

Using the template of an 8-week course in mindfulness-based stress reduction offered at the Stress Reduction Clinic of the University of Massachusetts Medical School, the authors offer guidance on the components and the “how-to” of such a course, including examples of commonly encountered situations. This forms the foundation for part 3. Chapter 8 in that section is especially useful in offering scripts for and descriptions of various practices. The book concludes with a fine bibliography and resource section.

Although I believe that mindfulness is important for everyone, especially for persons with chronic or life-threatening medical conditions, I am not convinced that this book—for all its sage advice—can really assist individuals who wish to teach mindfulness to others, unless they already know something about it themselves. It is like learning to perform surgery by reading a book: unless one actually engages in surgery, one has conceptual knowledge but no actual, practical knowledge. This book assumes a familiarity that many clinicians might not have with certain concepts. On the other hand, for clinicians who practice mindfulness or know a great deal about it, this book will be a valuable resource. *Teaching Mindfulness* might equip such readers with the tools to teach mindfulness to others so effectively that patients experience a diminution of certain symptoms, hence lightening the burden that their illness has placed on them.

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1. Sibinga EMS, Wu AW. Clinician mindfulness and patient safety. *JAMA*. 2010; 304(22):2532-2533.

### PROFESSIONALISM IN MEDICINE: A CASE-BASED GUIDE FOR MEDICAL STUDENTS

Edited by John Spandorfer, Charles A. Pohl, Susan L. Rattner, and Thomas J. Nasca

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SOMETIME AROUND 300 BC, THE GREEK PHILOSOPHER Diogenes lit his lantern, searching by day for an honest man. Through such symbolic, embodied acts, he sought to confront hypocrisy and his society’s moral decline; in the current era, this image is invoked by such efforts to maintain ideals and expose difficult truths.

In their insightful *Professionalism in Medicine: A Case-Based Guide for Medical Students*, editors John Spandorfer, Charles Pohl, Susan Rattner, and Thomas Nasca have developed a valuable resource. Like rays from Diogenes’ lantern, their book unflinchingly illuminates the bitter challenges facing medicine: despite high ideals, societal trust in

medicine is low and medicine’s professional ethos has severely eroded. Current medical education—in which integrity is easily professed yet rarely examined and empathy withers across the arc of medical training—is contrasted with the possibility of training physicians to be trustworthy stewards for patients and the public.

Directed to medical students and their educators for progressive development across all medical school years, this ambitious resource supports this nearly unimaginable transformation with scholarly analysis while remaining accessible to professional and lay audiences interested in medical education, professionalism, and health care reform.

A terrific 25-page initial overview places the background in context; the succinct introduction provides medical educators with a superb synopsis that includes absorbing, well-referenced analyses of issues incompletely understood by many physicians, and part 1, “Defining Medical Professionalism,” expands these introductory themes for medical students. Together, these persuasively articulate a rationale for reinvigorating reflective medical education and the discourse around professional values and choices.

Interlocking iterative clinical vignettes followed by dual complementary commentaries comprise the book’s structural format beyond these brief introductions; these vignettes create an absorbing immediacy, prompting useful reflection regarding professional choices and decisional challenges. The rigor and depth of many of these brief reflections provide a discursive Socratic process—guiding, reinforcing, emphasizing the issues, and internalizing both the concepts and the reflective process for the reader, while magnifying the overall educational benefit. Authored by more than 170 different contributors, the commentaries provide well-referenced information and provocative perspectives; occasional repetition of concepts and issues is framed as beneficial, if the book is used across as intended during the 4 years of medical school. In part 2, “Student and Faculty Cases,” the vignettes are each followed by a structured discourse in which the first discussant is a student and the second a physician. These cases, comprising simply several lines of italicized text, powerfully evoke challenges commonly faced by students and rarely addressed in the literature to this depth. For physicians, the clinical vignettes are absorbing, providing recognizable scenes, reminiscent of half-forgotten situations from the beginnings of medical school and now remembered across decades of practice and teaching.

Students aspire to learn from cases focused not only on the present but on what they want to become; accordingly, the majority of the book consists of 42 cases presented in part 3, “Cases Involving Physicians.” Each vignette is followed by 2 commentaries; the first discussant is generally a physician from the specialty highlighted in the vignette, and the second is generally a person with a contrasting view or different perspective—most often a physician but occasionally also someone from another profession or a patient.

Incisively scrutinizing issues through this systematic, case-based method illuminates opportunities for reengaging greater trustworthiness. This important guide explains current failings in medical professionalism and might help students counter clinical cynicism as they begin medical practice. It particularly invites medical educators to become activated navigators, charting clearer professional directions, presenting clear educational rationale and professional leadership, and contributing to strengthening medical professionalism for its potential benefit to patients and society.

The editors use the 2002 Physician Charter for Medical Professionalism to scaffold and anchor the clinical vignettes and commentaries; this provides an overall scholarly coherence and intellectually satisfying structural integrity. A collaborative project of major US internal medicine organizations and later endorsed by multiple US medical specialties and societies worldwide, the Physician Charter sought to systematically identify the essential components of professionalism in medicine while promoting the goals of this project—reinstating a heightened emphasis on professionalism as a guiding system for some of the challenges of medical life.

Medical educators may readily welcome this multidimensional, flexible resource, which will be potentially applicable at many schools as a primary recommended textbook, useful prior to a white coat ceremony or similar initiation ceremony through graduation. Potentially pertinent to residents serving as educators, the cases address residency issues from student perspectives. The book may serve medical faculty as a resource in their own guided reflection for augmenting or building curricula on medical professionalism in their settings and in identifying further resources.

Anticipating increased societal attention to medical professionalism, the editors advocate expanding curricular emphasis on the topic and including sufficient time for students to internalize professional expectations and gain reflective skills. Such measures will allow students to develop competence as they anticipate situations and rigorously analyze the competing professional principles that regularly confront physicians in interactions and decisions made with patients and other professionals in the complexity of clinical practice.

This book is a spur for action and a resource for that effort. It calls on medical educators and institutional leaders to join together in a modern aspirational quest to deliberately assess and refine medical culture and the clinical cli-

mate for teaching medical professionalism through actions and behaviors. The editors envision the reinvigoration of a medical engagement with professional ideals. The editors also challenge medical educators to act as inspirational and pragmatic leaders—first, to engage faculty in placing material, leading by example, and spending curricular time with students; and second, to engage others in the medical field in applying those lessons. Modern medicine has maintained the aspirations of a “patient-first” profession; however, the uncomfortable truth is that often this emperor has no clothes. As this book makes clear, although bioethics has flourished and much is known about ethical responsibilities, the challenge is in living that knowledge.

The final commentary in the book recommends that educators support students in reflecting on the issues involved, without first jumping to “solve” the case. Ideally, this process will involve discussing the case with peers and faculty and then reading the commentaries in support of the altruistic attitudes, analytic and moral reasoning skills, and reflective capacity and experience—not to mention the deft communication skills and knowledge—physicians require in meeting the needs of patients and society.

The editors persuasively present a well-referenced analysis of public dissatisfaction with the failure of regulatory and market forces to provide the trustworthy, relationship-centered care desired by patients and society. Drawing on social science and health service research, they provide an analysis of how an aspirational professional ethos is more effective for creating trustworthy physicians and delivering better health outcomes. This thesis—that professionalism is essential for physicians, patients, and society; that medical professionalism requires an in-depth educational process for students and residents and that medical educators must assume leadership roles—underlies the motivation for the book and some of its assumptions. Most of the book is a model for this type of education.

Unlike Diogenes and his lantern, *Professionalism in Medicine* exposes assorted problems; it then illuminates the education envisioned by the editors by modeling it. And like Diogenes, the editors ask medical educators to step forward into a breach and become engaged in efforts to embody a different way forward.

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