ferent practice setting? After all, medicine is lifelong learning.

If family medicine residencies become centers of innovation for new models of family medicine, by all means extend the training. If residencies excelled in patient-centered care, robust clinical decision support imbedded in electronic health records, and continuous caring through on-line communication, the graduates would become change agents for other clinical practices. If residencies converted from episodic care based on brief visits to continuous care models, planned care to individuals, and populations with outstanding comprehensive prevention and chronic illness care, by all means keep the residents until they become masters with the new tools and methods of modern care.

Family medicine residency programs need to become models of education for 21st century care before they should extend the length of their programs.

Joseph E. Scherger, MD, MPH
Department of Family
and Preventive Medicine
University of California, San Diego

Using Literature to Teach Behavioral Medicine

To the Editor:

We all observe profound shifts in the thought processes, attitudes, and philosophy of physicians during their residency. Where, as medical students, they once perceived a certain laxity in demands and expectations ("The buck doesn't stop with me"), residents grapple with a quantum leap of responsibility and dignity. Part of that shift is a new set of expectations from oneself. Professionalism has a higher premium, and with that comes a code of ethics toward patients. Often the unwritten part of the code suggests that a physician cannot have negative feelings or uncharitable opinions regarding a patient.

At Wyckoff Heights Medical Center, third-year residents in family medicine take a course in behavioral medicine in which we used psychiatrist Irving Yalom's story "Fat Lady" (in *Love's Executioner and Other Tales of Psychotherapy.* New York: Harper Collins, 1989) as a way to explore negative, taboo, or "unprofessional" feelings regarding a patient. The residents noted how unsettling it was to read such a frank perspective regarding disgust for a patient while simultaneously they found themselves identifying with the physician-narrator. Yalom keeps the focus on patient care priorities—confronting commonly shared biases that would otherwise undermine both patient care and a practitioner's state of calm. By examining unconscious feelings that might affect patient care decisions, he demonstrates what it means to be a self-aware physician. Although this essay can have varying readings and interpretations, it holds together well as a catalyst for physician self-knowledge and a reflection on professionalism.

To address the issue of nonadherence, we have found Anne Fadiman's book *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* to be particularly useful in helping residents understand this ubiquitous problem in a far richer way than "blaming the patient." Perception by physicians regarding Western medicine's primacy and authority is a major barrier to understanding the complex determinants of nonadherence. Ms Fadiman's book poignantly conveys how the problems of cross-cultural communication contribute to nonadherence to medical advice. As an interdisciplinary approach, this book has been used in a number of courses of medical anthropology and medical humanities around the United States. We have found that its empirical, yet humanistic, style and direct relevance makes it a welcome—rather than taxing—reading assignment for physicians.

The Spirit Catches You and You Fall Down is essentially an extended case history for a Hmong child, Lia, and her immigrant family in California. Lia has a seizure disorder whose course is complicated by misunderstandings and disputes over health care philosophy—resulting in a monumental case of nonadherence—and culminating in emergency room visits for status epilepticus and near death. However, rather than locating the fault of the nonadherence in easy formulations that blame the patient or physician, Fadiman gently and dispassionately explores the assumptions and expectations that underlie the good intentions of both sides.

In our behavioral medicine class, residents took this as a rare opportunity to examine their automatic, self-protective ideas about why patients do not adhere to treatment. These physician-learners felt that the story in *The Spirit Catches You and You Fall Down* helped in changing their attitudes toward patients who do not follow their physician's advice unconditionally.

In a physician's development, the value of literature has been argued elsewhere, but many assume such literature—if it is not in a peer-reviewed journal—needs to be the "soft" category of fiction. We have been impressed with the residents' uptake of pragmatism and humanism when discussing these nonfictional "stories."

Siddharth Ashvin Shah, MD, MPH
Doug Reich, MD
Wyckoff Heights Medical Center
Brooklyn, NY