

Dr. Novick Interview

Rachel Morrell, freelance writer for StopColonCancerNow.com, interviewed AMSURG partner David Novick, M.D, [Digestive Endoscopy Center – Brubaker](#), about the book he has recently written: *Laughter is the Best Bowel Prep: Humor and Reliable Medical Information from the Practice of Gastroenterology*. Here is an excerpt of their interview as Dr. Novick tells Rachel about his book, for which he is seeking publication.

Q: The book's title immediately grabs a reader's attention. How did you get the idea for writing your book?

A: Although patients may not realize it, funny things happen in medicine every day. About five years ago, I was preparing to do a procedure. The anesthesiologist had just administered the medication to put the patient under, and the patient began to twitch. The anesthesiologist said, "It looks like we've got a mover over here." I quickly responded, "At least it's not a mover and a shaker!" I immediately thought to myself that it was a shame that a humorous moment like this will disappear forever. This event and this thought motivated me to start writing down funny anecdotes that happen every day, and the book arose from those stories.

Q: Can you tell me a little about the format of the book? Is it just anecdotes about what happens during colonoscopies?

A: The stories are actual events that happened to real people, though many details have been changed to protect patients' privacy. Over the years, I have collected over 150 stories from my own experience and from other medical professionals. I asked doctors and nurses, "What is the funniest thing that ever happened to you in the practice of GI?" After collecting anecdotes, I needed to create a structure that would lend itself to a story line with actual characters. I created a fictional GI group of doctors, nurses and medical assistants who work with 10 fictional patients, family members and friends. I then worked the actual stories into a plot line, which allowed for character development and better humor as the reader gets to know the characters.

Q: How far along are you in the process of writing and publishing your book?

A: The book is fully written, and I have completed the second draft. I have asked some other GI doctors to review the medical content for accuracy, and I have several nonmedical reviewers including authors, editors and an English professor. Now, I am preparing to write to agents. I am hoping to get a traditional publisher so I can receive a wider distribution, and I am also working on a website.

Q: What is your target audience for the book?

A: My target audience really is the general public. These stories can elicit laughter from anyone. More specifically, anyone aged 50 or over who is eligible for a colon cancer screening would definitely appreciate the humor. Younger patients who are at higher risk for colon cancer or digestive issues would also benefit from reading this book. Finally, anyone who works in health care, especially in gastroenterology, would appreciate the contents because they could identify with many situations.

Q: Is the book mainly about humorous things that happen during a colonoscopy?

A: Although the book focuses on colonoscopies, there are chapters on upper GI and small bowel disorders, the hospital, and the medical use of humor. In the last chapter, all of the patients follow up in the office. There are also several appendices at the end of the book which educate on the actual evidence for colon cancer screening along with quality measures, risks and alternatives, diverticulitis/diverticulosis, irritable bowel syndrome, Crohn's disease, ulcerative colitis and upper GI disorders such as Barrett's esophagus, esophageal stricture, esophageal varices, gastroparesis, gastric and duodenal ulcers, gastric polyps, and celiac disease. I also have a section about how to get the most out of your doctor visit.

Q: In your experience, what is the biggest misconception people may have about colonoscopies?

A: People are afraid of many different things. Some people are worried about the procedure being uncomfortable. Others are concerned about being embarrassed, not being in control or that something bad will be found. Sometimes the most important thing that I can do is to find out what the patient is truly afraid of, and that will help me to ease the fears. One of the most common responses I get from a patient after the procedure is over is, "That was much better than I expected!"

Q: How do you hope a reader would approach a colonoscopy differently after reading this book?

A: I would hope that, after reading my book, a patient would have a better idea of what will happen during a colonoscopy or an upper gastrointestinal procedure. The feedback that I have received is that my book helps people feel more comfortable with the anticipation of the procedure. My main goal, besides the hope to entertain and bring laughter, is to educate the reader and encourage questions. I really want to make patients comfortable with asking their doctors targeted questions about procedures and exams. Appointments are great tools for preparation if the conversation can be focused. I also want people to understand the tremendous preventative benefit of colonoscopy.

Q: Can you give us an example of a funny story in the book?

A: One of my favorites is about a character named Joe. He came in the office for a colonoscopy, and his wife dropped him off. After his procedure, Joe was taken to the recovery room. When the medical staff went to check on Joe, he was missing. His wife returned, and no one could find him. Later that evening, the doctor received a phone call from a downtown bar, and the doctor recognized Joe's voice, significantly altered by inebriation. Joe asked, "Hey, doc. When are you going to pick me up?" Joe had slipped out of the office unnoticed and found public transportation to the bar, but now needed a ride back home! The doctor said to the staff the next day, "That's the first *pick-up line* I've ever received while at work!" One of the medical professionals wittily responded, "Well, like they say, 'Better to be scoped and lost than never to be scoped at all.'"

Q: I hear there may be future books on this topic. Is this true?

A: I have a fair amount of material for a future book, and I look forward to getting feedback on my present book. I plan to solicit stories from readers, similar to the *Chicken Soup* series. Medicine is always advancing, so a future book could include an update on new standards of care. Changes in medicine could create a natural segue into another volume.

Q: What would you like your patients to know about doctors and medical professionals in the GI field?

A: Some patients may think that we are just technicians and do procedures. Especially when patients are referred solely for colonoscopy, doctors do not get a chance to develop a relationship with our patients as much as we'd like. There are time limitations to our profession, but we really do care about our patients, and we like to develop relationships with the ones we get to see on a regular basis. We find the details of our patients' experiences interesting and humorous, and I hope that my book conveys that.