



Book Review: The Midnight Meal and Other Essays About Doctors, Patients, and Medicine

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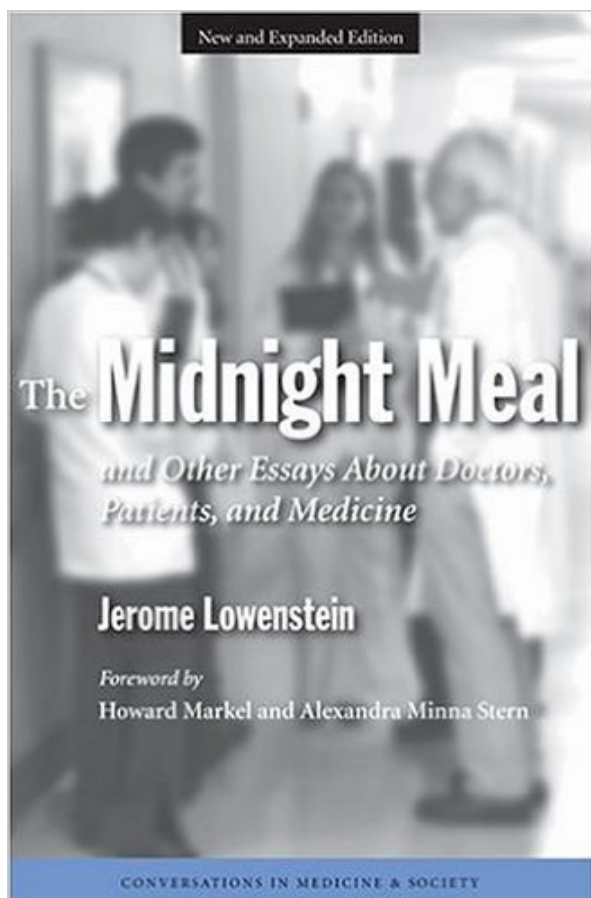
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Author: Jerome Lowenstein

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Dr Jerome Lowenstein is an accomplished physician and professor of medicine in New York. He has been involved in facilitating sessions on humanistic medicine for medical students and residents for nearly four decades. The title of the book 'The midnight meal' is interesting and intriguing and has been beautifully explained by the author. In the days when 'residents' were on duty 24/7 and resided within the hospital, a midnight meal

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was offered to them in the hospital canteen. It was usually a mix of leftovers from different meals served during the day. In the olden days by around midnight things had quieted down somewhat and the meal offered residents an opportunity to get together, take a well-earned break, obtain nourishment, exchange notes about interesting patients and events, and discuss how their day had progressed.

With the introduction of the shift system and restricted working hours the midnight meal no longer happens. The last four decades have seen dramatic changes in medicine. There has been a huge influx of technology impacting both the diagnosis and treatment of illness. Computers are now ubiquitous in medicine and medical records, laboratory reports, X-rays, CT scans and other radiological reports and textbooks, journals and other information sources are increasingly being accessed digitally. Medicine has become a hectic, 24/7 operation. Keeping in mind patient safety and the wellbeing of residents, restrictions have been placed on the duty hours of residents in the United States and many developed nations.

Dr Lowenstein provides a succinct history of how the restrictions on resident working hours were first implemented in New York State and were slowly adopted across the US. Long working hours and sleep deprived residents have been implicated in various medical errors. Restricted working hours were introduced to combat this problem and to protect patients.

In a series of essays in this well written book, Dr Lowenstein describes these dramatic changes. With better, more effective treatments and shorter recovery times following procedures and surgeries, patients spend less time in hospitals and are often examined and treated as outpatients and in the community. The traditional natural history of progression of diseases and the long healing and recovery process are rarely seen. With increasing use of technology the traditional emphasis on history taking and on physical examination has been reduced. Doctors are spending increasing amounts of

time poring over reports and investigations and less time with the patient. Evidence-based medicine (EBM) is also discussed in some detail. The gold standard of EBM is the randomized clinical trial which is at best a modified version of how a medicine or procedure would be used in real life. The author has spent most of his life at the Bellevue Hospital in New York and his chapter about the hospital makes for interesting reading.

The author describes the biomolecular revolution in medicine in his book. He mentions how basic science departments have expanded in medical schools in developed nations and talks of the emphasis on research and on grants to sustain the research. There are competing demands on faculty time which may reduce that available for teaching. There has been a lot of discussion on the decrease in empathy and compassion which occurs as students progress through medical school. Medical humanities programs were introduced in the 1980s based on the premise that compassion and empathy can be taught. Additionally, humanities are thought to promote personal health of doctors and students, promote wellness and provide a creative outlet to deal with the tensions and strains of medical student life and practice.

Dr Lowenstein briefly describes patients as teachers and how as medical students, residents and practicing physicians, we continue to learn from our patients. With shorter periods of hospitalization and increasing levels of education and economic prosperity there is a reluctance among patients to be involved in teaching medical students. Even in developing nations like India, the economically disadvantaged mainly visit government hospitals and medical colleges for treatment. Also there is an increasing trend towards increasing objectivity and standardization of teaching and assessment. This has led to the development of the standardized patient, who is a trained actor playing the role of a patient. There is an increasing trend toward simulation and using standardized patients in medical education. The author is ambivalent about these developments.

Dr Lowenstein discusses narratives and how as humans we have a natural predilection for telling stories. Narratives have been widely used in medical humanities and as doctors we have to allow patients to tell their stories and to understand and make sense of the same. The development of the AIDS epidemic in the 1980s in the US and its impact on health care delivery and on patient care is briefly discussed.

This well written series of essays addresses issues about the patient-doctor relationship and the practice of medicine which would be of special interest to all those interested in

the medical humanities. At the Xavier University School of Medicine, Aruba, I facilitate a medical humanities module where, during the session on the patient-doctor relationship, students are encouraged to examine the relationship as it was in the 1960s and also think about how it would be twenty-five years into the future. The rise of artificial intelligence is likely to have a huge impact on the medicine of the future.

Teachers of medical humanities could use excerpts from the various essays in the book to promote debate and discussion among their students.
