



Book Reviews

“Protecting The Gift: Keeping Children and Teenagers Safe (and Parents Sane)” by Gavin De Becker

Review by Robin Kittrelle, RNP

Could a book about how people harm children be a page-turner? It is hard to imagine, but that is what this book is. Gavin De Becker writes so clearly and with such refreshing insight about everyday risks (explaining exactly *how* children are at risk) that his book should be required reading for everyone—doctors, nurses, teachers, or parents—who interacts with children. Our patients and their children depend on us to share this information with them. Whether you read this book in a day or read it over the next few months, I implore you to get a copy; and when you are finished, loan it to someone else.

Gavin De Becker is a leading expert in predicting violence. His clients include the US Central Intelligence Agency (CIA) and the US Supreme Court. *Protecting the Gift: Keeping Children and Teenagers Safe (and Parents Sane)* is a follow-up to his extraordinary 1997 bestseller, *The Gift of Fear: Survival Signs That Protect Us From Violence*. *Protecting the Gift* is about protecting the children who live in your city or town. It is thus about today’s world as well as its future.

Although parents, teachers, doctors, and nurses are usually willing to look at safety issues, all are usually uncomfortably quiet or look away when the subject of sexual impropriety involving children is brought up. We often hear, “Not in *that* family” and, most commonly, “Not in *my* family” or “Not in *my* practice.”

Protecting The Gift tells stories that deserve to be heard. Infrequently, we read lurid cases in the newspaper, but far more commonly we see the unrecognized sequelae of these cases in our offices. The author writes about these sequelae in a clear and straightforward manner and seems unconcerned with “political correctness.” In fact, the author blames the widespread value placed on “being nice” as one causative factor in becoming first a target of violence and then its prey. For instance, De Becker notes that while we teach our children not to talk to strangers, those same children watch us talk to a multitude of strangers every day. A better plan, he suggests, is to supervise children as they talk to strangers and then discuss the encounter afterward so that they may learn to exercise their own intuition and learn how to make safe choices about the people they encounter.

De Becker wants readers to acknowledge that human-to-human violence and sexual abuse are, in-

deed, human behaviors: Adult humans do engage in sexual activity with children. Yes, the author says, this behavior is repulsive, destructive, and inhumane, but it *is* human. This is the first point to understand in protecting yourself and others in your care. If we refuse to see violence and sexual contact with children as human—and therefore possible—we can neither predict nor prevent it. (If you argue that *you* could never become violent, ask yourself what your response would be if someone tried to harm your child.)

The author makes the point that childhood is not inherently safe; it is safe only when adults make it so. To that end, our intuition about people can be a wonderful guardian. We can all think of a time when we listened to our intuition (ie, listened to our unconscious selves) and were grateful—and a time when, to our regret, we ignored our intuition. To protect our children, we first must learn how to protect ourselves from “things we’d rather not have to think about” and then teach our children to protect themselves similarly. De Becker writes that denial is “like waking up in your house with a room full of smoke, opening the window to let the smoke out, and then going back to bed.”

The author has developed “The Test of Twelve,” a list of what children would ideally know before ever being alone in public. For example, item five in the list instructs children how to choose whom to ask for help (“ask a woman, *not* a [male] security guard”); and item 11 teaches children that if someone says “Don’t yell,” the thing to do *is* yell. De Becker also talks about our “logic brain” and our “wild brain.” The logic brain is revered by society but is slow to react and weighs past and present rules about how things should be before reacting. In contrast, the wild brain answers to no one and has no reluctance to immediately do “whatever it takes.”

De Becker makes a convincing case that violence almost always has detectable prior indicators that our wild brain recognizes and alerts us about through doubt, suspicion, apprehension, hesitation, and that urgent and most valuable indicator, fear. The author says that the wild brain is our best resource in this regard—it may not be the loudest voice, but it is the wisest.

Society has trained us that, for any given problem, some professional knows best: just keep searching and *someone* will tell us what to do. Because we have been taught to trust others over ourselves, we may decide to ignore our discomfort when the school principal tells



us that an overly friendly teacher's aide is a "nice man" or that several other neighborhood parents use a particular baby-sitter who seems somehow odd to us. Hesitation may be all you have to go on, but the expert voice that matters most is your own. Acting on intuition might be inconvenient, unpopular, or even rude—but as victims of violence would say, those are small matters compared with what they have experienced.

So, learn how to listen to your wild brain. Read this book and I think you will find that instead of being horrified by what you learn, you will be sur-

prised by what you didn't know; and that instead of being frightened, you will be empowered. You also may be better able to help patients by sensing more accurately what is going on in their lives. ❖

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Robin Kittrelle, RNP

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***Death of the Good Doctor:
Lessons from the Heart of the AIDS Epidemic
by Kate Scannell, MD***

Review by Keegan A. Checkett

Poetry in life is a common metaphor, although few realize its truth. William Carlos Williams posthumously achieved international fame in medical and literary circles for his ability to catch, as snatches of verse, the truly important moments in people's lives that lose their essence in the emergency or banality of the time. Shakespeare, Frost, George Eliot, Fitzgerald, and many other prestigious authors famed for their ability to portray truth in life occasionally wrote a character, passage, or poem that addressed some aspect of medicine. None of them truly captured this medical aspect or devoted themselves to it until Williams.

Now Kate Scannell, MD, has published a collection of short semibiographic sketches depicting the trials and tribulations of life and of practicing medicine. Each chapter begins with a quote, set off so that it is not so much a theme but an invocation to the author of the quote, a Muse who successfully managed to capture life's poetry in his or her own writings. After all, few fields other than medicine are more abundant in poetry. A tremendous percentage of life's true moments occur in a medical setting; a physician bears witness to all these moments and to his or her own. As Williams said in *The Autobiography of William Carlos Williams*: "... as a writer I have never felt that medicine interfered with me but rather that it was my very food and drink, the very thing which made it possible for me to write ... Oh, I knew it wasn't for the most part giving me anything very profound, but it was giving me terms, basic terms with which I could spell out matters as profound as I cared to think of."^(1: p 357)

Scannell invokes Williams' spirit in her short story collection, *Death of the Good Doctor: Lessons from the Heart of the AIDS Epidemic*. Although she has not yet reached the level on which poetry dwells, Dr. Scannell found through her work on the AIDS ward the key to unlocking and revealing the hidden character within her patients. She does not relate these lessons. Rather, she recreates the situations through which she gained understanding.

As Scannell explains in the prologue, the good doctor in her was the highly trained, efficient product of intensive medical training in school, residency, and research. She could nail afflictions and single-handedly defeat problems with her arsenal of skills and drugs. Her fundamental flaw, however, was her inability to see the heart of a situation, the real problems that her terminal patients were facing in the dark ages of AIDS, the mid-1980s. As she relates the story in the prologue: early in her career on the AIDS ward, she misinterpreted a patient's request for help as a request to sustain his life. Learning the next day that he simply had wanted to die pain-free, without life support, the 'good doctor' in her died and was replaced by the tough, eccentric, sharp-sighted caregiver who spent the next five years easing patients' physical and emotional pain. Nearly a decade later and after exponential advancement in the AIDS field, Scannell addresses these patients and their characters while recovering from her battle with ovarian cancer. Compiling these stories, Scannell finds her own.

Death of the Good Doctor is a carefully packaged collection of character sketches, featuring Scannell, her patients, and their families as the leading characters. Scannell's ability to re-create these patients and their struggles lends the book its vibrancy and credibility. The text reads easily and quickly because she captures the moment, intimately detailing the traits that define a person. She may devote extraordinary effort to describing a patient's worry over proper death



etiquette without a word about his background. The etiquette concern is the crux of this particular patient's proper treatment, not his dementia.

Fortunately, Scannell's story is not that of a female Patch Adams-meets-AIDS unit. Nor can she compare to William Carlos Williams. What she does do is recall the better attributes of both by creating a book that although not the work of a literary genius, is accessible to readers of all levels, with or without medical or literary experience. Scannell refrains from drawing all of the conclusions in her stories or making any sweeping statements. By presenting the heart of a story and outlining her insights, she leaves it open for the reader to interpret the driving force behind each patient and behind herself. The resulting text is laden with rich character description, Scannell's sharp wit, and heart-tugging anecdotes in a context that intellectually stimulates the reader.

Rewritten, *Death of the Good Doctor* has enormous potential as a screenplay, because the material is familiar to every human being and easily accessible to every reader. The amount of intelligent thought de-

voted to the text depends solely upon the reader. Taken at face value, Scannell's work is a dynamic, engaging, and unique creation that, at the least, will affect the reader on a subliminal level. On dedicated reading, the insight and self-knowledge gained undoubtedly will nourish the discernment, creativity, and shrewdness required for skillful patient interaction. ❖

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Reference

1. Williams WC. The autobiography of William Carlos Williams. New York: Random House; 1951.

Keegan A. Checkett

Keegan Checkett is a premedical student at Dartmouth College, majoring in English and Drama. She is a National Merit Scholar and recently spent an internship at SCPMG's Department of Preventive Medicine in San Diego, where she produced an educational videotape to distribute to patients with hemochromatosis.

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Primer of Epidemiology, 4th Ed.

by Gary D. Friedman, MD

Review by Robert F. Anda, MD, MS

The stated purpose of this book is to provide health professionals with a concise overview of the concepts of epidemiology and to "bridge the gap" in communication between epidemiologists and clinicians. That this is a fourth edition indicates ongoing success. Dr Friedman uses examples of studies and problems that apply the principles put forth in each chapter.

As the author aptly states, "Epidemiology is not a rapidly changing discipline." However, a basic grasp of the appropriate use and interpretation of epidemiologic studies is becoming increasingly important as advances in computing and information technology make health-related information easier to collect and analyze and thus more widely available. This latest edition of his book provides rich examples of epidemiologic studies that not only teach and engage the reader but also provide an appreciation for the history, successes, and pitfalls of epidemiologic studies.

The first nine chapters cover basic measurements in epidemiology, methods, and types of study design. The information in these chapters is more than sufficient to give the novice insight into ter-

minology, concepts, and the strengths and weaknesses of various types of studies. In Chapter 4, Friedman refers to the often-heard criticism, "Of course, this study was retrospective, so we cannot be confident of the findings." It would have been useful to help debunk this myth by walking the reader through the ways to evaluate the quality of such studies. More specifically, readers should be encouraged to look at issues such as bias and determining whether the misclassification that may result from retrospective studies is differential or nondifferential. In many cases, the limitations of such studies result in conservative estimates of the effects of an exposure under study (because of nondifferential misclassification as described on page 50).

The treatment of statistical associations is adequate but could be improved by emphasizing that there is nothing magic about " $p < .05$ " and that evidence of a strong association in the absence of this p value should not be dismissed! In view of this common flaw in the interpretation of data, a concise summary about the balance between statistical power, precision and strength of associations, and the probability of falsely rejecting the null hypothesis could improve the reader's ability to interpret the meaning of statistical analyses.



The introduction to multivariate analysis is well done. The various types and uses of multivariate techniques will probably be understandable to most health professionals who read it, which, in itself, deserves praise.

Chapter 9, entitled "How to Carry Out a Study" is simply wonderful! If every researcher were to follow these practical and systematic guidelines, the quality of both medical and epidemiologic research would take a major leap forward. This chapter is a golden nugget that should be read and reread until ingrained in the mind of anyone embarking on a research project.

The book ends on two additional high notes. Chapter 15 makes the case for interdependence of the practices of medicine and epidemiology. The final

chapter is a superb review of the most important aspects of each chapter. ❖

Primer of Epidemiology. 4th Edition. 366 pages. New York:McGraw Hill; 1994. ISBN 0-07-022454-4.

Robert F. Anda, MD, MS

Dr. Anda is Co-Principal Investigator of the Adverse Childhood Experiences Study, which is being carried out by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC).

Gary D. Friedman, MD

Dr. Friedman is a noted physician-epidemiologist who recently returned from The Permanente Medical Group after 30 years with its Division of Research in Oakland, where he still conducts epidemiologic research as a consultant. He is currently Consulting Professor, Division of Epidemiology, Department of Health Research and Policy, Stanford University School of Medicine.

Advising is an Art

"Giving advice is an art. Some people do it well. Others, often equally knowledgeable, do it poorly. The difference between the two is that the poor advisor is not skilled or trained in the art of advice. Like any art, giving advice is governed by certain basic principles—principles which apply to all professions. The ability of a lawyer, engineer, minister, or physician to help another person with a problem will in many cases depend as much on a mastery of the art of advice as on a substantive knowledge of law, engineering, theology, or medicine."

*Jeswald W. Salacuse,
Dean, Fletcher School of Law and Diplomacy,
Tufts University,
The Art of Advice*