

immovable. "I'm glad you're feeling better," I said, trying to keep my voice level, "but you still need the surgery. You're likely to get worse without surgical intervention."

"I don't think I need the surgery anymore." Mr. Lee gave me a small smile as he continued, "We need to go home." He glanced at his wife and also gave her a small smile. In their eyes was a mixture of both expectation and confidence. I felt as if I were shrinking under their gaze, my body swimming in my standard hospital greens, already 2 sizes too large.

I blinked, not knowing how to deal with this turn of events. What about all the conversations from the past couple of days? What about the scans and the mention of his cancer? Could they have forgotten these conversations? Did I now need to remind them?

I had memorized the stages of grief. I knew of denial, but had never confronted it head on. I recognized it as a defence mechanism, but had no idea how to break through it.

I took a deep breath, and told them the inevitable truth: if he left tonight without any further treatment we would fully expect him to pass away — to die — in the next few days.

I did not know how Mr. Lee would respond to my news. Would his strong façade shatter in the face of harsh reality? Would this be the first time they were really told, without the distraction of medical jargon and fancy surgical lingo, that death was imminent?

"It's okay," Mr. Lee said. His eyes never faltered from my face. "I know. And I would like to go home. I have small children. I want to play with them, to spend time with them. I don't want them to have to come and see me in the hospital. I want to be with them at home. That is where I belong."

I was not expecting this response. He knew. He knew all along. He was aware that death was at his doorstep. And he was prepared to accept that sentence.

I realized that I had come in at the tail end of what must have been a long, introspective process for Mr. Lee and his family. This process may have even started with his first cancer diagnosis and surgery. They were not in the stage of denial, but, rather, the stage of acceptance. I realized that someone else in

their position may have chosen another path. But for Mr. Lee and his family, this was the end of their respective journey.

After consulting with the rest of the team and seeing that the resident paid Mr. Lee a long, detailed visit, I returned hours later to my call room. I felt a mix of emotions. I was proud of myself for having the courage to participate in such an emotionally charged conversation. But at the same time, I felt foolish for having thought that I knew more about his situation than he and his family.

For weeks afterwards, amid the hustle and bustle of the general surgery service, I often thought of Mr. Lee. If he

ever returned to the hospital, it would be under palliative care, not general surgery.

I was curious to see what had happened to him. But, at the same time, I did not want to know. Perhaps I was in a state of denial. Maybe I was the one who had not yet reached the stage of acceptance. Nevertheless, it gave me comfort to think of him at home, with his young children, enjoying their company.

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Book review

Mother nature and second nature: bridging the divide

Second Nature: Brain Science and Human Knowledge

Gerald M. Edelman MD PhD
Yale University Press; 2006
157 pp \$24.00 ISBN 13: 978-0-300-12039-4

Second Nature is a 157-page discourse focusing on the interface between mother nature (i.e., human biology) and second nature (i.e., normal psychology) with the aim of bridging hard sciences, such as physiology, with humanity studies, such as philosophy, so as to better understand the phenomenon of consciousness. For context, consider that a human brain weighs about 1.5 kilograms, contains about 30 billion neurons and has the potential capacity for more than 10 to the power of 80 active pathways. That's a lot of complexity, with a numerical count exceeding the number of elementary particles in the universe. How does all that biology become harnessed to produce an 18 000 word Shakespearean play such as *Hamlet*?

Dr. Gerald Edelman, as author of *Second Nature*, is qualified to tackle



this issue based on years of experience as a neuroscientist bolstered by winning the 1972 Nobel Prize in Physiology. Although his most cited scientific work relates to antibodies, the intervening years have not been idle and he has extended his attention to neuronal system physiology. He argues convincingly about similarities between the immune and neuronal sys-

tems, for example, natural selection, cell selectivity within the lifetime of an organism and differential amplification. He has covered some of this ground in prior books such as *Neural Darwinism* (1987) and *Bright Air, Brilliant Fire* (1992); this new contribution, *Second Nature*, focuses on human consciousness.

Most clinicians will not find that the ideas in *Second Nature* lead immediately to better patient care. Indeed, this book provides nothing that will help busy clinicians complete their work faster. Some of the questions raised are truly esoteric, such as on page 62, where he asks: "Is language necessary for arithmetic to be developed?" In addition, the writing contains some awfully dense sentences, such as this one on page 50: "The normative aspect of this set of proposals should not be conflated with an illicit crossing of the is-ought divide." And a bit of the wording is jargon that will be unfamiliar to most clinicians, such as when the author coins the term "brain based epistemology." Finally, the book is hardly the last word on the topic given that current neuroscience cannot yet explain free will.

However, the book has several strengths that will appeal to readers interested in neurology, philosophy or simulated brains in robotics. It's written with an element of care and circumspection often missing in clinical discourse. Many chapters provide a savvy review of Western science history that is detailed and thoughtful. In addition, the format is compact, the index is coherent and the supplementary notes are plentiful. It's also evident throughout the text that the author loves research and has an enthusiasm for the subject that he imparts to his readers. The multiple poetic quotations that appear throughout the text provide further motivation to keep reading. In a world commonly marred by haste, this book exemplifies the diligent thinking that can occur outside of the clinical arena.

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Poem

Jocelyn's choice

Jocelyn, do you know
of the mark you made
like indelible ink
on the hearts and minds
of those who cared for you?

Only 38 years to ride backhoes, climb trees...
no husband, no children
but bonds of friendship
as rich and as deep as oceans

Then invaded by cancer
overtaking the lungs, the liver
gripping the spinal cord
to squeeze the last bit
of strength from your legs
confining you to your prison bed

Dignity lost, depths of pain so vast
"Total Pain" we called it

Spiritual
Physical
Emotional
Social

what more was there to hurt?
we named it, you understood

But you found your release
power to choose, control once more
simple... medication that would blanket the hurt

Numb the pain
Allow no thoughts to creep in
... your final decision

not euthanasia, Jocelyn, I tell you... I tell myself
though death will come quicker

Decision made, freedom granted
your pain eased merely in the knowing
you call the shots again

And then, you are gone
you have let go
you will no longer be needing this drug to take away your pain
the power of choice has eased your suffering
we are awed by your journey, humbled by your strength
we are grateful to have known you.

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Jocelyn choose palliative sedation to ease her suffering
but died before it could be administered.

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