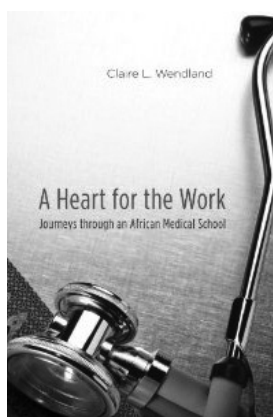


BOOK AND MEDIA REVIEWS

A Heart for the Work: Journeys Through an African Medical School

Claire L. Wendland

Chicago, The University of Chicago Press, 2010, 330 pp., Kindle: \$17.12, paperback: \$27.50.



Global health has taken us all by storm—but we must be careful lest our activism becomes a Desert Storm. Are we drawn to help address the dire needs? Are we motivated by enlightened self-interest? Or is it mostly the adventure? In our earnestness—or

our selfishness—do we sometimes do more harm than good? Have we learned to listen to our beneficiaries, our colleagues, our victims?

Not specifically to answer these questions, and yet undoubtedly aware of them, Claire Wendland has written an excellent qualitative study on the stages medical students in Malawi go through on their way to becoming doctors. Wendland is both a doctor (obstetrician-gynecologist) and an anthropologist, yet is careful to avoid learning using the private lingo of either discipline. She writes to be understood by a wider audience.

While the core of her research—the description of Malawian medical students' trajectories of development as doctors—is in Chapters 4 and 5, the strength of the book is setting this material in several layers or contexts. The first is an ongoing comparison and contrast with the stages already described for medical students in Europe and North America. While both Northern and Malawian medical students go through similar processes of detachment in understanding the body scientifically, Wendland noted significant differences in the clinical years. For example, while both Northern and Malawian students get overwhelmed and even cynical during the clinical years, the focus of their response is quite different. Northern

medical students often become angry at their patients; Malawian student anger is instead toward the inadequate systems claiming to care for them.

Then Wendland places the Malawi experience in the wider context of who goes to medical school there (Chapter 3) and what their options are after they leave (Chapter 6). Then all of this is set in the still larger context of “Medicine and Healing in a Postcolonial State” (Chapter 2), including all the ongoing influences of “vernacular healing, colonial medicine, and mission medicine.” Finally, in Chapters 1 and 7, Wendland sets all this medical teaching—biomedicine itself—in the context of critiques of the scientific approach, exposing it as one of many stories of healing. Our biomedical story is that “science is neutral, transcending culture.” But social scientists and historians often see biomedicine as “deeply cultural [and] value-laden” rather than neutral. In Chapter 1 she calls the scientific story the “moral order” of medicine, but by Chapter 7 she downgrades this to a “moral economy, constantly recreated and renegotiated in specific historical, material, and political milieus.”

Who would want to read a book about the training of Malawi medical students? My first response, on reading this book, was to see it as important primarily for those involved in global health—and it certainly contains excellent descriptions of some of the realities of medical care in Africa. On closer reading, I realized that anyone involved in medical education could benefit from reading this, as it highlights the distinctiveness of Western medical education when seen in the context of the sometimes different trajectories that Malawi students take.

But then I realized that there is even more here, especially for family physicians. While many Western doctors have welcomed our “authority over nature and the body” with its resulting “technological orientation,” family medicine has chosen to hold these approaches in tension with the sometimes messy work of simply being with our patients. Often, however, Malawian doctors have no choice. Of course many do get discouraged and angry; many

leave. But in their resource-constrained place, Wendland discovered that some find “gifts of work amid the trauma.” Without some technologies, they become more resourceful; instead of embracing authority, they sometimes choose teamwork, some respond to their apparent helplessness with growing empathy, and some (maybe not the majority but still some) express their nationalism with activism. These values may remind us of some of our own history, especially the counterculture values of an earlier generation of American family medicine that Stevens and Stephens described in the April 2001 issue of *Family Medicine*.

This is a very good study and should be read widely, especially by anyone interested in medical education in developing countries. That it reveals even more on a second reading illustrates how rich it is and how much there is here to chew on. In the first chapter, Wendland says those “in a hurry” should find her “major argument” in Chapters 1, 5, 6, and 7. Don’t take her advice; don’t be in a hurry. Read the whole book.

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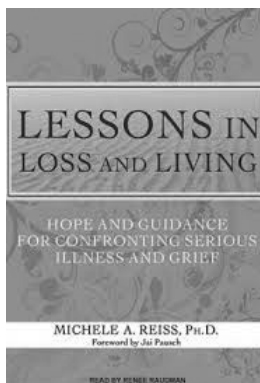
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Lessons in Loss and Living: Hope and Guidance for Confronting Serious Illness and Grief

Michelle A. Reiss

New York, Hyperion Books, 2010, 215 pp., including resources, \$22.99, hardcover



Michelle Reiss, PhD, director of Behavioral Sciences at the St. Margaret Family Medicine Residency Program in Pittsburgh, PA, uses *Lessons in Loss and Living* to share her many experiences and insights derived from counseling

persons with loss and grief. As a person who does similar work, I can appreciate her warm and caring approach to this area of health care. I am confident that those who have entered her counseling room benefited from her caring approach and comfort. One couple she traveled with along the horrific road of a terminal illness was Dr Randy Pausch and his wife, Jai. As you may recall, Dr Pausch was the author of *The Last Lecture* and died of pancreatic cancer. Jai wrote the foreword to the present book and describes how Dr Reiss helped her and her husband “to continue to live and not shut down” as her husband was dying.

The book proceeds from the outset to confront the difficult situations of life from giving bad news to the reactions persons may have to death or a terminal illness. There are key points that are underscored from Dr Reiss’s years of experience such as “dosing” the giving of bad news, questions that help to focus upon the importance of life’s moments, and keeping a positive focus on the growth that can come at the end of life for some. The book includes a “Dying Patient’s Bill of Rights,” which is not original with this book but a helpful appreciation of respectful treatment of such patients. There are specific chapters on dealing with families, children, adolescents, and the often more intense challenges of sudden and unexpected loss of a child. Dr Reiss emphasizes the importance of proper listening and presence and how small gestures can be very meaningful.

For a topic that is avoided by much of our society and even rarely discussed by health care professionals, this is a sensitive and hopeful book. It would be a nice addition to medical student or resident education. It is filled with stories that illustrate and, at times, bring tears to the reader. I did tend to get a bit bogged down in so many stories and had to mine the nuggets of teaching from them. However, especially for those who have not worked with persons in this capacity, this book could be invaluable as a precursor to the real life interactions those of us in health care face in the care of our patients. Also, for those of us who have been working on the front lines of care for awhile, this work is a reminder of the sacred places we enter with those who have or are experiencing loss and grief.

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