Education for Health, *Vol. 14, No. 1, 2001, 129–133*

Book Reviews

A Piece of My Heart: Living Through the Grief of Miscarriage, Stillbirth, or Infant Death
MOLLY FUMIA
Conari Press (2000)
200 pp., ISBN 1-57324-510-0, US$14.98

"Death, which is no respecter of persons, is no respecter of numbers either. And in death's mysterious mathematics, the pain at the loss of a single child can be infinite, while the pain at the loss of six million lives can be... no more than infinite."

A Piece of My Heart provides a practical way for women and their families to approach perinatal loss. It is highly personal and demonstrates significant self-reflection. The use of quotes throughout the book from Elie Wiesel, a Holocaust survivor and prominent rabbi, illustrates the universality of grief. The practical advice shared in the concluding portion of the book provides, for the health practitioner and student, a window into the words every woman wants to hear and feel in their hearts after their hope of a healthy normal pregnancy is gone. Physicians are well advised to think before they act when they must share bad news with a pregnant woman. This book provides valuable insight that will help obstetricians, pediatricians, family physicians, students and residents work with women in difficult times.

Molly Fumia shares a precious gift with us. She recounts the events of her newborn son's death. She tells us of her grief and the psychological and physical illness with which she dealt in the years following his death. Loss of a loved one, especially a child, is devastating. Stress and distress develop when someone does not deal with the unexpected loss of a loved one in a healthy way and may contribute to or worsen an illness. Can grief help us be more human? Are there healthy ways to grieve? This book clearly demonstrates that healthy grieving does help us be more human. Remembering is part of life. It helps us to place events that seem out of our control into a context and framework we call our life story. When a person is able to share an experience of grief in an open and loving relationship, both physical and spiritual healing may occur. Often other difficult past experiences can then be seen as a more positive part of the tapestry of life.

Loss of a loved one often occurs in the context of medical care. However, the medical community has often been described as unsupportive in the grieving process. Obstetricians participate in loss with women in miscarriage, fetal anomalies, complicated preterm birth, stillbirth and neonatal death. Molly Fumia provides a clear and detailed explanation of the effect that her physicians had on her after the unexpected loss of her newborn child. Unfortunately, there is rarely formal training during medical education for counseling and support of women and their families following an unexpected loss in pregnancy. However, medical personnel are beginning to recognize the importance of spirituality as a significant part of how a person experiences death and disease. This book and others like it can function as a

Education for Health ISSN 1357–6283 print/ISSN 1469–5804/online © 2001 Taylor & Francis Ltd
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springboard to teach students and residents how to be with and support patients and their families in their time of grief.

This book calls for a paradigm shift in the role physicians can play in the setting of fetal and infant death. As patients insist that physicians recognize the spirit as well as the physical, the care provided to them will change. Physicians will feel blessed and honored to hear stories like the one in this book. They will see the potential for healing that exists in every illness and loss. Medicine in the 21st century will allow more human and holistic care for those who are grieving, and illness will be more clearly associated with emotional and spiritual distress. Prevention of illness will be linked to supporting someone in the grieving process. Being with someone in their grief is an integral part of helping them heal and has the potential to dramatically change the course of health and illness in their lives. Molly Fumia provides both parents and health care providers with a gift that will help them deal with the loss of a fetus or infant.

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Clinical Judgement: Evidence in Practice
R.S. DOWNIE, JANE MACNAUGHTON & FIONA RANDALL, Oxford University Press, Oxford (2000)
201 pp., ISBN 0-19-263216-7, £19.95

The recent hue and cry in American presidential politics for a ‘patient’s bill of rights’ includes a list of election year promises that medical decisions will be ‘taken away from HMO bean-counters and administrators’ and given back to voters’ personal physicians. This book offers an ethical and philosophical foundation for US politicians’ assertions that clinical judgments should be made by informed, humane physicians who know the circumstances of their patients, not by plugging numbers into evidence-based protocols.

In their first three chapters, the authors take us through a well-organized. philosophical journey to argue for educating (not just ‘training’) physicians who can wisely assess and humanely apply scientific evidence to the individual patient encounter. In Chapter 1, they remind us that subjective human judgments color the results and interpretation of even the most ‘objective’ research study. For clinicians who teach residents and students, Chapter 2 offers a most interesting and practical discussion of the process of making clinical judgments. The authors skillfully use case examples and anecdotes in the chapter to illustrate the tasks of molding scientific studies into usable clinical evidence. They assert that making sound clinical judgments should be based not only on the evidence, but informed by how the evidence meshes with the doctor’s knowledge of a patient’s hopes, concerns, and preferences. The third

chapter discusses what it means for physicians to be 'humane' in their judgments and sounds a loud warning bell against paternalism, medical affectation, consumerism, sentimentality, and, yes, even 'too much medical ethics' as potential enemies of a doctor's humanity.

Chapters 4 and 5 take the reader on a distinct side trip to explore 'good judgment' in the realms of public health, politics, and 'resource management' (a euphemism for health-care rationing). While I find these two chapters interesting, they disrupt the flow of thought and argument regarding the major aim of the book—describing and teaching the elements of thoughtful, humane *clinical* judgment.

Chapter 6 picks up the thread of discussion from the first three chapters by suggesting how the arts and humanities can be integrated into medical training to foster students' growth toward making humane clinical judgments. The authors describe special study modules (SSMs) designed to broaden medical students' educational experiences. Their primary argument is that such explorations into the arts and humanities will help educate doctors who can use 'technical judgment and humane judgment, governed by ethical sensitivity' to engage in the best sort of evidence-based practice.

The book feels like a six-session graduate school seminar course that stimulates intellectual curiosity by weaving lessons in history, philosophy, ethics, the arts and humanities into hypotheses to be dissected and challenged in lively classroom discussion. Just as with the best of graduate courses, there are passages of esoteric, tangential content that make me want to sit in the back of the class and nap for a few minutes. But for the most part, the authors outline a well-organized, cogent, engaging discussion of the intersection between scientific, evidence-based medicine and humane clinical judgment that will appeal to thinking physicians who see their calling as educating physicians to think.

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The World Health Report 2000—Health Systems: Improving Performance
REPORT OF THE DIRECTOR GENERAL
World Health Organization, Geneva (2000)
xix + 215 pp. ISBN 924156198X, US$13.50, Sw.fr. 15 (Sw.fr. 10.50 in developing countries)

Last year in my review of the *World Health Report 1999—Making a Difference*, I noted that I was surprised and disappointed that 'the education and training of health personnel was not mentioned once in this Report of the Director General'. From less than 500 words in the 1998 report, the entire section on Human Resources (HR) had totally disappeared from the 1999 map. But I commented, in a hopeful spirit, that I had been informed that the 2000 Director General's Report would be devoted to

'Health Systems'. Rejoice, dear EfH readers, the 'return of HR' is at the end of the tunnel.

The 2000 report is indeed concerned with health systems but, unfortunately, I am not sure that HR has returned. This annual WHO report has always been made public by the Director General in early May for the benefit of the Distinguished Delegates at the World Health Assembly. This year its appearance was delayed until 21 June. I was told that I had made an error in confusing the *World Health Report* with what was in earlier years called the *Report of the Director General*. I did not know that in January 1994[1] the WHO Executive Board decided that in response to global change, there was 'an urgent need to make the present *Report of the Director General* on the work of WHO a more analytical and evaluative report on what WHO is doing in relation to global health needs and priorities'. Further, it was decided that this report would be 'directed to *non-medical* professionals particularly those who decide on the allocation of resources for development activities'. This report, at an estimated net annual cost of US$280,000, would be 'oriented on the solution of specific problems [and] in depth analysis of two or three selected issues, different each year'.

No wonder I've been unable to extract for you the pearls of Human Resources from this new oyster. The subject of Human Resources has not yet been selected for 'in-depth analysis'. Under the smiling face of Dr Gro Harlem Bruntland, the 2000 report states that 'the boundaries of health systems should encompass all actions whose primary intent is to improve health'. This is quite reassuring. Even more reassuring, 'their defining purpose [which] is to improve and protect health [by] generating the *human* and physical *resources* that make service delivery possible'.

A glance at the table of contents led me to Chapter 4, 'What resources are needed?' and my heart started beating faster with the following strong subtitle 'Human resources are vital'. Here in 3 pages (out of 151 pages plus 50 pages of statistical tables) I am told that 'the human resources bill is usually the biggest single item in the recurrent budget for health'. Other strong statements indicate that, in spite of the fact that 'there are no easy answers in the area of HR development', WHO seems to be on the track clearly traced by Halfdan Mahler and his group a quarter century ago when they stated: 'Health systems (...) require qualified and experienced staff to function well [with] a balance between the different types of health promoters and care-givers [trained] with strong practical foundations (...) exposing service providers to new thinking and development (...) in the locations where [they] will later practise'. EfH readers will easily recognize with satisfaction an approval of the team approach, which includes PBL and community-based education.

A specific Human Resources question is raised: 'What is the level of skills and knowledge required to deliver services?' Unfortunately, the report does not indicate where or even if a reply is provided. No problem. This lack of information has never stopped medical schools from awarding medical degrees. Further, the lack of instruments of adequate validity to assess whether their graduates had 'the level of skills and knowledge required to deliver services' is not known to be a priority concern for most medical schools. But this issue appears obviously very serious and complex to the authors of the report who mention, 'Formal training of health workers, particularly for highly skilled staff, too seldom reflects the actual tasks being performed. This is wasteful and demoralizing. It is not clear why then the authors

state that 'health system can have plentiful HR with excellent knowledge and skills'. Trained where and how is not divulged. Did I confuse you?

Economic aspects of HR are not forgotten. The report points out that 'Inadequate pay and benefits rank as the most serious problem confronting the public sector workforce in many countries'. Words concerning 'money' (17 quotes, that is once every nine lines of this chapter) are more frequent than those linked with the habitual HR jargon. It reads like the *Financial Times*: 'financial incentives' (four times), 'inadequate pay and benefits' (four times), 'income' (twice) or 'income supplement' (once), 'financial compensation' (once), 'earnings' (once) 'informal payments' (once), 'charges' (once), 'investment' (once), and finally 'costs' (once).

That is all I could find with my HR glasses. I plead incompetence for the rest of the report. I am not an economist. As a French citizen and a work-trained public health person, I was as surprised as anybody else to read that France was No. 1 in 'overall health system performance' in close run with San Marino and Andorra. I did not tell my Italian friends that Italy was No. 2 because I did not want to interrupt them in their long weekly tirade about how badly the Italian health system is performing. I advise all my friends from the USA (No. 37) to move to English speaking Malta (No. 5) which has nicer weather than steamy Singapore (No. 6).

As the WHO Report 'aims to stimulate a vigorous debate about *better* ways of measuring health system performance'. I suppose, dear EfH reader, that you will agree with me, that the authors of the *World Health Report* are No. 1. But let us be serious. WHO should be commended for providing a wealth of stimulating information, addressing issues of fairness, inequalities, and more. Responsible national community-oriented initiatives would most likely have more influence on health and well-being than how HR will ever perform. Let us keep hope and let WHO continue the good fight.

Note

1. EB93/11 add.1 and EB93(6), 12th meeting, 25 January 1994.

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