# Reviews and reflections

David A. Bennahum, MD, and Jack Coulehan, MD, Book Review Editors

## Healing Through Humanism: Physician Discussions and Film Presentations for Doctors and Other Caregivers Interested in the Practice of Compassionate Medicine

A 5-DVD Teaching Series. Written, produced, and directed by Ruth Yorkin Drazen. Viewing time: 4 hours.

New York, Ruth Yorkin Drazen Productions, 2011

**Reviewed by Jack Truten, PhD, FCPP**

In her five-DVD teaching opus, *Healing Through Humanism*, redoubtable nonagenarian documentary filmmaker Ruth Drazen presents a profusion of humane thought and artistic expression to illuminate the interdependence of clinician and patient well-being. Drazen's target audiences—senior physicians and their trainees—will find in these artfully produced and nimbly edited films provocative and persuasive evidence that the arts and humanities, if given the chance, offer a unique power to heal broken bodies and spirits.

Each of the five DVD-chapters in this series features a central film presentation flanked by discussion among a panel of physicians. Panelists were carefully selected to represent early-, mid-, and late-career viewpoints, together with pediatric and adult medicine perspectives, on the emotional and psychological challenges of practice, mostly in the field of oncology. Significantly, several panelists draw on their own experiences as cancer patients, notably Dr. David Biro, author of a pair of fine books on the experiences, respectively, of illness[1] and of pain.[2]

Chapter 1, "The Journey to Healing," examines how the suffering of serious illness may be transcended or at least transformed. Between his cancer diagnosis and his early death, Dr. Peter Morgan is shown discovering that renewed devotion to teaching and modeling the art of close attentiveness to patients' suffering ultimately helps him transcend his own. Before and after this featured film, panelists explore in some detail the importance of empathy for each patient's singular plight to the self-insight, affiliation, and resiliency that such connection builds. This chapter also highlights Drazen's method of infusing her documentaries with interspersed illuminative artworks, including music, painting, poetry, photography, sketching, and sculpture, as well as filmed scenes from nature, history, and biography.

Chapter 2, "Sharing the Experience," further mines the insights of physicians' personal experiences of living with cancer by presenting six such stories. Collectively conceived as situated "on the edge of being," these narratives give voice to doctors' and patients' twin concerns about the limits of treatment and the fear of failure, as well as how poor communication about these topics can paralyze all involved. To neglect such discussions, of course, is to confirm what dying patients and their families fear most—abandonment in their pain and anguish—and so panelists here recommend a more humane, open partnership with patients in their pain treatment and palliative care.

Chapters 3 and 4, "The Search for Inner Strength" and "Confronting Despair" look for their joint inspiration to the life and work of Gustav Mahler, highlighting music as an especially powerful source of spiritual uplift and transcendence of suffering. *A Wayfarer's Journey: Listening to Mahler*—the featured film in these chapters—showcases the thoughts of Mahler-enthusiast and former music director of the Philadelphia Orchestra, Christoph Eschenbach. Both Mahler and the maestro found in music the solace and creative courage to overcome the darkest of personal circumstances and to inspire others—not least physicians—in the redemptive art of active listening. Pointing to the great composer and his renowned conductor, the panelists urge physicians not to retreat from patients in their darkest hour but, Virgil-like, to guide patients through that darkness. With such guidance, they argue, a kind of spirit-resurrection may be possible, whether from the stress and fatigue of clinical oncology or from the experience of terminal illness itself. Finally, this segment asserts that since the costs of medical training to one's personal life and selfhood can be steep, trainees should try hard to retain or develop interests outside the profession that can provide much needed sustenance of spirit.

Chapter 5, "All Real Living Is Meeting," focuses on the life and philosophies of Viktor Frankl in the film *The Choice Is Yours* and its central concept of transcendence not only of suffering, but through suffering. According to Frankl—himself a victim of severe deprivation and loss—we must decide through our encounters with tragedy how to either preserve or tarnish our human dignity. For oncologists in particular, who routinely face trauma and tragedy, this chapter offers the possibility of a sustainable philosophical pathway to professional and personal purpose. The panelists' concluding message echoes Frankl's: the art of medicine, fully and expertly practiced, amounts to a life full of meaning or, in its unique capacity for transcendence, "super-meaning."

In its encyclopedic inclusion of the arts and humanities and its in-depth

consideration of how in tandem they can alleviate the suffering of doctors and patients alike, this instructional DVD-set argues persuasively for its own inclusion across all medical training curricula. These curricula, however, are already densely packed and we hear little in response to the two oncology fellow panelists who wonder when they can ever find the time to integrate these medical humanities dimensions and practices into their daily work. As the fellows themselves point out, however, certain attendings of their acquaintance somehow manage to integrate and model these very approaches in all their patient-encounters and so it is to those senior clinical educators that this exemplary instructional DVD-set should be marketed.

**References**

1. Biro D. One Hundred Days: My Unexpected Journey from Doctor to Patient. New York: Vintage; 2000.

2. Biro D. The Language of Pain: Finding Words, Compassion, and Relief. New York: Norton; 2010.

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## Pathological Altruism

Edited by Barbara Oakley, Ariel Knafo, Guruprasad Madhavan, and David Sloan Wilson

New York, Oxford University Press, 2011

**Review by Jack Coulehan, MD (AΩA, University of Pittsburgh, 1969)**

From an evolutionary perspective, altruism is a tough nut to crack. For decades biologists have argued over the origin of a trait that seems, *prima facie*, incompatible with Darwinian principles. Proposed mechanisms like kin selection and reciprocal altruism can account for some acts of altruism, but only if the recipients are close relatives, or persons likely to provide you with benefits in return. But what about "pure" altruism, like providing substantial help to strangers, or risking your life to uphold a moral principle? Whatever its origin, however, altruistic motivation is not only well-established among humans, but is almost universally considered admirable, a virtue to be nurtured and praised.

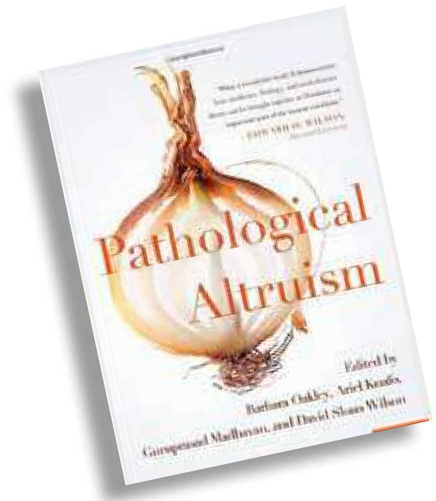
But does altruism ever run amok? Can someone become an "altru-maniac," thus turning a virtue into a vice, or a pathology? Perhaps there is a compulsive, addictive, guilt-ridden "dark side" of altruism that we rarely acknowledge. In *Pathological Altruism*, a collection of essays edited by Barbara Oakley, Ariel Knafo, Guruprasad Madhavan, and David Sloan Wilson, a number of eminent psychologists, neuroscientists, psychiatrists, anthropologists, and legal scholars explore these questions. Under certain conditions, they claim, altruism "can be the back door to hell." [p4]

The book provides a number of closely related definitions for pathological altruism, of which Homant and Kennedy's is representative. Altruism is pathological when:

- It is . . . unnecessary or uncalled for.
- The actor is likely to complain about the consequences of the altruism, yet continues doing it anyway.
- The values or needs within the altruist that motivate the behavior may themselves be irrational, or symptoms of psychological disturbance.
- The altruism is of no real benefit to anyone.[p193]

Not all of these features need be present for altruism to be pathological. Thus, the diagnosis is a matter of judgment, based on a preponderance of evidence.

Given this somewhat loose construct, the book's authors approach the topic




from a wide variety of perspectives. Chapter 2, for example, examines the relationship between survivor guilt and pathological altruism, which, the authors argue, is mediated through empathy. An over-empathetic response to the suffering of others, often triggered by surviving a catastrophe in which many lives were lost, creates guilt, which then leads to excessive altruistic behavior: e.g., a Twin Towers survivor ignores her own family to devote herself to support services for families of deceased victims. Other essays consider the relationship of pathological altruism to self-addiction and self-righteousness (Chapter 5), personality disorders (6), eating disorders (7), victimization (14), and even suicide martyrdom (15).

These essays are generally educational, provocative, and well worth reading. I finished the book with a renewed appreciation of the mind's complexity and having learned about several new developments in psychology and genetics. I learned, for example, that cultural differences in social behavior are associated with cultural differences "in allele frequency of serotonin transporter-polymorphic region v variants." [p291] I also discovered Williams syndrome, a fascinating genetic condition in which affected persons are compulsively sociable, caring, and hyper-empathic.[p116] Likewise, the discussion in Chapter 16 about the association between altruism

and the pathological obedience (i.e., “I’m just following orders) that can lead to genocide was both provocative and sobering.[p225]

Nonetheless, I came away from *Pathological Altruism* with an uneasy feeling that the concept itself is misleading. Bernard Berofsky captures my biggest concern with the title of his essay, “Is pathological altruism altruism?” (Chapter 30) To me, the simplest and clearest answer is no. If altruistic motivation becomes distorted by psychiatric disorders to the extent that it no longer produces (real) altruistic behavior, isn’t it more reasonable to attribute the dysfunction to those disorders, rather than inventing a “dark side” of altruism? If I experience a compulsion to help others, even though they don’t need my help, or my help will be futile, or I may harm myself in the process, it makes sense to consider this a manifestation of obsessive-compulsive disorder. If I experience a need to donate my life savings to charity because of overwhelming guilt and feelings of worthlessness, personality disorder and clinical depression seem more likely culprits than pathological altruism. The concept itself, at least as I understand it, appears to violate Occam’s razor without providing significant theoretical or practical benefits.

In addition to this conceptual issue, I’m also uneasy about the rhetorical implications of adopting this new term. In a society that glorifies greed and self-interest, altruistic behavior seems increasingly threatened with marginalization. Yes, we still approve of giving modest assistance to others, but we tend to be skeptical of self-effacement and heroic sacrifice. The use of “pathological altruism” is likely to enhance this trend by seeming to make excessive altruism a sickness in itself. This is evident, for example, in an essay by Arum Gandhi, Mohandas Gandhi’s grandson, in which he defends his grandfather against the charge of pathological altruism (Chapter 19).

Nonetheless, this is one of the most provocative books I’ve read in a long time. I strongly recommend it for the reader who enjoys intellectual debate and discovering leading-edge ideas.

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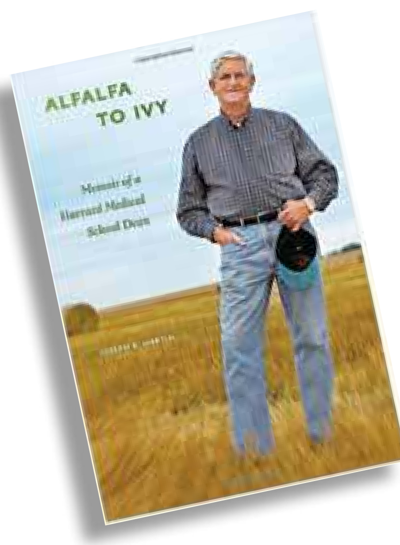


## Alfalfa to Ivy: Memoir of a Harvard Medical School Dean

Joseph B. Martin (ΑΩΑ, University of Alberta, 1960)
University of Alberta Press, Edmonton, Alberta, 2011

**Reviewed by Thoru Pederson, PhD**

Autobiographies of physician-scientists occupy a subset within the clade. Their focus may range from the pure medical career, to the interface between clinic and lab, or in some cases, to the triangulation of those two domains with academic leadership. The ferocious William Welch excelled at the latter more than with his bedside skill. Harvey Cushing had no surgical equal at his zenith, but was profoundly unsuited for institutional leadership. On rare occasions an individual may excel at all three, perhaps best exemplified in our time by Joseph Goldstein, whose clinical expertise in familial hyperlipidemias was combined with extraordinary skill in the laboratory and a powerful but selfless domain of leadership, both at his home institution and in American biomedical science. After reading *Alfalfa to Ivy*, I am inclined to place Joseph Martin in the same pantheon of leaders who have made a difference not only in their medical specialty, but also biomedical science in general.

In the first part of this autobiography, Dr. Martin pays great tribute to his parents and childhood in Alberta, Canada. Readers anxiously wanting to get to his later career may feel this part of his journey is overdone but, make no mistake, family and upbringing were critical to his success. The author obviously cherishes the moral values and work ethic imparted by his parents, as well as the mechanical skills he gained growing up on a farm. A photograph on page 99 shows Martin adjusting a stereotactic instrument during his early research career in Montreal. While his hands are so large as to jump off the page, one has a sense of how his earlier agrarian experience shaped them, and the man.

The author describes his career odyssey with engaging detail. For example, many readers will enjoy learning about the extraordinary role that Montreal played, and continues to play, in the modern era of neurology. The author’s description of his training in Montreal, accompanied by a site map of the city’s key medical institutions, illuminates the politics that prevailed there, as well as his personal experiences. Martin’s recruitment to Harvard Medical School and the subsequent Boston-Montreal battle to sign him make fascinating reading.

One of the most stirring chapters in the author’s distinguished career was his seminal role in the new era of genetic

linkage analysis of human disease. As Chair of Neurology at Mass General, he assembled a center-without-walls to search for the gene(s) that predispose to Huntington's Disease. Led by James Gusella, a young geneticist Martin recruited, in amazingly short order (three years) the team closed in on the chromosomal neighborhood of a locus linked to the disease. Not only did this prescient work pave the way to subsequent identification of the gene, it also demonstrated how this linkage approach could be applied more generally. In due course, this approach led to the identification of many other disease predisposition or causative genes. Dr. Martin can be considered both composer and conductor of the overture to this grand symphony.

Though it describes his scientific work in some detail, an overriding theme of this autobiography is leadership. Martin reviews his career ascent in modest, but realistic, tones, expressing gratitude for the opportunities that came his way, while documenting his successful leadership roles at the University of California, San Francisco, and later at Harvard, where his tenure as Dean of the Medical School was highly acclaimed both on campus and from afar. Joseph Martin's influence on medical education went very far beyond the guild of neurology.

In addition to being engagingly written, the book is enriched by many photographs of family, colleagues, and events. Of special pleasure to me was the superb index, which academic autobiographies sometimes lack, to the great frustration of the avid reader. It is also of interest to note that, in keeping with his humility and character, the author's acknowledgments run to six pages, nearly twice the length of his foreword.

When I attended the memorial symposium for my friend Judah Folkman on the Avenue Louis Pasteur at Harvard Medical School a few years ago, the well-appointed auditorium in which the event was held was named for Joseph Martin. As the day went on, I reflected on the lives of Drs. Folkman and Martin, two great men of medicine, and felt that both were present on the stage that day. Like Folkman, Joseph Martin raised the gold standard of medical science and leadership, and his autobiography brings us that story in a most down-to-earth, yet memorable style.

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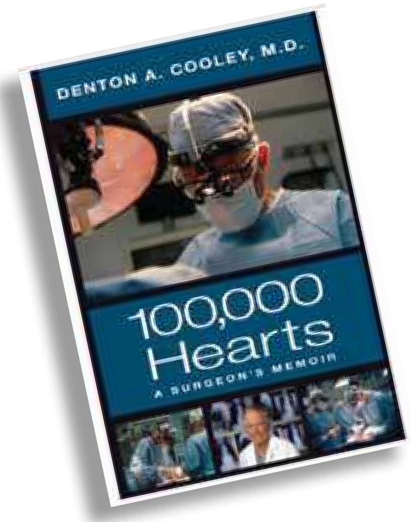
## 100,000 Hearts: A Surgeon's Memoir

Denton A. Cooley (ΑΩΑ, Johns Hopkins University, 1944)

Briscoe Center for American History, Austin, Texas, 2012, 300 pages

**Reviewed by Casey Means**




Ambitious cardiothoracic surgeons are out of luck: there will never be another surgeon like Denton Cooley. Says who? Well, Denton Cooley himself, in his new autobiography, *100,000 Hearts*.

The sentiment is not meant to be boastful. Rather, it is one of Cooley's many practical reflections on the changing culture of medicine that he's seen in his seventy-year career as one of the world's most famous and accomplished heart surgeons. Cooley entered cardiac surgery in its germinal stages, when now-standard concepts like prosthetic valves, cardiopulmonary bypass, and heart catheterization were but a distant twinkle in the imaginations of visionary MDs. Low-hanging fruit crowded the trees of early cardiac surgery; "firsts" were waiting to be grabbed by the bold hands of surgeons in emergent situations.

Cooley writes of one of these moments: "the aorta had ruptured, and there was a pool of blood that spurted so high, it hit the operating room light. Dr. Ward immediately thrust his left hand into the patient's chest and blocked the opening with his left index finger. . . . he turned to me and said 'it's your

operation now. See what you can do to get my finger out of the hole.' "p73 Out of necessity, Cooley sliced a piece of the patient's muscle to patch the aorta. With the blood deluge momentarily tempered, he thought rapidly about how to proceed, and then decided to briefly clamp the aorta so that he could remove the muscle patch and approximate the sides of the rupture directly. In that rushed moment, Cooley became the first to perform a direct aneurysm repair.

Cooley takes the reader back to his beginnings as a medical student and resident during WWII, when partial gastrectomies were performed under local anesthesia, calcified valves were broken open with a forceful finger inserted into the heart, and some surgeons did not wear gloves because rubber was in short supply. He walks the reader through his personal experience as a trailblazer in nearly every major development in heart surgery since the inception of the field. Cooley's distinction lies in the sheer number of "firsts" he was a part of: the first successful heart transplant, the first successful CEA, the first ruptured AAA excision, the first pulmonary embolectomy, some of the first CABGs. Many of the medical terms used in day-to-day practice in any hospital lead directly back to Cooley's OR.

Indeed, for the modern physician-scientist who may spend years characterizing a single protein in a single type of heart cell, Cooley's stories will incite a lust for that perfect milieu of lawlessness and lack-of-alternatives that allowed for high-risk rapid surgical progress and the development of heroic reputations for individual surgeons like Michael DeBakey and Cooley.

Since many of the world's political and business leaders were older, stressed men—the prime demographic for cardiovascular pathology—Cooley had many high-profile patients who were quick to repay him with lavish invitations and gifts. What is quite likeable about Cooley is his appreciation of these perks. The intimate dinners in the home of Princess Grace, Lamborghini adventures through the back roads of Belgium with the country's royal family, golf and waterskiing with the Philippine president, full-page cover photos in *Time* magazine, medals bestowed by U.S. Presidents. Cooley genuinely enjoyed these experiences, and describes them with detail and delight.

What Cooley's autobiography fails at is in serving as a how-to guide for becoming a world-renowned surgeon. Indeed, Cooley displayed numerous traits of any successful leader: a willingness to work long hours, risk-taking behavior, self-reflection, and ambition. But much of becoming Denton Cooley was the luck of being in the right place at the right time; events that can be inspiring to read about but difficult to emulate. In his story, medical school admissions letters, supportive mentors, surgical opportunities, and substantial donations for his research seem to manifest from thin air, not consonant at all with the cutthroat two-percent acceptance rates common to today's medical schools and grant awards. Cooley is aware of his good fortune, and addresses it in his final Summing Up chapter, noting that he's "always believed the key to my success was that I recognized the opportunities put in front of me and acted on them. And acting on them usually involved really hard work."p202

And hard work he did, without a trace of self-pity or regret. Cooley outlines his daily schedule, waking at 5 AM every day of the week, working at the hospital till 8:30 PM, and returning home to write between 9 PM and midnight. This dedication allowed him to author 1,400 scientific papers, and for the "Cooley team" to perform over 100,000 heart surgeries. He refrains from lingering on the difficulties that may have driven a less resilient physician to burnout: the bureaucratic politics surrounding the founding of his Texas Heart Institute, the high mortality rates of his early surgeries, the lawsuits filed against him by patients he cared deeply for, his brush with bankruptcy, his daughter's suicide. Instead, he mentions these struggles to highlight the positive aspects of his life, including his love for his wife and his passion for sports, which served to bolster his unwavering ability to cope.

Amidst the shiny sterility and low mortality of the modern OR, Cooley's book reminds the medical profession of the bold and messy history of surgical discovery. Through Cooley's reflections, readers can see that in putting their own hearts into their work, patient-care, and research, they too have the potential to touch 100,000.

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