

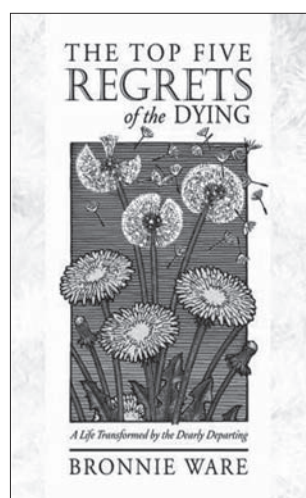
us only slightly acquainted with Dr. Cooley's past history. The lucid prose also makes the book as easy to understand for the general reader as for the professional. For those with medical backgrounds, several appendices are included for further reference. It is hard to find any faults with what Dr. Cooley has written. For those of us with historical bent, at times further background and other viewpoints might have been desired. However, a memoir, by its very nature, is a one-sided affair, and Cooley has done well by it.

The personal touches of the author are particularly engaging. Toward the end of the book he writes of his successful marriage and the joy taken in the five lovely daughters it produced. He reveals that he has made a lot of money, but he has also lost a lot. What he never seems to have lost is his sense of humor.

Once, as a defendant in a medical liability trial, he was asked by the plaintiff's lawyer if he considered himself the best heart surgeon in the world. When Cooley answered in the affirmative, he was then asked if he was being rather immodest. "Perhaps," Cooley replied, "but remember, I am under oath."

And who could argue with that?

The reviewer, **Allen B. Weisse, MD**, is a retired professor of medicine at the University of Medicine and Dentistry, New Jersey. His most recent book, *Notes of a Medical Maverick*, was published in 2010.



***The Top Five Regrets of the Dying: A Life Transformed by the Dearly Departing* by Bronnie Ware**

Carlsbad, CA: Hay House, Inc., 2012.
Softcover, 246 pp., \$15.95.

**Reviewed by Beverlee Warren,
MA, MS**

A journey with one Australian caregiver's experiences in palliative care brings us face to face with our own mortality. If we are willing, there is much to learn from those who have

walked their final steps on this earth and been transparent about their regrets. Bronnie Ware's memoir recounts her years of caregiving to the dying and the wisdom she received and painful personal growth that emerged from those experiences. It also stands as a warning to those in palliative care to guard against burnout.

The top five regrets of the dying are not surprising, but they are woven through the lives of the people Bronnie cared for in such a powerful way as to pull us into the emotion of the lament. The regrets are universal, and if we took the time to think for a moment, we would probably come up with similar statements. The challenge is to remember those axioms and care enough to change our behavior before we are at death's door. Given the changes brought about in Bronnie's life from exposure to the dying, learning from our experiences seems to be the theme of the book.

A secondary theme is the warning against burnout in caregiving. After several years in the profession, Bronnie suffered a catastrophic depression. She admits she overinvested emotionally in her dying patients to the neglect of herself and suffered the fallout of abandonment of her own needs. Bronnie's account of her own emotional despair is likely a hazard inherent to caregivers, whether they support the ill or dying.

Despite the subject matter, this book is uplifting and encouraging with accounts of deep friendships with her patients and times of laughter and delight. In addition, the book is sprinkled with pithy wisdom: "Success doesn't depend on someone saying yes, we will publish your book or no, we won't. It is about having the courage to be you regardless" (p. 63); "We are given lessons to heal, though, not necessarily to enjoy" (p. 64); "Expressing our feelings is a necessity for a happy life" (p. 125); "If ever one wants to live in denial about the state of our society, avoid nursing homes. If ever you feel strong enough to look at life honestly, spend some time in one" (p. 135); "Loneliness isn't a lack of people. It is a lack of understanding and acceptance" (p. 139); and likely her theme statement and the one that buoyed her up while empathizing with the suffering of her patients, "One of the most beautiful things I was learning through palliative care was to never underestimate anyone's capacity for learning" (p. 154).

This book is an experience in living, not dying. We should probably read a book like this every 10 years to keep our focus on important relationships and objectives—the ones that will keep us from experiencing regrets when the final bell tolls. Of course, anyone serving in palliative care will likely feel camaraderie with Bronnie's experiences and hopefully heed her warning about burnout.

My interest in this book was not only curiosity in what others who were dying found to be regrettable so that I might not find myself in the same straits but also to find out what lessons Bronnie learned as a caregiver. I have been on both sides of the caregiving/care receiving coin. In 1988 my husband was diagnosed with Guillain-Barré syndrome. He was severely impaired for weeks and took months to recover strength and coordination. Our children were ages 11, 9, and 2, and I had lost a baby due to premature birth 7 months earlier. I understand how one can give to the point of self-neglect. I also understand how easy it is to empathize with the patient to a degree of emotional exhaustion. I suspect these two tendencies are pitfalls all extended caregivers risk. I understand now how to support those who are supporting the patient. Experience is an enduring teacher.

In 2008 I was diagnosed with breast cancer. I spent the next year in treatment—chemotherapy, surgery, radiation. I saw the sacrifices my family made through the eyes of the wounded one. I didn't discover until months later that my daughter was living with the fear that I would be taken from her. She hardly left my side. Although I had an optimistic prognosis, this did not quell an unfounded fear in her mind that my demise was imminent. Thus, I learned how important it is to take the emotional temperature of caregivers and find out how they are doing. They are the shadow soldiers in the battle, where all the attention and support goes to the patient.

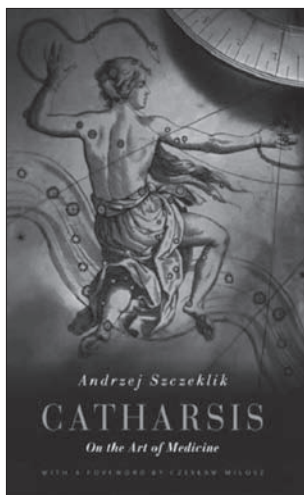
Whether experiencing life as the patient or the caregiver, I agree with Bronnie's declaration, "What may appear as tragic situations to others were also great opportunities for growth and learning for the person involved" (p. 145). Like most people, I haven't been left out of the proving ground of trials. Like Bronnie, I have chosen to grow and learn and have fought and found victory over sadness and bitterness. As Bronnie concludes and I agree, "So the best way to make the most out of life is to appreciate the gift of it, and choose not to be a victim" (p. 81).

If you have stayed with this review thus far, you are likely hoping for disclosure of the top five regrets of the dying. Hopefully, you have begun to ponder your own list and will find these affirming. 1) "I wish I'd had the courage to live a life true to myself, not the life others expected of me." 2) "I wish I hadn't worked so hard." 3) "I wish I'd had the courage to express my feelings." 4) "I wish I had stayed in touch with my friends." 5) "I wish I had let myself be happier" (p. v).

This short work is in the self-help category. It certainly packs a lot of thought-provoking direction into an easy to read and entertaining format. If you read it, be prepared to have your thinking tinkered with.

Bronnie also has a website, www.bronnie.com, which is a nice companion to her book. The website features a blog, gift shop, and information about her other professional activities.

The reviewer, **Beverlee Warren, MA, MS**, is senior medical librarian of the Baylor Heart and Vascular Institute at Baylor University Medical Center at Dallas.



***Catharsis: On the Art of Medicine* by Andrzej Szczeklik, MD**

Chicago, IL: University of Chicago Press, 2005.
Hardcover, 172 pp., \$20.00.

Reviewed by **Joseph K. Perloff, MD**

Katharsis (Greek) is defined as *purgation or purification* (Oxford English Dictionary) and refers to the Greek chorus that employed music, dance, poetry, and song to purify the soul. The nocturnal acts of healing in the

temples of Asclepius employed purification to heal the sick.

Andrzej Szczeklik is a distinguished Polish cardiologist, clinician, research scientist, and chairman of the Department of Medicine at Jagiellonian University, Krakow, founded in 1364. In an enlightening foreword, Czeslaw Milosz, the Lithuanian-born Nobel Laureate in Literature (1980), praised Szczeklik as a learned physician with profound knowledge of the humanities and with a sensitivity to the moral limits that constrain the biomedical sciences. The boundaries of scientific knowledge are fluid, but boundaries do exist beyond which there are worlds inaccessible to science—the worlds of individual values, art,

and faith. Plato, through poetic metaphors, captured truths inaccessible to empiricist research.

Szczeklik's aim is to break down traditional boundaries. Medicine, he argues, is a skill derived from magic in which art and science are inseparably woven into a seamless humanistic, scientific, and cultural fabric that includes the biomedical and physical sciences, ancient mythic history especially Greek, music, morals, and ethics. *Catharsis* provides a unique picture of the eclectic but interrelated origins of the medical profession and the pivotal role it plays between life and death.

Major professions harbor fundamental features that reveal an inner core. In medicine, that feature is an encounter between two people—the patient and the doctor. The patient tells a story while the doctor listens. For the patient who does the telling, the story (case history) is of utmost importance. The doctor doing the listening is well aware that one day the roles may be reversed.

The doctor's conversation with the patient is an interview designed to gather information—information about illness—a process that has been referred to as *anamnesis*, a Platonic reference to the vital means of gaining knowledge. Before doctors consider what might be wrong, they listen to a story from the past, a story about which they must be genuinely curious so the patient feels that someone, maybe for the first time, is truly interested. The doctor must talk the same language as the patient, *must enter the patient's world* with its intimate hidden content. To diagnose illness, doctors rely on clinical manifestations, not causes. As the saying goes, "If you hear the sound of hooves, think of horses, not zebras." Making a correct diagnosis is a skill that eludes rational expression.

But then, as Szczeklik points out, *medicine and art* originate from the same root—*magic*. Incantations were used to break spells and ward off illness. Hippocrates considered medicine an art, and Paracelsus argued that the universe was a living thing with man as a microcosmos built on the same principles as the macrocosmos.

When Alexander the Great was seriously ill, doctors did not dare treat him for fear of losing their lives if he were to die. And when Alexander consulted the Delphic oracle, she made no reply. On the island of Cos, Hippocrates didn't consult the oracle, but instead analyzed his patients. Paracelsus believed that fate was determined by the stars that were overhead at the time of birth. Our fate, however, is not in our stars but in our genes—our magic genes—that serve as a Pythian oracle for prerecorded information.

Coronis was unfaithful to Apollo, her husband, while pregnant with his child. Apollo persuaded his sister Artemis to kill his faithless lover with an arrow from her trusty bow, but as Coronis lay dying, she whispered to Apollo that by killing her, he was killing his unborn son. As the flames of the funeral pyre engulfed Coronis, Apollo tore the child from her womb. Szczeklik reminds us that thus came into the world Asclepius, the health-giver, the patron god of medicine.

Asclepius' skill as a healer emboldened him to restore the dead to life, but by resurrecting the dead, he overstepped the limits of human existence, a transgression for which Zeus struck him dead with a thunderbolt. How might Asclepius have