

Book Case

BOOK REVIEW:

Baskett T. *The Dog Comes with the Practice: Tales of a Junior Doctor in Ireland and Canada.* Clinical Press Ltd. Bristol, U.K., 2020.

Having been associated with the medical school of Queen's University Belfast for over 55 years, I read the little book by Professor Tom Baskett with great interest. Drawing on his extensive diaries and records, it is an account of some of his noteworthy reminiscences gathered during his medical education as a student of medicine in Belfast over 60 years ago, his time as a residential junior house doctor in the Royal Victoria Hospital Belfast in the early 1960's and then his post-graduate experiences as a trainee in obstetrics in Belfast and Canada. Shortly after his year as a house doctor Tom married a nursing sister, and consequently she was required to resign from her post and take a substantial cut in her salary. In order to supplement their income Tom took on various locum posts in general medical practice. The title of the book "The Dog comes with the Practice", is derived from his first locum GP position in a country town to enable the incumbent doctor to take his family on their summer holiday. The proceeds of that locum paid for Tom's honeymoon.

After gaining fellowships in surgery and obstetrics during training in the Royal Maternity Hospital Belfast Tom and his young family emigrated to Canada. In the NHS, promotion to the rank of consultant was slow in the 1960's and 70's, since there was little expansion in the number of senior posts. Excellent trainees were obliged to wait for senior consultants to retire or die in post - or to emigrate.

Having arrived in Canada, Tom describes some of the situations that he encountered in Winnipeg, Manitoba and an outreach service in Churchill on the edge of Hudson Bay, largely populated by members of Inuit tribes. Tom went on to have a successful career in academic

obstetrics and medical education in Canada finishing as a professor in Halifax, Nova Scotia. The current narrative does not cover his later career.

In the early 1960's the NHS was less than twenty years old. The education of medical students had scarcely evolved from the systems and practices that were prevalent in the early part of the twentieth century. In the second half of their course, students lived and worked in the wards of the teaching hospitals as unpaid apprentice doctors. On the basis of "see one, do one, teach one" they learned their skills largely from more senior trainees who were progressing slowly towards consultant posts. Surgical skills were gained from assisting in operations, performed by registrars and consultants.

While attached to the cardiology unit run by the influential innovator Frank Pantridge, Tom learned the novel techniques of CPR (cardiopulmonary resuscitation) and external cardiac defibrillation to revive patients who otherwise would surely have died. Later he worked with the Professor of Medicine. Having witnessed Tom and nurse successfully resuscitate a patient who had been admitted to his ward with a myocardial infarct, the Professor stated he would rather be allowed to die in peace.

Medical students and house doctors, while living and working closely together for long hours formed bonds of friendship that have sustained them and endured over the decades. Of the 59 graduates in the year of 1964, nearly 40 met up in Belfast in June 2014 to celebrate 50 years since graduation. I had the honour of meeting up with the group during that event.

Tom's description of life as a medical student and young doctor is authentic, told with humour and laced with direct quotes from colleagues and patients, often in the colourful Belfast vernacular, though I suspect some of the expletives have been toned down. The book is a valuable account of a system of training that is now part of history. That system produced competent, resilient Belfast

graduates who practiced successfully throughout the world.

Dr Stanley Hawkins
Honorary Archivist,
Royal Victoria Hospital
Belfast BT12 6BA

BOOK REVIEW:

The Cognitive Autopsy: A root cause analysis of medical decision making.

Pat Croskerry. Oxford University Press 2020, ISBN 9780190088743 (paperback), 9780190088767 (epub), 9780190088774 (hardback). RRP £38.99

Please do not be put off by the title. The cognitive autopsy sounds daunting, but, in this excellent book Professor Croskerry had me gripped. A cognitive autopsy is a dissection of the processes behind the medical decision-making in a case. This involves an examination of how the clinician thought and of the external factors or biases that impinged on that process. In this book, Professor Croskerry uses real-life cases where there had been an error in the diagnostic or the management process, examines the cases and describes concisely the thought processes and the biases which contributed to the error. I found this book illuminating and I could relate to the errors described in the real-life cases.

The author, Professor Pat Croskerry, is an Emergency physician who also lectures at the Medical School in Dalhousie University in Nova Scotia, Canada. He has authored many articles and book chapters about patient safety and clinical decision making. This book is a collection of 41 real-life cases collected over years of clinical practice by Professor Croskerry and his colleagues. Previous collations of these cases formed the Applied Cognitive Training in Acute-Care Medicine manual, used by Professor Croskerry and colleagues in Dalhousie University. He has a particular interest in the thought processes that lead to a diagnosis and how biases may lead clinicians astray. He has an interest in patient safety and he quotes that medical error is now listed as one of the leading causes of

death. He has an interest in the cognitive errors that may contribute to medical error in the diagnosis and management of patients. In this book, he introduces and explains the topic in a very easy-to-follow manner.

The book is laid out with a short introduction, which in 17 pages explains a lot of theory behind how we think and process information. Type 1 (heuristic or intuitive) and type 2 (systematic and analytical) thinking is explained in detail. Cognitive bias and the cognitive theory behind how we acquire expertise are expounded. This introduction provides the reader with the basics to allow them to perform their own "cognitive autopsy" in the following clinical cases.

Each case follows a similar pattern of a clinical synopsis followed by a dissection of the thought processes and cognitive biases that led to the error in that case. After the first few, I found it stimulating to read the case and then try to identify the cognitive biases in the case myself. I would then read the analysis and explanation by Professor Croskerry.

Multiple biases were demonstrated in each case and were explained in detail. I could relate to all of these from my own clinical experience and I have no doubt any other clinician reading this book will feel the same.

At the end of the cases there is a conclusion chapter, 5 appendices and a glossary which is an excellent reference tool when working through the book. The glossary lists in alphabetical order the biases referred to through the clinical cases with a succinct explanation of the bias. I used the glossary frequently. A few biases had very catchy titles and I shall explain a few now for your enjoyment. "Psych-out error," is where clinicians may attribute symptoms in patients with a psychiatric diagnosis to the underlying psychiatric diagnosis. "Deformation professionnelle" refers to the specialty clinician ruling out diagnoses they commonly encounter in their specialty and the danger of not recognising diagnostic clues to

alternative diagnoses. "Zebra retreat" refers to the situation where a rare diagnosis (zebra) is suggested by certain factors, but, the clinician retreats from it thinking as it is rare it is unlikely. This leads to a delay in the diagnosis. "Yin-yang out" is the situation where a patient has had multiple previous investigations (which the author refers to, as having been worked up the yin-yang) and the clinician discounts the possibility of a new pathology or evolution of symptoms on this presentation, hence, delaying appropriate investigations and treatment.

This book is potentially of interest to us all, but, in particular those of use with an interest in the diagnostic process, human factors and in medical error. It is a very light read and can be enjoyed one case at a time. It lends itself well to a teaching text, which was what Professor Croskerry had used previous versions for. This book may be an excellent introduction to the field for those of us who have little previous knowledge of cognitive thought processes or diagnostic error, however, it is also detailed enough to serve as a comprehensive text for those with more knowledge.

I feel this is a worthwhile read and heartily recommend this.

**Dr Ian Wallace,
Consultant Physician &
Endocrinologist.**



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