As we lay dying
John W Krakauer

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As We Lay Dying

BY JOHN W. KRAKAUER

The Measure of Our Days:
New Beginnings at Life’s End
by Jerome Groopman

(Viking, 238 pp., $23.95)

C ontemporary life is thick with debate on euthanasia, abortion, and the death penalty. We are flooded with images of suffering and death: distant famines, random violence, and the special contribution of the end of our century’s AIDS. But this continuous exposure to death is mostly indirect. For this reason, it is interesting and necessary to ask what it is that doctors and their dying patients know that other people do not. Are physicians in possession of wisdom, of a philosophy of death and dying? Or is all their bedside soothing of the ill and the mortal devoid of a seriously considered intellectual underpinning?

Jerome Groopman, an eminent academic immunologist and practicing physician at Harvard University, has written a thoughtful and impassioned book about the complex terrain that must be negotiated between the physician and the dying patient. In a time of increasing hostility to doctors, it is useful to have a book that shows just how hard and yet gratifying it is to be one. Groopman treats patients with cancer and AIDS, thus exposing himself to some of the most tragic experiences in medicine. His book tells the stories of eight patients. It is to his credit that the cumulative effect of reading each individual case is not a blurring of their particularity into an abstract sadness, but a growing appreciation of the vast amount of finely differentiated caring that is being described. At one point Groopman remarks that life is more complicated than our beliefs. It cannot be overstated how well he manages to convey this numerous times throughout these narratives.

Groopman’s book is rich in practical compassion (though its stabs at metaphysics are rather thin). He is a physician with great emotional courage. This courage is apparent in his refusal to indulge in easy forms of empathy. He prefers instead to take some of the weight of suffering on himself. With rare perceptiveness, Groopman manages to capture the sudden plunges and upturns that occur on a minute-to-minute basis in the encounter between the physician and the patient.

Consider one of the cases that he portrays. Cindy, a young woman with AIDS, wants to be a mother. Groopman, her doctor, plots the oscillations in her response to this desire. “Do you think I’ll ever be able to have children?” He answers with a salvo of coldly presented clinical options related with obvious disapproval, while confiding to us that before he did so, “I felt the pain of a life’s dream denied. It was so intense that I sat speechless for several moments. Ineptly, I responded as a professional rather than the friend she needed.”

But he was not at all inept. The often troubled dialectic between friendship and professionalism lies at the heart of Groopman’s book, and its deep difficulty will not be conveyed better than it is in this book. A little later in the encounter, Cindy’s attention drifts and Groopman asks, “Should I explain something more clearly?” “No, you were clear. I actually did some background reading about how the virus is passed from mother to child before I came up. I anticipated your answers. It was just that I was think-
ing how different men are from women. You sounded so factual, so clinical.” The session ends in tears.

Gropman then retrospectively gives the reasons behind his handling of the encounter. He tells us he was employing the “protective mechanism” we learn in medical training to keep our emotions at bay in order to function effectively, to make sound decisions, take appropriate action, offer sober advice. Perhaps my love of my own children and my fondness for Cindy also made her case particularly disturbing, and I had withdrawn my heart from the discussion to protect it.” This, certainly, is too much explanation. And it is not precise to suggest that physicians are explicitly trained to deploy a protective mechanism against too much emotional involvement.

The Measure of Our Days splendidly conveys the sheer multiplicity of considerations, scientific and humanistic, that a physician must take into account when caring for the sick. The science of medicine is incorporated into Gropman’s account seamlessly, if a little haphazardly. Gropman is very good at capturing the essence of doctoring:

That is the simple truth of medicine: the inexact nature of biological events and their treatments means there is an element of mystery to the process of cure. Until the very last second, you remain vigilant and worried that the life of the patient may be wrenched from your hands.

The professionalism of the physician is apparent in his learned ability to be present in the face of another’s despair and to alleviate it, if only a little. There are numerous instances in which Gropman describes a gesture or a phrase carefully chosen to calm a terrified patient or to console a grief-struck relative. These moments of raw and nuanced psychology make this a book to admire.

There is a moment early in the book, for example, when Kirk, a business executive with advanced renal cancer, is sitting upright in his hospital bed, unable to sleep on the eve of beginning chemotherapy. Gropman offers a sleeping pill:

Kirk vigorously shook his head no. I saw his hand begin to tremble, and reached for it, noting its cool, clammy texture despite the blankets that were pulled around him and the warmth of the room. We sat together without speaking. I surmised from experience with other patients why he resisted sleep.

“Are you thinking you could die tonight?”

Kirk pursed his lips tightly, containing his emotion. I gripped his hand more tightly, as if to impart to him some of the energy and security that came from my health.

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The Reunion

The train pulls into a small station in the early morning. From my upper berth, I can see we are on the prairie.

The rails do not meet at the horizon. “Death was instantaneous,” someone says, and how could it be otherwise, unless it is forever figured in everything.

I can see to the horizon, plus everything I can see in every horizon afterwards. I’m not a farmer, but the grain looks ready for harvest—bushels and silos, the emotional life.

Doesn’t it always? Look ready, that is—which is why I know these people milling about the platform and why a hardened rail runs through our lives, forwards and backwards, and when we arrive where we started, it’s a leafy eastern suburban accumulation of the good life, as strange as China, and as familiar as the home we always wanted. In the instant the train pulls out, the horizon changes, is changed, we change, and the grain wavers in its expected way.

ROSS LECKIE

This is the doctor-patient relationship in all its power, late at night under the impersonal glare of hospital lighting, with loneliness and fear countered by a human touch and a humane word.

Groopman’s question may seem simple, but it is masterful.

In the chapter called “Matt,” another physician, Dr. Mary Samuels, has to inform a parent that his son has leukemia. This is what Groopman has to say about imparting devastating news:

I have stood countless times, as Mary Samuels did that day, looking into the faces of a family and telling them that their loved one has cancer. You steel yourself for the moment. You lock tightly within your heart the pain that comes with your knowledge of the reality of the disease, its devastation of body and spirit. You block from your mind’s eye the projected images of months of torturous chemotherapy that lie ahead. You calm your face and maintain a firm voice, so that while you tell the family the truth, that the disease is aggressive and its treatment toxic, you simultaneously assert another truth, that there is a chance, a real chance, that the cancer can be defeated and the loved one saved. With this compassion but determined show of force, you prevent the family and the patient from being overwhelmed by the ferocious surprise attack of illness.

The last chapter of the book is the best.

Elliott, a very close friend of Groopman’s, was diagnosed with T-cell lymphoma and then, after enduring the savage side effects of chemotherapy and going into remission, developed treatment-related leukemia. The maestros of considerations that swirled in Groopman’s mind throughout Elliott’s ordeal are conveyed with the same honesty and conviction as in previous chapters, but here something altogether more rare is shining through.

Groopman patrolled the very perimeter of his self in guiding Elliott through two devastating cancers.

At one point he says: “[I] wondered again if my experience of Elliott’s illness was teaching me my limits.” He had to be the strong one, even though reeling from the anguish of holding the ultimate responsibility for someone he loved, and in whom he recognized too much of himself.

There is a point in the chapter when Groopman, dazed with grief, has to tell Elliott that he has developed a second cancer, leukemia. After hearing what his doctor and friend has to say about the treatment of the leukemia, Elliott asks, “What is your chooseth, your sense, Jerry? Am I going to live?” (Chooseth is Hebrew for “sense” or “feeling.”) Groopman goes on:

I paused, not expecting to have a chooseth but an opinion as a sober clinician, one drawn from weighing the factors that went in his favor and those that did not. But within me I had felt, not calculated, a reply. “My chooseth is good. I believe you will make it, that you’re going to live.”

I stood in my chair and hugged him tightly, tears now streaming down both our cheeks. I wondered if I had gone mad, whether the anticipated pain and loss from imagining his death was so great that, after I rebounded from the numbing shock of the news, my rationality had collapsed and I was retreating into delusion. Who was I to be a prophet, to have extrasensory perception? What did my chooseth mean in clinical reality? Was I indulging myself and my closest friend in a convenient lie but it was not a lie? I had felt it, clearly and strongly.

This is moving. It is also fascinating, because what Groopman sensed was the way in which he should answer the question. I cannot believe that he had a premonition, a vision, of Elliott’s eventual recovery, and his implication that he did is a step too far into the realms of intuition and mysticism. It will always be tempting to detect a transcendent quality in moments of great emotional intensity, but I would venture that there is never any greater significance to someone’s suffering than the immediacy of the event itself.

Ruminations into the past and the future help only in that they distract.

Medical competence aside, the key to helping a patient is to be curious about the life that they had before they became ill, and to work hard to know them. In this way it may be possible to predict when they are going to need you the most. Medical schools and medical journals endlessly exhort physicians to have a little more soul, and not be mere slaves to technology. This is altogether unimpeachable advice; but often it bears little relation to the real challenge of saying the right thing at the bedside.

In his prologue, Groopman writes that “I am also a person who views life in deeply spiritual terms. I perceive in the intricacy and beauty of science the wonder and gifts of God. I see in the patient’s struggle to reclaim and reconstruct his life a process that enhances the sanctity of that life.” When Groopman strays from the details, he comes perilously close to being corny. Later, in thinking about nothingness, and about his own dying, Groopman writes that “the unknown then might be understood not as a terror but as a comfort, because it held within it the possibility that I would be reunited with those that I loved who were gone, in some form and in some dimension, and that I might be linked, like my father, through memory with those I would leave behind.” I myself cannot believe that the annihilation of death is going to be alleviated by such speculation.

There is a little too much of the journey in Groopman’s book, a little too much of his own interest in coaxing pathos, and a philosophy of life, from stories whose sadness does not need to be enhanced. It is important to remember that compassion is local and practical. And metaphysical and spiritual considerations may serve sometimes to dilute compassion.

Still, they have not had this consequence in Groopman’s case. The Measure of Our Days is a book that everyone should read. Physicians will benefit from Groopman’s book greatly; and sooner or later we will all be patients. Francis
Bacon once wrote that "men fear death as children fear to go in the dark, and as that natural fear in children is increased with tales, so is the other." Groopman’s stories do not increase our fear of death, but they still make us think more about it. They will surely make us more aware of the thoughts and the feelings of the sick and the dying; and if they make us that much more determined to make a daily visit to a friend in the hospital, they will have done a great moral and intellectual service.

John W. Krakauer is a doctor who teaches at the The Neurological Institute, Columbia University.

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Disadvantage" (October 13). I have read and admired his work for a long time. But I was sorry to note, in his concluding paragraphs, that he draws from the consideration of social influences on economic advancement justification for racial preferences in the selection of students.

So many otherwise thoughtful and tough-minded people seem to forget that most poor people in this country are white. The vast majority of white children are not from "upper-middle-class" families who send them to "exclusive private academies." I share your belief that test scores or other narrowly meritocratic means of selection should not be held sacrosanct. Race should not be the basis of preference. There is much to be said for an admission policy which reserves some places for students who appear to have qualities not fully revealed by tests. This, however, is true for many white and black students. Fairness and even-handed treatment is, in the end, the ultimate safeguard of a decent society.

Eleanor P. Wolf
Lake Orion, Michigan

Harassed

To the editor:

The Scientology religion, which was founded by L. Ron Hubbard, is just that: a religion. Courts, government agencies, and dozens of prominent scholars in countries around the world have so concluded after thorough and objective studies; a process that is obviously foreign to the author of your "Notebook" item ("L. Ron Clinton," October 13).

Unfortunately, the German government has turned Scientologists, as well as members of other minority religions, into "modern-day 'niggers'" who are officially harassed, ostracized, and persecuted not because of anything they have done but for the color of their beliefs. There is no separation of church and state in Germany. The state-financed German Catholic and Lutheran churches have a free hand to abuse the power of the state to maintain their religious monopoly.

Fortunately, our Founding Fathers understood all too well how government-sanctioned and supported churches can use the terrible power of the state to erode democracy and destroy personal freedoms. To protect us, they gave Americans the First Amendment. Perhaps TRB should try promoting that rather than the Brand-X democracy of the German government.

Alexander R. Jonas
Church of Scientology International
Washington, D.C.

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may be $1.4 billion too low.) And it affects working poor families who now have to compete for that subsidized child care with former welfare recipients. It's also true that some people at all income levels have trouble finding places in day-care centers for very young infants. (My vote for addressing that shortage is not to expand day care but to expand the Family and Medical Leave Act—and adopt whatever other policies would help—to allow for longer maternity leaves.) For the majority of middle- and upper-middle-class consumers, though, the quantity of available day care isn't nearly such an issue. In many cities with large immigrant populations, for example, people who advertise for a nanny are likely to be inundated with calls. For those who can afford it, the market in day care has grown to meet the rise in demand.

In fact, the economics of day care are complex enough that even a relatively straightforward intervention can have unintended consequences for some consumers. Consider, for example, one of the most persuasive points made again and again at the conference: day-care workers are inadequately paid. On average, those employed by child-care centers make $6.89 an hour, which means that turnover is higher than it is in most other lines of work. That can be harmful to young kids, who need to form secure attachments to their parental stand-ins.

But the obstacles to raising wages are more formidable than they might seem. For one thing, there is competition from the vast informal sector of the child-care market. Only about 30 percent of preschool-aged children with working parents are looked after in day-care centers; the other 70 percent are cared for under various arrangements, including family day care in someone else's home, nannies, and relatives. And many parents who choose these informal arrangements do so not only because they prefer a home-like environment, but because the cost is lower, according to David Blau, an economist at the University of North Carolina who has studied the day-care market. There is a great reserve army of (mostly) women willing to do child care for low wages because it provides them with nonmonetary benefits—like working in their home where they can take care of their own children, too—and that tends to depress wages in the formal sector. "You have this basic comround," says Blau. "Advocates for child care would like to see the earnings of child-care workers increase and their work professionalized, but doing so would increase the cost of child care." That would hurt low-income parents most of all. Hillary Clinton says she's wary of a "one-size-fits-all approach" to child care. It's an obvious point, but given the problem at hand, a wise one.

Margaret Talbot

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