



Where Does It Hurt?: What the Junior Doctor Did Next

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The Junior Doctor is back! He's into his 2nd year of medicine, but this time Max is out of the wards and onto the streets, working for the Phoenix Outreach Project. Fuelled by tea and more enthusiasm than experience, he attempts to locate and treat a wide and colourful range of patients that somehow his first year on the wards didn't prepare him for ...from Molly the 80-year-old drugs mule, God in a Tesco car park, to middle-class mums addicted to appearances and pain killers in equal measure. His friends don't approve of the turn his career is taking, his mother is worried and the public spit at him, but Max is determined to make a difference. Warned that miracles are rare and that not everyone's life can be turned around, those who can be saved will surprise him. Funny, touching, uplifting and wise, Max goes from innocence to experience via dustbin-shopping-trips without ever losing his humanity.

Where Does It Hurt?: What the Junior Doctor Did Next Details

Date : Published August 1st 2009 by Hodder & Stoughton (first published January 1st 2009)

ISBN : 9780340919927

Author : Max Pemberton

Format : Paperback 264 pages

Genre : Nonfiction, Medical, Health, Medicine, Autobiography, Memoir, Biography



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Dor says

As you can probably guess from the title, this is one of those “Medical Professional writes about their job in an amusing fashion” books. I like these kinds of books but they can have difficulty standing out from one another, especially as even the terrific ones (like Adam Kay’s This is Going to Hurt) can’t manage to avoid the Junior-Doctor-Book Bingo Card. Happily, this one pretty much does.

This time round, Pemberton’s is attached to the Phoenix Outreach Project, dealing with the homeless, the drug addicted, and octogenarian former prostitutes.

Pemberton is a decent writer who has a nice line in fish-out-of-water humility going on. There’s a good variety of stories, interesting, funny and sad, if never quite as emotionally wrenching as the end of the Kay book mentioned above.

If you like this sort of thing, which I do, it’s well worth sticking Pemberton on your TBR pile - his first is the usual Junior Doctor in a hospital stuff, while his third is about his stint in Geriatrics. This one was great and I really quite enjoyed it.

4 stars

Silja says

sequels aren't always bad; liked the first book so much I needed to read more about Max and his adventures in medicine.

Ashley says

I really do enjoy books like these. This book covered the author's time working for an outreach project that works with the homeless and drug addicts. It was fascinating reading about how the less fortunate and drug addicts are treated in the UK, vs in the US. I know for one there are a LOT less public agencies for the homeless in the US, and far less support for those addicted to drugs (see: the US prison system).

I demand more books from this author.

Sam Still Reading says

Max Pemberton is a talented writer and a very good doctor from what I read. Here in his second book (his third has just been released in the UK), he leaves the hospital where he did his initial training to work on the

streets, looking after the homeless, mentally ill and substance dependent. While this doesn't provide as much of an opportunity for humour as the initial book, there are still some very funny moments (bin diving for designer shirts) as well as some very poignant and sad ones. It's an excellent insight into the life of working with people who are forced to live on the fringes of society.

This was a fast and easy read – probably because I was so interested in finding out what happened to each of the character – Sister Stein, the stern nurse at the drug dependency clinic; Patrick, who will restore your belief in the human spirit and Max's former flatmates. The darker side of the book deals with topics not discussed very often – drug dependency in pregnancy, people who prefer life with drugs, those who battle mental illness and those that live on the streets. I found this a good insight into what patients may be experiencing. There were sad points and high points – just like life itself.

One question I do have is why Max left after one year – was his contract up? Did he prefer work in the hospital?

A great story and I eagerly await his third book!

Chris says

A brilliant insight into homelessness and drug addiction

Caroline says

This review contains spoilers

Written by Dr Max Pemberton, this is an account of a year spent working as a doctor doing outreach work in the city. He was based in a medical centre, but also did a lot of work on the streets, looking after drug addicts, homeless people and people with mental health problems.

Dr. P is a kind, self-deprecating man, with a great sense of humour. His concern for his patients is impressive, although he is often ambivalent about them too, well at least the drug addicts. The choices they make are provocative - their lifestyles, the anti-social ways in which they finance their (incredibly expensive) habits and the frequent lying and self-delusion. For those with mental health problems he just feels compassion.

This book gives us privileged insights into the characters and lives of his patients. They become very real people to us, and over the course of the book we get a rounded picture of the problems and difficulties they face in their day to day lives. Some of these characters include Mr. Allsop who thinks he's God, Fergal and Antony the heroin addicts who against all odds were coming clean, Rachael, the pregnant heroin and crack addict, and Janice, the middle-aged housewife addicted to painkillers. There are others too. Dr. P describes them and their situations with a mixture of insight, frustration and compassion. Also humour. There are

episodes in this book which had me guffawing with laughter.

And here are extracts from the book I want to remember..... Not very nice 'review' fare, but the book taught me new things, and I want to note them down.

* *"In essence, two medications are available to prescribe for people addicted to heroin. The first is methadone, a bright green or blue liquid in the same class of drugs as heroin and morphine – the opiates. You take it every day as a substitute for heroin and it stops the physical cravings. Because it's prescribed the dose is accurate, and can be increased if you need more to stop the cravings, or brought down over several months if you want to get off it altogether without the unpleasant withdrawal symptoms. The downside is that to start with you have to come every day to the clinic to have it, and for safety reasons can only have a weekly or fortnightly prescription once you've proved, through urine tests, that you're not using heroin on top. Methadone doesn't give you a buzz like heroin does; it just stops the withdrawal symptoms. Given that most people use drugs for the buzz, this rather spoils the fun."*

The second option is buprenorphine, or Subutex. This little tablet is placed under the tongue and dissolves slowly. It, too, is an opiate and substitute for heroin, but the dose can be decreased over weeks, rather than the months it takes with methadone, so users are detoxed far quicker. This is great if you're ready to be drug-free, not so good if you aren't. It works by blocking the receptors on the cells in the body which the heroin latches on to, thus providing the additional benefit of preventing any heroin you do take from working. It doesn't work if you're using more than a bag of heroin a day prior to starting on it. It's also incredibly expensive and reserved for people who are adamant that they want to be drug free."

**"There is a belief among addicts that residential rehab is the answer to all their problems. Patients often request it. In the private sector they will happily take your money and provide you with a nice, peaceful room offering a view of rolling countryside, but in the state sector a residential placement is hard to come by. Unusually for the NHS, this isn't because of funding but because it isn't that effective.....Removing the person from temptation doesn't address the underlying reason as to why they were using drugs....."*

**"Heroin is physically highly addictive; crack is not. But both drugs are addictive because of the psychological benefits they provide for the user: the sudden rush, the euphoria, the overwhelming, all-enveloping sense of anaesthesia from one's life. It might sound heretical for me to say it, but if that's what you're looking for, then I'm afraid the drugs do work."*

**"The world of hard-core drug addiction is dark, seedy and hidden. ...the general public have only a hazy awareness of what that world is really like; how these people long to be free of their addiction, hate themselves for what they do every day, and their bleak despair."*

**"Pharmacologically, morphine and heroin are the same drug, the only real difference being that morphine is given to you by a doctor and heroin by a drug-dealer."*

**"In many ways, crack is the poor man's cocaine. They are chemically very similar, crack being a solid, smokable form of cocaine; the same drug for two very different social echelons. The effect of crack is more intense than that of cocaine, but very short-lived."*

**"As both (crack and cocaine) are stimulants ...users often find themselves trying to take something to 'mellow' them and help them get to sleep: the stimulant properties last long after the buzz from the 'high'. After crack or coke, a mug of Horlicks won't help. Heroin, on the other hand, is a sedative and works wonders. But, unlike Horlicks, it brings with it physical dependency."*

**"For several years she had been taking an increasing number of over-the-counter painkillers. She was now consuming around six packets a day....She didn't like to talk about her addiction and referred to it as her 'silliness'..... However, when I sat down and worked out exactly how much codeine was in each tablet and the number she took each day, I was horrified to discover that she was taking the equivalent of a bag of heroin each day.....'I can't be an addict', she had said earnestly, only last week. 'I pay my taxes and listen to Radio 2, for goodness' sake'."*

**"Managing them (heroin addicts who are pregnant) was particularly difficult because by the time they presented at the clinic, it was not just they who were addicted to drugs but their unborn child. While an adult woman's body is relatively resilient to the effects of heroin, the developing foetus's is not. Using heroin during pregnancy increases the risk of premature birth, stillbirth and restricted growth."*

** "This is Anna' said Flora.....I looked closely at her. She was limp and grey. She wasn't responding.The nurse shook her head. 'No, it's OK, don't worry. She's just been given her morphine. Opiate babies aren't very responsive.*

The idea of giving someone so small such noxious medication made me feel ill. 'She started withdrawing a few days after she was born and then began having fits so we had to start her on it', she continued. I remembered reading about it at medical school: it's called Neo-natal Abstinence Syndrome and is common in babies born to mothers addicted to heroin or taking methadone....It came about because opiates cross the placenta, so the developing baby becomes addicted. When it is born, the opiates are not longer supplied by the mother's body, so the baby goes into withdrawal.'"

Please don't be swayed by the rather grim extracts above – the book is warm, funny and caring – as well as dealing with the more serious sides of addiction. It is also incredibly readable. I found it hard to put down. It opened my eyes to issues faced people on the edge of society, and I was left with admiration for the way the National Health Service here in the UK tries to help them with their problems – for their sakes and our sakes.

PS The title of the book seems completely irrelevant and unrelated to the book's content and direction. More suitable for an Enid Blyton story than the issues it actually deals with, in my humble opinion.

Sharon says

Amusing book, that when reading, may make you reassess your views on who drug addicts are and what they look like.

Sad in one respect, but do love the story of Patrick, so very inspiring, and makes you be glad that all faith in human kind should not be lost.

Mel says

Such a good book, can not recommend enough. There are plenty of high's, low's and just plain crazy - which I guess is to be expected when you work in an environment surrounded by 'substance mis-use' . Brilliant writer, easy to read, read it in one day.

Tomas says

Excellent personal account of life as an FY2 working for an outreach project.

Laura Elizabeth says

Not entirely what I was expecting but enjoyable nonetheless. Slightly outdated but thankfully in positive ways! Well written, easy to read. Could be read in isolation but does have references to Max's earlier book

ForeverDay says

Overall: 4/5

Book warnings: Some bad language, heavy topics (drugs, ethics) but well handled

Very informative, plus a very readable style.

Simon Howard says

The junior doctor moves away from hospital and into a community-based drug unit - fascinating, and another great read.

Georgina Wyatt says

Really insightful and you grow to love the characters in your own way, despite what they've been through you can't help but have a warm feeling for some of them :)

Pippa Davis says**Very good**

Very funny and interesting. Insight into how doctors work and the real lives and struggles of the mentally ill and homeless
