

Nicole Piemonte and Shawn Abreu, *Death and Dying* (Boston: The MIT Press, 2021).

In *Death and Dying*, Nicole Piemonte—a professor who teaches and studies end-of-life care— and Shawn Abreu—a physician trained in hospice and palliative care—offer an account of Western-style death and dying that is informed by both research and personal experience. Drawing on Piemonte’s experience of losing both her mother and father to cancer at a young age and Abreu’s experience caring for patients at the end of life, the authors argue that death is a natural, inevitable, and deeply human process that Western medicine tends to view as a medical failure. As a result, physicians, and hospitals, in their often-unrelenting efforts to prevent death, set patients and their families on a seemingly unstoppable trajectory toward medical interventions that may increase suffering at the end of life.

This book offers an historical look at the medicalization of death and dying in the West, as well as an examination of the contemporary epistemological, existential, and psychological reasons why medicine acknowledges the biological reality of death while simultaneously neglecting its emotional and existential realities. As Piemonte and Abreu put it, “Extraordinary efforts are made to prevent death, to control it, to slow down its appearance. And yet when death does make its appearance, the silence around it is deafening.” (p.38). In an effort to make sense of this silence, the authors examine the medical profession's attitude toward death as a biological dysfunction that needs fixing; describe the hospice and palliative medicine movement and why they failed to influence mainstream medicine; consider our reluctance to have end-of-life conversations; and investigate the commodification of medicine and the business of dying.

Piemonte and Abreu acknowledge that there are many reasons why it is difficult for us to face mortality. But, they also insist that precisely because medicine has taken death within its purview via the processes of medicalization and commodification, the profession is called to recognize and respond to the lived realities of suffering, loss, grief, and meaning-making. Ultimately, Piemonte and Abreu argue, when left unencumbered by the demands of modern medical culture—which emphasize efficiency, productivity, and profitability—healthcare professionals can unearth the fear and silence around death and begin to address the existential pain that mainstream medicine otherwise denies.

Nicole Piemonte, *Afflicted: How Vulnerability Can Heal Medical Education and Practice* (Boston: The MIT Press, 2018).

Drawing on the work of Friedrich Nietzsche, Soren Kierkegaard, Martin Heidegger, Hans-Georg Gadamer, and Emmanuel Levinas, Nicole Piemonte uncovers some of the reasons why patients so often feel unseen and unheard in their encounters with healthcare professionals, and why so many healthcare professionals are experiencing a crisis of meaning in their own work. Piemonte writes from her personal experience of losing her mother to ovarian cancer when Piemonte was in her early twenties and trying to make sense of why the oncologist offered her mother a fourth-line

chemotherapy treatment twelve hours before she died, rather than having an honest discussion about what was really happening. Piemonte concludes that her mother's doctors were just as scared as her mother and family were when it came to talking about death and dying. As such, the book that emerged from her research helps readers better understand this fear and to explore why medical education prepares students well for a career taking care of biological bodies while neglecting to teach them how to confront vulnerability or to attend to suffering that extends beyond the physical.

Piemonte argues that understanding how and why this happens in medical education requires a look at medical epistemology. In medicine, the "knowable" is namely the observable and measurable (usually empirical, scientific facts), and how one comes to know those facts is through one's observations or through measurements, lab tests, microscopy, imaging, and so forth. Within this epistemological framework, the world is seen as something we can set our gaze upon in a predefined way in order to "discover" the definite answers we seek, and the reasons for such an approach are taken to be self-evident. Piemonte draws on Heidegger and his notion of "calculative thinking"—a kind of thinking that narrowly frames how phenomena in the world are best understood (namely, through science and scientific investigation) — to highlight the dangers of dominant medical epistemology. In medicine, the patient is often framed as a diseased body-object in need of medical intervention, thereby overlooking the myriad ways that an illness can affect a person and her everyday way of life. And the way our modern world is enframed by calculative thought is so pervasive and normalized that some patients accept medicine's objectifying gaze and consent to invasive technological interventions or believe their own body is best understood as a "machine," seeing these approaches as the best way to identify and subsequently remedy an illness or injury.

Piemonte suggests that seeing medicine and the body in these ways is not entirely unreasonable. Indeed, part of what makes the dominant epistemology of medicine so attractive is because *it works*. Test results and visual images of internal pathology can offer verifiable explanations of illness and injury, and scientific research can and does lead to very real and very useful advances in clinical care. But Piemonte makes the important point that there are existential and ontological reasons why this epistemology is so attractive: in the face of tragedy, it is much easier to think about how to manage the physical care of a patient than confront the capriciousness of life and fragility of being mortal. And given that medicine frames itself as an applied science, it's almost natural to make claims about the need for objectivity and clinical distance in order to complete the medical task at hand.

The problem for Piemonte, however, is that patients are so much more than their biological bodies. Phenomenologists like Merleau Ponty and Heidegger point out that the body is not just a corporeal structure, but rather a *lived body* — a phenomenon that cannot be measured or studied like the physical body, since the lived body makes living in the world possible in the first place. Our lived body is that which climbs stairs, walks away, holds a child, and shakes hands. It is this lived body that allows us to "get on" in the world. When healthcare preoccupies itself primarily with the corporeal body and overlooks the various ways that patients suffer, it also overlooks the dynamic illness experience that extends beyond even the lived body. When illness strikes the lived body, which is inextricably connected to the world and how we make our way in it, *our whole being* is affected. Given this, there is a need for healthcare professionals to attune themselves to the lived experiences of their patients and consider the ways in which illness or injury can shift patients' worlds in unfamiliar ways.

Piemonte offers suggestions for how we can begin to cultivate such attunement and begin to shift the culture of medicine, an effort that she believes begins with the way we educate and train our

future healthcare professionals. She argues for a sustained effort to help students see themselves as healers rather than mere technicians, which requires us to consider the way medical education and practice *personally* shape those who participate in it. This involves a commitment to thinking about *who students are becoming* on their journey toward a career in healthcare, as well as an effort to create an educational environment that holds a space for vulnerability — an environment that encourages students to reflect on their experiences with patients and gives voice to those existential questions that everyone has in medicine but so few ask out loud.

Piemonte believes it is the incorporation of the humanities into medical education that can create such an environment and can lead to the development of compassionate healers who think deeply and critically about their relationships to others and to the systems in which they participate. Narratives, both non-fictional and fictional, that speak to the lived experience of being a patient; reflective writing experiences that help students consider how their education is shaping them; and encounters with art, images, film, and music that capture the ineffable qualities of illness, injury, and vulnerability offer students new ways of thinking and talking about medicine.