

## Where Have all the Flowers Gone?

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Last month I attended a conference entitled: Books, Memoirs and Other Creative Nonfiction at Harvard. It's a great course, and I highly recommend this method of getting CME credit for writing, having fun, and networking with people in the publishing business.

Self-help books, medical texts, and memoir comprise the 3 main categories of medical nonfiction. The publishing world is very interested in books that will sell lots of copies and make money. I don't know why I was surprised by this. (We all need to get paid for our work.) Maybe it is because I live in a remote rural area, or that I have my head in the clouds. Naively, I figured the compensation for one's writing would be roughly commensurate with the quality. I expected the publicists, agents, and editors to be interested in one's prose, one's command of the English language, and one's writing style--but instead I found myself being asked about my TV appearances. Why would a writer want to appear on TV? If I wanted to be on TV, I would be at a conference for actors. I checked my syllabus—I was in the correct place.

Of the three main entry points into the world of publishing, the most popular for physicians is the self-help genre. The pathway goes like this: start with a "hot" topic bound to generate immediate interest from a target market. Ideally this would be a topic so engrossing that your intended buyers will be compelled to open their wallets and purchase your book right away, instead of going home and seeing if they can download something similar for free. Typical book ideas include using cutting edge knowledge of neurobiology to improve one's functioning, a new spin on how to lose weight, or how to deal with some common but specific physical/mental disorder.\* In order to be legitimate, the physician backing the book must be an "expert" on the topic, but in addition, he/she must be somewhat of a celebrity (hence the TV appearances). It really doesn't matter if the doctor-author can write or not, because there are many excellent underemployed writers who will write the book for you. Nevertheless, the best books in this genre are written out of altruistic passion by physicians who have a unique sort of help to offer and see an unfulfilled need for their expertise. They certainly don't do it for the money. Most of us could make more in a month doing our day jobs than we would earn for a year's work on a full-length book.

Success in publishing is all about having a "platform," which contrary to common understanding is not a sturdy, flat, wooden structure. A platform is a publishing term for your public persona and your professional reputation and accomplishments. In order to build that platform, you have to do things that most of the rural physicians I know abhor: Give speeches, get on television and radio, and talk to reporters and the press. I don't know about the rest of you, but I have learned that the press is not usually our friend. They misquote the things we say and get us into trouble with people we did not mean to offend. Besides, most of us in rural areas are so inundated with demands from large numbers of patients, the obligations of running a business, hospital duties, committee responsibilities, and being on-call that inviting additional (unpaid) professional social contact into our lives is completely unappealing

The Times-Standard called me recently and left a message requesting that I write a newspaper column. Flattered, I returned the call and found out that they wanted me to pay a significant fee to regularly compose something for the newspaper. At first I thought I had misheard the proposal.

“So, let me make sure I understand you correctly.” I asked the representative. “You want me to pay you so I can write a column for your newspaper?”

“Yes.”

“And why would I want to do that? I am accustomed to being paid for my work, not the converse.”

“To promote your medical office” (only then did it dawn on me that this was a clumsy attempt to get my advertising business).

The sales agent was clearly clueless about several things. First, the local medical community traditionally frowns upon direct physician advertising; second, the physician shortage here has resulted in an excess of patients for most offices, and finally, I take pride in my writing, and was insulted at being asked to pay to have it published. I offered to donate my time and publish a pediatric column for free as a service to the community, but that generated no interest whatsoever. Oh well, their loss.

Getting back to the conference, despite a focus on nonfiction, bestselling author and surgeon Michael Palmer spoke about his prolific book career and gave some advice on writing medical thrillers. He placed emphasis on the story line, and like an ugly appendix, took pains to surgically excise any “flowery language” that crept into his work. He did not want the reader distracted from the unfolding of events, and his goal was for the reader to turn the pages so quickly that his arms would get sore, and at the end, sink back in satisfied exhaustion.

Other writers, like Katherine Russell Rich, spoke about topics including how to create a beautiful and engaging memoir. Although the imperative to create moving drama and the fickle yet fluctuating nature of memory result in a necessary blurring of the line between truth and fiction, it is clearly NOT ok to invent your memoir entirely. I bought two copies of her latest book, “Dreaming in Hindi,” which is wondrous. She is the kind of author who wouldn’t mind if the reader stopped along the way to smell the flowers.

Overall, I highly recommend experienced physicians do continuing medical education outside their direct field of expertise. After a certain point, most of what we hear at our specialty courses is review, and thereby boring. Branching out is an excellent way to add needed variety and excitement in our professional lives.

\*The week of March 28th number three on the New York Times nonfiction list combines all three of those concepts: Change Your Brain, Change Your Body, by Daniel G. Amen is about using the brain-body connection to lose weight and avoid depression.