I believe there is hope. This brave little book is a first attempt to address growing unease that our understanding of the world is inadequate. The needed intellectual leap is no less fundamental than Newtonian physics, Darwinian evolution, and relativity theory. Acceptance of its broad precepts obligates us to rethink fundamental assumptions about cause and effect at all levels of personal and professional activity.

A shift of this magnitude will require a mighty effort, but it will help us to answer our most vexing questions. Why is it so hard to lose weight? How can we prevent prescription errors? Can the highest per capita health care investment in the world yield better outcomes? As good generalists, we are equipped for the journey. Not only do we know complexity in our daily lives, we continuously seek new ways of thinking. This volume provides a point of departure. In the meantime, let us be ever mindful of H.L. Mencken’s wise counsel:

For every complex problem, there is a solution that is simple, neat, and wrong.

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The Human Genome Project and the advent of molecular genetics has arguably had its largest impact on the ability to diagnose presymptomatic genetic disorders. As the editors point out in the preface, the ability to detect presymptomatic disease is a double-edged sword, and both edges of the blade are keenly felt in the area of prenatal diagnosis. The text deals largely with the impact of advancing technologies on expectant mothers, their partners, and care providers. The text itself is a revised version of the 1994 edition, which was based on a conference given to prenatal caregivers and genetic counselors in the United Kingdom (UK). Authorship is, with one exception, by providers embedded in the UK health care model. The second edition contains several new chapters, including an excellent one on the interaction of the US legal system and prenatal diagnosis. Additionally, the editors have included chapters on continuation of pregnancy following an adverse fetal diagnosis and the development of sensitivity to the views of foreign cultures on prenatal diagnosis. As well, there is a new section of Web-based resources for providers interested in prenatal diagnosis.

The fact that this text arose in the UK is both its strength and its weakness. In terms of clinical genetics, the UK system seems several years ahead of the United States in grappling with issues surrounding testing and delivery of care to large segments of the population. This is probably due to a smaller population, state control of the deployment of testing, and relative population homogeneity. Reading the text’s chapters on preimplantation genetic diagnosis, and selective fetocide and multifetal pregnancy reduction, one gets the sense of icebergs looming in the fog ahead of the US health system. Prenatal care providers in positions that might influence developing health care policies would be well served by selective chapter reading in this book, if only to make sure that their radar is on regarding these issues. For its strength in raising awareness on broad issues that will confront larger and larger numbers of care providers in the United States, the book suffers from the fact that much of the specifics dealt with are firmly UK issues. For example, there is a chapter titled “Legal Issues in Prenatal Diagnosis in England and Wales” that most US providers will find unhelpful. Further, the chapter on cultural issues in prenatal diagnosis deals with ethnic and racial groups rarely encountered in the US population.

A strength of this book is the fact that much of it is written in nearly first-person format, bringing home the emotional aspects of prenatal diagnosis. Many of the chapter authors liberally use quotes from patients to reinforce the difficulty they experience in their personal struggles with the choices our advancing technologies provide. Particularly remarkable is a chapter written by a father of a child with triple X syndrome; anyone who orders genetic testing for diseases with unknown or uncertain prognosis should be required to read this.

The major flaw in this book is not a problem with individual chapters but with the assembled package. From chapter to chapter the intended audience varies, and this is strongly felt by the reader. For example, the chapter on legal issues in prenatal diagnosis in the United States would be of general interest to any clinician providing prenatal care, while the chapter on the role of sonographers in prenatal diagnosis might be of interest to sonographers and their overseers. The chapter dealing with the after-effects of termination of pregnancy for an abnormality would be of interest to psychologists, labor and delivery floor supervisors, and family physicians. In the UK, there may be single individuals that routinely deal with the breadth of topics covered in this text, but a similar large audience does not exist in the United States.

In summary, this is a text that will appeal to those in the United States who play a role in the education of prenatal care providers and to those providers and academicians who play a role in policy development for prenatal diagnosis. It is not likely a text that will appeal to the family physician providing commu-
nity-based prenatal care or to the larger community of non-obstetric family physicians.
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Manning, Lois DeBakey, and Michael DeBakey, New York,
Springer, 2004, 441 pp., $29.95, paperback.

Since the publication of the first edition of this book in the 20th century (1987), there have been ample changes and challenges to medical practice, education, and economics to warrant a second edition and a reexamination of those personal and corporate attributes that will keep the flames of the individual and the profession from being extinguished during this “dark night of the soul of medicine.” (p. 420)

The book’s authors include Phil R. Manning, professor of medicine emeritus at the University of Southern California and a leader in the field of continuing medical education; Lois DeBakey, professor of scientific communication at Baylor and an expert in the area of biomedical communication; and her brother, Michael DeBakey, the renowned cardiovascular surgeon. They have woven a lengthy (441 pages) narrative laced with the quotations of numerous physicians and scientists (primarily from the United States) culled from the authors’ interviews and correspondences and interspersed with brief commentary from selected leaders in medical education, practice, and letters that they are optimistic will serve as a guide to unravel the “knotty problems” (p. 297, 418f) of the profession. In the end, despite the book’s strengths, I found it to be excessive in length, while providing too brief a witness to physicians who are losing their passion for their work and highlighting too little the experiences and perspectives of ethnic minorities and female physicians. The authors fail to give sufficient voice to critics outside of our profession, and it reads excessively as an homage to a glorified past rather than a realistic appraisal of the present and portents of the future that speak to (and should include) the reflections of current medical students, residents, and fellows.

The book consists of 16 chapters, beginning with “Enjoying the Struggle.” This includes a fine essay by Michael DeBakey and concludes with a well-written and formulated chapter on professionalism that would be better placed at the book’s beginning. In between are chapters devoted to continuing medical education, medical informatics (including helpful, but at times redundant, references to the Internet, e-mail, and PDAs), evidence-based medicine (including commentary by David Slawson of the Journal of Family Practice and POEMs), continuous quality improvement, the physician-patient relationship, managed care, and medical errors.

The medical errors chapter, in particular, includes reflections on “The Physician’s Art of Self-Defense” that gives insufficient attention to the present medical liability crisis. Numerous physicians have lost their passion and left the profession over this dilemma, yet the chapter includes unrealistic maxims, e.g., if a patient refuses hospitalization due to financial reasons, “you can direct the patient to a government hospital for care.” Doesn’t this further weaken already financially strapped public hospitals and, most importantly, doesn’t this ignore—as much of the book unfortunately does—the plight of the uninsured patient and the resultant stresses on our personal and professional passions?

Particular strengths include the authors’ frequent calls to a steady diet of daily, lifelong, patient-centered learning tailored to individual needs and interests and to take the all-important, but challenging, steps of retesting our answers and translating them into medical practice, teaching, and further research. The authors rightly call us to attend to specific areas of self-knowledge and application, including an understanding of our own educational needs. There’s a helpful section by David Davis, a family physician at the University of Toronto, on determining educational needs and selecting appropriate CME activities. Additional positive attributes of the text include its references to medical history and exhortations by Osler and DeBakey to review the classics of the profession such as Francis Peabody’s “The Care of the Patient,” a text I use in my first-year clinical interviewing course to help instill and preserve passion. Finally, there are welcome calls for a balanced and liberal arts education that blends the humanities and the physical sciences.

The book primarily emphasizes hospital-based practice, education, and research; the majority of the book’s contributors are specialists from internal medicine (additional family physician contributors include John Geyman and Gayle Stephens). There is insufficient attention to ambulatory practice in underserved communities—practice settings in which physicians may be most vulnerable to losing their passion. Witness one of the book’s contributors who left rural solo practice for a medical informatics position owing, in part, to “the frustration of increasing paperwork” (p. 327). Elsewhere, another contributor notes that “many in practice are retiring early” (p. 404), yet fails to explore why this might be so. There are references to activities that have helped prior physicians preserve the passion that many in this generation will have difficulty relating to—enjoying the rejuvenation of a sabbatical (a former staple of academic posts that