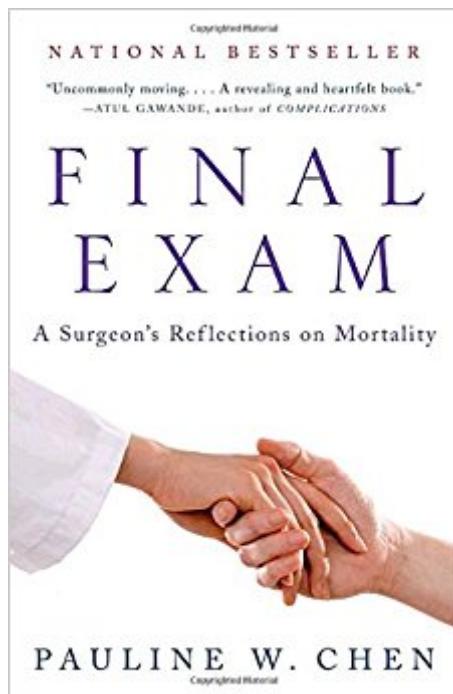


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Final Exam: A Surgeon's Reflections On Mortality



Synopsis

A brilliant transplant surgeon brings compassion and narrative drama to the fearful reality that every doctor must face: the inevitability of mortality. When Pauline Chen began medical school, she dreamed of saving lives. What she could not predict was how much death would be a part of her work. Almost immediately, she found herself wrestling with medicine's most profound paradox—that a profession premised on caring for the ill also systematically depersonalizes dying. Final Exam follows Chen over the course of her education and practice as she struggles to reconcile the lessons of her training with her innate sense of empathy and humanity. A superb addition to the best medical literature of our time.

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Customer Reviews

Like most physicians, Chen, a transplant surgeon and former UCLA faculty member, entered medicine in order to save lives. But as a medical student in the 1980s, she discovered that she had to face death repeatedly and "found disturbing inconsistencies" as she learned from teachers and colleagues "to suspend or suppress any shared human feelings for my dying patients." Chen writes with immaculately honed prose and moral passion as she recounts her quest to overcome "lessons in denial and depersonalization," vividly evoking the paradoxes of end-of-life care in an age of life-preserving treatments. Chen charts her personal and professional rites of passage in dealing with mortality, from her first dissection of a human cadaver, through the first time she pronounces a patient dead, to having to officially take responsibility for the accidental death of a patient in her care. Focusing on the enormous moral and psychological pressures on doctors and on the need for

greater empathy in hospital end-of-life care, Chen also reports on signs of change within the profession, stemming from both criticisms of training and institutions and from physicians' initiatives to bring a greater sense of shared humanity to their work. Announced first printing of 75,000. (Jan. 17) Copyright © Reed Business Information, a division of Reed Elsevier Inc. All rights reserved. --This text refers to an out of print or unavailable edition of this title.

There is a vast popular literature about physician ineptitude with dying and death, whose doctor authors often cite their own cases to make points. Chen takes the logical next step by recounting only her immediate experience with dying and dead persons and what she learned from it. She starts with her first dead "patient," the woman she dissected in anatomy class. She continues with the many, many deaths she witnessed as an intern and resident and later. She poses them against the backdrop of being encouraged to disengage emotionally from patients and to opt always for prolonging life. She recounts, with pain, her own failures to "be there" for dying patients and their loved ones. She notes recent medical education reforms aimed at helping physicians accept death and prepare patients and loved ones for it. She recalls, with wonder, good physician dealings with death--those of doctors she learned from and, finally, her own. A graceful, precise, and empathetic writer enthralled by her work, Chen imparts much about medical schooling and surgery, too. Ray OlsonCopyright © American Library Association. All rights reserved --This text refers to an out of print or unavailable edition of this title.

I am one of those people who is always the patient ... and I am one of those complicated patients where things don't typically go as planned. I am probably not one of a surgeon's easiest patients as I tend to test their mettle. That being said, I have had surgeries where surgeons have removed various organs from my neck (thyroid) down to my abdomen (gallbladder and hyster.) All of them have been complicated by one thing or another. I have asked myself more than once: "How do surgeon's do it?" How do they get to that almost God-like place where they hold life in the balance for a period of time and we, the patient, put our utmost trust in them? It's quite amazing if you think about it. The one aspect that is not often addressed or talked about is that of death. How does a doctor distance themselves enough emotionally so that they can continue to do their job? How do they get through the first time that they are actually responsible for a patient's death? These are tough questions that require a special journey for doctors. Dr. Chen's book outlines this journey from med student to a fully-fledged practicing physician specialist. She shares the shift that has taken place in medical studies that teach young doctors how to deal with death in a healthy way that

includes palliative care. The journey is fascinating and touching. As a patient, I always wonder. This book helped to pull the curtain back just a little bit more. Thank you Dr. Chen!

"I think it's like Dr. Courtney M. Townsend, a legend in surgery and a personal hero, recently told me. "We have two jobs as doctors: to heal and to ease suffering. And if we can't do the former, my God we better be doing the latter." Pauline ChenA few years ago I was part of a poetry group of medical providers. We shared poetry written by or for medical providers that described our work. Most of these poems as it turned it were about the dying, the dead or end-of-life. Our professions had a need to share our profound feelings. Since that time Palliative Care has become a recognized service in many hospitals and communities. Our patients need us and we need each other to share our grief.Pauline Chen discovered once she was house staff that pronouncing a patient's death was part of her job, the first 'code blue', the first agonizing long death on an intensive care unit, and the day to day life and death of her patients were taking a toll. She was taught it seems to hide her feelings, but then they would not go away and what was she to do? She had an eye-opening experience with a physician who stayed with his patient while he was dying and she realized 'this is what my job is all about.' As a transplant physician, Pauline Chen realized that her life and death immersion in very ill patients brought her closer to death than life. As she stated, "zeal to cure is no excuse for failing to communicate prognoses honestly or for sidestepping ongoing dialogue with patients and families as medical events deteriorate." She gives us many examples of her patient experiences and how other physicians reacted to their patient's deaths. As she so eloquently says, "That honor of worrying-of caring, of easing suffering, of being present- may be our most important task, not only as friends but as physicians, too.""Exercising personal autonomy around one's death is no simple matter today -- especially in settings of ever-more sophisticated and fragmented medical care. As Pauline W. Chen points out in "Final Exam: A Surgeon's Reflections on Mortality," the medical profession bears a good measure of responsibility for this dilemma. But "Final Exam" is neither an angry rant nor a bloodless treatise about medicine's failings. By sharing stories of her own maturation into a healer as well as a technically skilled doctor, Chen in this fresh and honest memoir engages and educates on many levels. At the same time, the author's principal goal -- to hold herself and fellow physicians accountable for providing better end-of-life care -- is ever in view."

Claire DunavanMy role in my profession is to help my patients with their living through their dying. This would not be possible without my team mates and colleagues. My best friend, with whom I share each patient death, found this book and told me about it. Thank you. Pauline Chen has written a book that should be read by all medical providers. It is indeed a good thing to be compassionate

Pauline Chen is a surgeon who does liver transplants. She is also a fine writer as FINAL EXAM - A SURGEON'S REFLECTIONS ON MORTALITY proves so well. She writes with both passion and humility about the contradiction she sees in the field of medicine: that doctors, who witness death so often that it should almost become routine essentially are no better at dealing with the end of life than their patients are. (She actually uses the word "dysfunctional" to describe many physicians' attitudes toward death.) She believes there are many reasons for this phenomenon. Doctors are trained to be healers; that is why most of them went to medical school. To lose a patient to death somehow is an admission of failure. Many physicians will continue aggressive but useless therapy for a dying patient to pacify the patient's family. Sometimes they fear litigation or they may continue treatment-- we can only hope occasionally-- for financial gain. But whatever the reasons, they are not good enough. The patient loses, but the physician loses as well the chance to do-- what Chen would call-- "something more than cure" and "nurture our [physicians'] best humanistic tendencies." Dr. Chen discusses candidly her first experience with death, when she was a sophomore in college, of her maternal grandfather. Then in medical school she spent 12 weeks with a cadaver: "My very first patient had been dead for over a year before I laid hands on her." She writes about her first patient to die and her inability to contact a dying friend. She confronts her fears about her own mortality when she is about to harvest organs (a procedure she had done eighty-two times previously) from an automobile accident victim and discovers that the donor is a brain-dead thirty-five-year old Asian American woman: "For a moment I saw a reflection of my own life and I felt as if I were pulling apart my own flesh." This beautifully written book reminded me of another fine book by another physician, Abraham Verghese's MY OWN COUNTRY, an account of his treating the first patients-- most of whom would certainly die horrible deaths-- with HIV/AIDS at the local VA hospital in Johnson City, Tennessee in the 1980's. Both these books should be required reading for medical students. When I finished Dr. Chen's "reflections," I thought of (1) how fortunate her patients are to have a surgeon so sensitive and so human and (2) wondered how many physicians would take time out from their busy schedules to read her wise words.

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