Do No Harm, by Henry Marsh

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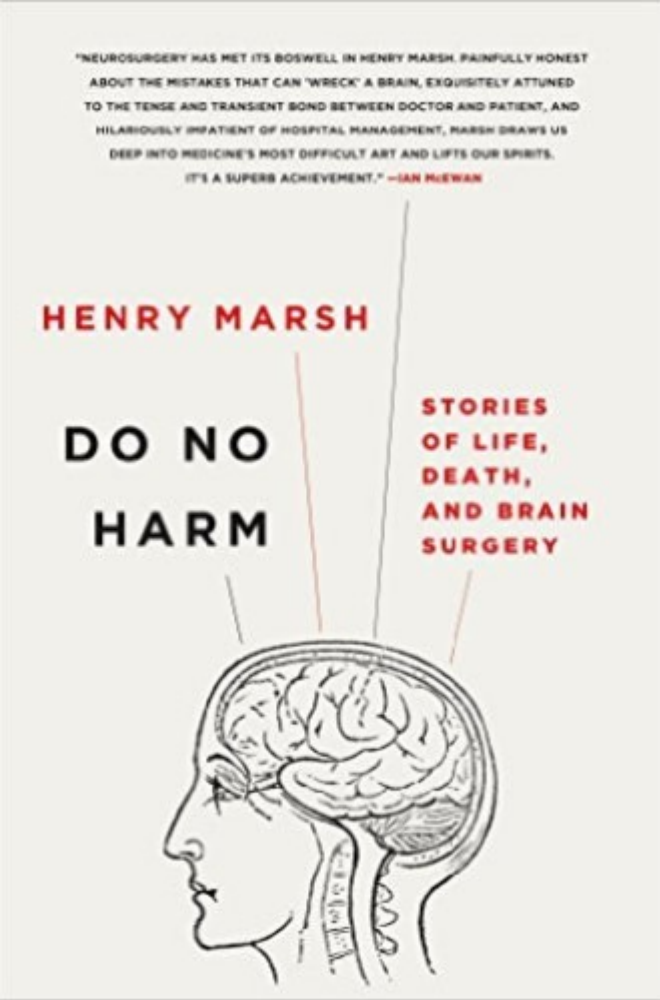
In Review



Do No Harm

By Henry Marsh
Thomas Dunne

In his introductory Christian ethics courses, Stanley Hauerwas contrasts the formation needed to become a physician with that needed to become a minister. He claims that “no one believes that in our day an inadequately trained priest might

damage their salvation; but people do believe an inadequately trained doctor can kill them.”

Henry Marsh’s memoir of his nearly three decades as a neurosurgeon shows vividly how even an adequately trained doctor who operates on the brain will kill some patients in the course of a career and “wreck” many others. Marsh’s detailed, suspenseful accounts of operations kept me briskly turning pages, wondering each time if this patient would become one of the wrecked. And the deeper story of Marsh’s transformation from a daring, brash surgeon to a wiser, more cautious one makes this memoir satisfying and instructive.

Readers may know Marsh from the award-winning documentary *The English Surgeon* , about his volunteer work as a surgeon in Ukraine. The film presents only a slice of his life as a doctor; Do No Harm is a meditation on his whole career.

Marsh admits that he did not become a doctor out of “any deep sense of vocation but because of a crisis in my life.” During a period of “adolescent angst” while he was a student at Oxford, he ran away to become a hospital orderly in a northern English mining town. There he witnessed many surgeries and decided to become a surgeon when he saw that the work involved “excitement and job security, a combination of manual and mental skills, and power and social status as well.”

Eight years later, still in his training, he watched a surgery being performed on an aneurysm. For him it was a “surgical epiphany.” His calculated decision to become a surgeon instantly became a vocation to neurosurgery.

Reading this, I thought about the relationship between decision and calling in my own vocation. A key element in Walsh’s formation as a surgeon involved learning “necessary detachment from patients.” As a minister, thinking about relationships I’ve had with parishioners, I was startled by his depiction of detachment, even though I know some detachment is necessary. Early in his training he “became hardened in the way doctors have to become hardened.” His detachment from patients was absolute; they were merely technical problems—thrilling challenges—for him to solve.

Over the course of his career, however, that wall of detachment developed cracks. Marsh tells the story of his final visit with a patient named David, a man in his thirties. Marsh had operated on him twice to remove a brain tumor, and each operation had extended David’s life. But when his symptoms returned a third time,

Marsh had to tell him this was the end.

The dialogue is moving: “It’s been an honor to look after you,” Marsh said as he got up to leave. David’s wife hugged him, crying, before Marsh staggered away, “drunk on too much emotion.” As Marsh drove away from the hospital, he “shouted and cried and stupidly hit the steering wheel.” “I felt shame,” he writes, “not at my failure to save his life, . . . but at my loss of professional detachment and what felt like the vulgarity of my distress.”

Although Marsh felt shame, I applauded him when I read that his humanity had broken through his detachment. Of course, there is logic to detachment within his vocation; as in any vocation, it has its place. But as I thought of the times I cried in my car after making a pastoral visit to a hospital, I wished for Marsh the freedom to cry, as well as freedom from shame.

Marsh has come to appreciate this erosion of detachment, which shows real growth in wisdom—the kind of wisdom I would want in a surgeon. He notes, “With advancing age I can no longer deny that I am made of the same flesh and blood as my patients and that I am equally vulnerable.” I don’t know whether this growth makes him a better surgeon, but it surely makes him more human. It also makes him less fearful of failure and more willing to tell a patient when there is little hope of healing.

Marsh sees giving patients hope as one of his most significant roles. “Life without hope is hopelessly difficult,” he writes. On the other hand, “hope can so easily make fools of us all.” So Marsh follows a rule: Always tell the truth, but never deprive patients of all hope.

Marsh is not a person of faith who believes in a soul or in life after death. But when his mother was dying, she didn’t need a doctor to give her hope. “I don’t think death is the end,” she told him. For Marsh she was “the complex electrochemical interaction of all these millions of neurons”—that’s all. When those interactions ceased, his mother was no more.

When he visited a patient in a nursing home run by Catholic nuns, Marsh noted that the nuns “did not accept the grave lessons of neuroscience—that everything we are depends upon the physical integrity of our brains.” Though one senses his scorn for their intransigence in the face of science, he admits that their faith allows them to “create a kind and caring home for these vegetative patients and their families.” But

no transcendent hope drives Marsh. The hope he gives his patients rests entirely on the way he narrates the possibility of their recovery, on his attempts to “find a balance between hope and reality” in his language.

Reading *Do No Harm*, I was provoked to ask to what extent I am—or should be—detached from those I serve; how my formation has opened me or inured me to the pain of others; and how I use language to give hope or to help people find a hope beyond themselves.