

## The doctor and death

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**As a surgeon, Pauline Chen deals with the critically ill. But it wasn't until she started writing about it that she learned how to deal with the emotions of it.**

By David Mehegan, Globe Staff | March 27, 2007

What makes a surgeon cry? A failed operation? For Pauline W. Chen, the tears flowed after a success -- her 83d liver transplant.

The brain-dead donor was an Asian woman in her 30s, about Chen's age, who had been fatally injured in a Los Angeles car crash. "It was as if I were standing naked after a shower, looking in a mirror," Chen writes in her new book, "Final Exam : A Surgeon's Reflections on Mortality ." After removing the liver, for the first time, Chen felt "unbearable, unspeakable grief." The tears came later, when she tried to write about "what I had become."

What she had become was an excellent physician with an all-too-common syndrome. She had learned how not to face the truth of death and not help gravely ill patients face it, either. Now she has written her own story, set against the argument that doctors must learn, and be taught, how to help people navigate the last stage of life.

After reading this tale of rigorous medical training, leading to a technically demanding surgical specialty, one might expect the author to be a hard-driving, brisk, can't-sit-still type-A personality. But in fact Chen, 42, has a relaxed, happy-to-see-you warmth. It was no surprise that she didn't become a doctor because she was good at biology. She explained simply, "I wanted to help people."

Raised in Connecticut by immigrant parents, she dates her attraction to medicine to a visit at age 7 to Taiwan, where her grandmother faced surgery for a brain tumor. "When the doctor came out and said, 'We got it all,' " she recalled, "the expression on my relatives' faces was amazing -- as if the skies had opened. At that moment, I started to believe that medicine was the work of the gods."

She went to Harvard, and medical school at Northwestern's Feinberg School of Medicine, to Yale for surgical study, and UCLA for advanced transplantation training. At UCLA, where she helped start the Dumont-UCLA Liver Cancer Center , she joined the faculty in 2000. Then she took a break from her clinical work, moving to Massachusetts to write and be with her husband and 4-year-old daughters.

At Harvard, she studied with medical anthropologist Arthur Kleinman. Kleinman recalls her as "a shining student, enthusiastic and compelling in her interests." However, he was surprised that she went into surgery, since medical anthropology is more oriented toward medicine in its larger cultural, moral, and social contexts.

"Of all the fields that medical anthropology students go into," he said, "surgeons are comparatively rare. In surgery, there is such an emphasis on details of technique. It's more common to go into global health or infectious disease." But in Chen's book, he said, "in the way she examines the surgeon's relationship with mortality, she comes back to the key themes of medical anthropology."

As a young medical student, Chen had supposed that empathy with patients would be easy. But as training and practice progressed, she absorbed the profession's instinctive avoidance of death. "All of us start out wanting to help people," she said, "but we end up far from the people we want to help. Doctors are probably more anxious around death than most people. But why is it so hard to go from curing people to thinking about comforting them at the end of life?"

She learned to make herself scarce when the family was with a dying patient, rather than be with them. She learned the trick of "turfing": passing off to someone else the duty of delivering bad news. When a patient's liver was clearly failing, she said to him, "Your liver is struggling." And she avoided a senior nurse's request that she visit a dying young man she had operated on some time earlier, to help him and his family understand the options for end-of-life care. When his heart later stopped, she learned to her horror, he was rushed to the ICU in a hopeless effort to resuscitate him.

"No matter what I did for him in his life, ultimately I failed him, because he died the kind of death he didn't want and didn't deserve," Chen said. "If I had gone and talked to him and his wife, faced my own fears about mortality, talked to them about palliative care, gotten the ball rolling on their advanced directives, he might not have end up in the ICU, having his chest depressed and ribs broken uselessly.

"As a surgeon, it's interesting to me that we distance ourselves from the dying, because when we care for them, we cross all boundaries. Our hands are inside them. When the patient walks by, you say, 'I did her liver.' The irony is that at the end of life we push them so far away."

Though the book makes clear that she tried to change, and sometimes succeeded, the repressed heartache of denying death took its toll. After her 83d transplant, she enrolled in a writing course, and when she began to write about her experiences, the tears came. Finally she decided to write the book. In addition to its personal narrative, it calls for increased training for doctors in communication with dying patients and their families.

"Some older doctors have embraced the book," she said. "One surgeon remembered a teacher who said that one of their jobs as surgeons was to know how much they could do -- and, when they couldn't do any more, to tell the family that and to think of the quality of life of the patient. For my generation and those going through training now, having seen our techniques and therapies succeed so consistently makes it difficult to look at death as a part of life."

Chen seems not to cut herself and her peers much slack. Some older doctors, moreover, aren't so sure today's doctors are any more inept with dying patients than their elders.

"Physicians of an older generation had all the same defense mechanisms, and were much less willing to talk about them than the physicians of [Chen's] generation," said Sherwin B. Nuland, professor of surgical gastroenterology at Yale School of Medicine and author of the 1994 bestseller "How We Die."

Susan M. Lerner of New York's Mount Sinai School of Medicine , Chen's longtime friend and herself a liver transplant surgeon, said that Chen "is very critical of herself. She always had amazing compassion and time for her patients. There are lots of good surgeons, but not many have her combination of medical skills and knowledge, insight, and personality skills."

But Chen doesn't think she's being hard on herself. "It's a huge privilege," she said, "to have people give you such trust that they will let you take a knife to their flesh, put your hands inside them and reconfigure them. In receiving that privilege, we have to accept our role as guardians of the end of life, to create an environment where people feel comfortable talking about their fears and concerns."

She says that things are getting better, and cited a new requirement at Yale that third-year students must care for a dying patient and write about the experience, before they can graduate. "Twenty years ago," she said, "you didn't talk about a patient dying." Pauline Chen's own writing, whatever its influence on her profession, has clearly discharged much of her pain, enough so that she hopes sometime to return to practice.

"I think I will," she said, "because being a doctor is part of my identity, part of me, and I need to feed that part of my identity, as I do my writing, and being a mother."

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