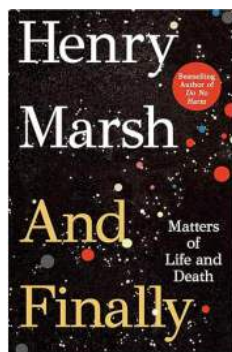


Book reviews

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



And Finally: Matters of Life and Death

Henry Marsh
St. Martin's Press
January 17, 2023; 240 pages.

Reviewed by Jack Coulehan,
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Henry Marsh's *And Finally* begins with a confession of avoidance and denial. The British neurosurgeon and writer reports that he participated in a research study of brain scans in healthy people, after which the investigators gave him a CD containing images of his MRI scan. However, for several months he avoided reviewing the images, realizing that his brain would inevitably show signs of aging, which he didn't want to see. "My seventy-year-old brain was shrunken and withered," he observes, "a worn and sad version of what it once must have been." p.5

Written during, and after, the COVID-19 pandemic, *And Finally* is structured around the consequences of another example of denial: the belief that illness is something that only happens to other people; not to doctors. Marsh had declined have his PSA checked, or seek medical advice, despite years of intermittent prostatic symptoms, until his symptoms worsened just before the pandemic. When the author finally consulted a colleague, his PSA level was 127, and locally advanced prostate carcinoma was subsequently diagnosed. The timeline of his medical evaluation, prostate biopsy, testosterone suppression therapy, radiotherapy, and ultimately the qualified success of treatment serves as a framework for an extended meditation on "matters of life and death," to quote the book's subtitle.

COVID-19 provides an ominous continuo through much of the book. Marsh reports an "almost overwhelming, tragic sense of loss" during the first lockdown. p.29 Likewise, his recent retirement from surgical practice weighs heavily and stimulates reflections about his former patients, as well as his own recent diagnosis. "I realized how anxious and unhappy so many of my patients must have been, and yet I had chosen to turn a blind eye to this." p.31

These thoughts lead him, first, to consider a justification: doctors wouldn't be able to function effectively if

they were truly empathic, i.e., feeling the same emotions that their patients experience. A certain amount of detachment is required. After searching for the right term to characterize the doctor-patient relationship, he concludes that doctors should experience a "limited form of compassion" for their patients. p.32

Marsh struggles for words to describe the healing relationship, but avoids more technical definitions of "empathy," and recent extensive research on this topic. He attributes his insight regarding the emotional dimension of illness almost solely to his experience of becoming a patient himself. A striking characteristic of *And Finally* is the author's pervasive self-criticism, much of which relates to his being "so willfully blind" p.81 about his own illness.

Throughout the memoir, Marsh's meditations on his family, career, cabinetmaking, exercise, the physiology of dreams, and his volunteer practices in Nepal and Ukraine, interdigitate with frank descriptions of milestones in the diagnosis and treatment of his cancer. He admits to "therapeutic catastrophizing," reckoning the worst outcome at every step of the way. p.107 His medical appointments, which sometimes involved long waits and insensitive doctors, remind him of how he had sometimes treated his own patients. He recognizes the mixed message of asking to be told the whole truth, while also desperately seeking hopeful news. "Hope from a kind and reassuring doctor feels quite different (than) hope from a web page or printout." p.151

His reflections also touch on guilt for his surgical mistakes; for example, the time he operated on the wrong side of a patient's neck, during a procedure to release a trapped nerve. However, this case also illustrates that Marsh has likely exaggerated his deficits as a caring surgeon. As a result of his complete and sensitive explanation to the patient, she responded, "I could see that you were so upset...that I forgave you." p.61

The author pauses on his meditative journey to reflect on the origin of consciousness. After 40 years as a neurosurgeon, Marsh admits, "I find it very hard to comprehend that 'I' am the 86 billion nerve cells of my brain." p.18 He agrees that probably the most common view among physicians and contemporary philosophers is that "consciousness is simply a property of nerve cells that emerges when they are connected in certain configurations." p.143 A point of view that begs the question, because none of the biochemical or physiologic properties of aggregates of neurons can be reconciled with self-awareness and personal identity.

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He adopts a different, more skeptical, perspective. “The other way of looking at consciousness... is that our understanding of the physical world is incomplete.”^{p.145} More specifically, there is no property of matter—from quarks and gluons to electrons and photons—that would remotely suggest the possibility of consciousness. The Standard Model of the quantum world is exceptionally weird, but not weird in that direction. While Marsh is not explicit on this point, he suggests there must be a deeper, more complete, but currently unknown, theory of what exists in the world that does account for the existence of consciousness; a quantum of subjectivity, if you will.

Toward the end of the book, the author pauses to reflect on what he will do “when the time comes.”^{p.189} While physician-assisted dying remains illegal in the United Kingdom, Marsh has no intention to live beyond the point when symptoms become intolerable. Hence, he asked a close colleague to assist in making sure death occurs swiftly and surely when his suffering becomes too great to bear. The colleague agreed. However, few patients in the UK have access to such assurance.

Marsh devotes several pages to discussing the arguments against legalization of physician-assisted suicide, now more commonly called physician-assisted dying (PAD). First, there is the claim that such a practice would cause the elderly and disabled to experience pressure to seek PAD rather than becoming a burden on their families or society as a whole. Second, PAD would diminish the resources devoted to hospice and palliative care, making these services less accessible. Finally, legalized PAD would impair the integrity of the medical profession.

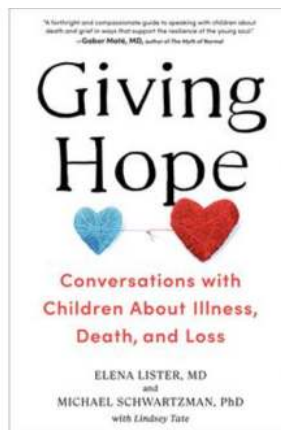
Marsh points out that none of these consequences appear to have occurred in states and countries that have adopted PAD or euthanasia protocols, with the possible exception of the Netherlands, where euthanasia accounts for about five percent of all deaths. Notably, Marsh does not consider deontological objections to PAD or euthanasia, e.g., the practice is simply unethical, regardless of consequences, because of a fundamental moral duty not to kill.

And Finally ends on a modestly positive note with the news that the author’s prostate cancer has gone into complete remission, although it could return at any time. He comments, “We have a duty to be optimistic—if we are not, and we give up, then evil will certainly triumph.”^{p.224}

This summarizes Dr. Marsh’s conviction throughout

the book. Despite his fears of dementia and dying, his avoidance and denial of illness, and his perceived limitations as a practitioner, he has continued to grow as a person. In fact, these obstacles have contributed greatly to his depth of insight about “matters of life and death.”

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Giving Hope: Conversations with Children About Illness, Death, and Loss

Elena Lister, MD, and Michael Schwartzman, PhD, with Lindsey Tate Avery. An imprint of Penguin Random House. New York 2022, 275 pages.

**Reviewed by David
Bennahum, MD (AQA,**

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The child psychotherapists, Elena Lister (AQA, Weill Cornell Medical College, 1987) and Michael Schwartzman (AQA, Virginia Commonwealth University School of Medicine, 1978), have written an absorbing and sensitive book that is engaging and instructive. Through the telling of numerous vignettes from their mutual experiences they capture the reader’s imagination, challenging traditional practices and encouraging, above all else, telling children the truth at the right time and in an appropriate manner.

In the first chapter they ask the question, “Why Is It So Hard to Deal with Death?” And follow that question with an argument, “The Case for Talking with Your Child About Death.”

The book begins with and is rooted in Lister’s own story:

“Elana and Phil Lister,” I said to the receptionist, and she smiled. “They’re ready for you.” We were at our older daughter Molly’s school, not for another dance recital or parent-teacher conference, but to talk to her

classmates about death. Her little sister, our younger daughter, Liza, was dying of leukemia, and we knew there were questions in the air, some asked, some not, that we felt Molly shouldn't have to navigate alone. We weren't sure what to expect.^{p.1}

Opening their book with such a frank and honest description of Lister's personal tragedy is a shock.

Death is inevitable and talking about death is an inevitable part of parenting. We believe it's in children's best interest to learn about death from their parents early on in their lives. Avoiding the topic can backfire as children learn to stifle their emotions in damaging ways that can follow them into adulthood.

The author's goal in writing this book is to help parents overcome reluctance around talking about illness and death, and to encourage them to seize the opportunities that a difficult conversation brings.^{p.9}

In each chapter they tell the stories of their patients and then provide "clear guidance, key information, and actionable steps".^{p.10} A question is asked as the heading of each chapter, and key concepts are highlighted in boxes throughout the text. Topics such as death and dying, truth-telling, grief and mourning, and suicide are among those discussed.

A patient of Schwartzman, Brianna, who was having difficulties in high school, describes her feelings as a teenager when she was denied information about her grandmother's death. This led to persistent anger toward, and loss of trust in, her parents. A takeaway from the analysis of Brianna's story is that, "Children can sense when something sad is happening with the adults in their lives and will worry less if you tell them what it is."^{p.17}

Chapter 6 is entitled, "Why Tell the Truth—and How to Do it." The authors describe a patient, Darren, and ask a series of questions. Darren, a young child whose father, was seriously burned in an explosion was not told of his father's death. Over several months, his father rallied and then succumbed to his injuries and died. One night Darren awoke crying and frightened by thoughts of fire, surprising his mother, who thought that he did not know about the fire. It turned out that he had heard his mother talking to his sister Lisa about their father. "She said that there was a big bang—boom—and fire.... Fire everywhere,"^{p.84} Darren told Schwartzman, "His eyes wide with fear...Lisa's omission had left room for Darren to create his own narrative, one that terrified him." After his father died, Darren and Lisa sat with Schwartzman in a therapy session.

Commenting on Darren's story, the authors emphasize the best practice of not keeping secrets. Their takeaway is, "Even when you are overwhelmed yourself, there are ways to tell your child the truth."^{p.87}

Centering their narrative on difficult topics, their discussion of violence, death, and suicide is very compelling. The authors describe the violence to which even very young children are exposed on the news, the Internet, and social media. Their takeaway is, "It is likely that your child will hear about suicide during her childhood and it is best to be ready to talk about it with her."^{p.170}

They recommend that when suicide is the cause of death of someone in or close to the family that a child be told the truth if they are age six or older. If younger, one should wait until the child is old enough to better understand the complexity of suicide. In telling the truth, a parent is not only helping their child to cope with a situation that is difficult to explain, but the child can therefore learn that they can bring difficult questions and feelings to their parent(s) in the future. A trusting relationship can thereby be built.

Giving Hope is a wonderful and informative book. It is well written and the cases discussed are most instructive. The humanity and honesty of the two authors illuminate their writing. This is a book that should interest anyone who has the responsibility of caring for patients and/or helping children and their families.

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