

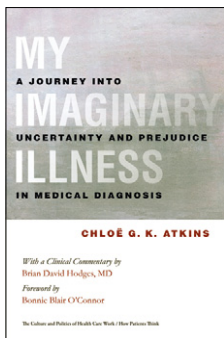
the original, taking the shape of the original man, dead so long ago.

One of these castings shows the man as he was originally cast in the pieta position, supported by the trestle from below as if the grieving mother who should be holding him is there in the empty space around him. Gravity works to drag his body into the encircling invisible arms we know should be there. The other casting is a

perfect duplicate of this, but inverted, and held aloft on its trestle so that from the back we can see the plaster and fibreglass which fill the hollow, riven with a wriggling morass of Borland's fingermarks, created as the plaster was pushed into the crevices of the mould, kneaded into the interstices of the fibreglass, making the whole fabric of the body cohere before the plaster set. Walking round the hollow

form allows a full appreciation of the importance of the inversivity—the man looks like a sky-diver, his arms and legs float above his shoulders and hips, the ends of his loin cloth here float upwards, and give the appearance of wings. The most wonderful thing is his face, which smiles.

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My Imaginary Illness: A Journey into Uncertainty and Prejudice in Medical Diagnosis
Chloë G K Atkins.
ILR Press/Cornell University Press, 2011. Pp 248. US\$27.95.
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In brief

Book A “difficult” patient’s journey

Chloë Atkins is the type of patient that every doctor dreads—presenting with a plethora of symptoms that don’t offer any obvious medical explanation. There are multitudes of such patients in a general practitioner’s roster and most, thankfully, will not turn out to have a serious illness. But there are a few who do, and as Atkins’ book points out, this can be a harrowing experience.

Atkins turned out to have an atypical presentation of myasthenia gravis, and it took nearly 20 years to get this sorted out. As doctor after doctor was unable to find a diagnosis, her syndrome was labelled as psychosomatic, and Atkins chronicles the increasing hostility of the medical profession towards her. The book presents the stark reality of how medicine falters when faced with uncertainty.

Doctors notoriously resent uncertainty, and this becomes quickly manifest in the doctor-patient relationship. We all have those “difficult” patients, and Atkins bluntly puts herself in that category, candidly admitting that she “burned people out”. That doctors are uncomfortable with ambiguity shouldn’t come as any surprise, based on our education that is grounded in the seeming solidity of facts. But there is also the element of fear: which of these

many patients with vague and varied symptoms harbours a serious illness? This needle-in-the-haystack pressure is compounded by the unfortunate reality of short outpatient visits (or overflowing inpatient wards). It is impossible for even brilliant doctors to discern complicated, mysterious illnesses in 15 minutes or less.

By now, most physicians have abandoned the blatant “it’s all in your head” fall-back. Most of us feel that the chronic pain syndromes, irritable bowels, and fibromyalgias do indeed have a biological basis, even if poorly understood. But stress does wreak additional havoc on these illnesses, so it’s not unreasonable to work to ameliorate this. Most of us view these illnesses as “syndromes” of some sort, and try to manage both the biological and psychological sides.

Atkins is furious at the medical profession for not diagnosing her illness earlier and for not taking her symptoms seriously (she calls the book a “justice narrative”). Her anger is entirely understandable. But in reading the book, I had to honestly wonder whether her condition was actually possible to diagnose. Even the clinicians who took her seriously were stymied by uncharacterisable symptoms and conflicting test results. Even if every doctor had been the paragon of attentiveness, respect, and doggedness, it is quite

likely that this rare disease with its atypical presentation would have been missed.

Atkins’ argument that her doctors’ attitudes were the cause of her misdiagnosis is in my view the most tangible shortcoming of the book. Certainly, these attitudes are shameful, harmful, and in need of addressing, but it’s not possible to draw the conclusion of causality in such a complex and inscrutable case.

This book is the first in a series entitled “How Patients Think”, a complement—or retaliation, depending on your bias—to Jerome Groopman’s *How Doctors Think*. Patients, however, are much more heterogeneous than doctors, so such a series will likely offer a host of individual experiences that may or may not be universal. But this still has immense value. Doctors easily fall into the trap of categorising patients, and we need reminding of their individuality.

My Imaginary Illness may not have the philosophical or literary reach of, say, Anatole Broyard’s *Intoxicated by My Illness*, but it is instructive nevertheless. Atkins’ case of a rare illness is itself not generalisable, however the flaws in the system that she illuminates certainly are.

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