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Final Exam: A Surgeon's Reflections on Mortality (Book Review)

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Pauline W. Chen, M.D., *Final Exam: A Surgeon's Reflections on Mortality* (Vintage Books), 1997. Reviewed February 2011.

"If you would endure life, be prepared for death."—Sigmund Freud

After quoting Freud in her *New York Times* bestseller, *Final Exam: A Surgeon's Reflection on Mortality*, Dr. Pauline Chen comments, "Preparing for death may be the most difficult exam of all, but it is the one that will finally prepare us to live" (vii). Educated at Harvard and Yale, a prize-winning transplant and liver cancer surgeon, and a regular *New York Times* columnist, the author began medical school with dreams of saving lives -unaware of the powerful role death plays in her profession. Chen admits, "Like most of my colleagues, I came into medicine poorly equipped to deal with terminal patients. I had little experience with the dying beforehand and like many physicians harbored a profound aversion to death" (xiii). She notes that physicians are trained to think of death as an adversary to whom they must never surrender.

A physician's total dedication to keeping his or her patient alive may seem a most admirable trait. But Chen reveals that this mind set too often becomes an intractable refusal to accept the inevitability of death, resulting in unnecessary suffering for patients and their families. Holding out hope becomes a cruel hoax when dying patients, truly no longer able to benefit from further medical treatment, would most benefit from a compassionate preparation for death.

Unfortunately, American physicians, so well trained to fight disease, are relatively unschooled in how to provide comfort and support to their dying patients. As Chen says, "For doctors, this care at the end of life is, as this book's title implies, our final exam. Unfortunately, few doctors are up to the task" (xiii). She convincingly argues that doctors must be better prepared for this most final of tests. Hardly the first to criticize the medical profession for deficiencies in end-of-life care, Chen compels our attention through her vividly described anecdotes and the shocking clarity of her language, as in this sensuous medical school memory: "Formaldehyde, the preservative used for cadavers, has an unmistakable odor- sharp, rancid, piercing- like the olfactory version of a high-pitched shriek." (9).

Chen impresses, too, with her utter honesty. We come to trust her as a surgeon who performs a vivisection of her own soul. She confesses her early insecurities: "As a medical student on the wards, I felt awkward enough because of my negligible clinical experience, but it was that shared vulnerability with patients that made me feel completely vulnerable" (45). She later confesses that, as a fully fledged physician, she continues to feel guilty for avoiding a dying patient, and of a time when she felt responsible for the death of a patient.

Chen divides her book into three parts: "Principles; Practices; and Reappraisal." In "Principles," Chen describes her first encounters with death in medical school-the cadaver dissection, the first resuscitation, and the first pronouncement of death. She reflects on how these experiences, some she describes as "terrifying," profoundly affect medical school students (xiv). They often undergo these first encounters without psychological or emotional support; yet such experiences have a lasting effect, influencing their attitudes toward death when they become practicing doctors. Remembering her early stages of training as a medical student, Chen recalls the natural

qualms any of us would feel in the anatomy lab before making that first incision into human flesh. In striking detail, she describes how she came to admire the exquisite intricacy of the body while ruing the demise of the woman who lay before her.

Chen explains how her ambitions to be a healer blinded her to the inexorable reality of death. Again, she quotes Freud, who noted our universal illusions about death: "In the unconscious, everyone is convinced of his own immortality" (10). Citing Sherwin Nuland's *How We Die*, she notes that medicine attracts those with special anxieties about death. "We become doctors because our ability to cure gives us power over that of which we are afraid" (60). Chen's revelations about her profession's denial of death emerge as especially credible given her frank and brave confessions of the discovery within herself of the dehumanizing effects of becoming a doctor.

However, she concludes that doctors in training eventually find ways to distance themselves from the fact that their cadavers were once living, breathing men and women. "Taking the cues from their teachers, medical students learn to deny their own feeling, depersonalizing the dissection experience and objectifying their cadaver. They strip away the cadaver's humanity, and soon enough they are dissecting not another human being but 'the leg' or 'the arm'" (17). She regrets that "I learned from many of my teachers and colleagues to suspend or suppress any shared human feelings for my dying patient, as if doing so would make me a better doctor" (viii).

In the second part of the book, "Practices," Chen reveals what happens when medical students become doctors. She smoothly weaves together anecdotes from her personal experience with research findings. For example, she cites a mid-1990s study of end-of-life care revealing that a majority of physicians knew nothing about their patient's attitudes toward resuscitation and seemed unaware of their terminal patients' degree of pain. Another study showed that one-quarter of oncologists do not tell patients they are dying of an incurable disease, and that doctors rate themselves as "poor" or "fair" in delivering bad news to their patients. Worse, attempts at reforming the system by implementing more intensive interventions, hiring more capable staff, and establishing better accountability resulted, two years later, in no notable improvements.

Accounting for these dismal results, Chen notes that doctors, unable to deny their patients' optimism, continue treatment despite the hopeless situation. Another factor, increased specialization, means that no one physician is ultimately responsible for carrying out end-of-life choices, so all involved can avoid the dreaded admission of the inevitable. She explains that financial or legal reasons, including a doctor's greed or fear of litigation, can result in unnecessarily prolonging a patient's life. Furthermore, the onerous constraints of managed care, the endless paper work, and the relentless limitations of time --all increasingly divide physicians from their terminally ill patients.

In the last section of her book, "Reappraisal," Chen insists that despite the formidable impediments, change can occur once physician acknowledge their own mortality and a shared humanity with our patients. She argues that more doctors can be sensitized to the needs of their dying patients, noting efforts by the American Board of Internal Medicine to require residents to care for dying patients as part of their training. Chen also provides examples of good palliative care, telling the moving tale of a physician who took the time to comfort the family during the

last moments of a patient's life, illustrating how doctors sometimes can sooth pain more effectively than medication. She describes the courage of patients and their families in confronting death, and how she learned from them to better care for terminal patients.

Finally, in the "Epilogue," Chen describes her painful experience with a dying patient, Doreen, a former teacher whom she admired. Devastated by Doreen's death, Chen concludes, "Our grief is the price we pay for caring for the terminally ill, and our aversion is the weight that anchors our inertia and denial" (217). With this kind of insight, Pauline Chen convinces us that she is indeed one physician with both the knowledge and wisdom to pass with distinction her "Final Exam."