

Bioethics Book Club



In Shock – My journal from death to recovery and the redemptive power of hope

By Dr. Rana Awdish

St. Martin's Press, October 2017

Summary¹

Dr. Awdish is seven months pregnant when she suffers severe hemorrhaging and loses her unborn child. This traumatic event is only the beginning of Dr. Awdish's long journey through severe illness with multiple overlapping organ failures. As a patient in the ICU, where she also works as a doctor, she finds herself on the other side of the partitions she was trained to construct. In this book, Dr. Awdish examines the flaws of medical care, using her personal experiences as a patient and a physician to highlight the disconnect that often exists between patients and physicians. Through this examination she provides a rationale for why physicians ought to be cultivating emotional bonds with patients.

Ethical Issues

Hope	Provider - Patient Communication
Trust	Respect for patients
Professionalism	Relationships
Patient-centered care	

Discussion questions:

- Which part of Dr. Awdish's story made the biggest impression on you and why?
- Dr. Awdish argue that physicians aren't trained to 'see' their patients. Do you agree? Why/why not?
- Based on your own experience (as a health care provider or as a patient) can you give some examples of what good communication between physicians and patients might look like?
- At the end of the book, Dr. Awdish provides some communication tips to physicians and patients, to help increase effectiveness of health care conversations in doctors' offices and/or at a hospital bedside. Which of these tips do you like the most and why?

¹ Adapted from publisher's summary.

- While performing a procedure on an unconscious pregnant patient, one of the residents speaks carelessly about the patient. How might talking carelessly about patients, even when they can't hear it, impact patient care?
- Dr. Awdish argues for a more humanized approach to care. In your opinion, what would that look like?
 - What role should health care organizations play in this process?
- Dr. Awdish talks about the need for debriefing among physicians. Discuss the role of debriefing. Do you think regular debriefing might contribute to better care for patients?

Discuss the following passages from the book:

p. 6. “Yes, she wants me to write a message of hope for her wall,’ he said sounding defeated. “To be honest, I’m uncomfortable writing anything because I think she is going to die before she gets a transplant. Transplant says she has a lot of antibodies and it’s going to be hard to find a matching donor.” He paused. “It seems like I’d be lying if I wrote something encouraging.”

p. 69. “The casual complacency I observed in others struck me as horribly naïve. Every solicitation to “just rest” filled me with contempt. I know what would happen if I left the watchtower untended. I would die. I believed it was entirely up to me to ensure my own safety. In an ICU in a world-renowned hospital, with around-the-clock care by highly skilled medical teams, I felt responsible for myself. That is the power of anxiety.”

p. 110. “In medicine, we are ill-equipped to continue to plan when someone tells us, “we’re praying for a miracle.” We feel utterly helpless. Our rational, cognitive brains tell us there is no use in any further discussion. What use is logic, science or facts if we were going to invoke the supernatural?”

p. 133. “I bristled at his condescending tone. ‘I don’t take anything at home,’ I repeated. I didn’t know how to explain away something that I hadn’t done.

“Well, I’m going to have to call anesthesia to see you. They deal with...patients who are used to the effects of narcotics and need higher doses,” he declared and left. He had stopped just short of calling me an addict to my face. I broke down crying.”

p. 232-233. “It took me ten years to figure out I should stand and face the same direction as my patients. It took that long to lose my vision of myself as someone who could help others defy death. It took losing colleagues to guilt and addiction to learn to soften, to bend rather than break. To value community and shared grief. Imagine if we trained physicians from the very beginning to know their value came from partnering with and being present for their patients. Imagine if we augmented their knowledge base with a resilience that came from a revised understanding of their role in their patients’ lives. The burden of guilt we could lift.”