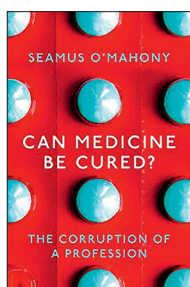


Can Medicine Be Cured? The Corruption Of A Profession

Seamus O'Mahony

Head of Zeus, 2019, HB, 256pp, £20.00,
978-1788544542



FOOD FOR THOUGHT

Can Medicine Be Cured?, Seamus O'Mahony's latest book is a very readable excoriation of contemporary medicine which appears to have lost its way. As the medical profession endeavours to manage increasing life expectancy and societal consumerism we become careless of things that can't be measured like compassion and professionalism thus allowing managers, politicians and our patients to make anti-harlots of us all (more on that later).

The first part of the book covers the 'golden years of medicine', the 50 years or so ending in the 1980s when, like the author, I worked in the NHS doing 1 in 2 on calls; not appreciating this might be as good an era for the medical profession as any before or since. O'Mahony then sets out contemporary medicine's seemingly impossible challenges, noting the pointless progression of academic and research medicine influenced by Big Pharma. He is clearly exasperated by expensive follies such as the Human Genome Project with its, to date at least, limited application compared to the resources invested.

O'Mahony scrutinises data collection, application and the use of population studies; his account of The Mid Staffordshire NHS Foundation Trust Public Inquiry was particularly interesting, if again, disheartening. Like many, I had followed this enquiry of unprecedented mortality and accusations of institutional cruelty and callousness with alarm and accepted the damning conclusions of the Francis Report. Maybe I have to rethink this all again.

O'Mahony extrapolates politician Stanley

Baldwin's adage about the press (being like harlots exercising power without responsibility) concluding that doctors are now in the invidious position of being anti-harlots, carrying responsibility without power; in contrast to our patients who are now consumers with rights but no responsibility. This description delighted but dismayed me; it is just so apt.

At times the book becomes a bit of a rant but, sadly, I didn't detect the author feeling any better after getting it all off his chest. However, it did make me feel better by articulating my own discomfort with our profession's preoccupation with medical metrics and my increasing misgivings about protocol-driven medicine.

By this stage, more than three-quarters through, I was feeling the need for some relief from this brutal appraisal and ready for 'the cure' when came a chapter on medical humanities. I read on eagerly; this is my field, I try to get medical students to engage with the arts and humanities to better understand the state of contemporary medicine and society. However, O'Mahony is dismissive of this approach with its emphasis on enhancing empathy:

'... glib customer skills and a superficial carapace of caringness.'

He notes our loss of compassion, sidelined in a medical system concentrating on measurable outcomes. I finished the book accepting there is no miracle cure for contemporary medicine. But O'Mahony suggests we may change gear and reach a new accommodation with the challenge. Citing the epidemiologist and statistician Major Greenwood, writing in the 1930s, he suggests contemporary medicine may not be able to 'cure all disease' or 'defeat cancer' but it can aim 'to make the condition of human life everywhere more bearable'.

A good book challenges the reader, this book certainly challenged me but I feel better for engaging with this plausible and readable criticism of contemporary medicine. I have not felt that a book was written just for me, to make me engage with the difficult but compelling issues affecting my profession since I read Raymond Tallis' *Hippocratic Oaths: Medicine and its Discontents* more than 10 years ago. Like the author, I often ponder that if I had known 40 years ago what I know now about

the state of contemporary medicine, would it still have been my career of choice? For me the answer is still a yes, but I am aware it may be very different for the generation of doctors that follow.

The demoralisation of good junior doctors is a huge concern and I'm not sure we are as yet addressing it with the urgency it needs. With this book O'Mahony helps us look more clearly at the challenge.

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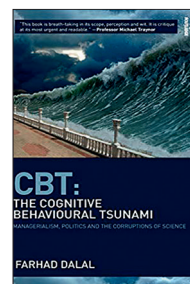
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CBT: The Cognitive Behavioural Tsunami. Managerialism, Politics and the Corruptions of Science

Farhad Dalal

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978-1782206644



THE LIMITS OF CBT

The basic theme of this stimulating and thought-provoking book is a critique of CBT, in particular the way it has become the default option (when available) for anyone in England presenting to their GP with any form of mental distress. However, the analysis is much more wide-ranging and I found the overview in the first few chapters fascinating. This covers a range of disciplines — including philosophy, psychology, psychiatry, psychoanalysis, economics, and current health service management policies — nothing is spared. Interesting examples include: reflections on how the psychiatric diagnostic manual the DSM came about, initially via chaotic

committee meetings; the development of CBT as a psychological therapy with outcomes which could be measured numerically and therefore deemed 'scientific'; and the move to market economics in health, with economists like Milton Friedman asserting that a model maximising profits was most efficient, not only for business but also applicable to social institutions.

The author threads these arguments together to give a coherent argument of how CBT came to ascendancy because of an emphasis on a hyper-rational and cognitivist perspective of human behaviour in the context of a highly managed healthcare environment. He is particularly critical of arguments given by Richard Layard (an eminent professor of economics) and David M Clark (emeritus professor and leading CBT proponent) when suggesting that increased provision of CBT would

lead to a happier population with reduced unemployment rates. He sees this as simplistic at best, and potentially part of a neoliberal agenda to control the workforce and not look out for the vulnerable and needy, given that those with more complex mental health problems may well not respond to CBT.

Later chapters focus on a more personal critique of how CBT was developed and how, in the author's view, it does not address the underlying reasons why people may become anxious, depressed, or distressed, and is merely addressing the presenting symptoms. He suggests the questionnaires used to assess patients' progress are superficial and open to being 'gamed' by stressed and stretched Increasing Access to Psychological Therapies (IAPT) practitioners tasked with reaching treatment targets, as well as questioning the evidence from many of the randomised controlled trials.

The author concedes that CBT can be helpful in particular cases, but questions its widespread implementation to the exclusion of other therapies.

I think this book is definitely worth reading by anyone interested in how common mental health problems are currently viewed and treated in the UK; my main reservation is that the author does not offer any suggestions for alternative approaches which might benefit the many people presenting to their GP with distress, be it specific or more existential in nature: maybe that will come in another book.

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