One Man’s Medicine

Three episodes on BBC Radio 4, 6 to 20 August at 9 pm
Producer Beth Eastwood
Programmes also available to download at
www.bbc.co.uk/radio4/science/onemansmedicine.shtml

Rating: ★★★★★

The title of Gerald Carson’s book about patent medicines, One for a Man, Two for a Horse (Doubleday, 1961), did not tell us what its author thought about drug doses in women and children, but it did at least intimate that there is variability in responsiveness to medicines, the theme of these three half-hour radio programmes.

Men and women, blacks and whites, old and young—we all differ in the ways in which we respond to medicines. And the sources of variability are legion: differences between individuals and clarifying the interindividual differences in responsiveness to medicines compounded the confusion.

It seems that every broadcast dealing with drugs must have a political agenda. And that seemed to be the problem with the first programme. The second, however, vitiated this view by starting to provide a better balance between highlighting the differences between individuals and clarifying the problems that drug developers and prescribers face in dealing with those differences. With judicious re-editing a really informative programme could be made.

The third programme was the best of all. The potential value of the genomic revolution in relation to drug therapy has been grossly hyped, but here the issues were clearly stated and put into perspective, stressing the polygenicity of most drug effects and the balancing role of environmental factors. The idea that within five or 10 years doctors in their surgeries, or even patients in their homes, might be able to carry out a test that would predict, say, which antibiotic would be useful for an infection or which enzyme in the stomach that breaks alcohol down couldn’t have been predicted; and “women lack an enzyme in the stomach that breaks alcohol down.” Random examples about how the pharmaceutical industry and British doctors have neglected interindividual differences in response to medicines compounded the confusion.

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The human population is diverse: one size drugs will not fit all

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Competing interests I am not a woman, but I am a member of an ethnic minority and I feel more elderly every day. My membership of the Medicines Commission should not imply that my views are shared by other members of the commission or by the Medicines and Healthcare Products Regulatory Agency.

Items reviewed are rated on a 4 star scale
(4=excellent)
Staying Alive: A Family Memoir
Janet Reibstein

This is a very brave book, and a good read for professionals caring for families with a high risk of breast cancer. This intimate family story explores the dynamics of a cancer (or precancer) diagnosis in not just one beloved relative but five women in a family: the author—who was found to have many individual primary sites of carcinoma in situ after prophylactic surgery—her mother, two aunts, and a cousin. The story highlights the uncertainty about the age at which a woman who has genetic susceptibility for breast cancer may develop breast disease, whether or not bilateral cancer develops. Reibstein is an academic and a psychotherapist, and she eloquently describes her varying emotions—including anger, fear, and, at times, despair. This is not a sentimental “poor me” tale but an honest account of personal experiences. I found it particularly moving to read about poor Aunt Mary, who didn’t let anyone in the family know that she had a lump. Indeed she kept it secret to avoid bothering anyone—until it was no longer possible to hide the seeping tumour. Reibstein gives a moving account of the effect of the illness on her remarkable mother, a poet; her ups and downs, her determination to live, and the effect that the diagnosis had on Reibstein’s father. Fortunately, Reibstein lightens the load with humorous snippets of American Jewish family life, including the dynamics of the relationship between mother and daughter.

Times have moved on since Aunt Fanny’s breast cancer was diagnosed in 1947, when she was a beautiful young woman in her early 30s with everything to live for. The horror of the surgery and follow up treatment is a reminder of a history best forgotten. The possibility of preventive surgery, despite concerns about body image and the residual risk of cancer, is a considered choice for women such as Reibstein. She harshly describes her metaphorical enemy, “my breasts,” saying “soon I will defeat them and take charge” by having prophylactic surgery.

Although Reibstein presents the medical teams as caring and deeply concerned, there are times when one gapes at the incomparability of some of the professionals she encountered. Reibstein has moved on since her mother died and has hope for the future. However, she reminds us that professionals need to be sensitive when chatting out their requests for information.

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The Visit of the Royal Physician
Per Olov Enquist, trans Tiina Nunnally

The 16-year-old son of King Frederik V of Denmark succeeded his father as Christian VII in January 1766. He suffered from delusions, was prone to outbreaks of violent behaviour, and exhibited repetitive movements under stress, yet spoke three languages and corresponded with Voltaire, who wrote a well known poem in his honour.

In November of that year, 13-year-old Princess Caroline Mathilde, youngest sister of George III of England, was dispatched to Copenhagen to marry Christian. The marriage was consummated by a single visit from the terrified king five months later, which produced a male heir.

Worried by the monarch’s mental state, the court appointed a hitherto obscure doctor named Johann Friedrich Struensee, “a specialist in cupping,” to look after him. He and Queen Caroline soon took over the running of the country and became lovers. When a child was born in 1791 no one had any doubt who the father was.

Rumours spread that the king was being held captive by Struensee and Enevold Brandt, “the King’s nursemaid,” and the two were sentenced to death.

The queen, angry and defiant, was exiled to one of the British king’s palaces at Celle. There she died suddenly in 1775 aged 23, some say poisoned. Ove Høegh Guldberg, “specialist in cupping,” to look after him. He and Queen Caroline soon took over the running of the country and became lovers. When a child was born in 1791 no one had any doubt who the father was.

Struensee chose a novelistic approach to a real life scandal that engaged 18th century Europe. His account reads at times like a film script.

Alex Paton retired consultant physician, Oxfordshire

Uncited references:
A substantial collection of free online medical textbooks is available from the e-library in Scotland (www.elib.scot.nhs.uk/weblibrary.asp?cat = Books). The site consists of one long page, but for ease of navigation there is a quick jump tool in the form of a drop down box. The first few sections are mainly devoted to library catalogues, with the links to the books taking up the rest of the page. There are enough subject areas here, from AIDS and HIV to ophthalmology, to interest a wide selection of users.

The Cincinnati Children’s Hospital Medical Center has produced the Heart Center Encyclopedia, an elegant and user friendly site aimed at patients and their parents (www.cincinnatichildren.org/health/heart-encyclopedia/default.htm). It is full of easily accessible, quick jump tool in the form of a drop down box. The first few sections are mainly devoted to library catalogues, with the links to the books taking up the rest of the page. There are enough subject areas here, from AIDS and HIV to ophthalmology, to interest a wide selection of users.

The internet is an ideal medium on which to publish a collection of clinical guidelines. The website of the Medical Journal of Australia has created a links page of such guidelines on subjects from aboriginal health to rheumatology (www.mja.com.au/public/guides/guides.html). The page is clearly set out, with the title of each guideline forming the hyperlink to the full guideline. The newest guideline is listed first in each category. This archive can make a useful reference source.

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We welcome suggestions for websites to be included in future Netlines. Readers should contact Harry Brown at the above email address.

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Contrasts

Thursday morning starts as any other, with an 8 am ward round of the postoperative patients. There are only three "survivors" to see, as the usual lack of beds meant the operating list had been severely cut. The ward sister warns that next week's operating list will also have to be reduced, because the department's "overflow" ward is being closed. The ward sister says that I must "prioritise" my clinical work before I leave the NHS. The anaesthetist is irritated because the operating list is not as clear as they expected from the previous list. The operating theatre staff are annoyed that their afternoon will be spent redeploying to other theatres because the operating list is not as clear as they expected.

Tuesday starts with a delay in getting the first patient to the operating table, because the operating list starts at 8 am, and so does the ward round. The anaesthetist is irritated because the operating list is not as clear as they expected from the previous list. The operating theatre staff are annoyed that their afternoon will be spent redeploying to other theatres because the curtailed operating list, the trainees are upset because they don't see much surgery, and the medical students don't understand why there is so little clinical teaching.

As a strong supporter of the NHS I realise that without my base in a teaching hospital much of the intellectual stimulation and escape that I so value would be impossible. But many hospital consultants can't escape that I so value would be impossible. TheANAESTHETIST IS IRRITATED BECAUSE THE OPERATING LIST IS NOT AS CLEAR AS THEY EXPECTED FROM THE PREVIOUS LIST.

Growing algorithms from seed

A couple of weeks ago, along with half the trade across the United Kingdom, I braced myself for our annual influx of brand new preregistration house officers. Last month's students became, however tentatively, young colleagues on the ward.

The feast of the innocents passed uneventfully, as it usually does. No serious cause for concern and, as always, a process of sussing out the new batch: who's good, who's worried, who might just turn out to be a worry in their own right.

Worry comes into it a lot, as anyone who looks back honestly at their own first weeks in paid medicine will admit. So much is new and uncertain, so little to be taken for granted. Anything from a drug dose to a consultant's mood swing can bring disaster, and each patient is an unknown, so we worry.

We don't go on like that. We learn the basics, and as the years go by we worry less and even think less. The simple truth—and very much not for circulation beyond the strict confines of this column—is that most consultants don't have to think very much at all.

Instead, and each within our own specialties, we run every new case through a subcortical algorithm, built up over years of experience in the diagnosis, management, and outcomes of the common, the common variations, and the rare. To run a personal, continuously developing but essentially pre-conscious programme of "fine-grained probabilistic clinical reasoning," as a researcher once helpfully described it to me, is not lazy or careless, but rather efficient and generally reliable: the hallmark of the seasoned professional.

Of course we must always be open to the truly exceptional, the case that—less than once a year or more—should rouse us from thalamic medicine. Not good to miss the things sent to try us; and hence of course our disproportionate zeal for the gee-whiz grand rounds case: the truly exceptional, the case that—less than once a year or more—should rouse us from thalamic medicine. Not good to miss the things sent to try us; and hence of course our disproportionate zeal for the gee-whiz grand rounds case: the truly exceptional, the case that—less than once a year or more—should rouse us from thalamic medicine.

But such stuff is rare, and probably best kept from our youngest colleagues. But such stuff is rare, and probably best kept from our youngest colleagues. But such stuff is rare, and probably best kept from our youngest colleagues. But such stuff is rare, and probably best kept from our youngest colleagues. But such stuff is rare, and probably best kept from our youngest colleagues. But such stuff is rare, and probably best kept from our youngest colleagues. But such stuff is rare, and probably best kept from our youngest colleagues.

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