
Book reviews

Unhealthy Societies— the Afflictions of Inequality

Richard Wilkinson, London,
Routledge, 1996, xi + 255 pages,
£17.99 (sc).

Why read this book? Read it if you are interested—professionally or otherwise—in the current state of society and the effects this has on our health. And in this case read it even if the complexities of epidemiological research, of anthropology, of social psychology, economics, history or politics are not your home-ground: for though the book draws on all these areas it can and should be read from cover to cover.

Wilkinson's thesis concerns the relationship between *relative* income and mortality. He shows this relationship to hold very strongly within a given society or social grouping, ie it is the *distribution* of income rather than its absolute level which seems the more important, particularly so in developed countries. Wilkinson shows early on how relative deprivation becomes a major determinant of health once a society has passed through the so-called "epidemiological transition"—where predominantly infectious causes of death give way to predominantly degenerative causes (cancer, cardiovascular disease, stroke etc), and where the stark relationship between life-expectancy and per capita income declines as absolute incomes rise. (Interestingly, this also seems to mark a change in the social distribution of some major diseases including most importantly coronary heart disease: in affluent societies the so-called "diseases of affluence" actually shift to the *poor*.)

Wilkinson then looks for possible explanations for those inequalities in health that are associated with living standards. Genetics, and anomalies of classification or measurement, are shown to contribute nothing; the effects of social mobility, medical care and individual health related *behaviour* provide only a partial influence. This leaves as the major influence the effects of the social and economic circumstances in which people live. "Health . . . gives us a handle of hard

data on the subjective impact of experience . . . [We] are discovering the toxicity of social circumstances and patterns of social organisation."

Wilkinson develops the case for regarding *relative* income as the more important factor, by re-examining existing data from a new conceptual standpoint, illustrated by neat historical case studies. He considers on the one hand societies experiencing a rapid compression of income distribution, accompanied by dramatic improvements in life-expectancy (as, twice, in wartime Britain); and on the other hand societies experiencing a rapid widening of income differentials, resulting in a breakdown of community cohesion and a sharp increase in deaths from coronary heart disease (as in the small close-knit Italian-American community of Roseto, Pennsylvania in the 1960s). The picture starts to emerge strongly: "inequalities are not an inescapable fact of modern life".

From here the author develops the concept of *social cohesion*. He draws on a wealth of anthropological literature, and on ideas from the field of social psychology, to establish the reality of this concept and, more significantly, its crucial role in human health. The huge themes this raises are worth some quotation: "[We] live in ways that are not conducive to social harmony because we are protected [by an overriding authority] from most of the social consequences of doing so . . . only under [that authority's] jurisdiction can the complaints of the dispossessed be safely ignored. "[We] come to believe that human beings are by nature what their culture suggests they are . . . [We] fail to realise how soon a different social order might come to seem a reflection of a different human nature."

The latter part of the book deals with the possible physical pathways involved. One of the most plausible is the role of chronic stress mediated through the hypothalamic-pituitary-adrenal axis linked to raised corticosteroids, central obesity, insulin resistance, poor lipid profile and increased blood-clotting—with evidence linking all this to the social ordering of the population.

The range and depth of this book do not lend it to compression, since it reads as a whole: it gathers weight and

momentum and it strikes up major themes which seem to resonate and coalesce of their own volition, while maintaining an open and balanced feel. The merits of this book lie not only at the level of detailed content (which will inevitably date as research moves on). It can already be seen as a pivotal point in the direction of related research. Its methodology is attractive to the medical humanities, because it runs counter to the fashion for sub-disciplines guarding ever-smaller areas of exclusive expertise, and because it deals with complex issues straddling several disciplines. The value of *conceptual* thinking is outstandingly demonstrated, as "evidence" takes on new meanings from different viewpoints. Moreover it refocuses attention on the subjective quality of life as crucial for assessments of social vitality, making material and economic aspects of secondary and indirect importance.

Finally the text is accessible, it assumes no specialist knowledge, and it manages to evoke genuine excitement at the "first views of the landscape ahead". Read on!

RICHARD EVANS
General Practitioner, Swansea, UK

Clinical Judgement— Evidence in Practice

R S Downie, Jane Macnaughton,
Oxford, OUP, 2000, 212 pages,
£19.95.

The authors define the aims of this book as being: (1) to make a case for the centrality and irreplaceability of clinical judgment; (2) to identify the elements of good clinical judgment, and (3) to suggest how these might be developed by using the humanities in medical education.

The book's message could be summarised as "evidence based practice is not enough". The case is made by looking at four elements of judgment. Science is not merely a question of facts but also of their interpretation and the construction of theories, matters of judgment. Clinical judgment is needed to apply the general principles of scientific medicine to the individual, who is never identical with the average patient. The two chapters which discuss these topics, although worthy, are

in the traditional rather ponderous style of British philosophy, and might have least appeal for those who most need to read them.

The chapter on humane judgment is easier reading and more interesting, exploring the relationship between autonomy, consumerism and professional judgment. A brief chapter on judgment in public health is followed by perhaps the best chapter, a clear account of both the facts and values of rationing. This would be an excellent text to give on an introductory course on this important issue, and I have little doubt that I shall use it as such. The final chapter rehearses the arguments in favour of the medical humanities, which are likely to be well known to readers of this journal.

Paradoxically, perhaps because of my background in experimental psychology, I couldn't help feeling that many of the chapters could themselves have benefited from a bit more evidence—particularly those on clinical judgment and the benefits of teaching the humanities, where empirical research has as much to teach us as philosophy.

The book certainly makes the case for clinical judgment, although not always in a very accessible way. Whilst it includes some interesting insights into the nature of clinical judgment, and into the place of medical humanities in its development, I did not feel that the authors really achieved their second and third aims. As a whole I found it hard to see for whom the book was written. Those committed to the view that medicine is both a humanity and an art will find little new here, whilst those still locked in a positivist time-warp (and sadly there are still many such souls in purgatory) might find the style too discursive and philosophical to stick with it.

PETER TOON
General practitioner, London, UK

Just a Head: Stories in a Body

Denise Fassett and M R Gallagher,
Australia, Allen & Unwin, 1998, 148
pages, £12.99

"I was no longer an academic, a runner, a skier or a traveller. Essentially I became just a head. My body was gone: I was no longer a physical being." This is how M R Gallagher, previously a diabetes researcher and triathlete from Tasmania, begins this account of

her five-year experience of illness, cowritten with friend and nursing lecturer Denise Fassett. After an asthma attack and ten days in intensive care she found she was unable to move her arms and legs, had difficulty swallowing and continuing problems breathing. Tests did not reveal a cause and as she becomes more and more disabled, M R finds herself in the "medical wilderness of the psychosomatic". There is no cure. Five years later she remains in a nursing home, wheelchair-bound, with poor vision and generalised pain. She is surrounded by and attached to the paraphernalia of disability: a catheter, a feeding tube, and a voice-activated computer. The reader is ultimately left uncertain about whether there is a physical diagnosis. M R's experience of her illness has led her to campaign for her own and others' assisted suicide and she plans a PhD to explore the doctor-patient relationship.

At the heart of the book is M R's struggle for a physical diagnosis. Her faith in science, the hospital's apparent narrow-mindedness, her disembodiment through the experience of hospitalisation and lack of diagnosis become a potent barrier to recovery. When the doctors finally give up and she becomes a "psych consult", her condition deteriorates dramatically. She herself, her co-author, Fassett, and perhaps some of the hospital staff, equate this label with blame, stigma and a disease that is no longer "genuine". She is happy to receive psychotherapy and antidepressants for her depression but not to treat her physical symptoms.

Fassett is explicit in her aim as co-author to tell M R's story as an "ill person", using narrative as a "research technology", not to find out why she has become ill. In doing so she narrows the scope of the book but provides a rarely performed service of documenting the distressing situation in which patients with severe unexplained symptoms in a medicalised setting can find themselves. M R's inability to obtain a label to legitimise her symptoms only seems to make her more ill and angry. Doctors, nurses and other professionals emerge murkily from the narrative. They are largely distant, unsympathetic figures who are portrayed emphasising M R's objectification of her body.

At one point M R reminds us of Smyth's adage: "ask not what disease the person has but what person has the disease". Paradoxically, this book, conceived as the story of a personal journey through illness, fails to answer this central question. Behind Fassett's

insistent intellectualisation, I felt I learnt very little of M R's everyday life, her relationships, her family and her prior history. I was disappointed that the book didn't tackle some of the crucial issues. How can a person end up in such a disabled state if there is no apparent cause? Has the medical system colluded to make her ill? Would a label early in her disease have helped her to get better? Why does she think she will never get better? In M R's case, like many others, a complex mixture of organic disease, iatrogenesis, psychological, social and cultural factors are probably at work.

M R's story will be sadly familiar to anyone working in neurology, liaison psychiatry or rehabilitation medicine. She is one of the "undiagnosed": the most severe end of the spectrum of medically unexplained symptoms that make up one third of hospital outpatients and an even greater proportion of general practice work. Patients like M R are not rare—up to ten per cent of patients in young disabled units in the UK may fall into a similar category.

Health professionals often find patients like M R difficult to help. Discussing psychosocial factors that may be important in the genesis or maintenance of illness, and the performing of tests that are negative, can alienate patients, yet a failure to do so would be negligent. This dilemma, found every day in most medical practice, reflects the poor schemata and linguistics that we have for dealing with human somatic distress.

JON STONE
Research fellow in Neurology, Edinburgh, UK

Correction

In the December 2000 issue of *Medical Humanities* the following acknowledgements were inadvertently omitted: Barker P, Metaphors of life and death and Richardson R, A necessary inhumanity.

The original versions of the papers on which these articles are based were first presented at a conference, *The Healing Arts: the Role of the Humanities in Medical Education*, held at the Royal Society of Arts on 30th March 2000. The papers are reproduced in their original form, complete with illustrations, in D Kirklín and R Richardson, eds. *Medical Humanities: an Introduction*. London: Royal College of Physicians, 2001.



Correction

Med Humanities 2001 27: 56

Updated information and services can be found at:
<http://mh.bmj.com/content/27/1/56.2>

These include:

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:
<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:
<http://group.bmj.com/subscribe/>