Manhattan, and features the Weeping Angels, which happen to be one of my favorite Who villains of all time.