

Book Reviews

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



On Call: A Doctor's Journey in Public Service

Anthony Fauci, MD (ΑΩΑ, Weill Cornell Medical College, 1965)
New York, Viking, 2024
464 pages

Reviewed by **Reviewed by**
Jack Coulehan, MD, MPH
(ΑΩΑ, University of Pittsburgh, 1969)

On Call is the memoir of an Italian-American boy, born on Christmas Eve, 1940, to parents whose drugstore served as “a doctor’s office, pharmacy, and psychiatrist’s couch”^{p9} for their Bensonhurst, Brooklyn, community. His parents taught him early in life that “it was our responsibility to help people when we could, and making money should not be a primary goal in life.”^{p10} So, the boy grew up to become a physician, who devoted his career to government service, clinical medicine, research, and public health. Near the end of that career, he found himself publicly contradicting his boss, the President of the United States, about how to combat a global pandemic that ultimately caused more than a million deaths in the U.S.

Dr. Anthony Fauci pulls no punches in this remarkable memoir. He briskly summarizes his childhood, high school basketball career, liberal arts studies in a Catholic college, and medical education at NYU-Cornell Medical Center, where he did his residency in internal medicine. After a National Institutes of Health (NIH) Fellowship, Fauci began his career as a clinical investigator at the National Institute for Allergy and Infectious Disease (NIAID) in 1972, where he published significant research on Wegener’s granulomatosis and other types of vasculitis.

Fauci recalls that, by 1980, “I had already been elected into several honorific academic societies and was being offered endowed chairs in Departments of Medicine in prestigious medical centers throughout the country.”^{p29} Nonetheless, “I had the nagging feeling that though I was academically successful, and our work was saving lives, something was missing.”^{p29} That new challenge arrived in 1981.

It’s impossible for me to touch on Fauci’s numerous challenges and accomplishments over a 50 year career, or do justice to his personal life as a happily married

man and father of three daughters. Instead, I’ll concentrate on two important and well-known public health achievements, his leadership in fighting the AIDS and COVID pandemics.

AIDS

Early in 1981, a strange, ultimately fatal, disease appeared among gay men in San Francisco and New York. Fauci responded by re-focusing his research program. “I made my decision,” he writes. “This devastating disease would be my full-time job.”^{p39}

For the next several decades, Fauci made AIDS his principal concern as physician, clinical investigator, administrator, and public health advocate. As early as June 1982, he published a seminal paper, “The syndrome of Kaposi’s sarcoma and opportunistic infections: An epidemiologically restricted disorder of immunoregulation.”¹ Only later that autumn did the disease receive its definitive name, Adult Immunodeficiency Syndrome, or AIDS.

During the dark years of the 1980s, the AIDS epidemic grew to massive proportions. When Fauci became director of NIAID in 1984, he requested a huge increase in the AIDS research budget from \$66 million to \$147 million dollars in the next fiscal year. Incredibly, the increased amount was granted, and subsequently the budget kept growing.

As an administrator, Fauci believed that the search for an effective treatment would require multiple clinical trial sites pooling their data, so in 1986 NIAID awarded “contracts for more than twelve AIDS Treatment Evaluation Units nationwide that formed the core of the network.”^{p74} Later that year, azidothymidine (AZT) was found to be effective in suppressing HIV.

AIDS activists, like novelist and playwright Larry Kramer, expressed unrelenting criticism of the Reagan administration’s lack of empathy and insufficient funding for AIDS research. Kramer, who founded the AIDS Coalition to Unleash Power (ACT UP), and Fauci developed a close personal relationship over several years of sparring with one another, despite Kramer’s continuing harsh public criticism of Fauci and the NIH. I was surprised, however, to learn that Kramer had predicted in 1978, “dire physical and psychological health consequences for the gay community because of what he considered their sexually reckless lifestyle.”^{p97} Thus, he was equally vocal in condemning “bathhouse” culture and the government.²

Fauci has remained a key figure in the global fight against AIDS as an administrator and presidential advisor for more than 30 years. Perhaps his most significant

single contribution was leading the team that developed the President's Emergency Plan for AIDS Relief (PEPFAR), which President George W. Bush authorized in May 2003. This \$15 billion plan for AIDS prevention and treatment in African nations "was the largest global health initiative for a single disease by any country in history." p211

Fauci turned down the NIH directorship offered by President George H.W. Bush because he wanted to continue seeing patients and conducting research. Nonetheless, he served as an advisor to every president from Reagan to Obama, and played a major role in the government's response to every infectious disease threat that arose, including anthrax, swine flu, SARS, Ebola, Zika, and others. The most notorious of these was COVID-19, which arrived in early 2020. This time the threat was overwhelming, and the president was unsympathetic to his advice.

COVID-19

At one of their first meetings, President Trump bragged that he had never received a flu vaccine. A bit surprised, Fauci asked the president why. "Well, I've never gotten the flu. Why did I need a flu shot?" p346

Later, as the COVID-19 pandemic got underway, confronted by Trump's lack of knowledge about medical matters, the NIAID director was forced to "tell it like it is," directly opposing the president's opinions about COVID-19.

One night at 10:35 p.m., Trump phoned Fauci to discuss how much to inform the public. "I encouraged him not to underplay the seriousness of the situation." p359 However, the next day, at a rally in South Carolina, Trump told the crowd that "COVID was the Democrats' 'new hoax.'" p360

This began nine months during which Fauci and Trump grew increasingly at odds regarding the prevention and treatment of COVID-19, which was ravaging the American population. Fauci was forced to publicly contradict the president's statements about face masks, bleach treatment, hydroxychloroquine, and other public health measures.

When Fauci urged the president to extend a two-week commercial shutdown in April 2020, Trump seemed to agree, "Anthony, we'll listen to you and go with the full thirty days." p377 However, later that same day, Trump tweeted his followers, denouncing the shutdown, "LIBERATE MINNESOTA! LIBERATE MICHIGAN! LIBERATE VIRGINIA!" p377

In another instance, after Trump complained that

widespread COVID testing was responsible for skyrocketing cases, Fauci confronted him, "Mr. President... you need to hear it directly from us. Increased testing does not cause cases..." p400 At which point, he writes, "I could almost hear the gasps of the people in the Oval Office." p399-400

From early in the pandemic, the director of NIAID became a celebrity, the calm voice of medical science directing its campaign against COVID. His image and advice appeared in the news almost every day. But while he was a hero to many, he became a villain to the far-right COVID-denying population. "My family and I were barraged by emails, texts, and phone calls. I was outraged that Christine [his wife], and especially our daughters were harassed with foul language and sexually explicit messages, and threatened with violence and even death." p369

On one occasion, Fauci received an envelope containing a white powder, first thought to be anthrax or ricin. As a result of all this, he was assigned a security detail during much of the lengthy COVID-19 pandemic.

The book's final chapter is called "*Illegitimi Non Carborundum*," a pseudo-Latin aphorism with the pseudo-translation, "Don't let the bastards get you down." It begins with the final months of 2020, during which "Trump was focused on trying to hold on to the presidency, while the country suffered from some of its worst days yet in terms of the pandemic." p409 On December 22, 2020, the newly approved COVID-19 vaccine arrived at the NIH and, with TV cameras running, Fauci received one of the first doses.

The remainder of the chapter highlights the vaccination campaigns of 2021-2022 and the increasing political debates over the need for, or efficacy of, face masks. Personal attacks continued; for example, Donald Trump, Jr. was "selling T-shirts emblazoned with messages like 'Fauci Kills Puppies.' You really cannot make this stuff up! Though, of course, they did." p426

Following is a phone call Fauci received the day after he announced his retirement, "Hi, Joe here, the president [Biden] said when I answered my phone... 'Doc, you are the best. You have saved a lot of lives, and it has been my great pleasure working with you.'" p446

Fauci stepped down at age 81 from an extraordinary life of service to medicine, public health, and the American people.

Editor's note: As of January 24, 2025, newly re-elected President Trump canceled Dr. Fauci's security detail.

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Dr. Coulehan is a member of *The Pharos* Editorial Board, and one of its Book Review Editors. He is Emeritus Director of the Center for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook University in New York. His E-mail address is john.coulehan@stonybrookmedicine.edu.



The Perfect Doctor: Forty voices on the imperfect pursuit of an ideal

Sasha Yakhkind, MD, MS
Pager Publications, 2024
464 pages

Reviewed by Michael
Stanley, MD

I don't care if it hurts
I want to have control
I want a perfect body
I want a perfect soul.¹

Thom Yorke's angsty dark lyrics of obsessive pursuit triangulates pain, perfection, and control in a way that resonates with many unfortunate medical trainees whose depravation of self culminates instead into a disappointment of service as a medical doctor. Post-pandemic, the medical media market has saturated the handling of heavier and harder aspects of professional identity formation that is starting to make lay audiences cringe. So much of the self-congratulating about self-flagellating is nauseating without being cathartic.

A more hopeful—and more helpful—addition to the narrative of becoming a doctor can be found in Dr. Sasha Yakhkind's recent collection, *The Perfect Doctor: Forty voices on the imperfect pursuit of an ideal*. Yakhkind joins the ranks of writer-intensivists like Daniela Llamas who can stabilize for readers the acute presentation of professional identity formation under pressure. As an editor, and not an author, one can feel Yakhkind's training in the

book. Control, pain, and perfection are intimately linked in the intensive care unit. "It's the most controlled place in the hospital," my ICU senior once said, "I can lower the heart rate and I can raise the respiratory rate." Then, the first patient of the morning coded, and my senior bruised his ego with every rib he broke with his sore palms.

Reading *The Perfect Doctor* feels a lot like that moment, hovering between preparing for everything and losing everything. And that's its success. Glancing over the table of contents, the reader is presented with a logical thematic arrangement of sections headed Premedical Perfection, The Journey, Lessons from Patients, Burnout, Doctors as Patients, and Diversity & Ethics offering a sense of being as comprehensive as a review of systems. Thumbing through, the reader notes insightful reflective questions punctuating each essay, poem, and work of art. One is not going to come away from an entry without being made to think. Nothing seems amiss. But then, to Yakhkind's credit, we begin to read the stories and find a psychologist's revelation here, a spouse's portrait of their doctor-wife there; and a social worker looking in on our profession. The key inclusion that helps distinguish this book are the voices of allied health care professionals who see us from a vantage we never can and that other similar books overlook in their pursuit for something sadder rather than something sounder.

In the chapter, Ricochet, a mixture of faith—faith in voodoo, Catholicism, and in medicine; its answered prayers tear through a mother's life when hope ends in fruition for a hopeless diagnosis. "How You Failed Me" is a full-throated indictment by a doctor in an emergency whose careless handling by an orthopedic surgeon who made her feel like nothing more than her ICD code (which is how the author signed the essay): "Posterior dislocation of left humerus, initial encounter."¹⁰³

The arresting photograph, "Silence," whose clever positioning of a stethoscope symbolizes the all too common unforgiving punishment of doctors ever-listening but unable to confess. If *The Perfect Doctor* permits its share of sorrow, it does so non-gratuitously, but if sorrow was the only thing for sale the book could not compete with readers' personal woes. When its authors permit themselves to veer from narrating a story to exhorting a platitude, the caliber of the prose is not sufficient to leaven the lesson. A few fine beginnings become Polonian ends when teaching becomes preaching.

It is in the redemptive representations gracefully written that make Yakhkind's first book so appealing to medical audiences. "Nightmares," from the "Premedical

Perfection” section, shares the story of a student’s panic attack provoked by the daunting maw of Sisyphean preparedness; you can give your life to medicine today but tomorrow will always find you behind. Instead of belaboring the fright, or hastily resolving it into an origin story for how the author forged some chainmail of temerity already by their first clerkship, Mallory Evans tells us that out of the throes of fear “something gentle settles over me. And the whisper of a question, from where, I don’t know, begins to form: Could I be loved without my flaws? More pressing still, could I love others without theirs?”^{p23}

Here, we see the medical veneer strip away and see face-to-face that so much of what the wellness industry teaches in medical education is some super specialized occupational hazard of medicine. It’s age-old psychological types of distress shared by all peoples. And it is that realization of these core questions that settles and provides the gentleness that rescues the author from their panic. It is a realization in an ideal imperfection, a *kintsugi* of the professional soul.

From the section, “The Journey,” Jazbeen Ahmed traces the arc of a smile. “To her and in her South Asian culture, [smiling] was a way of showing she was listening...She never thought someone would be irritated by it,”^{p40} no less that someone being a powerful attending! But, after burying affect, her feelings, and herself through training, it was the love of patients, and the affection of caring colleagues, that allowed her to retrace that welcoming line across her face.

Jeffrey Millstein’s “The Redeemer” includes lessons from patients. It is at its core a story of stalemating a doctor’s history-taking by a patient who realizes sometimes it’s better to be given a history rather than to take one—because the knowledge we receive is much more than the information we can extract.

In the “Diversity and Ethics” section, Aleandra Casillas’s “Medicine Blinders” takes a unique approach to the section’s theme by showing the answer to a cross-cultural health care concern isn’t simply to be found in performing a stereotypical role (in her case, “putting on her ‘Latina daughter’ hat, in addition to her white coat... [to explain] in a way that felt familiar and comfortable—much like how I would approach such a conversation about following up on important test results with my own Spanish-speaking mother.”^{p141})

Instead, it was about allowing that cultural commonality to permit communication of a unique concern: namely, fear that this country’s political climate the patient’s use of the clinic could lead to her undocumented

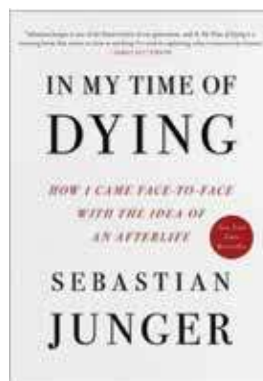
status being discovered and her being deported. It is only when Casillas removes her medicine blinders and sees all the concerns that lead to acting on medical decisions, and can approach it from someone who herself is the daughter of formerly undocumented immigrants that she appreciates the social context which is actually getting in the way of patient care.

Stories of imperfection are typically discordant syn-copations of sorrow that resolve only in martial rhythms of angry doctors who bemoan the deformation of their profession. A great book for the solo reader’s shelf, or the group medical humanism curriculum, *The Perfect Doctor’s* chorus of diverse voices tuned to the theme of what happens to good people when they try to pursue perfection, and their abundant recompense in falling short contains enough hopeful and healing selections to give readers something better to harmonize with.

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Dr. Stanley is an assistant professor at Tufts University School of Medicine, and the director of the neurocognitive division at Tufts Medical Center. In addition to his clinical and administrative duties, he is a field-builder in the NeuroHumanities, writing and lecturing in both the lay and academic press on the intersection of culture and neurology. His E-mail address is mphstanley@gmail.com.



In My Time of Dying

Sebastian Junger
New York, Simon & Shuster,
2024, 162 pages

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

Many readers will recognize Sebastian Junger as an award-winning war correspondent, author, and filmmaker. In his 10 years of reporting from Afghanistan, Junger encountered death frequently, and sometimes narrowly missed being killed. Danger is part of a day’s work in a war zone. However, at home in Massachusetts, sudden death was far from his mind, until he woke up one morning

in 2022 with excruciating abdominal pain. “This is the kind of pain,” he writes, “where you later find out you’re going to die.”^{p13}

Junger’s short memoir, *In My Time of Dying*, begins with a vivid account of that potentially catastrophic event. An aneurysm of a mid-sized artery in his pancreas had burst, causing progressive internal bleeding. At the hospital, it required several hours for radiologists and surgeons to pinpoint the exact source of bleeding and repair it.

Meanwhile, despite massive blood transfusions, Junger slipped into hypotension, hypothermia, and semi-consciousness. Junger describes this series of events in striking detail, explaining medical procedures in clear, nontechnical prose, as well as reconstructing his thoughts and feelings at the time. This is an exciting story of a last minute surgical save.

However, these features of the near-fatal event pale in comparison with what Junger considers the moments he came “face-to-face with an afterlife.”^{p37} When he was close to death, his dead father appeared to him, “simply existing there above me and slightly to my left.”^{p37} His father “exuded reassurance and seemed to be inviting me to go with him.”^{p37} He recalls being awake and speaking to a doctor, while at the same time he was aware of his father’s presence in the room.

In My Time of Dying is divided into two major sections. The first, “What,”^{p13-76} includes Junger’s near-fatal bleeding event, interspersed with recollections about his family, his active life, and the medical procedures that saved him. The second section, “If,”^{p77-138} is a sustained reflection on the meaning of near-death experiences, drawing on the published literature, anecdotal accounts, as well as his own encounter with dying.

The “If” section begins with the story of Tyler Carroll, a combat medic in Afghanistan, who was critically wounded and, as he was close to death, “his whole life presented itself to him simultaneously and in great detail, as if twenty-one years of experience could exist outside linear time.”^{p80} This phenomenon, called life review, is a major feature of near-death experiences, which also include meeting dead loved ones, hovering outside the body, moving through a tunnel of light, and “being filled with love and bliss.”^{p82} In a Dutch study of 344 persons who survived cardiac arrest, between 12 percent and 18 percent reported similar experiences.¹ In the bibliography, Junger cites dozens of other studies documenting the prevalence and characteristics of near-death phenomena, and their similarity to certain mystical experiences during life.

He is particularly impressed with the sensations of universal love and unity that patients report, followed by a profound change in their perspectives on the meaning of life. Junger was initially skeptical, “Was I blessed by special knowledge or cursed by it?”^{p93}

The remainder of *In My Time of Dying* sketches his journey toward the belief that his special knowledge was not only a blessing, but also evidence of an afterlife.

Junger first considers the view accepted by most neuroscientists that near-death experiences are hallucinations created by the dying brain. “The overwhelming likelihood is that our sense of another reality is just a comforting illusion that helps us live our lives.”^{p118}

He next considers the minority report, as in this conclusion from a 2002 article in *Resuscitation*, “The occurrence of lucid, well-structured thought processes together with reasoning, attention, and memory of specific events during cardiac arrest raise a number of perplexing questions.”²

In fact, we have absolutely no idea how the interior world of subjectivity arises from electrical impulses in the brain. There is nothing in our current understanding of the physical universe that allows for mental stuff to occur. Consequently, the belief that further research on the brain may yield a key to consciousness must be mistaken. Junger sums up the situation as, “Our understanding of reality might be as limited as a dog’s understanding of television.”^{p118}

In light of this, wouldn’t it be more reasonable to admit that we just don’t know what psychic near-death phenomena mean? In a sense, Junger agrees, but he also points out that what we do know is that reality at the deepest level (i.e., the quantum world) is full of paradoxes and seeming impossibilities. We also know that quantum theory is incomplete in that it fails to answer many questions (e.g., the nature of dark matter), as well as the origin of mental phenomena.

Junger provisionally accepts the philosophical theory of panpsychism, i.e., “consciousness is woven into the very structure of matter”^{p136} In other words, every aspect—electron, quark, wave, field, vibration—in the universe has a mental aspect. (Panpsychism is not a prevalent theory among philosophers of mind because it raises more problems than it solves.)

Given this framework, Junger concludes that human consciousness might well continue after death as part of a universal consciousness. From the text, I don’t think he believes this part would necessarily retain a sense of individual identity. In any case, this is the afterlife that the

author refers to in the book's subtitle, "How I came face-to-face with the Idea of an Afterlife."

I recommend *In My Time of Dying* as a thoughtful reflection on the meaning of life from a man who has experienced a close encounter with death. Junger has translated his near-catastrophic abdominal bleed into a compelling narrative, making it a memoir worth reading whether you believe near-death psychic phenomena point the way toward an afterlife, or think they are simply hallucinations generated by the dying brain.

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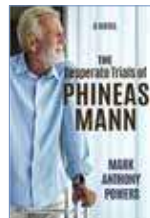
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Dr. Coulehan is a member of *The Pharos* Editorial Board, and one of its Book Review Editors. He is Emeritus Director of the Center for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook University in New York. His E-mail address is john.coulehan@stonybrookmedicine.edu.

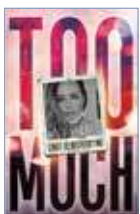
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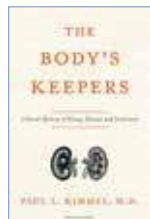
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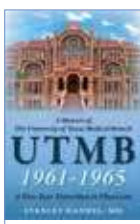
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