

# Reviews and reflections

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## Bursting With Danger and Music

Jack Coulehan (A.Ω.A, University of Pittsburgh, 1969)  
Plain View Press, Austin, Texas, 2012

Reviewed by Jenna Le, MD

Comprising over one hundred pages, this latest offering by noted medical humanist, physician, and poet Jack Coulehan is thicker than many books of poetry. It contains six hearty sections, presenting a mature and multilayered view of the life of body and mind. Think of it as a window on the writer's neocortex, the mature six-layered component of the brain that oversees everything from danger assessment to music appreciation.

The first two sections, "Deep Structures" and "All Souls' Day," present a series of anecdotes drawn from a working physician's life, embracing the perspectives of both physician and patient. Although examples of forms such as villanelles,

pantoums, and ghazals are included, the dominant mode is a conversational free verse. While most of the poems are narrative-centered, there are at times moments of luminous imagery, as in the poem "Heart Blockages," which describes diseased coronary arteries as "damaged legs and old spurs/that jostle bareback/on that black bull of a heart,/my heart,/whose flanks on the overhead screen/are heaving and faltering."<sup>31</sup>

One poem that fuses the narrative and the philosophical modes with success is the wittily, sporadically rhymed "Joys and Delights, Grievs and Despondencies," which finds humor in the differences between pre-modern and modern conceptions of the mind-brain relationship:

The inner voice that Socrates  
said was god, but the Athenian state  
decided was blasphemy,  
could have been tracked, as it ran  
across his brain, had he had a scan.<sup>27</sup>

"Tattoos" is a poem that transcends the expected by introducing an unanticipated element of sexual menace into its description of a tattoo-sporting telephone lineman:

. . . Can you imagine  
the weight of his Garden of Eden,  
at the moment of transgression,  
pressing against you? Men like him,  
rejection or weakness never occurs to them  
until it happens. . . .<sup>41</sup>

In subsequent sections, Dr. Coulehan boldly strays afield from the clinical setting, broadening the scope of his subject matter with often delightful results. In poems like the richly textured "3. Chekhov in Greek School," a section of the "Seven Tales," Dr. Coulehan displays his deep familiarity with—and strong sense of indebtedness to—the writings of Anton Chekhov, the pioneering nineteenth-century physician-writer. In "William Carlos Williams Circumcises Hemingway's First Son," Dr. Coulehan invokes yet another pathbreaking physician-writer of the past, using Williams's shade to lend weight to his ticklish theory that one of the benefits of being a physician-writer is that it enhances one's masculinity:

I think of Hem on the floor at the first drop  
of blood.  
What a man! . . . pp60-61

The limitations of society's conventional conceptions of masculinity is a theme that resurfaces in "Grease," a Philip-Levine-esque poem about a boy who works in a steel mill:

Eyes cast down, he climbed out of the pit  
before his stint was up and hunched  
on a bench for the rest of the shift.  
Some of the others slapped him on the back  
and told him stories. One offered a share  
of his thermos. This was the closest  
he had ever been to another man.<sup>p67</sup>

Womanhood is the subject of "A Theory of Labor," a poem that narrates the travails of childbirth from the suave viewpoint of the woman's father:

Your pelvic floor  
is faltering, its muscles  
ripping....  
It's old news our openings  
are disproportionate  
to needs. . . .<sup>p83</sup>

The book ends with a series of poems about nature. One of the finest is "Mungo Woman," a tightly knit lyric about a well-preserved corpse from the Pleistocene Epoch that was discovered in an Australian lake. In both its choice of subject matter and its haunting diction, the poem is reminiscent of Seamus Heaney's "bog body" poems:

insects, their calcified pupae  
stuck in transit from life  
to fluttering death;  
oysters, their opalescent shells  
long dimmed; skeletons  
of fish, whose knuckles of ear bones  
listen to forty thousand years  
of dry wind.<sup>p101</sup>

All in all, *Bursting With Danger and Music* is a substantive collection that amply demonstrates Dr. Coulehan's ability to engage lyrically with life in all its risk-filled and rhythmic complexity, both in the clinical setting and beyond. It is a privilege to be able to look in upon the neocortex of this highly respected, long-practicing physician-poet.

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### **The Ethos of Medicine in Postmodern America: Philosophical, Cultural, and Social Considerations**

Arnold R. Eiser  
New York, Lexington Books, 2014, 205 pages

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

It's no secret that the medical profession is in a bad way. The traditional narratives of medical virtue and dedication to duty haven't disappeared; in fact, we still teach them in medical school. But it's widely recognized that the "hidden curriculum" that students absorb in hospital culture teaches them a different set of values. Self-interest pokes a hole in altruism. Detachment carries the day against compassion. Negativity seems to edge-out enthusiasm for the profession. The new medicine features multiple, often conflicting, narratives. Patients are voracious for more and more health care, but are dissatisfied with physicians. The economy struggles under the weight of seemingly inexhaustible growth in health care costs. Pharmaceutical companies have fine-tuned the art of manipulation. And physicians themselves report increasing levels of dissatisfaction, demoralization, and burnout.

Not a pretty scene. Not a new one, either. The first analysis I remember reading of systemic problems in American health care was *Doing Better and Feeling Worse*, a collection of essays commissioned by the Rockefeller Foundation and edited by John Knowles.<sup>1</sup> Since that book appeared in 1977, numerous physicians, ethicists, economists, and sociologists have offered diagnoses and therapies for the health care industry's ever growing dysfunction. However, Arnold Eiser's new book, *The Ethos of Medicine in Postmodern America*, is easily among the most comprehensive and well-documented of these analyses.

Dr. Eiser, who is professor of Medicine and associate dean of Drexel Medical College, subtitles his book, *Philosophical, Cultural, and Social Considerations*. In these considerations, he employs the lens of postmodernism to analyze today's ethos of medicine and health care. In general, postmodern philosophy is highly critical of traditional narratives by which we ascribe meaning to institutions, processes, and even our own behavior. Postmodernists believe that institutions can be best

understood in terms of power relationships (Michel Foucault), and today's culture reflects the loss or abandonment of "grand narratives" (Jean-Francois Lyotard). While other observers have described features of today's medical ethos, e.g., consumerism, impersonality, self-interest, corporatization, and alienation, Eiser, quite rightly, locates all these features as aspects of the larger postmodern world view.

*The Ethos of Medicine in Postmodern America* analyzes the interaction of postmodern values with almost every institutional characteristic of contemporary medicine, including computerized technology, evidence-based medicine, corporate control, quality improvement measures, and the patient-centered medical home movement. I only have space here to comment on these interactions as they appear in two areas: medical professionalism and bioethics.

Two features of postmodern thought are especially damaging to traditional medical professionalism. The first is consumerism, in which all aspects of experience are monetized and "what one consumes becomes paramount in one's life and self-identity."<sup>p117</sup> Eiser writes, "The dominant voice of consumerism in our culture promotes individualism and self-interest because neither solidarity nor virtue is nourished in the marketplace."<sup>p125</sup> Despite avowing virtuous ideals, physicians participate in a culture that only reinforces their ability to "sell" services to consumers, i.e., patients. The second feature is egalitarianism, which seeks "flattening of social hierarchies, including medical ones."<sup>p118</sup> This flattening alters traditional relationships within the profession (e.g., teacher-student, patient-physician) so that all parties are susceptible to confusion of leadership, mixed messages, and enhanced skepticism.

Likewise, Dr. Eiser analyzes the inadequacy of principle-based bioethics to achieve equity in health care or to nourish traditional virtue. Although seemingly grounded in Kantian deontology, today's principle of self-determination (autonomy) does not embody the sense of duty that Kant's categorical imperative demands. In other words, autonomy, as used in bioethics, most often means a right to self-governance, period, with no personal responsibility implied. Eiser advocates a more communitarian ethic in which autonomous decision making is at least lightly constrained by considerations of one's duty to self and others. He cites, for example, the fact that the great majority of adults do not have advance directives (ADs), even after decades of promotional effort and education. To entice more people to accept them, he suggests that the Patient Self Determination Act be amended to require discussion of ADs at a time when the person is healthy, i.e., purchasing or renewing health insurance, rather than when the patient is undergoing a crisis, i.e., being admitted to the hospital. An incentive, like a small reduction in rates, might be provided to those who complete an AD in that context. This approach to promoting more responsible behavior is similar to that recommended by Richard Thaler and Cass Sunstein in *Nudge: Improving Decisions About Health, Wealth, and Happiness*.<sup>2</sup>

Dr. Eiser is candid about the limitations of postmodern thought. He writes, "Postmodernism has been long on critique and short on recommendations to correct the shortcomings of our current circumstances."<sup>pxi</sup> To my mind, a major problem with postmodern assertions, like "there are no grand narratives or universal values," is that they hold little hope for the future. Paradoxically, the narrative of continued fragmentation and dissolution of values seems to establish a new, albeit far from "grand," universal.

Dr. Eiser adopts a pragmatic framework when recommending ways to restore the ethos of medicine. For example, to enhance medical professionalism, he recommends adopting programs to increase physicians' emotional intelligence and to teach mindfulness as a regimen for improving physician self-awareness. These are practical suggestions that would encourage better understanding of our patients and ourselves. Other recommendations include restructuring practice settings to favor more integrative, reflective, and team-based approaches.

One very important proposal is drawn from the work of French philosopher Emmanuel Levinas, who established a morality based on "the radical encounter of the Other as an ethical force of responsibility."<sup>p40</sup> In other words, each face-to-face encounter with another human being generates a "tug" of responsibility to/for that person. However, physicians are often insensible to this "tug." They may profess to believe in some moral ideal, like altruism or compassion, that no longer has much practical impact, while being unprepared to experience the "tug," which could serve as a more effective basis for medical morality. Dr. Eiser's application of Levinas' sensibility to medical practice is exciting because it relates the notion of professional obligation to empathy, emotional intelligence, and reflective practice, topics currently under active investigation.

*The Ethos of Medicine in Postmodern America* is a sobering book to read. It confirms and documents the widespread dysfunction in medicine. However, it also provides us with tools for understanding the problem and concrete suggestions for reviving ethics of respect and responsibility in the clinical encounter.

### References

1. Knowles JH, editor. *Doing Better and Feeling Worse: Health in the United States*. New York: W.W. Norton; 1977.
2. Thaler RH, Sunstein CR. *Nudge: Improving Decisions About Health, Wealth, and Happiness*. Revised and Expanded Edition. New York: Penguin Books; 2009.

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