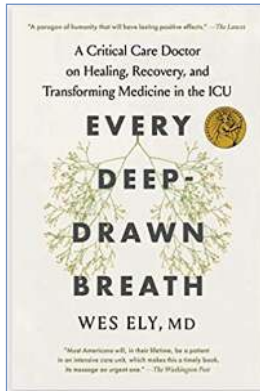


Book reviews

Jack Coulehan, MD, and Raymond Barfield, MD, Book Review Editors



Every Deep-Drawn Breath: A Critical Care Doctor on Healing, Recovery, and Transforming Medicine in the ICU

E. Wesley Ely, MD, MPH
Scribner Press, 2021
352 pages

**Reviewed by Holly J.
Humphrey, MD (AQA,
University of Chicago, 1983)**

More than 30 years ago, I became the first woman accepted into the Pulmonary and Critical Care Fellowship at the University of Chicago. At that time, I was privileged to learn from Drs. Jesse Booth Hall (AQA, University of Chicago Pritzker School of Medicine, 1990, Alumnus), Gregory A. Schmidt (AQA, University of Chicago Pritzker School of Medicine, 1981), and Lawrence D.H. Wood (AQA, University of Chicago Pritzker School of Medicine, 1993, Faculty), who, during the years of my fellowship, were writing the classic text *Principles of Critical Care*. While reading *Every Deep-Drawn Breath* by Dr. Wes Ely (AQA, Tulane University School of Medicine, 1989) of Vanderbilt University, I reflected on the remarkable advances since then in the science underlying our approach to patients with critical illness. We now know that our knowledge of critical illness and our interventions to prolong life in the acute setting can unintentionally create long-term, chronic conditions. Ely introduces us to his own journey caring for patients whose lives were preserved, but whose quality of life was never restored.

The story of how critical care redefined its principles and practices over several decades is even more stirring because it does not involve a breakthrough in technology or equipment. Instead, Ely's message is how he and his colleagues drew on observations of patients and how the care they received in the intensive care unit (ICU) often resulted in harmful consequences, even though that care was provided by the most compassionate and well-meaning physicians using the best available evidence at that time.

Ely and his colleagues deconstructed the principles and practices of critical care medicine to embrace and amplify "the person in the patient." When translated to care at the bedside, these principles and practices, grounded in humanity and the relief of suffering, have improved survival,

decreased length of stay, reduced ICU bounce backs, and decreased the incidence of post-intensive care syndrome (PICS), characterized by PTSD, depression, and dementia, as well as muscle and nerve disease.

Published in 2021 at the height of the COVID-19 pandemic, *Every Deep-Drawn Breath* provides a view into the experience of health care professionals working in ICU settings during a period of crisis and fear in which the practice of critical care medicine reverted to what Ely refers to as "malignant normality." By "malignant normality," he means the kind of care where patients enter a health care depersonalization chamber or gray zone—a conveyor belt of sedation and immobilization, in which critically ill people might be saved from their presenting illness but leave the ICU with another condition—long-standing and debilitating brain dysfunction.

Decades of research by Ely and his colleagues focused on diminishing the incidence of PICS. To do so, they investigated and confirmed that by moving away from sedation and immobilization, they could decrease delirium and bodily deterioration—both of which are strong risk factors for mortality and ongoing cognitive impairment after critical illness. Sadly, at the height of the COVID-19 pandemic, benzodiazepines were estimated to be administered for sedation in more than 80 percent of ICU patients. These patients were also deprived of one of the most important factors that Ely identified as crucial for successful outcomes: the presence of family members.

Perhaps the most important and most powerful component of this book are the stories of patients (all of whom consented to have their stories told). In these case studies, Ely demonstrates outstanding medical practice, and without fanfare or self-promotion, reveals himself to be an exemplar for what it means to be a healer. The care and compassion he shows to patients is the core of his clinical approach. He urges health professionals to "see" the person in the bed, wake them up, and help them find their "why" to live.

One of the most moving practices Ely espouses is taking a spiritual history. He asks his patients and their families, "Do you have any spiritual values that you want me to know about so that I can take the best possible care of all of you?" He includes and embraces those who identify as atheists. He follows his patients' lead in the care they wish to receive. His team has facilitated meditation and prayer services; brought in prayer rugs for Muslim patients and their families; set up Hindu shrines; lit Shabbat candles; and brought Buddhist monks, chaplains, and priests to the bedside—all in name of relieving suffering, both physical and psychological.

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Ely's inspiring example is grounded in his recognition of the humanity and specificity of all those who come into his care. It is not surprising, therefore, that a rich love of literature and philosophy runs throughout *Every Deep-Drawn Breath*. Ely's deep relationship with the humanities was no doubt instilled early in life by his mother, a high school English teacher who guided much of his reading in his youth. The title of this remarkable book is drawn from a beautiful passage in John Steinbeck's *East of Eden*.

Upon his graduation from Tulane Medical School in 1989, Ely's mother gave him a leatherbound copy of William Osler's *Aequanimitas*, an address he delivered to graduates of the University of Pennsylvania School of Medicine in 1889. Originally, Ely interpreted "aequanimitas" to mean that physicians should distance themselves from patients to protect their own hearts. But recently, I sat in an audience to whom Ely recounted his evolving understanding of the value and meaning of "equanimity" as a physician who has now practiced medicine for several decades himself. He shared with the audience his personal self-reflection on "protecting his own heart," and said:

I overused that asset. I took that asset and turned it into a liability for myself and my patients. My patients didn't have a real healer, and I was cheating myself out of the main beauty and truth that we have in medicine which is the relationship we have with our patients. I was excluding myself from the best burnout prevention I know, which is to kneel by my patient and ask how I can be of service.

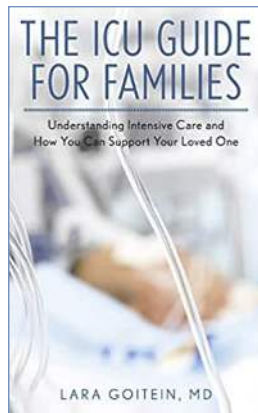
—Dr. Wes Ely, *AAMC Learn Serve Lead*, 2022

Ely's credo is *cada persona es un mundo*—each person is a world. No one who reads this book will walk away from the experience without being inspired by the contributions its author has made as a clinical scientist who has done so much to reduce mortality and morbidity by improving the long-term outcomes of the critically ill.

Acknowledgment

Dr. Humphrey thanks Dana Levinson, MPH, for her assistance with the preparation of this review.

Holly J. Humphrey, MD, MACP, is president of the Josiah Macy Jr. Foundation in New York City, and Ralph W. Gerard Professor in Medicine Emerita from the University of Chicago. She is a Board member and President-elect of the Alpha Omega Alpha Honor Medical Society. Her E-mail address is h Humphrey@macyfoundation.org.



The ICU Guide for Families: Understanding Intensive Care and How You Can Support Your Loved One

Lara Goitein, MD
London: Rowman & Littlefield
December 1, 2021, 217 pages

Reviewed by
Kenneth M. Ludmerer, MD,
MACP (AQA, Washington
University School of Medicine
in St. Louis, 1986, Faculty)

This is an unusual book to grace the book review pages of *The Pharos*; ordinarily this journal does not review handbooks. However, it is an unusually clear, helpful, insightful, and compassionate book, and is of interest to many readers as well as their patients and families.

Intensive care is likely to touch almost all of us at some point—either directly or through family and friends. Approximately four million people each year are cared for in intensive care units (ICUs) in the United States, and the experience can be intimidating and alienating for patients and family alike. This volume provides clear explanations of all aspects of intensive care—the lines and tubes; the common procedures along with their risks and benefits; the people and culture of the ICU; and what to expect for their loved ones. With this book, no longer will families and friends need to feel powerless and out of control in such frightening and unfamiliar circumstances.

The book begins with a chapter on the first 24 hours and ends with a chapter on surviving the ICU. Though the book may easily be read from cover to cover, the chronological organization makes it possible for readers to go directly to the parts pertinent to their circumstances. Not everyone will need to read the chapters on COVID-19-specific issues in the ICU, or on dying in the ICU.

The book also contains a chapter on common procedures for ICU patients. It provides eminently clear explanations of everything from central and arterial lines to hemodialysis to extracorporeal membrane oxygenation (ECMO) to long-term feeding tubes. With a separate section for each procedure, readers may go directly to those sections discussing procedures actually being administered to their loved one.

Goitein, a pulmonary and critical care physician who serves as Medical Director of Clinician-Directed Performance Improvement for Dartmouth Health, writes with great accuracy and authority.

Three characteristics make this book stand out from the typical handbook. The first, as alluded to above, is the exceptional grace and clarity of the discussion. The second is the hope and emotional support it provides readers. It does not avoid difficult topics, such as end-of-life decisions and dying. However, throughout, it is written with compassion, optimism, and practical suggestions to allow the ICU stay to go as smoothly as possible.

Goitein emphasizes that the large majority of patients survive and get better, even those with rocky beginnings. Her discussion empowers family members to be an effective advocate for their loved one.

Third, it is the most humane handbook I have ever seen. It reads like a caring, personal letter from the author to readers. It is a work of great humanity.

This book was written of necessity: the depersonalizing, hurly burly experience of ICU care can stress virtually everyone. Dozens of individuals can be involved in the care of a single patient, yet doctors and nurses are often unavailable to answer questions, and any conversation can be frustratingly brief and leave important matters undiscussed. The author writes with great respect for the caregivers, and emphasizes that this book is not intended to replace or supplant their advice. She affirms that there is no substitute for a strong, trusting relationship between the family and the ICU team. However, the fact that this book had to be written makes a powerful sociological statement about contemporary ICU medicine.

Dr. Ludmerer is Professor of History and Medicine, Mabel Dorn Reeder Distinguished Professor in the History of Medicine, Washington University School of Medicine, St. Louis, MO. He is also a member of *The Pharos* Editorial Board. His E-mail address is kludmere@wustl.edu.



Spirits of the Red Savanna: Art and Culture of the Bamana People of Mali

Pascal James Imperato, MD
QCC Art Gallery Press
Queensborough Community
College
The City University of New York
Kilima House Publishers, New
York, 2021

Reviewed by David Bennahum, MD (AQA, University of New Mexico School of Medicine, 1984, Faculty)

Pascal Imperato, MD, MPHTM (AQA, SUNY Downstate Health Sciences University, 1976, Alumnus), is a member of the *The Pharos* Editorial Board, and was my classmate at the SUNY Downstate Medical Center too many years ago to recall. He has written a richly illustrated and marvelous book on the Bamana people who have long lived in the Republic of Mali, south and west of the Sahara Desert. The book also serves as a catalogue of the exhibit which was held at the Art Gallery of Queensborough Community College of the City University of New York in 2022.

Imperato had a dream of traveling to Africa when he was still a medical student, and he has done just that on multiple occasions. I remember that we shared our wonder on reading Isak Dinesen's memoir of life among the Kikuyu Tribe in *Out Of Africa*.

Imperato arrived in Mali in 1966 as a medical epidemiologist for the United States Public Health Service attached to the Centers for Disease Control and Prevention (CDC). With two colleagues, Jay Friedman and Mark LaPointe, he was given responsibility for the Smallpox Eradication/Measles Control Program funded by the United States Agency for International Development (USAID). Imperato writes:

This USAID program functioned in 19 countries in West and Central Africa. One of its unique features was that all of the medical and operations officers were trained together at the CDC. This training was comprehensive in nature and spanned six months. It included language training in French for those assigned to Francophone countries, training in field epidemiology, and cross-cultural instruction. Both medical and operations officers were given in-depth training in the diagnosis of

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smallpox, vaccination techniques, and vaccine handling. The operations officers received extensive instruction on the operation and repair of our Dodge Power Wagon four-wheel drive trucks. Eventually we had twenty-four of these in Mali to transport vaccination teams into every district in the country. ^{p.xvii}

He adds that the nomadic movement of tribes along centuries old routes seeking water and grazing across the artificial borders imposed by colonial powers also allowed for the spread of disease. "Consequently, epidemic disease control in Mali and other nearby countries required a comprehensive understanding of these groups, their way of life, and especially their seasonal movements." ^{p.xvii}

Imperato goes on to describe his education in Internal Medicine, explaining that, "epidemiologists are trained to meticulously gather evidence and information in order to determine the origins, causes, and nature of disease epidemics." ^{p.xvii} "These skills are well adapted for use in conducting ethnographic field research." ^{p.xvii}

While absolutely committed to his medical mission in Mali, Imperato also conducted field studies and published reports on traditional medical beliefs and practices among the Luo of the North Mara District of Tanzania. This was followed by field research on the art and traditional medical beliefs and practices of the Bamana people of Mali. Over his many years and visits to Mali he befriended a wide assortment of European and African healers, artists, diplomates, scholars, and Malians.

I find it quite extraordinary that while traveling widely through the country for epidemic control projects he was able to penetrate so deeply into the culture, practices, and artistry of the people of Mali. One of the riches of this book is that Imperato describes the French administrators and scholars who since the late 19th century studied the art, customs, and practices of Mali.

An unusual contribution to this book is that of Imperato's two sons, Gavin and Austin, who traveled to Mali with their father on several occasions. Gavin writes:

Many of my early childhood memories are textured by Bamana Art. I was captivated by the intricate form of the Tyi Wari, the latent power of Boliw, and the many stylistic iterations of door locks (konbarbara). My initial aesthetic. Encounters with these objects prompted an interest in Bamana History and culture that was enriched by an odyssey of discovery here in the U.S. and in Mali." ^{p.xvii}

Austin is a painter who writes that his experiences of Mali and the Bamana were "encounters of meaning."

The book has chapters on identity and the history of the Bamana people; the surrounding countries and tribes; and the penetration, and cultural consequences of Islam and Christianity, into sub-Saharan Africa.

Imperato also writes of the consequences of centuries of slavery and the slave trade from central Africa to the north and east. A most interesting chapter is devoted to the ancient practices of male circumcision and female clitoridectomy. He also writes of initiation societies and power associations.

The book contains 170 magnificent photos of Bamana art. There are masks, statues, textiles, and door-locks.

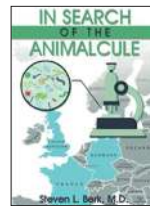
That Imperato could both practice preventive medicine, which certainly saved the lives of thousands of individuals, while also completing serious ethnographic and aesthetic studies is a wonder. That he also brought back to the U.S. a passion for public health and founded the School of Public Health at the State University of New York at the Downstate Medical Center is just one more accomplishment in what has been a most generous and creative life.

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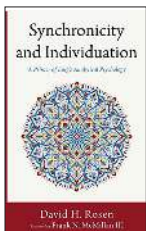
More books by AΩA authors



Keys to Better Healthcare: A Guide for Patients and Healthcare Professionals, by Jack E. Lewi, MD (AΩA, University of Texas Medical Branch School of Medicine, 1995); Independently published, February 10, 2023; 120 pages.



In Search of the Animalcule, by Steven L. Berk, MD (AΩA, East Tennessee State University Quillen College of Medicine, 1986); iUniverse Publishing, December 8, 2022; 228 pages.



Synchronicity and Individuation: A Primer of Jung's Analytical Psychology, by David H. Rosen, MD (AΩA, University of Missouri-Columbia School of Medicine, 1970); Resource Publications, February 7, 2023; 48 pages.



Be Well, by Jack E. Lewi, MD (AΩA, University of Texas Medical Branch School of Medicine, 1995); Independently published, March 11, 2022; 232 pages.



Mastering the Art of Patient Care, by Michelle Kittleson, MD (AΩA, Yale University School of Medicine, 1999); Springer, January 2, 2023; 209 pages.



No Stones Left Unturned: Hans Kehr and His Contributions to Biliary Surgery from Inception to Worldwide Application in the Modern Era of Laparoscopic Surgery, by George Berci, and Frederick L. Greene, MD (AΩA, University of Virginia School of Medicine, 1982, Alumnus); Springer, August 11, 2021; 196 pages.

Correction

M. Mark Hoffer, MD (AOA University of Southern California, 1996, Faculty) pointed out that in the article “An Abolitionist’s cause and a father’s grief: Henry Ingersoll Bowditch and the Ambulance Act 1864,” (Winter 2023, pp. 36-44) John Quincy Adams (1767-1848) could not have helped Henry Bowditch with his campaign to institute an ambulance corps in the Union Army, as the former President had been dead for 13 years at the onset of the Civil War. Adams, however, was the recipient of a copy of the Great Massachusetts Petition of 1843 that attempted to make illegal the detention of any person claiming to be an enslaved person in the northern states where the enslavement of persons was held to be illegal.

Dr. Nakayama regrets the error and apologizes for the confusion. The online Pharos article has been corrected.