Note from Author:

Working at a hospital like Bellevue—the oldest public hospital in the country and a veritable crossroads for the world’s cultures—I’ve had the privilege of meeting who have braved language barriers, religious and racial divides, and the emotional and practical difficulties of exile in order to access quality health care. It’s made me realize that the world of medicine can be a “foreign culture” to all patients, no matter where they’re from. Even if you were born in the United States and speak fluent English, being in the hospital or doctor’s office can feel like you’ve parachuted onto a different planet. The language, culture, dress, and customs are all different. You may have visited other countries while on vacation, but for this type of trip you are usually sick or in pain—not the best situation to be negotiating in a foreign language.

I invited you to meet the patients I’ve been honored to work with. I have learned so much from them, and I think you will too. Living and dying in the foreign country we call home, they have much to teach us about the American way, in sickness and in health.

I hope these discussion questions can help you and your fellow readers explore these issues further. Please send me your feedback via www.danielleofri.com.

Danielle Ofri
Discussion Questions


2. Discuss the ethical dilemmas in the story of Julia Barquero. On pg 134, the author says that if a close friend of hers died awaiting a heart transplant while a heart went to an undocuemnted immigrant, she’d be furious at the injustice.

   “Of course Julia Barquero wasn’t just any random undocumented immigrant; she was the real person sitting in front of me, the patient I was caring for. Of course she deserved a heart transplant for the simple reason that she was going to die without one. This conclusion was patently obvious to me. It was simply ethically just.”

The author wonders whether this is “practicing ethics by anecdote.” The Hippocratic oath stresses the primacy of helping one’s patient. How should doctors navigate the conflict between doing what’s best for society and advocating for their individual patients?

3. There are many stories of survivors of torture in this book. What issues do these patients raise for the doctor? For our society at large? What responsibility—if any—do those who are far removed from the torture have toward the victims?

4. The theme of music is threaded throughout the book. What is the role of music in Dr. Ofri’s life beyond just being a hobby? How do you compare occupations that make obvious contributions to society—medicine, construction, education—to those that make less tangible (one could even say frivolous) contributions—music, literature, art?

5. In the beginning of the book, Dr. Chan and Mrs. Geng appear to be “stereotypical” Chinese immigrants—humble, unassuming, docile.Were you surprised by the turn of events with Dr. Chan? Do you think his character changed over time, or did Dr. Ofri simply not see this aspect of him earlier on? Was she stereotyping him?

6. What do you think about Dr. Ofri’s decision to move to Costa Rica, even after she learned she was pregnant? How did the year abroad shape her life? Was her impression of Costa Rica distorted by a rose-tinted expatriate experience?

7. In Costa Rica, Dr. Ofri finds a respite from the chaotic life in New York, from the strains of medicine. Not working in the hospital allowed her to pursue writing and music. On pg 117 she says “…it seemed to tantalizingly simple to let [medicine] float away.” What do you make of that statement? Does it change how you feel about her commitment to her profession?
8. Religion comes up frequently in this book. How forthcoming should physicians be about their religion (or other personal details)? In what ways might discussing topics such as religion be detrimental or beneficial to the doctor-patient relationship? Are there any ethical considerations?

Are there examples of spirituality—both within and beyond the context of religion—that impact the characters in this book?

9. Issues of language, translation, and interpretation are a major theme of the book. Dr. Ofri frequently finds herself in a dilemma, because she speaks Spanish fairly well, but not fluently. With Señoras Estrella and Ortiz (pp 51-59) she has trouble following their convoluted stories. Should she have stopped the momentum of the patient’s story to obtain an interpreter, or should she have let the patient continue despite her inability to follow everything that was being said? Is there a legal issue here? An ethical issue?

Translation and interpretation confusions extend to issues beyond language. It is often said that doctors are interpreters of the language and culture of medicine. Find some examples of the book of both linguistic and nonlinguistic translation confusion.

10. For many doctors, being a physician is a way of life rather than a career. The concept of “physicianhood” defines them, and patients always come first. There is a similarly potent sense of parenthood: most parents feel that they would lay down their lives for their children without question. What happens when these two callings collide?

For an overworked physician with children, every extra moment spent with a patient can mean a moment directly subtracted from their children. Is there an ethical issue here? A societal issue?

11. At one point Dr. Ofri wonders whether she is bending over backwards too much for her patients who are immigrants, concerned that she might be acting like whites who are “extra nice” to blacks to show just how unracist they are. Do you get that sense from this book?