Death: A Reader. By Mary Ann G. Cutter. 2019. University of Notre Dame Press: Notre Dame, Indiana. ISBN: (Paperback) 978-0268100537. US $29.00. 314 p.

Death affects everyone, but it can be difficult to have a conversation about it. Death: A Reader is a way to begin that conversation, even if just with yourself. The book’s goal is to compile different ideas about death, and allow the reader to draw their own conclusions. Each chapter focuses on a different answer to the deceptively simple prompt “Death is…” and highlights the writing of several authors—secular and religious, ancient and modern, from European and non-European traditions—who have written about the chosen aspect of death.

Part one of Death: A Reader focuses on how death is defined. For example, is death marked by physical disintegration or psychological process? Is death an end, or is the dead person reincarnated or resurrected? How about immortality due to medical intervention or continuing digital technologies? Part two focuses on the values we attach to death—whether it is or should be a positive or negative experience for the dying person, as well as those who are around them. Part three of the book focuses on the ethical decisions regarding whether or not death should be hastened by suicide, treatment refusal, and physician assisted suicide. Finally, the last section discusses death as a reflection of life.

At the end of each chapter, there are several reflection questions and a list of sources for further reading. Unlike many sets of textbook discussion questions, these tend to focus more on the reader’s personal ideas about death and plans for their own death rather than asking the reader to summarize the ideas presented in the chapter. This book is not light reading—the source texts that Dr. Cutter excerpts are frequently dry and dense. Fortunately, Dr. Cutter also describes the most important ideas of each author in her engaging and easy-to-read style. The end result would be appropriate as a textbook, but that would be worth reading by anyone who is interested in thinking deeply about how they approach death.

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The Medicalization of Birth and Death. By Lauren K. Hall. 2019. Johns Hopkins University Press: Baltimore, MD. ISBN: (Hardcover) 978-1421433332. US $39.95 352 p.

Lauren K. Hall’s The Medicalization of Birth and Death is a comprehensive overview of a complex and controversial topic. Containing extensive interviews with patients and providers and cited research, Hall traces the origin of medicalized obstetric care and end-of-life care, elucidates the shortcomings of the current system, and clearly outlines the need for reform.

Hall begins by crafting a metaphor of the medicalized apparatus of birth and death as a river, in which the currents of insurance reimbursements, risk aversion from the medical field, and historical trends have led to the inexorable centralization of the birth and death processes in sterile, impersonal medical facilities. While lacking the punch of Michel Foucault’s panopticon or medical gaze, the metaphor does a reasonable job of describing the current predicament. Through attempts at reform like the Flexner report (which modernized medical education) and the Hill-Burton Act (which modernized the American hospital system), Hall argues that birth and death were transformed from family-based, decentralized, culturally-specific processes to assembly lines driven by doctors, medical bureaucracy, and an ever-escalating number of interventions that produce little benefit compared to de-medicalized approaches.

One noteworthy chapter discusses the effects of this system on racial and ethnic minorities. Hall asserts that prior to desegregation, black patients often relied on traditional “granny midwives,” who had excellent outcomes even by modern standards. But, as black women were swept into the medicalized system in the 1960s, this led to worse outcomes than their white counterparts. Like their white counterparts, black women were subjected to continuous fetal monitoring, caesarean sections, cervical checks, and other invasive interventions that do not improve outcomes in otherwise healthy women. However, Hall contends that black women were made particularly vulnerable to the biased, invasive touch of usually white doctors, who often treated black patients with disdain.

Hall’s analysis of palliative care and hospice programs also contains interesting insights. She notes that hospice care suffers from underfunding by Medicare and Medicaid, resulting in too many patients dying in hos-
pitals instead of more personalized and cost-effective residential facilities. She also notes the difficulty that palliative care and hospice teams have in integration and coordination—in particular, she describes how palliative care recommendations are not always followed by the primary team and specialists, who continue to focus on chasing lab values or addressing symptoms even when such measures do not extend life.

The final chapter of the book outlines some reasons for hope. Hall cites the example of new birthing centers, staffed by nurse midwives and doulas who practice evidence-based medicine and often headed by maternal-fetal medicine specialists, as a way of decentralizing and de-mechanizing the birth process. She notes also that residential hospice programs continue to grow, offering more culturally-sensitive and individualized care than ICUs. However, many political and legal barriers still exist to further decentralization, chief among them a reimbursement system that disproportionately favors hospital-based care.

Overall, The Medicalization of Birth and Death is a compelling call for de-medicalization of the birth and death process in order to increase individualized, culturally-sensitive care without sacrificing outcomes. It is an especially interesting read for those considering a career in OB-GYN, critical care, geriatrics, or palliative care.

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When Death Becomes Life: Notes from a Transplant Surgeon. 2019. By Joshua D. Mezrich. Harper Collins Publishers: New York, NY. ISBN: (Hardcover) 978-0062656209. US $27.99. 371 p.

Joshua Mezrich’s When Death Becomes Life is an engaging collection of a surgeon’s memoirs that interweave various definitions of death, from its legal, medical, and philosophical boundaries to the power it grants to organ donation and transplantation. The text chronicles Mezrich’s training and career as a transplant surgeon, while successfully incorporating developments in the field at the hands of 19th- and 20th-century pioneers and their implications to heart, kidney, liver, and pancreas transplantation.

The text is organized into six parts, with the first three expanding on Mezrich’s medical school and residency training, and his inspiration to pursue transplant surgery as a career. The historical backdrop describes the start of chest and abdominal transplantation, jumping from relatable recounts of Mezrich’s surgery rotation as a medical student to the beginnings of vascular anastomoses in 1890s, the mid-World War II dialysis experiments, the discovery of extracorporeal membrane oxygenation, and the first uses of immunosuppression for graft tolerance.

The second half of the text transitions from the historical approach; Mezrich instead dedicates each chapter to one of his past patients—an organ donor or recipient. Each story gives a human voice to a unique, highly debated topic in transplant ethics. The first of these cases discusses the role of transplant surgeons in organ allocation decisions and poses: how sick is too sick for a patient awaiting transplant to no longer qualify as a surgical candidate? Mezrich then asks, “who are the right people to receive this gift of life?” (p. 225), as he explores the debate among transplant centers on whether to allow patients with acute alcoholic hepatitis to join the liver transplant waitlist without meeting the current criteria of six months of sobriety. Another captivating chapter, “As They Lay Dying”, introduces two families of donors: one after brain death and another after cardiac death. More powerful, however, is Mezrich’s deep dive into the changing definitions and “types” of death since 1960s, emphasizing the crucial role transplantation played in defining death both medically and legally.

Mezrich’s personable writing renders his reflections and the history of transplantation accessible to a wide range of audiences. The cases and landmark experiments may suit various backgrounds, including scientists, ethicists, historians, medical professionals, trainees, and even families of donors or recipients. Readers may also notice Mezrich’s precise explanations of the experiments and the procurement process. His writing not only provides enough detail to engage lay audiences but may also serve as an example to medical trainees of how to effectively communicate complex medical procedures to patients.

Overall, When Death Becomes Life bridges death with life through the scientific, ethical, and clinical responsibilities of a transplant surgeon. As Mezrich notes “in every other area of medicine, we spend our lives trying to fight off death … transplant is different. In this field, … death is our starting point.” (p. 276), the text continuously reframes death with perspectives of the past, present, and future of transplantation, and is especially suited to readers interested in the intersection of death and clinical practice.

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