Book reviews

The Blood of Strangers: Stories from Emergency Medicine


“I did my best, matching up the creases of his skin, easing the bright half-moon of the needle in and out, daubing away the dark blood that rose in little balls from the needle point, tying my knots like a fly fisherman. The thermostat in the room was turned up all the way, but he was cold—I could feel it through my gloves. After a while his face began to lose distinction to me. The wound stood out, became an entity unto itself. The earlier intimacy I had felt—bending over him as he lay there, my breast all around him—began to recede into the task.” (page 31)

Emergency medicine must have a good theatrical agent. It is hard to turn on the TV without seeing a slice of blood-soaked action from Casualty or life-and-death decisions from ER. Most viewers know how to boss around a resuscitation team while manually reducing a fractured femur and counselling the survivors. Thus emergency medicine has become a ratings-grabbing adrenaline-driven cliché. Frank Huyler’s excellent book of stories is not more of the same. His cool, precise prose cuts through to the core of medicine—the patients’, and the doctors’, emotional response to their plight.

Huyler presents a series of twenty-eight brief stories, all narrated by a young emergency medicine doctor, like Huyler himself. This narrative has the ring of direct observation tempered by the need for confidentiality and dramatic structure. There are some common characters but each tale essentially stands alone. Some depict the drama of the emergency room but use the tension created to interrogate the participants’ reactions. In “Needle” a quick-thinking doctor diagnoses and treats a tension pneumothorax. “I realised that I had saved him, that he was alive because of me.” (page 32) Common fare for TV doctors, you might think. But “Needle” ends with the doctor visiting his patient on the intensive care unit (ICU) “savouring him, taking something for myself”. (page 51) The heroic, skilful doctor is revealed as somehow predatory towards the man he has saved.

Huyler is adept at portraying the range of human behaviour to be observed in the emergency room. A Munchausen patient’s familiarity with medical routine is described with humour and dignity; “I’m having chest pain”, he replied. And before I could ask - “it’s a ten out of ten”. (page 37) While his son lies critically injured a father tends the body of another victim of the same car crash. The attending surgeon observes:

“It suddenly seemed very important that I look closely, as closely as I could, at this man taking on for the moment the role of the father to the dead son, then turning back to me and the doorway.” (page 44)

The doctors in the emergency room are minutely detailed. A frighteningly disturbed drug-addicted neurosurgeon is portrayed in “Speaking in Tongues”. It would be easy to demonise this doctor, who “when she’d had a really bad day (would) go to the farmers’ market and buy a live chicken. She’d take it home and light candles and put on music and cut the chicken’s throat with a straight razor.” (page 112) But Ruth, the neurosurgeon, is allowed a strange dignity, carrying on seeing patients even after a damaging drug test has been taken. (page 110) On a rare night off, Huyler’s narrator takes another resident on a date. This is an occasion for a brutally honest analysis of the ambitious doctor:

“She might have been kind, in another life, but wasn’t, at least right now, and neither was I. There was cruelty in us both, as we took turns with the incompetent anaesthesia residents, the lesbian gynecologists, the pathetic surgeon drunk on rounds. We were after weakness, real or otherwise, and there was a grim joy in our voices, a kind of complicity, as if we were letting each other in on a rare secret.” (page 118)

Students of the medical humanities should particularly take note of Dr Whistler in “Burn” as he throws literary references around an operating theatre like rusty scalpels. (pages 96-7)

The Blood of Strangers could hardly be bettered as a vehicle for ethical discussion. The true complexity of an ethical narrative is laid bare in “The Short Arm of Chromosome 4”. The desperate struggle of a family as they try to recover a member afflicted by Huntington’s disease from the ER is a truly remarkable piece of writing. (pages 45-7) In fewer than 1,000 words Huyler animates ethical discussion of this disease in a way that the wordiest ethical system would fail to.

The Blood of Strangers is a truly important work of medical literature. Again and again Huyler’s narrative both chimes with my own experience of medicine and suggests different ways of considering the struggle between impassive doctor/technician and the human within. This is a book likely to develop self-reflection and empathy in the medical reader. Consider “Prelude”, describing the experience of a student dissector. How many of us who have dissected will recognise this memory. How few of us could convey its meaning so well.

“Our cadaver was sixty-two-years-old, and after a while, when we had gotten used to it, we cut around his tattoos and saved them, like a little pile of...
photographs which we left by his intact head. Mother. A red rose and a woman’s silhouette. The United States Navy.

“When we reached it, the cancer in his lung felt like sand under the blade. I felt it in my hands long after the lesson was over. Foreign, grey like fog or gravel, there in the apex. It was strong and frightening, because even as we reduced him to pieces I knew that he was real, that he had stories to tell, that he had looked out at the sea from the decks of ships. I could feel it when I chose to. Mostly I chose not to. Mostly it was anatomy.” (pages 10–11)

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False Hopes: Overcoming the Obstacles to a Sustainable, Affordable Medicine


Daniel Callahan has for many years been arguing against the technological current of medicine. Equally importantly, he has been a stern critic of the style of bioethical argument which would celebrate new technologies before asking questions about their point, and which would assess technologies piecemeal, rather than as contributions to a larger health and health care context. This approach makes him relatively unusual in bioethics and public policy circles, although names such as Thomas McKeown and Ivan Illich also come to mind.

Unlike McKeown and Illich, however, Callahan places a strong emphasis on self limitation by consumers as much as by providers of health care. His explicitly moral challenge to the “demand side” of health care expansion is powerful, taking a stance where most analysts would prefer not to tread—the evaluation of “consumers’ choices”. In this he shares some common ground with those, such as Alan Williams, who advocate the “fair innings” argument. Positions such as Callahan’s and Williams’s are the obverse of the usual rationing argument, in that they place a duty on health care users to restrict their own demand, where most advocates of rationing would restrict the types of services supplied.

With those who argue for the necessity of rationing, Callahan presents us with the hard facts of expansion in health care techniques, rapid rise in health care costs, longer life (but greater morbidity as the life lengths), and the focus of medical and commercial interest on high-technology, high-cost medicine. His argument in this book is that this trend is not likely to reverse and that we must therefore decide, as a society, what we want medicine to do—that is, what we think medicine should be for. He argues that to wish medicine to seek to defer death indefinitely is both inhumane and impossible to realise. As long as this is the case, he points out, so much of our medicine will be aimed at prolonging life for as long as possible, even to the point of intolerability for many of its “beneficiaries”. Meanwhile, little or no attention is being paid, at least within medicine, to the question of what this prolonging is for—what makes the life to be prolonged go well. Quality of life concepts hardly begin to address this issue. Long life is an instrumental goal, not an end in itself.

Given this, Callahan argues persuasively that scarce health care resources should be diverted towards preventive medicine, public health, and what we might call “running repairs”. This has been advocated before, of course (McKeown is a good example), but Callahan courts controversy when he insists on promoting personal responsibility for health, rather than system responsibility for health care. His arguments here are well worth considering, given that “desert” is a frequently applied informal test for access to health care.

Callahan’s book mainly addresses the problems of the rich world, but within that context his arguments apply equally to the UK, Europe and the USA, because he avoids looking at specific health care systems or state arrangements, concentrating on the ethical arguments. This is a strength, but it brings a weakness with it: he makes a wealth of policy suggestions, but the real pathway of how these are to be translated into societal goals and social and political institutions is not addressed at all. The flip-side of this is that there is no discussion of how we got here: the motor of change is apparently taken to be “technology” as such—rather than, for instance, social and economic interests at a variety of levels. But in a lengthy book such as this, perhaps it is too much to ask that a chapter or two on the “political economy of health” could be added.

This is, all things considered, an excellent book, which deserves to be read not only by academics and students but also by the general public. It is clear, and very well written, and, I believe, largely correct. Following the responses to this book promises to be fascinating.

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The Hermeneutics of Medicine and the Phenomenology of Health – Steps towards a Philosophy of Medical Practice


Martin Heidegger is known as a notoriously difficult philosopher to understand and explicate, and it seems almost foolhardy to try to use Heidegger’s philosophy as the foundation for a philosophy of medicine, but that is the task the Swedish Philosopher Fredrik Svenaeus sets himself in this very interesting book.

The author first argues that medicine should not primarily be conceived as an assembly of scientific theories and technologies applied in the clinical situation. Medicine should instead be conceived as a practice of healing, with a central structure which is the meeting between two persons, the doctor and the patient. This line of argument is obviously not new, but it is very well substantiated in the book. It entails that the main concern of the philosophy of medicine ought to be the analysis of health and illness and not the analysis of disease.

In the book’s second section the author then presents a phenomenology of the lived experience of disease, based on several case descriptions. The main new contribution is an analysis of health as homeliness and ill health as unhomeliness. According to Heidegger man is thrown into the world. He has to find an attunement
to the world, because the world can never be entirely my world. There are always other people in the world with me, and the world in itself will always remain in otherness and resist my understanding. But by finding the attainment of homelikeness I can live in the world in a way that keeps the not-being-totally-at-home-in-the-world from becoming apparent. Svenaues argues that it is this attainment of homelikeness that breaks down when a person becomes ill and becomes transformed into an unhomelike attunement. In this new state of unhomelikeness to qualify as illness it has to be more than just a transient mood. We sometimes feel momentarily disoriented in the world without being ill (for instance when we are lost in the literal sense) but this is not a lasting state.

This analysis of illness has implications for the doctor-patient relationship and these are spelled out in the third part of the book, where the medical meeting is analysed as a specific clinical hermeneutics. This part of the book moves beyond Heidegger's philosophy and utilizes the hermeneutic philosophy of Hans-Georg Gadamer to show that unless the doctor and patient reach a common interpretation of the clinical problem, and thereby a form of togetherness, it will be very difficult for the patient ever to attain the altered self-understanding which may be necessary to achieve again homelike being-in-the-world.

At the end of the book Svenaues has thus not only managed to give a thorough and eminently readable explication of some central concepts in Heidegger's philosophy, he has also constructively used these concepts in a valuable rethinking of the most basic concepts of the philosophy of medicine, health and illness. This is undoubtedly the most important work using a phenomenological and hermeneutic approach to the philosophy of medicine to be written in many years. It deserves a very wide readership.

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Brain Policy

Robert Blank, Washington DC, Georgetown UP, 1999, 199 pages, £43.25 (hb), £15.75 (pb).

Robert Blank is a political scientist who writes as an informed layman in neuroscience for “anyone who has an interest in the broader social implications of research and applications in the brain”. (p.aevi) His central theme is that “... the brain represents an important new biomedical area that must be studied much like genetics, reproductive technologies, and organ transplantation. As such, brain policy and politics is a critical area of study for social scientists and ethicists”. (pages1-2).

As Blank rightly observes this is an under-explored policy issue of far-reaching significance. What is surprising though is the stance which he takes, derived from an essentially biological view of man. He states that “... evidence from neuroscience clearly supports the view that the mind is nothing but what the brain does” (page 20) and sees the brain as having a pivotal role. Hence he wants to shift the emphasis from nurture to nature, and in the process redefine the role and methodologies of social scientists. Thus he regrets that the optimism and excitement that psychologists express for their work with neurobiologists has not extended to social (and especially political) scientists. It is not that Blank is unaware that this raises questions about social control and the liberty of the individual, but whenever he discusses them it is as if they are afterthoughts compared with the irresistible thrust to develop and implement what he sees as mainly beneficial new technologies. He is particularly addressing the American context, and seems largely to have bought into the American dream of continuous technological progress, which requires no more than the gently restraining hand of social scientists and ethicists.

His arguments about particular policies all then follow from this position. So he considers that “... the brain is the key mediator of both genetics and the environment for the individual”; (page 19) that “Ultimately, our very definitions of life and death are dependent on the findings of neuroscience”, (page 43) and that “Despite the importance of genetic, cultural and social factors in explaining addiction, at the base of our understanding must focus on the brain”. (pages 86-7)

When dealing with consciousness and neural grafting he is rather more cautious, and he is particularly concerned about the problems posed by psychosurgery and psychopharmacology. Here he even raises the possibility that his basic assumption that deviant behaviour has an organic basis may be open to question.

Yet despite these caveats, which are expressed throughout the book, the overwhelming message is that the technological imperative is inevitable, and therefore social scientists should join neurobiologists and psychologists and adopt their style of quantitative method. Conversely any methodologies which exclude neurobiology are viewed as suspect—“Dependence on survey research and other self reporting methods is especially questionable in light of this knowledge”. (p.179)

This then fits with Blank’s concluding statement that new discoveries “... demonstrate that much of what each of us is can be reduced to the actions of neurons and neurotransmitters”. (page 172)

Although he argues earlier for a sophisticated account of biological science, what he actually presents is a sociobiologist’s imperialistic view of scientific positivism, which redraws the line between technical and humanistic considerations and reduces the latter to a subsidiary role. What he does not consider is whether the debate needs to move on, by questioning whether the traditional separation of the scientific and technical from the humanities is itself conceptually flawed.

Brain Policy raises important issues and is accessible to the audience for which it was written. Perhaps most troubling though is that Blank’s enduring message, that the brain can be envisaged as a complicated mechanism which drives the person as a whole, chimes all too well with the less considered prejudices of many laymen and politicians. It deserves to be widely read, if only as a warning that some social scientists are prepared to support a populist slide towards a dangerous new utopia of everlasting technological expansionism, in which medicine would have a key role.

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