The editors of this textbook are respected national leaders in the field of family medicine. They have carefully selected a panel of authors, most of whom are family physicians, while others are experts in their respective fields and include pharmacologists and social workers. The style of this textbook is unique, marrying the traditional approach to diagnosis and management of diseases with evidence-based data, psychosocial and cultural aspects of diseases, and the doctor-patient relationship. Textbooks from other specialties do not take this approach, again highlighting the uniqueness of family medicine, and underscoring the need for such a reference. Future editions of this text should consider including points in each chapter on cost-effective provisions of care, given family medicine’s vital role in the ever-present era of managed care.

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The Healing Tradition: Reviving the Soul of Western Medicine,
David Greaves, Oxford, UK; San Francisco, Radcliffe Publishing,
2004, $39.95, paperback.

Since the Enlightenment era, it has been increasingly difficult for physicians to maintain an appropriate balance between the science and the art of medicine. Both patients and physicians call for more technology and scientific advances to solve medical problems, yet complain that technology and science are responsible for dehumanizing medicine. The specialty of family medicine arose in part in response to this dilemma. Its philosophy and practice are largely based on Engel’s biopsychosocial model of medicine, replacing the strictly biomedical one that dominated—and some would claim, still dominates—the practice of medicine. In a recent article in the Annals of Family Medicine, Borrell-Carrio and colleagues review and expand on the model Engels first proposed more than 25 years ago. They describe and add to its essential components, including the importance of psychosocial factors, complexity theory, and physician “mindfulness” to the healing process.

David Greaves, in his new book titled The Healing Tradition: Reviving the Soul of Western Medicine, claims that the biopsychosocial model does not go far enough in bridging the gap between the art and the science of medicine. Greaves is a British physician (Greaves admits he has not practiced clinical medicine since 1970) with an interest in the philosophy and goals of medicine. His book consists of 11 essays, eight previously published in various journals between 1988 and 2002. I recommend reading the last two essays first, particularly the final chapter titled “Reflections on a New Medical Cosmology,” (note to reader: there is much repetition in this book. I believe the reader will get the gist of what Greaves is trying to say by reading a handful of his essays). In this chapter, he outlines a theme that runs through the others: true healing (including essays on new ways to think about heart attacks, dementia, inequalities in health care, the medical humanities, and alternative medicine).

True healing, as described by Greaves, has its roots in “humoral” medicine as practiced by Galen in the third century and continued until the beginning of the modern age (~1600). Healing entails a restoration of balance—in ancient times, between the humors of blood, bile, urine, and phlegm; today, between the chemicals in the body, between patients and their families, between patients and their environments, and between patients and their cultures. To train physicians to understand this balance and to help patients maintain such a balance, it is not enough to add medical humanities to a physician’s scientific education. A radical transformation—one that transcends the biopsychosocial model and centers its attention on a unique, suffering individual, is required. Greaves is short on details of how this transformation can be achieved. Those physicians with an interest in the history of ideas and the philosophy of medicine will find his essays intriguing. Those looking for practical applications of ideas should look elsewhere; this is a book of theory and philosophy.

I particularly enjoyed his essay on partial patients—patients who are not really “sick” but have a great potential to become ill, eg, asymptomatic patients with hypertension, elevated cholesterol, or risk factors for HIV. Greaves writes, “For doctors, partial patients are essentially the same as other patients who, if they disagree with the medical view, need to be persuaded to conform. The assumption underlying this position is that medicine is unequivocally beneficial if the profession can screen for and treat or prevent medical conditions or prevent recurrence, even if only on a statistical basis. Any problems screened patients have are then seen as unfortunate side effects to be managed in the best possible way but are not regarded as a challenge to the medical view” (p. 119).

Greaves’ essay reminds physicians to think twice before writing prescriptions for cholesterol medications or recommending routine colonoscopies for every patient, despite what expert guidelines say. Whether it is the right thing to do depends on the specific characteristics of every person looked at from multiple perspectives—scientific, personal, social, financial, and cultural—perspectives that respect the uniqueness and wholeness of the person.

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REFERENCES
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Consider the benefits of concentrated rest for your body, mind, and soul. We would be wise to reclaim the practice of resting one day each week. Consider the benefits of concentrated rest for your body, mind, and soul.

Chinese medicine showed an improvement in allergy symptoms for 85% of patients (vs 40% for the control) group. It was safe and well-tolerated. What's not to like? The Healing Tradition argues that Western medicine is fundamentally flawed because it fails to provide a healing environment for both individuals and society, and indicates potential ways to correct this through an integration model of medical humanities. All health professionals and those with an interest in medical humanities will find this book valuable reading.