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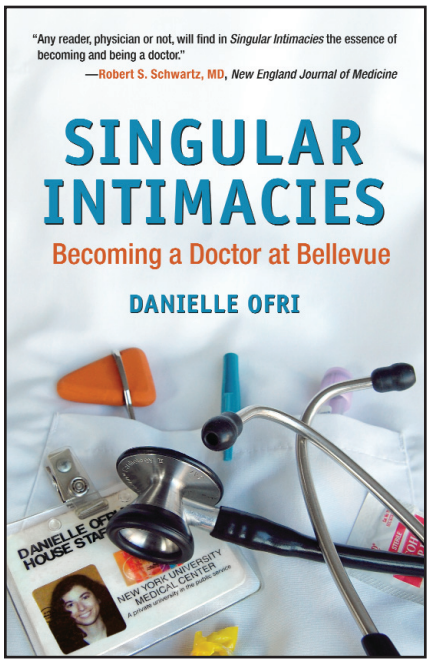
TEACHERS' GUIDE



SINGULAR INTIMACIES

Becoming a Doctor at Bellevue

DANIELLE OFRI

Paperback / $18.00 / 978-0-8070-7251-6

IN THIS TEACHERS' GUIDE

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A NOTE FROM THE AUTHOR

The doctor-patient relationship is indeed a singular intimacy. Very few things in medical school prepare us for this unique relationship into which we are suddenly and deeply thrust. For me, this book was an opportunity to explore the emotional development that is required within medical training. These stories represent seminal moments during my medical school and residency years. I hope they will provide an impetus for discussion that will help students and residents grapple with these complex issues.

ABOUT THE AUTHOR

Danielle Ofri, MD, PhD, author of *Incidental Findings: Lessons from My Patients in the Art of Medicine* and the forthcoming *Medicine in Translation: Journeys with My Patients* (January 2010), is an attending physician in the medical clinic at Bellevue Hospital, with an academic appointment at New York University. Her essays have appeared in more than a dozen publications, including *Best American Essays*, the *New York Times*, *the New England Journal of Medicine*, and the *Lancet*.

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Prologue—Possessing Her Words. A patient is potentially on the verge of death, about to have a breathing tube placed down her throat. She dictates her last will and testament to the medical team. If she doesn't wake up, they will be the possessors of her final words.

Chapter One—Drawing Blood. On her first day in the wards, a medical student witnesses a near-death and miraculous save of a patient. She becomes bonded to him because of that, but then he crosses a line when he tries to kiss her.

Chapter Two—AA Battery. A prisoner has swallowed an AA battery in a suicide attempt. After witnessing the horrific effort required to extricate the battery, the medical student is faced with trying to breach the powerful barricades the patient has erected around his pain and loneliness.

Chapter Three—Stuck. A medical student is stuck by a needle during her OB-GYN rotation, and faces her own mortality and fear of HIV. The patient is instrumental in "rescuing" the student.

Chapter Four—Change of Heart. A fourth-year medical student is given her first clinical responsibilities as a "sub-intern." She faces the ethical dilemma of whether a chronically relapsing drug user should be given an artificial valve.

Chapter Five—July 1st. In the first days of internship, a newly-minted doctor experiences her first patient death. She realizes that she never learned how to declare a patient dead.

Chapter Six—The Professor of Denial. An intern is working in a private hospital, in which she has far less autonomy than in the public hospital. A psychiatrist is dying of

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cancer. The attending physician wants to continue aggressive care; the intern feels this is not warranted. She faces the ethical dilemma of whether to tell the family her opinion behind the attending's back.

Chapter Seven—The Burden of Knowledge. An intern's childhood friend has hypertrophic cardiomyopathy. He dies of sudden cardiac arrest at age 27 and the intern is faced with personal loss and the realization that much of her medical knowledge is useless.

Chapter Eight—In Charge. A second-year resident is now fully in charge, for the first time, and encounters an extraordinarily difficult patient. She has to decide how to care for a patient whom she genuinely hates and also fears.

Chapter Nine—Time of Death: 3:27 A.M. A "code" is both successful and unsuccessful. A medical resident is present for the exact moment of a lonely death.

Chapter Ten—Immunity. A patient's illness is entirely invisible to herself and to her family. A medical resident is caught between their reality and her own.

Chapter Eleven—Finding the Person. A medical resident is faced with a patient in a persistent vegetative state. She struggles to find the humanity within an inanimate "object."

Chapter Twelve—Positive. A patient is in denial about her HIV and insists the resident collude with her. The resident is haunted by the patient's certain death in the near future.

Chapter Thirteen—M&M. A senior medical resident deals with a crashing patient whose disease she can't figure out. After his death, she faces an acrimonious M&M about the numerous mistakes that were made.

Chapter Fourteen—Intensive Care. A respected attending physician commits suicide. The medical resident struggles with the loss of a mentor and the specter of illness hidden within the ranks of her own profession.

Chapter Fifteen—Merced. A confident resident at the end of her training is faced with a mysterious case that is triumphantly solved with exert clinical reasoning. When the patient unexpectedly dies, the resident is stung by the hubris of scientific "certainty." She has to decide if and how she can continue in the medical profession.

Epilogue—Possessing Her Words. The patient from the prologue survives, and the doctor is awed by the daunting task of "holding" so many patient histories.

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PROLOGUE AND EPILOGUE—POSSESSING HER WORDS

Themes

The patient's voice

Silencing a voice

Doctors "holding" stories

The power of words

Teaching suggestion: Assign the Prologue for students to read in advance. After discussing it in class, read the resolution together. (For briefest summary, start in middle of page 242 to end of 243. For longer discussion, can include pages 237–242)

Prologue Questions

1. How would you describe the patient's outlook/attitude about the situation versus the doctors' outlook/attitude? Why are they so different?

2. Are there any ethical dilemmas raised by the patient's request to have the ventilator tube pulled out after seven days?

3. Describe the doctor's inner conflict as the patient is sedated and intubated (p. 3).

4. Why do the four members of the medical team have trouble making eye contact with each other at the end of the story?

5. How does the author quickly establish tension in the first page of this story?

Epilogue Questions

1. What does the author mean by "waiting" and "holding?"

2. Why do you think that the experience with this particular patient was part of the author's motivation for writing the book?

3. On page 240, the doctor walks through the garden in front of the hospital, a place she's been to many times. She discovers that the three-legged birdbath actually has four legs, and then realizes that it's not even a birdbath at all. She had these misconceptions for years. Is this a metaphor?

4. Why did the author feel the need to leave academic medicine after her medical training finished? Does this tell us something about the way in which we train physicians?

5. What does the final image of the story (p. 243) tell you about doctors and patients?

Note from the author: I never saw Mme. Berneau or heard from her after that hospitalization, because she had a different outpatient physician. About seven months later, I received a call from a lawyer in the middle of a patient-care session. "I'm standing here with a sheet of pink hospital paper," he said, "and we need you to testify that this is your writing and your signature." Adrienne Berneau had recently died, but apparently

had never made another will. My scribblings on a sheet of progress-note paper were the final will and testament for this woman; the disposition of her estate and the manner of her funeral would be based on this paper. So many times we are admonished, "Be careful what you write; the chart is a legal document." Indeed!

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CHAPTER ONE—DRAWING BLOOD

Themes

Inexperienced medical student

Near-death experience

Acquiring knowledge

Doctor-patient intimacy

Questions

1. In the second paragraph of the story, the medical student lists all sorts of knowledge she lacks (that the more experienced students possess). What sort of knowledge is this? How important is this type of knowledge?

2. At the end of the first paragraph on page 7, the narrator describes feeling "like a dinosaur in the age of the mammals." What is that feeling like? Is this a rite-of-passage for medical students?

3. What does the narrator use to describe her place in the medical hierarchy? Is this an accurate metaphor?

4. Why does the student give a foot massage to the patient?

5. What does the narrator mean when she talks about a "singular intimacy?" (p. 11). Why is that the title of the book?

6. The narrator talks about being the "translator" for her family during her grandfather's illness (pp. 11–12). Has this ever happened to you? Is this an appropriate role for a family member, even if they have medical knowledge?

7. The dramatic climax of the story takes place on page 13, where the patient tries to kiss the student. Was this an innocent kiss? Did the medical student share some of the blame because she permitted them to connect on issues beyond his medical care?

8. When the student confronts the patient the next morning, he says, "You started it." She answers, "I was just being nice." Was this whole episode a social/emotional misunderstanding, or was it sexual harassment? Do we view this differently because the doctor (or medical student) is in a relative position of power compared with a hospitalized, elderly patient?

9. Does the student get "revenge?"

10. What do you think the epigram of the chapter means?

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CHAPTER TWO—AA BATTERY

Themes

Suicide

Prison health system

Using force on a patient

Depression

Loneliness

Approaching the uncommunicative patient

Questions

1. The medical student is in awe of the intern's "efficiency." Describe some of the traits that constitute that efficiency (and how the student seems to fall short on every one.)

2. On pages 22–24, the narrator describes the emergency room. For a nonmedical person, this is a completely different culture. Describe some of the aspects of this culture—sights, smells, terminology, definitions of personal space.

3. Describe the various power struggles that take place during the attempted endoscopy (pp. 25–27). Some observers have noted that this scene resembles a rape. Do you agree?

4. The medical student tries to interact with the patient (p. 31), but he barely responds. How does she react to his "defended borders?" What do you think would have happened if she tried to touch him?

5. The AA battery sat in the doctors' station for a few weeks after the event. Do you think the narrator sees it as a metaphor for something?

CHAPTER THREE—STUCK

Themes

Needlestick injuries

Facing mortality

Patient healing the physician

Questions

1. The narrator describes the "feel" of the OB-GYN rotation very vividly (pp. 33–36). The cold temperature and the escaped balls of mercury could be viewed as metaphors. What do you think the author is trying to convey with these?

2. The student observes the patient being prepped for surgery, and watches as the patient's head is "sequestered" from the rest of her body. Could this be a metaphor

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for how patients are treated by the medical profession? How medical students are treated?

3. The smell of burning flesh from the cautery brings up vivid associations for the student (p. 40). Are these associations relevant or are they hyperbolic?

4. Hands are mentioned several times. How does the author use the student's hands to convey key moments and emotions?

5. The operation seems to last forever. How does the author "lull" both the narrator and the readers (until the needlestick occurs)?

6. Why doesn't the student speak up after she has been stuck by the needle?

7. Was it ethical for the student to examine the patient's chart (p. 47)? What sort of stereotypes does the student indulge in?

8. How can patients heal doctors? Does this require doctors to cede some of the power in the doctor-patient relationship?

CHAPTER FOUR—CHANGE OF HEART

Themes

Becoming a "real" doctor

Ethical dilemmas

Drug users

Who decides if a patient "deserves" a medical treatment?

Academic medicine vs clinical duties

Questions

1. What is the symbolism of the first time the fourth-year student's beeper goes off?

2. The narrator notes some of the stereotypes relating to foreign medical graduates. Have you ever observed this?

3. When the chief of medicine looks at the EKG and comments that the house staff should make "better efforts to produce valid data," (pp. 59–60), the student is caught between defending herself and protecting her patient's privacy. Are doctors often caught in such dilemmas?

4. The patient is a chronically relapsing drug user. He also exhibits many sociopathic traits. Yet, it is hard to dislike him. Why is that? Is this contradiction common in patients?

5. Describe the scene in the ethics committee meeting? Which points-of-view hold the most potent moral sway?

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6. The student doesn't learn what happened to her patient, because her rotation finishes and it is time for medical school graduation. How do we deal with the tension between the academics of medicine and the clinical care of medicine?

7. Five years later, the student—now a physician—learns the outcome of the case. How does the actual outcome compare with her views when she a fourth-year student? Does she think she should have known better? What is her debt to the patient? What is the patient's debt to her?

8. Refer back to the epigram of the book. What do you think about Broyard's observation that "[i]nside every patient, there's a poet trying to get out"? Did the student in this story accurately read her patient's poetry? Is there also a poet inside every doctor?

CHAPTER FIVE—JULY 1ST

Themes

First day of internship

Night duty

Facing Death

Defining Death

Trying to make it "right" for a patient

Questions

1. On page 73, the narrator talks about how each level in the medical hierarchy is pushed up a notch on July 1st, without any sort of smooth transition. Why do you think the medical profession is relatively silent on the strangeness of this? How often do you encounter the attitude, "When in doubt, pretend"?

2. The narrator describes "night float" as going from "one brush fire to another, keeping the chaos under moderate control until day interns returned" (p. 80). Why do covering residents usually see their duties like this, rather than really taking care of the patients? Is it simply a matter of time and the amount of scut to do, or is it an attitudinal difference?

3. When the grandson wants to stay in the room while the intern examines the patient, the intern immediately feels awkward (p. 82). How does a doctor's behavior change, if at all, when a family member is present, observing?

4. When the patient dies, the intern realizes that she never learned how to declare a patient dead. What are other examples of "practical" knowledge that are not taught in medical school?

5. The intern is extremely embarrassed in front of the family that she can't figure out how to declare the patient dead. How frequently does the emotion of embarrassment arise in medical encounters? How do physicians deal with this? How does it impact the patients?

6. The narrator comments, "How could there exist so much to be ignorant of?" (p. 87). How do doctors deal with the impossibility of knowing everything? Do you think patients are aware of this ongoing challenge that physicians face?

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CHAPTER SIX—THE PROFESSOR OF DENIAL

Themes

Resident autonomy (with respect to attendings)

Denial

Loss of dignity

Ethical duties toward patients

Questions

1. There is a wide chasm between how this patient sees himself and how the medical team sees him (p. 89). Do you think this difference is typical? Does the fact that this patient is himself a physician alter your expectations of how he might view his illness?

2. How does the private versus public hospital experience differ for the intern? For the patient? Which do you think delivers better medical care?

3. The patient initially refuses the diagnostic evaluation (pp. 92–93). In medical jargon, he'd be termed "noncompliant." Discuss the layers of meaning in this term. Are there times when "noncompliance" is in the patient's best interest?

4. Every time the patient pulls out his nasogastric tube, the intern has to replace it. The patient fights his restraints while the intern forces the tube down his esophagus. She feels like she is raping him. (Recall a similar scene in Chapter 2—AA Battery.) Is rape an apt metaphor?

5. Contrast the patient's demeanor and capabilities on page 89 with those on page 96. What has caused this transformation? Is the medical profession partially responsible?

6. The intern faces an ethical dilemma. Doing what she feels is best for the patient requires going behind the attending's back. Does she make the right decision? What are the consequences of a breakdown in medical hierarchy? How else might the intern have dealt with this dilemma?

7. Looking back over the story, how do you feel about the patient's denial? Was it helpful or harmful? Do you think this actually was denial, or might the patient's decisions have been deliberate?

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CHAPTER SEVEN—THE BURDEN OF KNOWLEDGE

Themes

Dealing with illness of friends and family

Being the "medical interpreter"

Personal loss

Powerlessness of knowledge

Changing the course of one's life

Questions

1. Why does the narrator decline to listen to her friend Josh's heart murmur (p. 101)?

2. Discuss the increasing dehumanization of the patient that parallels the intern's increasing anger when she can't insert the central line (p. 105). At the peak of her frustration, she wishes that God would kill the patient and give back her childhood friend. From one perspective, this might seem emotionally justified as a hyperbolic response to a recent trauma. On the other hand, imagine how the patient's mother would react if she'd overheard. Are such emotions ever permissible? How do doctors maintain the border between the personal and the professional?

3. The intern feels a powerful need to see Josh's body in the casket (p. 107) otherwise she can't believe that he's actually dead. Obviously, she knows that he's really dead; what part of her needs to be convinced? Have you ever observed this reaction among families of your patients?

4. On page 108, the narrator finds herself fielding medical questions from her fellow mourners. Discuss the tension of this situation. Have you ever found yourself in a similar situation?

5. The narrator "lies" to her fellow mourners, telling them that patients who die of cardiac arrest don't feel much pain. What is the emotional cost of such a lie? Have you ever lied in that manner?

6. The narrator comments on the artificiality of the time of death (p. 109)? Why do you think the medical profession chooses the doctor's determination of death as the time, rather than when the patient actually died?

7. Had plans worked out slightly differently, Josh might have been with the narrator on the night of his death. The narrator is haunted by this scene, dissecting in detail how she would have tried to resuscitate him on the floor of Carnegie Hall. Is there an emotional necessity to replaying such scenes—real or imagined—in our heads?

8. The narrator comments on how medical training reinforces the idea that knowledge is power. How did her experience with Josh alter her feelings about this? The title of the chapter suggests that knowledge can sometimes be a burden. Discuss the pros and cons of that idea.

CHAPTER EIGHT—IN CHARGE

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Themes

Being in charge

Hating a patient

Anger

Standing up to your fears

Questions

1. To a patient, anyone in a white coat is a doctor. On the medical team, however, there is an enormous, steeply inclined hierarchy within this monotony of white coats. (This is also discussed in Chapter Five—July 1st.) Which transition does this chapter focus on?

2. Describe the power dynamic between the intern, the resident, and the patient. How does the patient manage to get under the skin of the resident so successfully?

3. The resident makes her first independent clinical decision of her career on pages 116–117. The patient immediately challenges it. How do (or how should) doctors handle this sort of confrontation? On pages 119–120, her decision is "undermined" by the revelation of positive blood cultures. How can doctors maintain their patients' confidence in such situations?

4. The patient's invectives against the staff steadily increase. Should this patient be kicked out of the hospital? What is the limit of patient behavior that can be tolerated? Would the situation be different if the patient had cognitive or psychiatric issues that might render him "incompetent" or "lacking in decisional capacity?"

5. The resident and the patient have their ultimate confrontation on pages 125–126. Do you think the resident made the right decision? Do you think she was the appropriate person to make this decision?

6. What should doctors do when they genuinely hate their patients?

7. Is the resident able to find any admirable qualities in the patient?

8. What did she learn from this experience?

CHAPTER NINE—TIME OF DEATH: 3:27 A.M.

Themes

Depiction of medicine on TV versus real life

The instant of death

Dying alone

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Questions

1. How do you react when you see medical life depicted on television or in movies?
2. Nondoctors have an image of everything in medicine being precise and orderly. How does the description of the code conflict with this? How might nondoctors react when they read this?
3. When does death occur? Does this essay offer different answers to this question?
4. When the narrator tries to put in the breathing tube, she faces an all-or-none situation in front of a crowd of people. Discuss the dynamics of this situation. How do these dynamics in medical training influence the attitude of doctors?
5. Compare the recounting of the events in the "Expiration Note" with the events described by the author. What is the significance of the difference?
6. Can you think of other examples of the unusual ways medicine utilizes the English language (for example, the term "Expiration Note" itself). How does this use of language influence doctors?
7. The doctor and patient in this story never talk to each other. What sort of connection is formed?

CHAPTER TEN—IMMUNITY

Themes

Being invisible

Rendering the invisible visible

Stigma of HIV

Denial

Questions

1. When you read the description of the patient in the first paragraph, what do you think of?
2. What does the rapidity of the resident's "one minute Bellevue analysis" tell you about her progression in training? How does clinical instinct develop? Is it actually an instinct?
3. On pages 139–141, the resident is discussing the situation with the mother and aunt. Describe the sense of incongruity. Is this a clash of cultures? Of realities? Of stereotypes? Of personalities?
4. On page 143, the resident gives her clinical conclusions to the family. Contrast what she is thinking with what she is saying. Is she lying?

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5. The resident asks herself, "How could anyone not notice a person dying in their midst?" (p. 146). Do you think the mother and aunt saw the progression and chose to ignore it, or do you think they actually did not see it? What does this say about the fidelity of our senses?

6. In this story the resident faces many potential HIV exposures—injecting medications while the patient is having a seizure, doing a lumbar puncture, placing a central line. (These are particularly high-risk procedures in an end-stage patient who likely has a very high viral load.) What do you think about the occupational hazards in medicine? What level of risk is acceptable?

7. On page 150, the narrator observes that the patient "snatched up what could have been my last autumn weekend to enjoy the outdoors." Discuss the tension between work and personal time. Is there an inherent conflict of interest when "doing the right thing" directly decreases the doctor's free time?

8. Four attending physicians (Dr. Liang, Dr. Redlin, Dr. Connelly, and Dr. Malawi) all disagree with the resident's presumptive diagnosis of HIV. Discuss this tension. Is there a generation gap? An experience gap?

9. Discuss the scene on page 151 when the narrator watches on the closed-circuit monitor as the mother tries to feed the patient. What do we learn about the various characters here?

10. After the patient is officially diagnosed with HIV, the narrator notices a change in the patient's demeanor (p. 155). Describe these changes. What do you think they mean?

11. The patient, her mother, and then the aunt all die during the course of the story. The narrator misses the funerals of all three. What does this mean to her?

12. What role does Mary Lou, the HIV counselor, play in this story?

CHAPTER ELEVEN—FINDING THE PERSON

Themes

Overcoming stereotypes

Finding hidden humanity

Dealing with comatose patients

Questions

1. Consider the description of the patient on the first page. Does this sound like a person being described or an object?

2. Why is the medical team so self-conscious talking to this patient or even just being near her? How does their behavior differ when the family is present? Is the team being dishonest?

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3. The resident finds that she can identify with the daughter of the patient, who is socioeconomically quite different than the other patients in this city hospital. Is this a good thing or a bad thing? Should it matter?

4. At one point the daughter is convinced that her mother is responding (pp. 166–167). How do doctors handle moments like this?

5. The narrator talks about the "big picture." Is this being crude or is this being compassionate?

6. How does the resident's view of the patient change after the tracheostomy and PEG tube are placed (and the tape is removed from the face, pp. 168–169)? Should this have mattered?

7. Describe the emotional tensions in the family meeting (pp. 170–171). Was this a "successful" meeting?

8. Do you think that resuscitation was ultimately a good thing or a bad thing for this patient? Could the outcome have been different?

CHAPTER TWELVE—POSITIVE

Themes

HIV/AIDS

Denial

Racism/Stereotypes

Keeping things hidden in the medical record

Questions

1. Compare the presentations and backgrounds of the patient in this story and the patient in Immunity. How does the resident's reaction differ, particularly with regard to the possibility of HIV?

2. Describe the encounter in the opening of the story. What are the dynamics here? How does this compare with the interaction of doctor and family in Immunity?

3. Comment on the resident's internal debate of how to break the news of HIV to her patient (pp. 178–180). Compare this to the actual telling (pp. 180–182).

4. The resident and the patient never ever mention the word HIV. Is this denial? Is the resident culpable in "hiding" this illness?

5. What is the ethical dilemma regarding the patient's children and their risk for HIV? Do you think the resident did the right thing?

6. How does the resident see the future for her patient? How does she think about the patient's children? Is this a reasonable attitude for a physician?

CHAPTER THIRTEEN—M & M

Themes

Medical error

Mysterious death

Confusion

Medical hierarchy

Questions

1. Comment on the structure of this essay and the three "narrative voices." Is this mix of narration effective or confusing?

2. Pick out several examples of an incident described in the different language of each of these narrative voices. What do the different languages tell us?

3. Describe the dynamics between the resident and her attending, and the resident and her patient. How do these dynamics interact or conflict?

4. The resident is confused about much of what is happening to her patient. How do we process confusion in medicine?

5. Comment on the responses of the attendings during the event overnight. Do you agree with the resident's feeling that they were "abandoning" her?

6. Before the patient's friend comes into the ICU, the resident and the nurse "prepare" the patient. These actions do not offer any actual medical benefit (compared with the medical interventions that occurred during the night.) Why/how are they important?

7. At one point, the resident snaps, "I hate this place," referring to the private hospital. Comment on residents' attitudes toward their training institutions.

8. On Monday morning, the chief resident tells the resident about the "free air" on the X-ray report. During the M&M, the radiologist talks about her read of the X-ray. Who made a mistake?

9. How well does M&M function as a forum to evaluate medical error?

10. How do residents/interns/students deal with their own anger?

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CHAPTER FOURTEEN—INTENSIVE CARE

Themes

Teacher/mentor

Hidden depression

Suicide

Healing the healer

Questions

1. The first three pages of this essay paint a picture of Dr. Sitkin. What do you think of him as a physician? As a teacher? As a person?

2. What is the role of humor in the medical setting? What are the ethics of humor? What are the power dynamics of humor?

3. Dr. Sitkin refers to most of the patients in the ICU as "corpses" and focuses his attention only on the one young woman whom he thinks had a chance. What do you think of his ethics? How do the residents react to his attitude?

4. Comment on the session in which the residents evaluate Dr. Sitkin (pp. 215–216). Does this change your impression of Dr. Sitkin?

5. The resident runs into Dr. Siktin at a farmers' market. What issues arise when house staff and attendings socialize outside of the hospital?

6. The resident has a moment of cognitive dissonance when she sees Dr. Sitkin's picture on the missing poster. Why are such moments so extraordinarily difficult? How do we deal with them?

7. Were you surprised by Dr. Sitkin's suicide and depression? How common is this?

8. The author writes at the end: "Ours is a dangerous profession." Do you agree with this statement?

CHAPTER FIFTEEN—MERCED

Themes

Mysterious death

Intellectual hubris

Emotional truths

Questions

1. In the first two pages of the story, the resident—now at the end of training—is somewhat cocky. How is this played out?

2. On the bottom of page 225, the resident is "exhilarated" to learn about the positive Lyme test. Comment on this exhilaration.

3. On page 226, the resident sums up her medical training and how this led to the patient's diagnosis. Is this an accurate description of academic medicine?

4. The narrator learns, over the phone, that the patient was admitted to the ICU, and that the second Lyme test was negative. Describe the emotions of this scene.

5. Why does the resident go to the hospital in the middle of the night? For whose benefit was this?

6. Describe the moment of cognitive dissonance on pages 232–233? What is needed in order to "accept" death?

7. What role does the chaplain play?

8. The resident says that she "cried for the death of [her] belief that intellect conquers all." Does this undermine her ability to be a doctor?

9. What do you think the narrator means when she says, "the night with Mercedes was perhaps my most authentic experience as a doctor." What does authenticity mean here? Do you agree with this?

10. Why do doctors choose to enter medicine?

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