Book and Media Reviews

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The Fifteen Minute Hour: Therapeutic Talk in Primary Care, Fourth Edition, *Marian R. Stuart, Joseph A. Lieberman III, Oxford, UK and New York, Radcliffe Publishing. 2008, 196 pp., $29.95, paperback.*

When I began work as a behavioral scientist in a family medicine residency program 15 years ago, one of the major orienting books was the first edition of this book. I was new to assisting physicians with their patient care, and I struggled with how to best assist them. *The Fifteen Minute Hour* helped me to bridge the gap between my training as a family therapist and the needs of physicians in addressing the psychosocial issues of their patients in a fast-paced office setting. I found that the interventions presented in the book were practical, concise, and logical; they resonated better with the residents I was teaching. Additionally, they were more patient friendly than some of the theoretical and time-intensive interventions from my graduate studies.

The book has now gone through three more editions, revealing its status as a time-honored classic. I was curious as to how I would react to reading a new edition at this point in my career with greater understanding of the day-to-day office demands of primary care physicians. My reaction was positive. The authors stress, in their preface to the new edition, that the importance of the practitioner-patient relationship is the constant through all editions, and it is this emphasis that keeps this book at the forefront of texts in behavioral work in primary care. The new edition has more references to evidence-based reasons for intervention, noting that they do work and why they work. During my career in this field, I have witnessed the growth of a mass of evidence that has confirmed the value and necessity of incorporating a model that addresses the whole person. Stuart and Lieberman were prophetic in their earlier editions and wrote about concepts before they were commonly accepted.

As I read the new edition I was not only reminded of things now familiar but also challenged again to appreciate the clarity of a holistic approach to health care, one we have improved in understanding but continue to fully embrace in our present health care environment. For family physicians who are seeking to provide a medical home for patient care, this work presents real-life dynamics that must be addressed for the concept to come to fruition.

The new edition continues to include the popular organizing psychosocial intervention called the BATHE Technique (**B**ackground: What is going on in your life?" **A**ffect: How do you feel about that?" **T**rouble: "What troubles you the most about the situation?" **H**andling: "How are you handling that?" **E**mpathy: "That must be very difficult for you."). However, in this edition, the technique is supported with research of patient satisfaction with the use of this technique, and it is given a new affirmative spin that incorporates the burgeoning field of positive psychology (B-"What's the best thing that's happened to you since I last saw you?"). With so much of our emphasis focusing on pathology, focusing on strengths and the positive is refreshing and much needed.

The Fifteen Minute Hour is free of jargon for the most part and written well. In fact, it may appear to be too simple and superficial to

some. However, in the trenches of clinical work, I have found many concepts and presentations from it get the attention of patients. This is part of the appeal of the book—that it draws clinical pearls from theoretical literature and research to affect and enhance patient care. This book should be especially helpful to those who are beginning the challenge of clinical work and to those from the field of behavioral science who work in collaboration with physicians. Those who have kept up with the literature in health psychology and behavioral science in primary care may not find much new in this work, but its practical presentation and review of concepts can still be of assistance. I found myself being reenergized as I reread this work, even though I am already a true believer in the concepts presented. It appears to me that the book could be a good supplemental behavioral medicine textbook for medical students and residents.

We are indebted to Drs Stuart and Lieberman for the contribution they have made to the practical integration of psychology and health. I have found myself going back to sections of *The Fifteen Minute Hour* over my 15 years in the field. I do not suspect this habit will ever change, nor should it.

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Mastering Communication With Seriously Ill Patients—Balancing Honesty With Empathy and Hope, *Anthony Back, Robert Arnold, James Tulsky, New York, Cambridge University Press, 2009, 158 pp, $45, paperback.*

It is no secret that miscommunication is the most frequently given reason for medical errors, ethical dilemmas, interdisciplinary frustration, and failure of the physician-patient relationship. The authors of this book have extensive experience teaching communication skills to medical oncology fellows and have translated that expertise into an easy-to-read skill book on essential communication skills. There is no new groundbreaking research on communication techniques; instead they focus on the basics that many physicians forget—preparing for the conversation, asking about the patient or family's main concerns, assessing their knowledge or perception of the situation, disclosing news in a straightforward manner, responding appropriately to their emotion, knowing when to stop a conversation, summarizing a plan for what happens next, and making oneself available for future conversations.

The key strengths of this book lie in the multiple examples of sample conversations for a series of situations ranging from delivering serious news to discussing prognosis to conducting family conferences. Many clinicians want concrete examples of what to say and how to say it. This book offers several examples of patient-physician conversations with an analysis of why a specific technique or phrase is helpful or not helpful. For those individuals looking for a quick reference on how to communicate in specific situations, the information is delivered in a format that allows the reader to skip right to that chapter and take away several key points without reading the entire book. However, at only 158 pages, the book can be quickly read. It is practicing the techniques discussed that will require effort on the part of clinicians seriously interested in improving their communication skills.

A frustrating characteristic of the book is the authors' tendency to relate specific points to research studies without directly referencing the study. General references are cited at the end of each chapter, but it is impossible to guess which study relates to a specific statement. From an evidence-based practice standpoint, this book would be infinitely more valuable and accurate if the authors had supported each research claim with the appropriate reference. Clinicians who want to review the primary source for the research study will need to locate and read each reference at the end of the chapter to find the one they are looking for.

The authors present most conversations in an unbiased fashion with the exception of a brief discussion on what to do when family members request the patient not be told a serious diagnosis. They acknowledge that nondisclosure raises several ethical questions and patients should be asked directly how much information they want to hear. However, they then suggest getting permission from family before asking what information the patient wants to hear, what the patient should be told, who will share information with the patient, and if the family wants to be present for conversations, which appears to bias them toward family over patient autonomy. This section would have been improved by a clear emphasis on the physician's responsibility in establishing the patient's desire to know before diagnostic testing and then stressing the physician's primary responsibility to advocate for the patient and follow the patient's wishes, not the family's, unless the patient has authorized otherwise.