

what's left out

Jay Baruch, MD
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In *what's left out*, his second collection of short stories, emergency medicine physician Jay Baruch has done it again—challenged and disquieted us with 13 stories that

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Reviews and reflections



are utterly original, frequently provocative, often avant-garde, and occasionally set in “unfamiliar and unsettling moral universes.”^{pviii}

The collection opens with “Satellites,” with an aging woman who has just been advised that her husband may not survive complicated heart valve surgery. As she and her son try to negotiate their way out of the huge hospital parking garage, the son must come to terms with his mother’s advancing dementia for which she has compensated so well, until the stress of the current situation. Both speak deep-seated truths. With incredulity, she quotes the surgeon’s parting words—so unrealistic when viewed from the family’s perspective—“Get some sleep?...I’m expected to go home and close my eyes?”^{p3} All this while her son realizes that he has missed the autumn years of his parents’ lives, and that:

His kids, when they grow up, will probably flee him and his wife and come back east, and he wouldn’t blame them. When you’re young, life’s frustrations play out as a multiple-choice exam whose easy answer, though not always the correct one, is distance.^{p3}

In sharp contrast, “Emotional Contagion” takes us into the unknown. The narrator and Jimmy are coworkers who have competed for the affections of the lovely Louisa, now deceased. They lament the loutish behavior of their younger teammates in the lab, and ponder the perils of losing grant funding if the drug research under way yields little in the way of results. The catch is that the narrator, Jimmy, and Louisa are lab rats destined, one way or another, for death and dissection at the hands of the exhausted grad student, Susan, and her boss, Dr. Ben Accomb.

Likely based on the report “Empathy and Pro-Social Behavior in Rats,” by Bartal, Decety, and Mason, published in *Science*, December 9, 2011, this is an unexpected, and highly creative exploration of the concept of emotional contagion, the ethics of animal research, and the potential for abuse of junior colleagues.

“Soft Landings” is the multi-layered first person narrative of Cape, a 25-year-old wannabe professional baseball player, struggling with lost dreams, the decline of his neighborhood, and a mother “swallowed up by depression.”^{p17} New purpose comes to his life when Thistle, an elementary school classmate, recruits his help in the care of her grandmother, Annie, who now resides at the same wretched nursing home where Cape’s father died, demented and restrained after a devastating head injury.

As the young couple battles the problem of Annie’s increasing dementia, frequent falls, and subsequent head lacerations, Cape continues his quest for baseball fame only to end up with a concussion himself. The author slyly unveils Cape’s increasing sense of self beyond the baseball paradigm, and the growing bond between him and Thistle. Laced with baseball imagery, this is a gentle, at times heart-breaking, story of family, love, and loss in which the author explores the notion of “the best option for those without options.”^{p23}

Two stories in the collection are directly linked. In “Comfortable,” Lori, a nurse in the ICU, must respond to the director’s euphemistic order “[m]ake him comfortable” twice in the 48 hours preceding the first anniversary of her son’s death in a car crash caused by an intoxicated county judge. As that anniversary approaches, Lori shuts out friends who try to understand her grief, is harassed by the judge dealing with his own guilt, and finally realizes “she needed the hatred. Without it, she faced the full thrust of her grief, the severity of how much she missed her son.”^{p49}

“The Telephone Pole” is set two years later. The judge who killed Lori’s son has met his own demise in another alcohol-fueled accident, this time wrapping his car around a telephone pole where other drunk drivers have also met their doom. What unfolds in this biting satire is an exploration of political corruption; “spinning” by the media; increasing accommodation to the self-destructive behavior of others; and a public responding with herd mentality. The story comes to a crashing end with the deaths of three teenage boys and the apparent compromise in values of the protagonist—an accident scene investigator—who originally worked toward truth but now speaks in half-truths in order to preserve his job. Here, Baruch pushes the boundaries of believability to the limit.

In “what’s left out,” the title story of the collection, we meet Dr. Max Reece, an emergency medicine physician who has just returned to work in a dismal treatment center. Two years earlier, a YouTube video of him ejecting a patient from the emergency department (ED) where he worked led to public humiliation and the loss of his job. Filled with personal uncertainty, he must care for Tamika, a poor, uninsured, 19-year-old asthma patient on the verge of respiratory arrest. Unable to trust Dr. Reece, a ferociously protective sister takes Tamika away, only to return and then call “Cousin” to the rescue. Cousin is a drug dealer from their housing project who also specializes in asthma care—after all, many people in the projects are so afflicted.

Cousin knows his stuff, and Tamika is spared the ventilator. “what’s left out” drives the story in jarring but haunting ways: the revocation of universal coverage for life-saving dialysis and asthma care; the omitted details of the situation in the ED at the time the YouTube video making Dr. Reece was recorded; the reason why Tamika’s sister rejects any notion of ventilator support for her; and the consideration of how the women might pay for services rendered, both by Dr. Reece and by Cousin. In this story, we see Baruch at his best.

“Fortunata” is a story that swirls bizarrely around a corrupt pharmaceutical company executive; his wife who is committed to serving inner city youth through her charity Kids Now; and their daughter, a college student learning in a medical ethics course about “landmark abuses of human subjects in clinical research,”^{p108} including that done by her father’s company. Pushing the envelope again, Baruch challenges us to consider the often dark side of clinical research, and our growing propensity to “medicalize” many aspects of life in order to justify medical/pharmaceutical intervention.

Filled with subtlety and nuance and the essence of the human condition, this new collection is the work of a master storyteller. These stories should be savored over time, and considered closely.

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