

THE REST OF YOUR LIFE

Revering the Work of Physician Writers

Well before he attended medical school at Columbia University, New York, Dr. Daniel C. Bryant had been captivated by reading and writing, underscored by an undergraduate degree in French literature that he earned from Princeton (N.J.) University in 1961.

In the 1980s, he began to notice that scores of physicians both past and present had written books on nonmedical topics, so he started combing through reference books and secondhand book shops to collect them in earnest.

"The original motivation to collect these books was a combination of my own interest in writing and vicarious writing in a way," explained Dr. Bryant, who practiced internal medicine for 28 years in Portland, Maine, before retiring in 1999. "But also it occurred to me in my practice that doctors are so privileged in their access to human experience. They generally have such wonderful educations and wonderful opportunities to see all sorts of people and to travel and to have cultural experiences. They are the ideal people, it seemed to me, to comment on human experience."

Names of physician writers such as Dr. William Carlos Williams (1883-1963), a pediatrician and poet, came to mind right away, Dr. Bryant said. To locate nonmedical works by other physicians, he tapped into a number of sources, including the reference guide "Contemporary Authors"; "Poetry and the Doctors" by Charles L. Dana (Woodstock, N.Y.: The Elm Tree Press, 1916); "Literature and Medicine: An Annotated Bibliography" by Joanne Trautmann and Carol Pollard (Pittsburgh: University of Pittsburgh Press, 1982); and secondhand book shops in the United

States and abroad.

During occasional trips to England with his wife he located many books in Hay-on-Wye in Wales, which is "just a village in Wales, but it's almost entirely book shops," Dr. Bryant said. "We would often spend a few days there, and I'd get a backpack full of books."

Before the Internet, "the only way to really find out who had what books was through catalogues," he said. "I was on the mailing list of many secondhand book shops. I'd get these lists in the mail and spend a few hours a week going through them."

Favorite books he collected include Dr. William Carlos Williams's first editions and "The Silver River" (out of print, 1938), the first book by Dr. Alex Comfort, who is perhaps best known for "The Joy of Sex" (New York: Crown, 1972).

Dr. Bryant also became a fan of the poet Dannie Abse, a radiologist in Wales who writes poetry and plays, and has penned five novels. "He did incorporate his medical experience into his work somewhat," Dr. Bryant said. "He represents what I was hoping to find: using the medical experience as a window into the bigger human experience and commenting on human experience as a doctor."

By 2004, his collection grew to more



Dr. Daniel C. Bryant donated his collection of physician-penned books to New York University's Ehrman Medical Library.

than 1,100 physician-penned books, so he donated them to New York University's Ehrman Medical Library, which established the Bryant Collection of Physician Writers, a permanent collection that is believed to be the largest of its kind (library.med.nyu.edu/library/eresources/featuredcollections/bryant).

"I always liked the idea that physicians have a little bigger perspective and humanistic outlook on things and figured that if these books were in an area where medical students, residents, and staff passed by, they would think about that," said Dr. Bryant, who lives in Cape Elizabeth, Maine. "I thought that a medical library would be a good place for them."

Over the course of his 20-plus years of collecting the books, he came to realize that he's not alone in his high regard for the craft of writing. "I've had many e-mails and contacts from doctors who write or try to

write," said Dr. Bryant, who has published poems and essays in medical journals, written half a dozen short stories for literary magazines, and written crossword puzzles for the New York Times and Los Angeles Times. "It does seem that a lot of doctors write about medical subjects; there's a lot of interest in medical thrillers. That seems to be a common theme."

His interest in collecting more physician-penned books "has waned a bit in the last few years, but occasionally I'll send a few more to the Ehrman Library that I come across."

He called the avocation "an escape into something that I quite enjoyed. It was my golf, I guess."

As for the Bryant Collection of Physician Writers, he hopes that "it will be added to, that it will inspire medical students and other medical people to take down a book and look at it or even spur them on to do a little writing themselves." ■

By Doug Brunk, San Diego Bureau

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ED Physicians Wary of Potential Impact of Medical Home

BY ALICIA AULT

Associate Editor, Practice Trends

Leaders at the American College of Physicians and the American Academy of Family Physicians say they welcome the American College of Emergency Physicians' recent statement supporting the concept of a patient-centered medical home, and hope to work with the group to address its concerns.

ACEP issued eight principles it says should guide the development of a medical home, a concept developed by the American Academy of Pediatrics and championed by the ACP, the AAFP, and the American Osteopathic Association. The idea of a medical home, where patients could receive consistent, coordinated care aided by electronic medical records, has been gaining attention from health policy makers.

The approach is the subject of demonstration projects around

the country, with sponsorship by Medicare, Medicaid, and big employers such as IBM.

"ACEP agrees with the basic tenets of the patient-centered medical home model," the organization said in its position paper. But ACEP says it is concerned that widespread implementation could exacerbate challenges in the emergency department, including caring for the uninsured.

"In an ideal world, the concepts in a patient-centered medical home are laudable," Dr. Linda Lawrence, ACEP president, said in an interview. But there is a shortage of primary care physicians, and access to them cannot be guaranteed 24 hours a day, 7 days a week. And no studies show that a medical home will increase access to basic care or reduce the number of unnecessary visits to the ED, according to ACEP.

Many Americans continue to lack health insurance or have less-than-adequate coverage, Dr.

Lawrence noted. "This could drive a greater divide in access to health care in America," she said.

"We have to be a bit skeptical that without overall change in the system, you're going to have more boutique medicine, and the rest are going to fall by the wayside."

Inevitably, ACEP said, patients will still rely on the ED as their "medical home away from home," which is what ACEP has dubbed the nation's emergency departments. If health care dollars are shifted to the medical home, EDs might end up being short-changed and yet still face the same daily struggles, the professional group maintains.

ACEP says enhanced access should be demonstrated and that once a medical home is established, patients should be able to remain a part of that home, whether or not they change or lose their insurance. Patients also should be able to switch medical homes when necessary, choose

their own specialists, and access the emergency department when they determine it is appropriate.

More than a decade ago, emergency physicians fought to codify the notion that a "prudent layperson" could determine when it is necessary to seek emergency care. This came in the wake of frequent payment denials for emergency services by cost-conscious managed care organizations, Dr. Lawrence said. No one wants to repeat that battle, she said.

ACEP also said the value of the medical home should be proved before it is widely adopted.

Dr. Michael Barr, vice president for practice advocacy and improvement at the ACP, agreed, noting his commentary in JAMA in late August. "Data suggest that the model will deliver improved quality and reduced costs and prove attractive to patients and their families," Dr. Barr wrote (JAMA 2008;300:834-5). "However, it is imperative to test the mod-

el in a credible and transparent way in different environments."

In an interview, Dr. Barr agreed with Dr. Lawrence and her ACEP colleagues that the "medical home is not the answer to all the ills of the American health care system right now." Like ACEP, the ACP has advocated for universal health coverage, he added.

But medical home supporters are not trying to limit patient choice, or to prevent patients from choosing the emergency department when necessary. "What the medical home would do if it works is hopefully reduce unnecessary or avoidable ED visits and at same time not limit appropriate ED referrals and use by patients," Dr. Barr said.

Dr. James King, AAFP president, said he's "pleased [ACEP] has thought about and evaluated the medical home." Emergency physicians are seeing the 47 million uninsured, and "they need to get paid for that," he said. ■