

illnesses makes these people less worthy of the physician's investment of his/her store of empathy and compassion.

We as physicians need to find a path by which we can acknowledge our own susceptibility to illness. By accepting our own humanity and fallibility, we can learn empathy for others. Honest humility in the course of our lives and in our work will help to remove the emotional defenses that hinder beneficial and supportive relationships with patients.

Perhaps the single best lesson that I learned in patient relations came from a clinical preceptor in medical school—to provide the kind of care to a patient that we would desire for ourselves or for a family member. Pellegrino articulates this as “to enter into his unique experience or illness, to feel something of his predicament.”³ By transferring to patients and their families the value that we would want for our own families, we take the path toward learning compassion within medicine.

This essay by Pellegrino may become a landmark in medical philosophy to join those of William Osler and Francis Peabody. All students of medicine, whether early, mid, or late in their careers should be encouraged to read this article.

Joseph I. Golden, M.D.
Gulf Family Practice
Sophia, WV

References

1. Osler W. Chauvinism in medicine. In: Osler W. Aequanimitas and other addresses. Philadelphia: Blakiston's Son & Co., 1923:270.
2. Marzuk DM. When the patient is a physician. *New Engl J Med* 1987 317:1409-11.
3. Pellegrino E. Balancing head, heart, and hand in the physician's education: a special task for family practice. *J Am Bd Fam Pract* 1988; 1:6.

“Pro Family”

To the Editor: I think both family practice educators and residents are confused about what we mean when we talk about the “family” in family practice. The practitioner is not. The role of the family physician has been clearly stated by the Willard Committee regarding our continuing relationship with the patient, our responsibility to the patient within the context of the patient's family, and our ready availability and accessibility to that patient. In practice, of course, we advocate the care of families; however, a good percentage of our patients are seen in isolation from their families, and often we take care of relatively few members of an original family and even fewer of an extended family. This, of course, varies whether the physician is practicing in a rural, suburban, or urban community and whether a practice like my own focuses on a particular ethnic group.

I have learned during these past 25 years as a practicing family physician and as an academician that much can be learned about patients by just listening to them

about their mothers, fathers, or siblings. Having them describe who their parents are, what they are like, and how they have related to them over time offers me much insight about my patients' characters and personalities. It helps me to understand their behavior, vulnerabilities, and support systems.

I could not agree more with Dr. Stephens in maintaining our “pro family” stance, and that includes appropriate concerns and attention to our own families. As family physicians who understand fully the power and influence of the family as the critical social unit, we need to support endeavors that will strengthen the family in our society.

Nikitas J. Zervanos, M.D.
Lancaster General Hospital
Lancaster, PA

Books Received

Books that appear to be of particular interest will be reviewed as space permits.

- ACLS: Certification preparation and a comprehensive review.** Second edition. By Ken Grauer and Daniel L. Cavallaro. 466 pp. St. Louis, The C.V. Mosby Company, 1987.
- Critical Care Obstetrics.** Edited by Steven L. Clark, Jeffrey P. Phelan, and David B. Cotton. 528 pp. Oradell, NJ, Medical Economics Books, 1987. \$52.95.
- Cutaneous Side Effects of Drugs.** By Konrad Bork. 422 pp. Philadelphia, W.B. Saunders Company, 1987. \$95.00.
- EKG STAT! Hospital Electrocardiography in Urgent Situations.** By John H. Edmonds, Jr., 189 pp. Philadelphia, Lea & Febiger, 1987. \$16.50.
- Endocrine Pathophysiology: Patient-oriented approach.** Third edition. By Jerome M. Hershman. 365 pp. Philadelphia, Lea & Febiger, 1987. \$19.50.
- Endometriosis.** By Emery A. Wilson. 248 pp. New York, Alan R. Liss, Inc., 1987. \$39.50.
- Family Medicine: The maturing of a discipline.** Edited by William J. Doherty, Charles E. Christianson, and Marvin B. Sussman. 236 pp. New York, The Haworth Press, Inc., 1987. \$34.95.
- Flexible Sigmoidoscopy for Primary Care Physicians.** Edited by Sudhir K. Dutta and Edward J. Kowalewski. 151 pp. New York, Alan R. Liss, Inc., 1987.
- Medical Complications during Pregnancy.** Third edition. Edited by Gerard N. Burrow and Thomas F. Ferris. 616 pp. Philadelphia, W.B. Saunders Company, 1987. \$70.00.
- Neurology: Problems in primary care.** By James L. Bernat and Frederick M. Vincent. 656 pp. Oradell, NJ, Medical Economics Books, 1987. \$39.95.
- Questions and Answers on AIDS.** By Lyn Robert Frumkin and John Martin Leonard. 208 pp. Oradell, NJ, Medical Economics Books, 1987. \$19.95.
- Stroke.** By Clark H. Millikan, Fletcher McDowell, and J. Donald Easton. 341 pp. Philadelphia, Lea & Febiger, 1987. \$48.50.
- Textbook of Diagnostic Medicine.** Edited and with contributions by A.H. Samiy. 900 pp. Philadelphia, Lea & Febiger, 1987. \$69.50.
- Understanding the Alcoholic's Mind: The nature of craving and how to control it.** By Arnold M. Ludwig. 188 pp. New York, Oxford University Press, 1988. \$16.95.