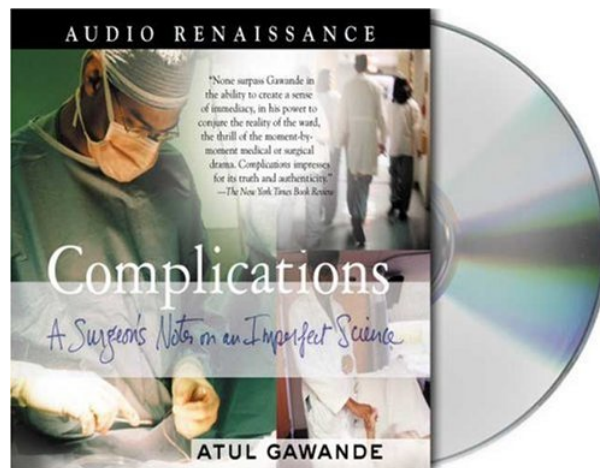
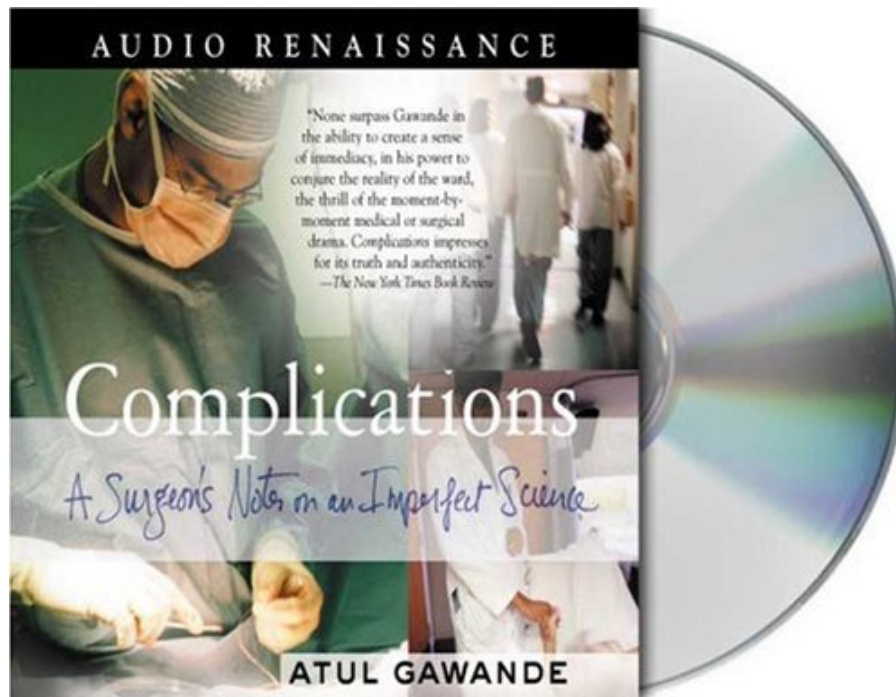


COMPLICATIONS: A SURGEON'S NOTES ON AN IMPERFECT SCIENCE BY ATUL GAWANDE



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Amazon.com Review

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Medicine reveals itself as a fascinatingly complex and "fundamentally human endeavor" in this distinguished debut essay collection by a surgical resident and staff writer for the *New Yorker*. Gawande, a former Rhodes scholar and Harvard Medical School graduate, illuminates "the moments in which medicine actually happens," and describes his profession as an "enterprise of constantly changing knowledge, uncertain information, fallible individuals, and at the same time lives on the line." Gawande's background in philosophy and ethics is evident throughout these pieces, which range from edgy accounts of medical traumas to sobering analyses of doctors' anxieties and burnout. With humor, sensitivity and critical intelligence, he explores the pros and cons of new technologies, including a controversial factory model for routine surgeries that delivers superior success rates while dramatically cutting costs. He also describes treatment of such challenging conditions as morbid obesity, chronic pain and necrotizing fasciitis the often-fatal condition caused by dreaded "flesh-eating bacteria" and probes the agonizing process by which physicians balance knowledge and intuition to make seemingly impossible decisions. What draws practitioners to this challenging profession, he concludes, is the promise of "the alterable moment the fragile but crystalline opportunity for one's know-how, ability or just gut instinct to change the course of another's life for the better." These exquisitely crafted essays, in which medical subjects segue into explorations of much larger themes, place Gawande among the best in the field. National author tour.

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But after all the discussion of how changing complex systems can reduce human error, Gawande, in telling the story of his own inability to obtain an airway in a trauma patient, is left with the truth that medicine remains a human endeavor, with responsibility and even blame to be assigned accordingly: "Good doctoring is all about making the most of the hand you're dealt, and I failed to do so. . . . Whatever the limits of the M&M [morbidity and mortality conference], its fierce ethic of personal responsibility for errors is a formidable virtue. No matter what measures are taken, doctors will sometimes falter, and it isn't reasonable to ask that we achieve perfection. What is reasonable is to ask that we never cease to aim for it." In his discussion of mysterious syndromes, of severe blushing, chronic pain, obesity, and nausea, Gawande confronts issues both at the limits of medical understanding and also, not coincidentally, at the intersection of mind and body. The sufferers he describes -- a woman who wants to be a TV anchorwoman but endures debilitating blushes, an architect with years of chronic back pain, a construction contractor who weighs 194 kg (428 lb) -- speak vividly through his clear and sympathetic writing, showing and telling how their lives have been damaged and circumscribed and even defined by these medical conditions. And yet there is always the nagging question of whether they are somehow "complicit" in their own destruction, whether the blushing problem is some compound of self-consciousness and vanity, whether the pain is "all in his head," whether the weight represents moral weakness. And in following some of these people through surgery -- an endoscopic thoracic sympathectomy to cure the blushing, a Roux-en-Y gastric bypass for the weight -- Gawande leads us to a fascinating surgical perspective. 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In vivid accounts of true cases, surgeon Atul Gawande explores the power and the limits of medicine, offering an unflinching view from the scalpel's edge. *Complications* lays bare a science not in its idealized form but as it actually is—uncertain, perplexing, and profoundly human. *Complications* is a 2002 National Book Award Finalist for Nonfiction.

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The rare intersection of a man of action (a surgeon) and a man of words (an author).

By Leib Gershon Mitchell

People usually are either one of these things or the other, and it's not so often that we find someone who can both do things AND write and so expose us to a world that we might not have seen otherwise.

***What of this book?

1. It is written in three sections.

- a. Fallibility (The shortcomings of physicians)
- b. Mystery (Mystery Illnesses)
- c. Uncertainty (Gray areas and diagnostic uncertainty)

2. I get the distinct impression that the author wrote a series of essays and then chose the best of them as could be fit into this book. It's like he didn't write only as many "songs" as he needed for this "album." He had a whole bunch of them in a vault somewhere and then just pulled some number of them together and then made the concept of the "album" after the fact.

***What can we learn from this book? Much, as it happens. I can give some of the things that popped out at me the most

1. Medicine is an empirical science. A lot of things are learned/ decided on the fly and with more information

they might have been decided differently. There are no algorithms or simple answers.

2. There are questions about ways that surgeries can be set up. Do you train one surgeon to do many things, or do you train many surgeons (teams?) to do one thing only. The discussion of the hernia repair team and the way that they improved their efficiency by doing the same thing OVER AND OVER again (p. 35) is food for thought.

3. The training of physicians has to happen on *someone*. And the training for procedures to be done on humans can only be done on humans. And yes, people who are poor and unable to purchase their own insurance are more likely to be guinea pigs. And that's just the reality of things.

4. There are no clear mechanisms to sanction physicians when they are past their prime and start killing patients. This book is about 15 years old, but then (as now), government accountants and colleagues will catch the physician before any ethics/ disciplinary board.

Verdict: Recommended. The fact that this book is still high priced in spite of being 15 years old is its strongest recommendation. The present reviewer is offering one more.

4 of 4 people found the following review helpful.

best book on surgeons out there

By Jack S.

I worked for several years in the healthcare space, and specifically around surgery.

The marketplace is lacking in good literature on this subspace of healthcare, yet there are so many interesting and controversial aspects of it.

Atul Gawande is a fantastic writer and thinker. I have read all of his books, but I find this one most interesting and instructive. "The Checklist Manifesto" is a great manual for preventing mistakes, but is a bit dry. "Better", his other book, has some interesting stories and presents a fair set of good ideas on improving care.

"Complications" is the one I found to be full of interesting and detailed accounts of what it is like to learn to be a surgeon, be a surgeon, and provides an insider's view on the discipline and the industry. Atul does a great job providing detail on the practices without overwhelming with jargon.

0 of 0 people found the following review helpful.

A wonderful book on a mysterious world

By Karoly Kemeny

People tend to see doctors as demigods, and they like to behave that way. I regularly browse the store for books, I tend to download the samples, if a book catches my imagination. This one... after I've read the first few chapters, I bought the book immediately, and from then on, I couldn't really put it down.

Opinion:

This book is intriguing, it shows the hidden world of surgeons, and the imperfection both in themselves, and in their highly regarded profession. It has also made me more emphatic with doctors, as I have learned about their limitations and understood, that they are only humans, humans who make mistakes. As a software developer I could also feel the pain in the absent of standards, and well defined methods. Although surgery is a bit older than Software Engineering, they are both children in their sense.

A must read for everybody, especially my fellow colleagues, after this book you will see that they are in the same phase, already left the waterfall method for better ones, but struggling to find the perfect way of handling patients (processes).

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And yet there is always the nagging question of whether they are somehow "complicit" in their own destruction, whether the blushing problem is some compound of self-consciousness and vanity, whether the pain is "all in his head," whether the weight represents moral weakness. And in following some of these people through surgery -- an endoscopic thoracic sympathectomy to cure the blushing, a Roux-en-Y gastric bypass for the weight -- Gawande leads us to a fascinating surgical perspective. It is almost as if the more this surgeon becomes practiced and comfortable with the astonishing intimacies of surgical technique, with all possible invasions and manipulations of the human body, the more intrigued he becomes by the intricacies of the mind and the spirit and their power over the body and its progress, in sickness and in health. A beautifully written essay on autopsies includes an unforgettable image of a surgeon watching the much less gentle and elegant cutting done on the body after death: "Surgeons get used to the opening of bodies. . . . Nevertheless, I couldn't help wincing as she did her work: she was holding the scalpel like a pen, which forced her to cut slowly and jaggedly with the tip of the blade. Surgeons are taught to stand straight and parallel to their incision, hold the knife between the thumb and four fingers, like a violin bow, and draw the belly of the blade through the skin in a single, smooth slice to the exact depth desired. The assistant was practically sawing her way through my patient." The point of the essay is the necessity of autopsy and the high likelihood of discovering a different cause of death than had been assumed -- a misdiagnosis or complicating condition -- and by extension, the continuing presence of uncertainty even

when decisions must be made and action taken and even though human beings cannot be completely understood by algorithm and experience. In the closing essay, Gawande confronts intuition -- what it is, how it works, and how it plays out in medical practice -- by taking us through the remarkable story of his "great improbable save," a 23-year-old woman who came in with what looked like a cellulitis of her leg and who turned out to have necrotizing fasciitis -- a diagnosis Gawande raised early in the course of her illness partly because he happened to have seen another case of it recently. When you are through with your initiation, when the systems work to support your practice, how do you finally make your decisions? When does inconsistency in how patients with the same problem are treated reflect problems in the system or bad doctoring, and when does it reflect tiny but real differences in human presentation or in instinct and choice on the part of well-trained experts and a willingness to live with the necessary degrees of fallibility, mystery, and uncertainty? Given the nature of the questions, of course, and the nature of the problems, there can be no resolution and no answers, but this book is a wonderful tribute to the complexity itself and to the intellectual, personal, and professional consequences of taking it on. Perri Klass, M.D.

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