nity-based prenatal care or to the larger community of non-obstetrical family physicians.
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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 realist 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, eg, 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 sabatical (a former staple of academic posts that
if still available is less likely to be funded), the value of the lunchtime casual meeting with a colleague (a lunchtime devoid of patient care responsibilities in an era of overbooking and increased paperwork is a rare luxury), and finally the recommendation that female physicians have full-time housekeepers and live-in nannies (where is the external funding for this?)!

In summary, I admire and commend the authors for reminding present physicians of the proud elements (including volunteerism) of their professional heritage and calling us to bind the wounds of the present so as to build a future in which we may “regain the privileged position of trusted advisor.” However, the text suffers from more platitudes than pragmatism at times, such as advocating the inherent rewards of teaching without adequately addressing the numerous pressures that conspire to distance us from our learners, instruction without acknowledgement of common realities (e.g., writing out instructions for elderly patients—if the patient cannot read or is non-English speaking?), and written more for the halcyon days of the community coming to the University/Academic Health Center instead of highlighting the efforts and needs of academic medicine to establish a greater presence in the lives and communities of patients.

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INTRODUCTION
Preserve means - make sure something lasts; to keep something protected from anything that would cause its current quality or condition to change or deteriorate or cause it to fall out of use; maintain something; to keep up or maintain something. Let us not know that God’s word is relevant in every age, for if the principles are applied in every age they get the best of all results.

8 For if these things are yours and abound, you will be neither barren nor unfruitful in the knowledge of our Lord Jesus Christ. 9 For he who lacks these things is short-sighted, even to blindness, and has forgotten that he was cleansed from his old sins. collapse, preserving the environment and developing equity between rich and poor.

The 21st century is God’s century (toft, philpott and shah): how in the twentieth century religion was supposed to stay out of the secular public life and how surprised many observers have seen the eruption of religion politics in recent years. The role of religion is not destructive, it can also lead to tolerance and provide a positive voice. Religion in the new world order (juergensmeyer): the rise of religious politics as a response to globalization and the weakening of the nationstate. The religious activists