



**The Nature of Healing:
The Modern Practice of Medicine**

Eric J. Cassell. Oxford University Press, 2013; ISBN 978-0-19-536905-2, 304 pp, hardcover, US\$49.99

This is a wonderful book because Eric Cassell has thought deeply about medicine and makes us re-examine and question our day-to-day practice. It is such a pleasure to explore with a master what we are trying to do in our work and to benefit from his wisdom, excellent practical advice, apposite clinical vignettes and stimulating questions.

The book's basic thesis is that "persons are sick who are unable to pursue their goals and purposes because of impairments of function that they believe are in the domain of medicine." Our job as medical practitioners is to focus on the purposes, goals, and well-being of the patient as we attempt to restore function. Cassell's position is clearly stated and well explained. We have no doubt that if pursued with vigor this changed perspective will have a beneficial effect on all aspects of medicine.

We find that we agree with almost every point that Cassell makes throughout the 13 chapters of the book. Our favorite chapters are 2, 5, 10 and 12. In chapter 2 Cassell explores in depth what it means to have a medicine centred on the person. In chapter 5 he emphasizes and illustrates the foundational nature of listening in the relationship with the patient and guides the reader with relevant examples and useful advice on how to actively listen. In chapter 10 he examines the process of healing and points out that it is the patient's resources that are tapped to produce healing. He emphasizes the importance of exploring and managing the *meaning* that patients attribute to their illness and its symptoms. And in chapter 12 he examines what it means to respect a patient's autonomy, which is completely different than the common reaction of simply deferring to the patient's wishes.

There is, however, one important idea with which we disagree. Cassell's definition of healing is that "healing returns a patient to well-being by improving impediments to function that impair the person's ability to pursue purposes and goals." But in our experience healing is not pri-

marily a linear and mechanistic process determined by conscious purposes and goals. One personal example: A man in his 30s with metastatic lung cancer was deteriorating rapidly: short of breath, delirious, expected to die within hours or days. But the primary reason the palliative care team was called was for the patient's mother, who was desperate for her son to survive. She questioned and followed the nurses so doggedly that they considered banning her from the floor to protect other patients. She told us that "bad thinking" caused illness and her son's would disappear if he just changed his thinking. Reminding myself that I had entertained a similar thought in other contexts, I expressed genuine respect for her idea but wondered if in her son's case it might not be too late. And would not his care be better on a palliative care unit, whatever happened next? The palliative care team, empathically present primarily for the patient's mother, talked with her for 20 minutes. The result was that, with his mother's agreement, the patient was transferred to the palliative care unit where he died later that day. The team allowed the son's body to remain on the unit overnight and helped the mother, at her request, to find appropriate Buddhist rituals to mark her son's death.

When I saw her the next morning, she was strikingly different – seemingly at peace with her son's death. Did this represent healing in the mother? We believe so but it did not appear related to the purposes and goals expressed or implied when we first saw her. It was more that in the *process* of healing, she discovered her true purpose and goal: to see her son at peace. We are reminded of Cecily Saunders' statement, "The way care is given can reach the most hidden places and give space for unexpected development" (1).

Overall, Cassell's proposed shift in medical focus to the patient's function is a worthy idea that will contribute to the transformation of medical practice. This is a thoughtful and beautiful book and we believe that Eric Cassell is right; medicine is in the process of profound change, as profound, perhaps, as the change in the visual arts in the early 20th century epitomized by Marcel Duchamp's painting on the cover.

If you care about medical practice, read it and discover your own agreements and disagreements. You owe it to yourself!

Reviewed by Thomas A. Hutchinson, Professor of Medicine and Oncology, and Director, McGill Programs in Whole Person Care, McGill University, and Samantha Balass, McGill Medical School, Class of 2014.

REFERENCE

1. Saunders C. Foreword in: Kearney M. Mortally wounded. New York, NY: Simon and Schuster; 1997. p. 14.