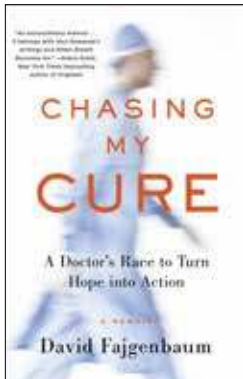


# Book reviews

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



## **Chasing My Cure: A Doctor's Race to Turn Hope into Action: A Memoir**

David Fajgenbaum  
New York, Ballantine Books, 2019,  
241 pages

**Reviewed by Paula Hensley, MD**

*Chasing My Cure* tells the every personal true story of Dr. David Fajgenbaum who develops a rare disorder, Castleman Disease (CD), during medical school and relentlessly works to find a treatment for himself and others diagnosed with the disease.

In the introduction, the author explains that when he started medical school, he still believed in what he calls the “Santa Claus theory of civilization”—that for all problems, there are people working diligently to solve them, or may have already done so.<sup>p4</sup> He confesses his belief that all medical questions are already answered, so all you have to do is find the right doctor who knows the answers—what he calls “Santa doctors.” Expanding on this metaphor, he says that his story is about how he realized that there were no such doctors working on his disease in order to deliver a cure. It’s also a story about how he realized that hope cannot be passive but rather a choice and a force to inspire action.

The reader quickly realizes that the author is an incredibly diligent, thoughtful individual who seems to have a relentless desire to be the best person he can be, and to help others in their life journey. His optimism shines through in the story even as he relates difficult events, and he repeatedly chooses action over passivity in his response to difficult circumstances.

He describes losing his mother to a glioblastoma when he was 19-years-old. At college, he felt completely alone while his mother went through cancer treatment, not knowing anyone who was going through anything similar. He found inspiration in his mother’s ability to find meaning in her last year of life, finding joy where she could, and enjoying the time their family spent together.

After her death, he founded an organization with components of peer grief support and community service projects to honor the deceased. He developed the organization into a national nonprofit with chapters in colleges across the United States.

The majority of the book relates the author’s struggles with a mysterious illness that starts during medical school. We learn about his search for a diagnosis and the devastating news of the extremely poor prognosis for the diagnosis he finally receives—idiopathic multicentric Castleman Disease (iMCD). UpToDate, Inc., a software system that is a point-of-care medical resource, describes Castleman Disease (CD) as “a heterogenous group of lymphoproliferative disorders that share common histopathologic features... MCD involves multiple regions of lymphadenopathy...”<sup>1</sup>

When Fajgenbaum learned of his diagnosis, his oncologist was out of town, and a quick Internet search informed him that patients with MCD survived an average of just one year after diagnosis, and most died from multiple system organ failure.

Interwoven is the story of Fajgenbaum’s relationship with the woman whom he later marries, a young woman who undertakes this journey with him and supports him throughout.

The author battles multiple life-threatening relapses, and he shares his struggles and successes in such a self-effacing and personal way that the reader comes away with a sense of what it would be like to experience such trials. Along the way, we get a good understanding of this remarkable young man, his drive to find a cure, and his personal philosophy and approach to life.

Scattered throughout the book are interesting facts and figures that will likely educate both medical professionals and lay audiences alike. While in medical school, Fajgenbaum starts to work with a newly established Orphan Disease Center at his university. Although the diseases are rare, the number of people they affect is large. He explains:

There are approximately seven thousand rare diseases and 350 million people affected by them worldwide. One in ten Americans has a rare disease; half of these are children, and about 30 percent of these children will die before their fifth birthday. Approximately 95 percent of rare diseases do not have a single FDA-approved therapy because they are so poorly understood.... A popular misconception is that rare diseases are highly complex or resistant to scrutiny, that they’re the mastermind supervillains of biology. More often than not their underlying pathologies are simpler than those of many common diseases and often involve a single genetic defect. And technologies now exist to identify targets for treatment and drugs that effectively modulate them to interrupt disease. Cystic fibrosis is a good example of what can happen when research and biomedical capabilities are aligned.<sup>p115</sup>

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Fajgenbaum writes about the shortcomings of the medical system in addressing orphan diseases. He describes how, at the time of his diagnosis, his form of CD was receiving little funding for research, and that major silos existed between researchers, physicians, and patients with CD. There were no centralized registries for data or specimens, and research efforts were not coordinated in any way.

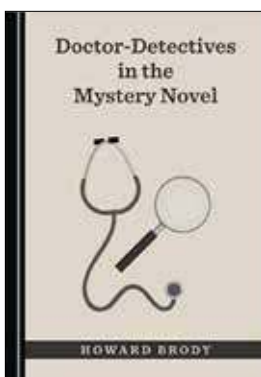
Fajgenbaum has cofounded a research collaborative network to accelerate research, diagnosis, and treatment discovery for CD. The progress he makes is remarkable, and he now writes the UpToDate entries for CD.

This is an excellent, uplifting book that relates the fascinating story of one man's battle with a life-threatening illness in a lively way, ultimately giving hope and conveying optimism to readers.

### References

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Dr. Hensley is a Voluntary Associate Professor of Psychiatry, University of New Mexico, Albuquerque, NM. Her E-mail address is [phensley@salud.unm.edu](mailto:phensley@salud.unm.edu).



### Doctor-Detectives in the Mystery Novel

Howard Brody, MD, PhD (AOA, Michigan State University College of Medicine, 1988, Alumnus)  
Cambridge Scholars Press, 2021, 379 pages

Reviewed by Jack Coulehan, MD (AOA, University of Pittsburgh, 1969)

Howard Brody, MD, PhD, an American bioethicist and medical humanist, has long pursued a secondary career as a maven of the mystery novel. In *Doctor-Detectives in the Mystery Novel*, he summarizes decades of reading by providing an historical analysis

of a subgenre of the mystery novel in which a physician, or sometimes a forensic pathologist, is the series protagonist. His premise is that a detective's identification and interpretation of clues in solving a murder bears similarities to the diagnostic process in medical practice. However, physician-detectives also have the advantage of expert scientific knowledge, allowing them to identify otherwise obscure physical findings, mental states, or chemical results.

Brody's focus in the first half of the book is on the classic "fair play" mystery novel, in which all the clues needed to identify the culprit appear in the text, so the reader ostensibly has a fair chance of solving the case. "Fair play" was the predominant mystery style in the first half of the 20th century, as represented by writers like Agatha Christie, Dorothy L. Sayers, John Dixon Carr, and Rex Stout. In "fair play," solving the puzzle is the prime concern, so character development and the personal lives of the detectives play little or no role in the story.

The chapters on R. Austin Freeman (1862–1943) and his novels provide an excellent example of Brody's method. First, he introduces Freeman, an English physician who graduated from medical school in 1887 and served in the British Colonial Service until he was forced to retire for health reasons. In England, he practiced primarily as a *locum tenens* doctor, while gradually developing as a mystery writer. His fictional detective was Dr. John Thorndyke, a physician who had pursued advanced studies in chemistry, pathology, and the law. In the early 20th century, some critics considered Freeman one of the preeminent mystery writers, and his Dr. Thorndyke a model of "scientific detection," comparable to Sherlock Holmes.

Brody then proceeds to a close analysis of several Freeman novels and short stories. In *The Cat's Eye* (1923) Dr. Thorndyke displays his mastery of scientific detection in a complex murder case, the solution of which requires him to identify fake fingerprints; ascertain the melting point of Japanese wax; interpret biblical passages; discover the presence of arsenic in chocolates by chemical tests; and identify a triangular bone as an Echidna vertebra.

Although I'm an avid mystery fan, I had never heard of Freeman, and the same is true of several other early to mid-20th century novelists that Brody discusses. H. C. Baily (1878–1961), not a physician himself, wrote a series of stories starring Reggie Fortune, an English general practitioner and surgeon who serves as a consultant to Scotland Yard. Fortune is arrogant, rotund, lazy, and even his wife finds him irritating, yet a brilliant, if reluctant and overbearing, detective.

The author Josephine Bell (1897–1987) and her husband were general practitioners in Greenwich, England. Her series protagonist was Dr. David Wintringham, who rises from house officer to “director of research” at a major hospital during his fictional career. He, too, works with Scotland Yard in solving murders, but unlike Fortune, Wintringham is a likeable man who often relies on his wife and children to help with his cases.

Finally, the American mystery writer Helen McCloy (1904–1994) created Dr. Basil Willing, a Johns Hopkins graduate who pursued further medical studies in Paris and Vienna. Willing is employed by the New York district attorney in early novels, and later works for the FBI and naval intelligence, but we learn little about his personal life.

For each of these authors, Brody presents précis of one or more novels to illustrate the doctor-detective’s methods.

In the latter half of *Doctor-Detectives in the Mystery Novel*, Brody reviews the work of contemporary mystery writers, especially those whose protagonists discover their clues primarily in dead bodies. This popular subgenre departs from the traditional “fair play” ethos with plots that often involve serial killers. Its reigning queen is Patricia Cornwell, whose Dr. Kay Scarpetta is a forensic pathologist and Chief Medical Examiner of Virginia. Cornwell learned the medical aspects of her trade when working for many years in the information technology department of the Virginia medical examiner’s office. She describes Scarpetta as “an aging yuppie with ash-blond hair, a doctor with a law degree... and totally devoted to her work.”<sup>p213</sup> An important characteristic of Cornwell’s novels, shared by other medical mystery writers, is the protagonist’s family drama. Scarpetta’s personal life becomes an integral feature of each novel.

Well-known to fans of television’s “Bones” series, Temperance Brennan, a brilliant forensic anthropologist, is the detective in Kathy Reichs’ popular mysteries. In this case, the fictional character is closely modeled on Reichs, an eminent forensic anthropologist who has taught at several universities and authored a textbook in the field. Brennan’s cases parallel Scarpetta’s in many respects, although they usually take place in Quebec or North Carolina, places where Brennan is an ace forensic consultant. The soap opera aspects of these novels are prominent and increase as the series progresses.

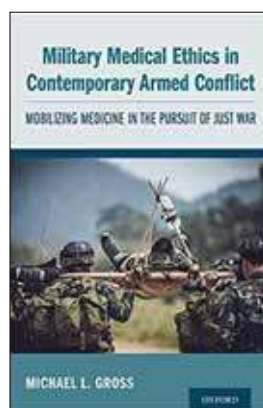
Brody also introduces readers to two additional medical mystery novelists, whom he believes are better writers than Cornwell or Reichs. Aaron Elkins writes about Dr. Gideon Oliver, a university-based forensic anthropologist in Seattle, whose cases sometimes take him on foreign adventures.

Oliver is a well-adjusted and happily married man without the emotional baggage of Scarpetta or Brennan.

Colin Cotterill, whose background includes teaching in Southeast Asia, created the fictional Dr. Siri Paiboun, a Laotian physician, who was ready to retire after loyally serving the Communist party for 46 years, when the party appointed him “national police coroner” at age 72. Despite having no forensic training, Dr. Paiboun makes do, solving cases with his wits, his textbooks, and sometimes the help of friendly spirits.

*Doctor-Detectives in the Mystery Novel* is a comprehensive resource for mystery lovers with a special interest in, or curiosity about, medical or scientific detectives. Brody warns readers about “spoilers” present in some of his plot analyses, but I discovered relatively slight spoilage, in most cases not enough to compromise the reader’s enjoyment. I also liked the author’s insightful sketches of today’s major fictional forensic pathologists and anthropologists. All in all, a surprising, but welcome, addition to Dr. Brody’s *oeuvre*.

Dr. Coulehan is a member of *The Pharos* Editorial Board, and one of its Book Review Editors. He is Emeritus Director of the Center for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook University in New York. His E-mail address is john.coulehan@stonybrookmedicine.edu.



### **Military Medical Ethics in Contemporary Armed Conflict: Mobilizing Medicine In The Pursuit Of Just War**

By Michael L. Gross  
Oxford University Press 2021  
ISBN 9780190694944  
(paperback) 338 pages

**Reviewed by David A. Bennahum, MD (ΑΩΑ, University of New Mexico School of Medicine, 1984, Faculty)**

Michael Gross, an American who immigrated to Israel at the age of 17-years-old, served in the Israel Defense Force (IDF). He is a reserve Major, and he later returned to the United States for a doctorate in Political

Science. He is now professor and former head of the School of Political Science at the University of Haifa, Israel.

In this book he has written a comprehensive analysis of military medical ethics. Some might ask how can a medical ethic survive the carnage and brutality of war? How can the ethics of medicine that require the physician to have independent judgment and follow a long ethical tradition dating from Hippocrates, survive in a military environment, whether at war or in peace? The author addresses these and many other difficult questions in this thorough and judiciously written book.

Gross writes in the introduction that after Abu Ghraib and Guantanamo Bay much has been written that questions whether military medical ethics is deserving of its name:

This book repudiates that notion entirely. Medical ethics must certainly address things that must not be done and it should suffer rebuke when it does not. But Abu Ghraib and Guantanamo Bay are not the only provinces of moral inquiry. Military medical ethics also tackles a perplexing mix of things that must be done but may not, things that can be done but need not, and things that should be done but are not.<sup>P1</sup>

The book is highly organized so as to address most of the issues that can occur at the interface of medicine and war. Gross begins with Theoretical Foundations. Part one discusses Military Medical Ethics and the concept of just war. He reminds the reader that Hippocrates:

...would not succor his enemies. With this judgment, Hippocrates readily discerned that medical ethics does not exist alongside military ethics or patriotism but is subsumed by war and transformed into “military medical ethics” in the process. As the subsequent discussions demonstrate, military medical ethics differs markedly from its civilian counterpart. Military medical ethics is a political phenomenon, unintelligible apart from military ethics and just war theory. As a result, its theory and practice differ from civilian medical ethics. With this distinction in mind, the central question is, “What is morally permissible military medical practice?” To answer, this chapter outlines two central principles mostly absent from civilian medical ethics: military-medical necessity and broad beneficence.<sup>P15</sup>

In the first chapters Gross presents a review of the concepts of national sovereignty; the nature of human rights;

defensive war and humanitarian war; the ethics of just war and manifestly unjust war; the rules of war and the suggestion that in war there may be a double effect, that a good intention may still cause harm. A chariot chasing an enemy may accidentally run over and kill a child for example. Or a modern drone, piloted from 1,000 miles away, can obliterate an entire family in error.

After a discussion of moral reasoning in times of war, Gross goes on to discuss dual loyalty and the need to understand the soldier at war. This includes physician soldiers, who have a duty not just to the individual patient but to the military unit as a whole. Gross’s reconsideration of dual loyalty is particularly interesting. He writes:

More specifically, dual loyalty reflects a tension between professional judgments and obeying orders, between healing and harming and, ultimately, between preserving human rights and violating them to serve state interests.<sup>P50</sup>

Military physicians must give absolute priority to military needs... when society’s interests would be significantly sacrificed as a result of not doing so.<sup>P56</sup>

Gross follows his discussion of moral reasoning with a section on the battlefield and caring for the wounded of war—combatants, civilians, detainees and prisoners. Briefly he alludes to pioneer battle surgeons such as Ambroise Pare in the 16th century who rediscovered arterial ligation; and Hyacinth Dominique Larrey, Napoleon’s surgeon general who sent horse drawn ambulances to remove the wounded.

Gross writes an interesting chapter on medical experimentation in time of war, and another chapter on warfighter enhancement. This is followed by an intriguing chapter, “Medical Diplomacy—and the Battle for Hearts and Minds.” One can only think of the tragedy that now follows the American and Allied retreat from Afghanistan.

The final chapters are on healthcare reconstruction and the care of war veterans.

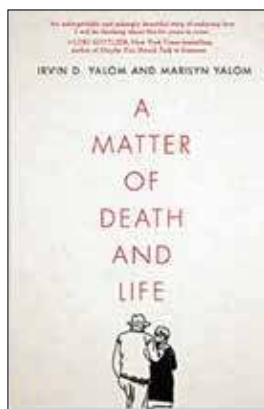
In concluding, Gross offers a “parsimonious synopsis.” He quotes George Lucas:

Proper, ethically informed, and legal medical practice during wartime cannot be separated from the transformative background of just war theory. “Cannot be separated” is to understand that military medicine is a practice of war, not of medicine alone. Military medicine saves lives and heals bodies to maintain a fighting force whose members

must kill, injure, or cajole others in the violent continuation of politics. There are no two ways about it. To gain moral purchase, military medicine must serve just war. As it does, medical ethics adapts to war.<sup>p275</sup>

Gross has written a profound and demanding book, rich in detail and analysis, and very worth reading, especially by physicians who have experienced, or who may in the future come to know the horrors of war. His writing is clear, and his analysis thorough and complete. This is an important book that should inform the conduct and judgment of physicians well into the future.

Dr. Bennahum is a member of *The Pharos* Editorial Board, and one of its Book Review Editors. He is Professor Emeritus of Internal Medicine, and Resident Scholar at the University of New Mexico's Institute for Ethics. His E-mail address is dbennahum@salud.unm.edu.



## A Matter of Death and Life

Irvin and Marilyn Yalom  
Redwood Press, 2021  
222 pages

Reviewed by Jack Coulehan,  
MD (ΑΩΑ, University of  
Pittsburgh, 1969)

**A** *Matter of Death and Life* is, above all, a story of enduring love. After 65 years of marriage, two life-partners face the prospect of final separation, as one of them develops a fatal disease. This is the crisis that led Irvin Yalom, eminent psychiatrist, novelist, and pioneer of existential psychotherapy, and his wife Marilyn, acclaimed feminist author and historian, to collaborate in writing the story of their journey through Marilyn's final months of life.

When Marilyn was diagnosed with multiple myeloma in 2019, she suggested that they each "...document the difficult days and months before us. Perhaps our trials will be of some use to other couples with one member facing a fatal illness."<sup>px</sup>

In the resulting book, Irvin and Marilyn write alternating chapters until Marilyn becomes too sick to write. After her

death, Irvin continues with the story of his bereavement, writing with clarity, courage, and ultimately acceptance.

In the early chapters, 87-year-old Irvin reflects on his own mortality—cardiac arrhythmia, pacemaker, forgetfulness—and struggles with the decision to retire from practice, as he cares for Marilyn, whose illness rapidly progresses.

Marilyn writes of her chemotherapy, "I have been mostly miserable. My weekly chemotherapy injections are followed relentlessly by days of nausea and other forms of bodily suffering...I am exhausted most of the time."<sup>p13</sup> She concludes, "there is no easy way to die."<sup>p14</sup>

Marilyn's early chapters include reflections on love and illness, ranging from Emily Dickinson and Henry James to Paul the Apostle. She looks for role models in other women who have faced fatal illness. She frequently expresses her gratitude. "I can still talk, read, and answer my emails. I am surrounded by loving people in a comfortable and attractive home,"<sup>p20</sup> she writes. Most of all, she is thankful for her husband, "the most loving of caretakers."<sup>p15</sup> Yet, as the multiple myeloma progresses, Marilyn comes "to the understanding that I would never be the same again—that I [would] pass through days of unspeakable misery while my body would decline and weaken."<sup>p76</sup>

She decides to pursue the option of physician-assisted suicide, which is legal in California, when her suffering becomes overwhelming.

In the chapters he writes, Irvin resists this decision, maintaining hope for an additional period of "good" life, despite all evidence to the contrary. Marilyn pursues all the avenues of end-of-life care, palliative medicine, and eventually, hospice. Near the end, her pain and other symptoms become so severe that she cries out, "It's time, Irv. It's time. No more, please. No more."<sup>p139</sup>

Her physician arrives, confirms her intention, and prepares the "cocktail." Surrounded by her whole family, Marilyn sucks the liquid through a straw and quietly passes away.

Marilyn's physician-assisted suicide is, perhaps, an "ideal" example of this practice, which is now permitted by statute in eight states and the District of Columbia, and by judicial ruling in Montana. She chose this final "tool" of compassionate care in the context of a loving, supportive family, only after all the resources of palliative care and hospice were no longer adequate to alleviate her suffering. The trajectory of her illness, although relentlessly downhill from a medical perspective, was revelatory from an existential perspective.

I have the sense that Marilyn and Irvin learned a great deal about themselves and each other during their

journey. It was a hard dying, but a dying full of love, dignity, and respect.

The book's final chapters, each one labeled by the number of days after Marilyn's death it was written, provide snapshots of Irvin's bereavement, from the first anguished cry, "I shall never see her again," to the imaginary letter of acceptance he writes to his wife 125 days after she died.

Irvin candidly describes his terror, pain, denial, acedia, numbness, and indecision. At one point, he describes himself as obsessed with erotic thoughts, a symptom of grief that he finds surprising and not well-documented in the literature. Later, when re-reading *The Schopenhauer Cure*, a novel he wrote decades ago, on page 238 one of the characters remarks, "heightened sexuality is a common response to a confrontation with death...I've seen many people with grief become suffused with sexual energy."<sup>188</sup> Irvin had, earlier in his career, identified in his patients a symptom experienced much later by his grief-stricken older self.

I've rarely read a book so candid about living and dying in the "arms," so to speak, of a loving relationship. Nor one so well written. I can't remember ever using the trite phrase "must read" in a book review, but this one comes close. It's short (222 pages), a joy to read, and often humorous, despite the serious topic. It's full of practical wisdom.

"I shall end our book with the unforgettable opening words of Nabokov's autobiography, *Speak, Memory*: 'The cradle rocks above an abyss, and common sense tells us that our existence is but a brief crack of light between two eternities of darkness.' This image both staggers and calms. I lean back in my chair, close my eyes, and take comfort."<sup>189</sup>

Dr. Coulehan is a member of *The Pharos* Editorial Board, and one of its Book Review Editors. He is Emeritus Director of the Center for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook University in New York. His E-mail address is [john.coulehan@stonybrookmedicine.edu](mailto:john.coulehan@stonybrookmedicine.edu).

## More books by AΩA authors

*Appalachian Health: Culture, Challenges, and Capacity (Understanding and Improving Health for Minority and Disadvantaged Populations)*, by F. Douglass Scutchfield (AΩA, University of Kentucky College of Medicine, 1966), Randy Wykoff, Douglas Scutchfield, and 28 more; University Press of Kentucky, May 3, 2022; 254 pages.

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