

“And my daughter? Wants to come down to see me, you know, she’s got a kid of her own. I’m just, I’m just ... my head is spinning, I want to be there for them, but, like I say, I can’t do nothing for ‘em if I can’t take care of myself first, right? Right, Bill?”

“That shows some good insight.” Bill urges him on, so encouraging.

“She looks so god damn much like Doreen, you know? Just like her, I mean, I can’t even look at her ...” His voice trails off but he looks intently at

underwater, in your own little world. Silent and protected, indistinct.

“I can’t help but question,” Jack continues, “you know? Seein’ that girl up in New Glasgow? They found her body, 19 years old, she was. And now the girl over in Shubie Park, too, can’t help but wonder if that’s what happened to Doreen.”

He’s referring to two recent murders in Nova Scotia. The women’s bodies found discarded in wooded areas. No witnesses, no answers. He’s leaning

**I can see the temptation to let go, to stop struggling, just slip back underwater, his own protected world.**

Bill who nods empathetically. It’s obvious he has heard about Doreen before. She left him? I wonder. The drugs, maybe? I get my answer soon enough.

“It’s a lot at once, you know, everything coming at me. Being on crack, you know, it’s like you’re underwater. Can’t hear none of that noise around you, can’t see nothin’ clearly, and now it’s coming at me, all at once.”

Underwater. It’s a good analogy, both figuratively and literally. That’s why I always liked swimming, I think to myself. You can check out for a bit

forward, talking fast. “And now I’m hearin’ they’re missin’ another one in Dartmouth too, you know?” I had noticed earlier that Bill had a photocopied missing person poster in the van, a 19-year-old girl’s picture on it. Melissa, I think.

We’re silent as he scans our faces — Bill’s, mine, the friend’s, who stares ahead, his jaw clenched. I realize he’s genuinely asking us, grasping for an answer of what happened to Doreen, for some sort of closure that’s beyond the scope of what any of us can pro-

vide. I wonder how long ago Doreen disappeared, if she’s the mother of the adult children he mentioned earlier, if their re-entry into his life is igniting the questions he’s wrestling. If the questions were there all along, just submerged by the rising tide, only to be revealed on the raw, jagged bottom that’s left exposed in the ebb.

“I see her mom all the time, too, you know, Doreen’s. At the NA meetings. Always on me, she blames me, I know she does. It’s heavy, you know?”

It is heavy. I can feel the weight of his emotions, his experiences and questions, can see the temptation to let go, to stop struggling, just slip back underwater, his own protected world. Jack finishes up, takes a number from Bill for an addictions services counselor. A grief counselor, Bill explains, to help “finally deal with Doreen’s disappearance.” They shake hands, and Jack steps back out into the whipping rain, vulnerable with no jacket. Exposed to the water.

#### **Carolyn Reardon BA MSc**

First year medical student  
Dalhousie University  
Halifax, NS

The author confirms that the patients in this work are fictitious, but “Bill-the-nurse” is a real person. He has given his consent for this story to be told.

CMAJ 2013. DOI:10.1503/cmaj.112132

## BOOKS

### The doctor–person relationship

#### **Whole Person Care: A New Paradigm for the 21st Century**

Tom A. Hutchinson, editor  
Springer; 2011

“It’s like I wasn’t even there,” was the complaint of a patient whose arthritic knee had just been replaced. The operation was a complete success as evidenced by the 70-year-old woman’s recent golf score. The surgeon was courteous and compassionate and their discussion was

not rushed, but still the clinical encounters left her “cold.” What, if anything, was missing? And how cold did she feel after her encounters with me?

A central idea in *Whole Person Care* is that physicians are simultaneously involved in two therapeutic relationships: one with diseases and another with the patient. Treating diseases involves noting that a patient has rheumatoid hands, while healing the person requires noticing that hand used to bear a wedding ring. But *Whole Person Care* is not a collection of tips for seeing the person; it is an entreaty for

physicians to rethink what they are doing and why.

The book left the image of a Greek mosaic burned into my mind: a weary patient approaches the physician Hippocrates for treatment in the foreground, while in the background Asklepios, the god of healing, steps off his boat towards the patient. The patient’s gaze is fixed on Asklepios who is centrally framed such that Hippocrates is less prominent despite being in the foreground.

The Hippocratic and Asklepiian sides of the dichotomy have comple-

mentary goals and approaches: survival versus growth, curing versus healing and holding on versus letting go. While these ideas resonated with my desire to provide more holistic care to patients, the lack of practical tips in the book made me wonder how whole person care differs from less holistic care in practice. Chapters such as “Whole Person Care on a Busy Medical Ward” held the promise of useful instructions, but instead delivered a reiteration of the central thesis of the book among moving narratives. These expertly told patient stories emphasized the need to consider the Hippocratic–Asklepian dichotomy. The lack of concrete advice left me wondering, however, if only gods like Asklepios can understand healing.

The “Prevention and Whole Person Care” chapter provided the most concrete, important and interesting implications in the book. This chapter contrasted whole person preventive strategies, such as exercise promotion, which has multiple short- and long-term benefits that are congruent with the values of patients, with conventional cholesterol screening, which focuses on life-expectancy and disease prevention.

Future iterations of the book might include a chapter on family medicine since preventive care (or health promotion) is just one aspect of primary care and, if any Canadian physicians are going to bring whole person care to the masses, it will likely be family doctors. The Royal College of General Practitioners in the United Kingdom recently released a report entitled *Medical Gen-*



Tedmek

Asklepios (centre) arrives at Kos unnoticed by Hippocrates (left).

21st century.” I suspect that this is not an entirely novel paradigm and so a historical perspective that filled in the gap between Hippocrates’ time and our own would have been a welcome addition to the book. A richer historical context would have helped to frame the valuable and sophisticated discussions of topics such as the implications of whole person care for medical education and professionalism.

Parts of the book are valiant efforts to articulate complex ideas and some passages, such as the following one,

*things.* “Who does things” was the only part of that sentence that (I think) I understand, but its significance still eludes me.

It is likely that I will never fully grasp the ideas buttressing whole person care, but I feel I still benefitted from the elucidation of the Hippocratic–Asklepian dichotomy and the powerful stories in my struggle to provide better and more holistic care for the people I call my patients. Perhaps a clear understanding of whole person care is not needed to provide it. In the Greek mosaic Hippocrates’ view of Asklepios is obscured so that the healer arrives without the knowledge of the physician.

#### Navindra Persaud MD

Staff physician  
Department of Family and Community  
Medicine  
St. Michael’s Hospital  
Toronto, Ont.

#### Reference

1. Royal College of General Practitioners. *Medical generalism: Why expertise in whole person medicine matters*. London (UK): The College; 2012.

CMAJ 2013. DOI:10.1503/cmaj.121163

## Physicians are simultaneously involved in two therapeutic relationships: one with diseases and another with the patient

*eralism: Why expertise in whole person medicine matters*<sup>1</sup> that emphasized the multiple essential roles that primary care providers and other generalists play to ensure people get the care they expect and deserve.

The subtitle suggests that whole person care is “a new paradigm for the

passed far above my head: “A person is an embodied, purposeful, thinking, feeling, emotional, reflective, relational very complex human individual of a certain personality and temperament, existing through time in a narrative sense, whose life in all spheres points both outward and inward *and who does*