Reviewed by Dr Paul Main MA, MBBChir, DRCOG, FRCGP, FHEA
Retired GP, Honorary Senior Clinical Lecturer, School of Social and Community Medicine, University of Bristol,
Emeritus Deputy Director & Associate Postgraduate Dean, Severn School of Primary Care, Health Education South West
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There are some learning experiences that at the time are so novel that they remain with you forever. I remember, in 1988, attending a workshop on consulting skills in which the facilitator role-played a consultation and videoed the ‘patient’ to demonstrate cues from involuntary eye movements. This was at the annual meeting of the Association of Course Organisers in Ripon, and the facilitator was Roger Neighbour, a GP trainer from Hertfordshire. The previous year, he had published his first book, ‘The Inner Consultation’, which has gone on to become one of the seminal books of general practice literature. I suspect that almost all GP trainers since the publication of that book have been taught to count off, on the fingers of one hand, his five check points of consulting: connecting, summarising, handing over, safety netting and housekeeping.

The subtitle of his latest book is ‘why and how to practise ‘big picture medicine’. The author’s thesis is that every doctor has, as an untrained, ordinary human being, the insight, empathy, perceptiveness and judgement to consult more effectively. This is the Inner Physician. This aspect of clinical acumen is often neglected by doctors, in the context of perceived pressure to make more conventional scientific diagnoses. The author admits that “my unashamed motive for writing this book is to see clinical generalism revalued, rehabilitated in popular and professional esteem”. This is very timely, as the RCGP has also been motivated to refocus on this theme recently, with its report Medical generalism: A fascinating look back at the history of medicine and how we look. He moves on to ‘the medical gaze’, ‘narrative concepts of his own: ‘Crichton’s switch’, ‘the Inner Physician’, ‘the medical gaze’, ‘narrative resonance’ and ‘poised attentiveness’. He starts with the concept of the Russian matryoshka dolls, which are nested within one another. From the outer, public face of organised health care on a national scale, we travel inwards to the innermost doll, which is the inner physician, whom we were before we started medical training. A fascinating look back at the history of medicine reveals how the split between specialist and generalist happened when medicine became a more scientific discipline. Then quantum theory demonstrates the importance of the ‘observer effect’; so what we see depends on who we are and how we look. He moves on to ‘the medical gaze’, suggesting that specialists look at patients with a fixed-focus lens, whilst generalists can use a zoom lens for detail with a wide angle lens for context, and they can also reverse these lenses to look inwards at their own awareness. Using the example of catastrophe theory, he challenges the traditional medical model as being too simplistic to explain illness and recovery. He uses the interesting and helpful concept of ‘insight on the verge of action’ as a definition of diagnosis. He points out the problems in the conventional approaches to diagnosis that rely on reductionism and rational analysis. He coins the term ‘Crichton’s switch’ to describe the turning-off of the doctor’s human response, to cope with distressing situations like the first days of human dissection as a medical student. In a fascinating chapter, he goes into some detail using the well-known Johari window to suggest that the Inner Physician represents the ‘private’, ‘blind’ and ‘unknown’ regions of the doctor’s mind. These can engage with their equivalents in the patient’s mind and the phenomenon of emergence can lead to unexpected and unpredictable complexity in the doctor-patient relationship. The author moves onto the Greek concept of ‘phronesis’, best translated as practical or applied wisdom: ‘knowing what to do when no one knows what to do’. He then talks about the idea of ‘poised attentiveness’, which is the state of being prepared for the next clinical encounter, which ties in with the concept of ‘housekeeping’ that he introduced in his first book, The Inner Consultation. He ends by saying that “it is by cherishing our own integrity that we create what we can transmit to others”. As a postscript, he considers the importance of kindness to patients, and perhaps even affection. I suspect that this book will appeal more to medical educationalists, and to doctors who are interested in the intricacies of the consultation process and the doctor-patient relationship. There are many concepts here that GP educationalists will want to use with their trainees, on the training programme course as well as in the training practice. With the increasing interest in generalism within training, much of the book should also be of interest to educationalists and trainees in secondary care, too. The author considers the possibility that the application of the concept of the Inner Physician will come into play more where there is a long-term relationship between the doctor and the patient. This, of course, is more difficult in secondary care, and is becoming increasingly difficult in general practice, with the loss of continuity of care with a personal doctor.

My personal reaction to this book was that it is inspirational, and much of it resonated with my experience of consulting and interacting with patients and their fascinating stories. It also resonated with the personal feelings that were engendered by my interactions with patients and their life stories. Whilst I was still practising, my response to this was to do some ‘inner-journey’ work using various psychometric tools like the Myers-Briggs Type Indicator and the Enneagram, which was of great personal benefit, as well as helping with the process of consulting. As a retired GP educator, I found this book had the slightly disturbing effect of making me want to indulge in that challenging detective process of consulting once again. This last book in Roger Neighbour’s ‘Inner’ trilogy is a real tour de force, a great conclusion to his lasting teaching gift to his profession, and I highly recommend it.

Paul Main