

to discover such teachings. Nevertheless, Gawande's stories and style of writing will have appeal. For learners, this book will offer a perspective on aging and end-of-life issues in a unique manner with practical tips for hard conversations. He has spent time with hospice workers and describes in detail their approach and careful use of language. In the end, he asks us as physicians to be less paternalistic and better interpreters of choices—coaching patients with decision making.

If you can't find time to read this book, it is available on audio book and has been turned into a PBS special. However you decide to experience it, I recommend that you get started.

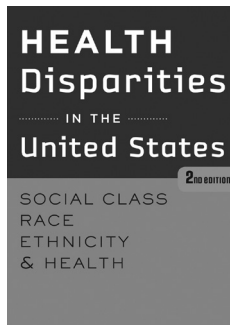
Hugh Silk, MD, MPH

University of Massachusetts Medical School

Health Disparities in the United States, Second Edition

Donald Barr, MD, PhD

Baltimore, MD, Johns Hopkins University Press, 2014, 328 pp., \$54.95, paperback



“It was the best of times, it was the worst of times...”

So said Charles Dickens of 18th century London and Paris,¹ and such could be said as well in the 21st century of health in the United States. We possess the most advanced medical technology in the world, yet on some

measures have some of the worst health outcomes of all high-income countries. In this very readable book, Dr Barr (professor of pediatrics and education at Stanford University) introduces us to the research, concepts, and course materials he has developed for courses on health disparities at Stanford University. An earlier edition was published in 2008, and this second edition adds new material covering child development, behavior choices, and adult health status.

The book's straightforward organization moves from general introductions on the social roots of disparities and the questions of how to define health, to considerations of socioeconomic status, race and ethnicity, child health, how physicians treat patients, and medical decision

making. The final chapter presents his recommendations for what could be done to reduce health disparities. Dr Barr's background as a clinician enables him to move smoothly from consideration of social issues to the dynamics among social issues, human development, and physiology and clinical medicine. As such, this is a book that will make sense to clinicians or clinicians in training who seek more than simply a text on sociology and economics. Conversely, he also explains medical terminology and concepts in a way that should make this text also quite accessible to the nonclinician.

A particular strength of this work is the careful and methodical unpacking of medical and scientific concepts for the reader who may be unfamiliar with these areas. He explores the impact of time perspective on the desire for immediate or delayed gratification and how this may affect an individual's future socioeconomic and health status (pp 46–49), and he also discusses how an increased “allostatic load” (a physiologic correlate of chronic stress) might impair one's resilience and adversely affect health outcomes (pp 62ff). Significant scientific work has taken place to clarify whether or not common concepts of racial differences are correlated with true genetic differences or are primarily matters of culture or ethnicity, or even simply socioeconomic status, and Dr Barr's discussion of this research is methodical and easy to follow (pp 89ff).

While the integration of clinical, social, and economic perspectives on disparity is a clear strength of this book, there are points at which the strength of his argument is undermined by hypotheses that do not have clear scientific validation. For example, after discussing findings of increased “vascular injury” among African Americans, presumably associated with chronic stress, he goes on to hypothesize that the same microvascular changes that occur in the carotid artery could also take place in the uterine microcirculation and potentially contribute to low birth weights (p 139). While the argument makes intuitive sense, his reliance on a leap of faith undermines an otherwise well-documented discussion of health and disparity.

Another area for improvement in a future edition of this work would be to augment the extensive discussion of explanations, with further attention to recommendations. Compared to the breadth and depth of the first 10 chapters that explore the nature and causes of disparities, the final 11th chapter on “What should we do to reduce health disparities?”

seems quite brief. Additional exploration of ideas to ease disparities, or even better, discussion of projects with demonstrable impacts in addressing disparities, would make for a much stronger work and perhaps give added inspiration to the reader to seek to make a difference.

With calls for medicine to pay increased attention to social determinants of health² and specifically for biosocial training to equip health care professionals with the skills to practice social medicine,³ there is a clear need for a concise introduction to this field. *Health Disparities in the United States* makes a significant educational contribution to meeting that need, and it would be well used in teaching clinicians and nonclinicians alike. Perhaps, the book just might remind readers of something else from Dickens:

“No one is useless in this world who lightens the burdens of another.”⁴

William Cayley Jr, MD, MDiv

University of Wisconsin, Department of Family Medicine
 UW Health Eau Claire Family Medicine Residency
 Eau Claire, WI

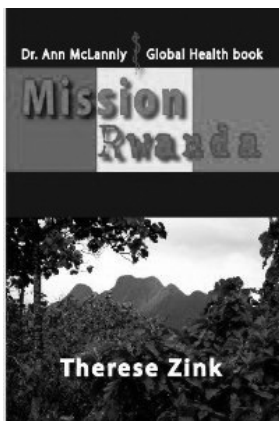
References

1. Dickens C. A tale of two cities. Mineola, NY: Dover Publications, 1999.
2. Friel S, Marmot MG. Action on the social determinants of health and health inequities goes global. *Annu Rev Public Health* 2011;32:225-36. PMID: 21219162.
3. Westerhaus M, Finnegan A, Haidar M, Kleinman A, Mukherjee J, Farmer P. The necessity of social medicine in medical education. *Acad Med* 2015 May;90(5):565-8. PMID: 25406609.
4. Dickens C. *Doctor Marigold*. London: T.N. Foulis, 1908.

Mission Rwanda

Therese Zink

Charleston, SC, Zenterram Press, 2014, 285 pp., \$15, paperback



Mission Rwanda is a raw account of what it is like to do global health and aid work abroad. Taking the reader through the beautiful and the ugly parts of this type of work, the book tells the story of Ann, a family physician running away from her own

problems at home only to be plopped into the middle of a country in turmoil and the beginning of a genocide. Global health work is fraught with ethical dilemmas; *Mission Rwanda* provides insight into these dilemmas while exposing the reader to the most wonderful and most horrible sides of human nature. The characters are rich and layered, and none are perfect, yet they are all doing what they believe is right and just and in their own ways trying to make the world a better place for those they love.

Mission Rwanda is a book that at once inspires you to do global health work, while at the same time it causes you to question the value of such work and to wonder whether it is just another form of colonialism. The book reminds us that nothing in medicine or politics is straightforward and that situations that lead to the destruction of a society are complex and not easily fixable, especially by outsiders who may very well have been the initial cause of those problems to start with.

The story follows Ann, a Midwest family doctor, as she runs from trouble with her family and relationships at home into Rwanda in the mid 1990s. As Ann begins her mission with a global health NGO, she learns about Rwandan culture, meets other aid workers from around the globe, and becomes friends with many local health care providers. As the situation worsens in the hospital where she is stationed and around the city of Kigali where she is working, her priorities change, and her perspective widens.

As the fighting in Kigali begins, the story follows Ann to a refugee camp in neighboring Tanzania and the outside world's reaction or lack thereof to the conflict. As the fighting continues, the violence begins to affect those she has come to know and love, and the situation becomes personal. Resources dwindle, and Ann and her coworkers are faced with the struggle of self preservation, survival, and continuing to provide medical care to an ever-increasing number of patients with fewer and fewer resources.

This glimpse into the mind of a family physician out to save the world as well as herself, using her work as an escape from her own personal and family life, allows us to better appreciate our humanity, and the flaws in ourselves, but also helps us to believe that we are capable of great things and is a reminder why many of us went into medicine in the first place, to relieve the suffering of others by any means possible.