

BOOK REVIEW

Modern Death: How Medicine Changed the End of Life

Haider Warraich, MD. 336 pages. New York: St. Martin's Press; 2017. Hardcover: US \$26.99. ISBN: 978-1-250-10458-8. Available from Amazon.com and Barnes & Noble; E-book also available via Kobo and iTunes.

Field of Medicine: The care of dying patients and their families.

Format: Hardcover book. Trim size: 6 × 9.5 inches.

Recommended Readership: Anyone interested in how attitudes toward death and dying have varied through history, with emphasis on the changes wrought by modern laws and mechanical, pharmaceutical, and social media technologies.

Purpose: To encourage more understanding and open discourse among the familial, medical, legal, and political communities about end-of-life decisions and procedures.

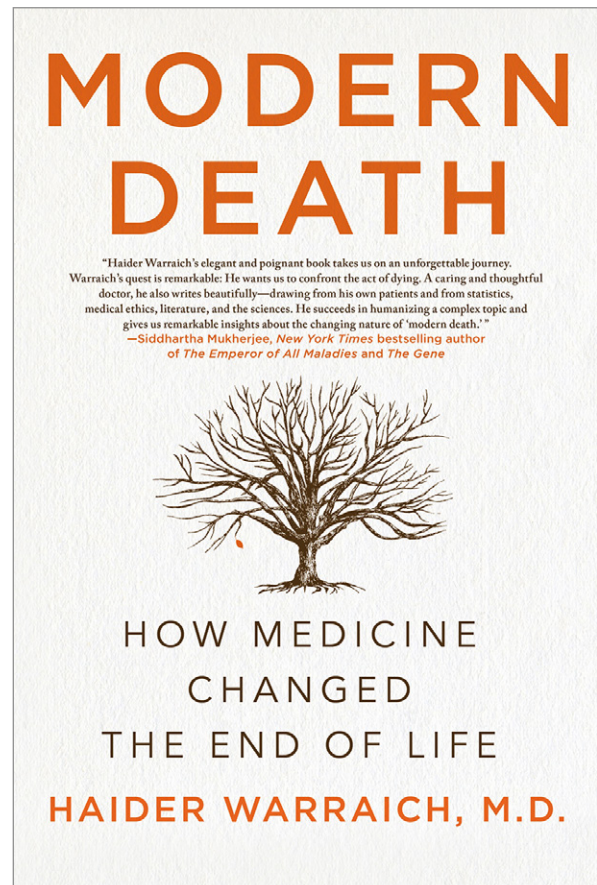
Content: 278 pages of text divided into 13 chapters.

“How Cells Die” offers a refresher course on cell death through necrosis, autophagy, and apoptosis; Alexis Carrel’s “immortal” chicken hearts; the Hayflick limit; and the telomerase paradox.

“How Life (and Death) Were Prolonged” looks at the history of morbidity over the last 300 years. By the dawn of the 20th century, life expectancy had greatly increased, and physicians could identify diseases, not symptoms, as the cause of death. The largest change, however, had been a socioeconomic one: 300 years ago, everyone—from the aristocracy to peasants—died of the same causes and at similar rates, whereas in the U.S. today, the cause and time of death are heavily influenced by social class and wealth.

“Where Death Lives Now” develops the idea that social, economic, and cultural factors make ethnic minorities and the poor more likely than whites or the wealthy to die in the hospital.

“How We Learned Not to Resuscitate” examines the history of resuscitation, considering the tobacco-smoke rectal insufflation stations along the Thames River 200 years ago, the iron lungs of the 1950s, and today’s 9-1-1 calls and cardiopulmonary resuscitation (CPR) and code blue practices. The chapter proceeds to a discussion of the Karen Ann Quinlan case, the right to have “do not resuscitate” orders, and the 2% survival rate



after 6 months among chronically ill elderly patients who had CPR.

“How Death Was Redefined” examines how advances in medical technology have blurred the once-clear line between life and death. The chapter covers the work of anesthesiologist and medical ethicist Henry Knowles Beecher, and it explores bioethics, brain death, and the efforts of lawmakers to regulate organ transplants through legislation.

“When the Heart Stops” continues the discussion of the gray area between life and death and explores how advances in organ transplantation have increased the need for a more precise determination of death.

“When Death Transcends” takes up the question of religion and spirituality at the end of life. There is a movement to reintroduce discussions about faith, but it faces challenges in a multireligious society.

“When Guardians Are Burdened” discusses the stresses and consequent health issues experienced by family members who are tasked with making important decisions about their loved ones when the line between life and death is blurred.

“How Death Is Negotiated” looks at the appointment of healthcare proxies.

“Why Families Fall” explores the stresses placed on family groups trying to agree on a course of treatment for a loved one—the tendency to want more when the medical team wants less—and the interfamily dynamics of who’s the spokesman, who’s the favorite, and who’s the neediest.

“When Death Is Desired” discusses euthanasia and its various alternative names, physician-assisted death, and eugenics.

“When the Plug Is Pulled” explores currently legal alternatives to euthanasia: treatment withdrawal, terminal sedation, and voluntary dehydration.

“#WhenDeathIsShared,” as the form of its title indicates, discusses the ways in which social media can overcome the isolation that precedes modern death and encourages physicians to embrace these technologies.

Strengths: Two prime characteristics of good writing are vigor and an authentic voice. This book has both. The author intersperses discussions of medical history, science, and policy with illustrative historical anecdotes and cases from his own medical practice. He achieves a conversational tone that reveals more and more of himself—his thoughts, concerns, fears, and emotions—as the book progresses. By the end, the reader feels that he has met an interesting person and a doctor who can be trusted.

Weaknesses: Except for the strengths mentioned above, the writing feels rushed, headlong, and in need of serious editing. Although I spotted only a few typographical errors and grammatical errors, it sometimes seemed as though no one was paying attention to what was actually being said. Here is an example: “Childbirth was one of the most dangerous things that could happen to

a person, and resulted in women dying at a much higher rate than men” (p. 34). And another example: “[in] the 1950s, a majority of people died in hospitals...By the mid-1970s a complete reversal had taken place, and upward of two-thirds of patients died in hospitals” (p. 44). It was strange to read, without any explanation, that the shorter lifespans of both free and enslaved North Americans in the 17th century were somehow “the terrible price of freedom” (p. 26). And why, in a discussion on aging, was it important to note that Anthony Hopkins played Methuselah in a recent film (p. 33)? These kinds of eyebrow-raising gaffes were largely absent in the later chapters, but even there, from time to time, the reader wondered whether a sentence had lost a “not” that would have helped it make more sense.

Style aside, as far as I can determine, *Modern Death* is factually reliable when it sticks to its medical themes. Probably because of the long lead time to publish a book, there are no scientific or medical references cited after 2014, and no references from any source after mid 2015.

*Mark S. Scheid, PhD,
Rice University (retired),
Houston*

Overall Grade: ♥♥♥

Grading Key

♥♥♥♥♥ = outstanding; ♥♥♥♥ = excellent;
♥♥♥ = good; ♥♥ = fair; ♥ = poor