

**On Grief and Grieving: Finding the Meaning of Grief through the Five Stages of Loss**

David Kessler and Elisabeth Kubler-Ross; Scribner, 2005; ISBN 0743266285

“You don’t ever bring the grief over a loved one to a close.” So state authors David Kessler and Elisabeth Kubler-Ross in the beautifully written book *On Grief and Grieving: Finding the Meaning of Grief through the Five States of Loss*. The book is a follow-up to the original Kubler-Ross book *Death and Dying* as well as the collaborative efforts of Kubler-Ross and Kessler entitled *Life Lessons*.

This book looks at Kubler-Ross’ five stages of death and dying through the lens of the grief process. The book is particularly poignant because Kubler-Ross died soon after the completion of this book in August 2004. To the extent that Kubler-Ross, who had battled a debilitating illness for more than nine years, is able to discuss her own personal acceptance of dying, the reader is offered a rare insight into the five stages from its creator. Chapter 6 of the book, entitled “Elisabeth Kubler-Ross: My Own Grief,” and written on July 17, 2004, is Kubler-Ross’ account of being partially paralyzed following a stroke. In an extremely moving account, Kubler-Ross examined personal loss that she had experienced, loved ones she had lost and how she survived. She ends her chapter with the profound words:

*I now know that the purpose of my life is more than these stages. I have been married, had kids, then grandkids, written books, and traveled. I have loved and lost and I am so much more than five stages. And so are you. It is not just about the life lost but also*

*the life lived.* (page 216)

Kessler, in the book’s preface written after Kubler-Ross’ death, also discusses his grief process in coming to terms with Kubler-Ross’ dying and death. Titled “I am Done,” Kessler recounts when he and Kubler-Ross finished work on this project. “Am I done then?” Kubler-Ross asked. Kessler remembers Kubler-Ross stating, *Listen to the dying. They will tell you everything you need to know about when they are dying. And it is easy to miss.* (page xv)

In addition to their accounts about grief and grieving, Kessler and Kubler-Ross ably tackle grief, grieving and the myriad ways people deal with loss. The book is divided into seven chapters:

1. “The Five Stages of Grief”
2. “The Inner World of Grief”
3. “The Outer World of Grief”
4. “Specific Circumstances”
5. “The Changing Face of Grief”
6. “Elisabeth Kubler-Ross: My Own Grief”
7. “David Kessler: My Own Grief”

There are a plethora of gems in this book, but in addition to the chapters already cited, of particular note are chapters 3 and 4—in the wake of both the Tsunami disaster and the 9/11 tragedy (both referenced in the book). How individuals cope after major, sudden tragedies has become of great interest to the public.

This book delivers with true insight into coping after a sudden loss. Chapter 3—“The Outer World of Grief,” deals with topics such as anniversary, holidays and finances. The chapter is peppered with insight such as:

*Mourning is the external part of loss. It is the actions we take, the rituals and the customs. Grief is the internal part of loss, how we*

*feel* (page 115) and *The dying ultimately must accept that their lives are now complete just as they are.* (page 158)

Chapter 4 deals with “specific circumstances” such as how children grieve, dealing with grief during a disaster and coping with the suicide of a loved one. For anyone trying to make sense of the senseless, such as the death of a loved one during a crime or disaster, this is the chapter to read.

Kubler-Ross contributed immensely to the public’s understanding of how we die, how we prepare ourselves for death but, ultimately, how we live. This posthumous publication is a tribute to an individual that has left an indelible legacy on the grief and grieving landscape.

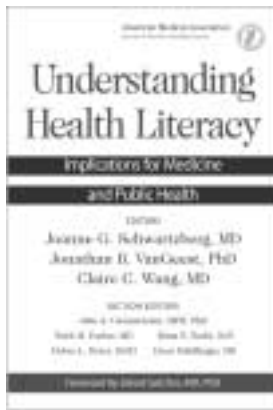
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**Understanding Health Literacy: Implications for Medicine and Public Health**

*Edited by Joanne G. Schwartzberg, MD; Jonathan B. VanGeest, PhD; and Claire C. Wang, MD; AMA Press, 2005*

This useful volume is written for physicians and other health-care professionals. It is organized into four sections, and the chapter authors do their best to integrate their subject matter into the theme of each section. Their major achievement, however, seems to be that each chapter is in fact a self-contained research paper, with all the references listed at the end of the chapter, instead of at the end of the book.

As I thumbed through the content, I noticed that the authors were concerned about first creat-



ing a scholarly framework for understanding America's health literacy challenge. The irony is that as they define the lingo they seem to dance around a clear definition of the problem itself—until chapter 5, that is.

This chapter is the heart and soul of section 2, which endeavors to view health literacy through the patient's eyes. On page 74, for example, the authors describe a challenge so common, we can all identify with it:

*... hospitals frequently have multiple entrances named with terms such as 'admitting', 'receiving', 'ambulatory care', or 'emergency entrance'. The use of 'ambulatory' in place of 'walk-in' can easily lead to confusion because, after all, ambulances have an entrance as well.*

More than any other chapter, chapter 5 makes this all-important point the clearest—"it's not about you, Doc, it's about the patient." In the authors' words: "Health practitioners need to continuously improve the clarity of their written and spoken health information" (page 80). In this reader's opinion, this unifying theme should have been more forcefully conveyed.

As a textbook, *Understanding Health Literacy* serves its intended purpose. As a herald for advocacy however, the urgency of the take-home message is buried in the jargon. Thankfully, the curious reader

is introduced to an entire library on this and related subjects.

Anecdotally, I found the chapters written by the public health professionals to be more readable than those written by physicians. Perhaps someone should write a similar volume for us mere mortals, given that health literacy is such a critical skill set—so critical, it could be the difference between life and death.

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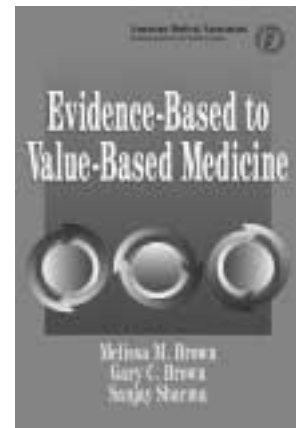
### **Evidence-Based to Value-Based Medicine**

*Melissa M. Brown, Gary C. Brown and Sanjay Sharma;  
AMA Press, 2005; ISBN:  
1579476252*

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The authors are to be commended for their effort. Dr. Melissa Brown has demonstrated a long-term commitment to public policy and improving the healthcare of Americans. Evidence-based medicine, when properly applied, not only improves the healthcare delivered to the individual patient but also improves the healthcare delivered to broad populations of patients. Brown and her coauthors propose a novel idea to apply patient-perceived value to evidence-based medicine to produce what they define as value-based medicine.

The goals of this approach are laudable; however, there are practical concerns that currently impede the application of this policy theory to the practice of medicine and the delivery of healthcare. The foundation upon which value-based medicine would be built is evidence-based medicine. However, evidence-based medi-



cine is becoming deluded due to the variable quality of studies and motivations behind which they are constructed.

While it would be very attractive to have a simple method of converting every medical intervention into a numerical value, the fact that their formula would include patient perceived value is both desirable and problematic. Patient perceived value for concise and well-delineated procedures could be readily attained in many circumstances. It is much more problematic, however, to weigh patient perceived value for medical interventions that are either preventative in nature or complex, multifaceted and long term in duration.

Finally, the authors do not adequately deal with the issue of comorbidities and their impact upon the calculations involved in value-based medicine. The authors do concisely state the problems facing evidence-based medicine and value-based medicine and that is the necessity to "... standardize the variables (patient preferences, cost, perspective and so on) that go into cost-utility analysis." This point made by the authors is the single overriding barrier to the appropriate application of evidence-based medicine, cost utility analysis and, subsequently, value-based medicine as proposed.

The authors are to be commended for so eloquently defining the barriers and problems related to

evidence-based medicine and cost utility analysis and, thus, value-based medicine. Once these underlying issues are addressed, the building blocks for value-based medicine will be more secure. Brown and her colleagues are to be commended for raising awareness of not only the potential of value-based medicine but also the problems that plague this important area of healthcare research.

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### No Boundaries: A Cancer Surgeon's Odyssey

LaSalle D. Leffall Jr., MD;  
Washington, DC: Howard  
University Press, 2005

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This is about the new literary contribution by cancer surgeon and first-time book author, LaSalle D. Leffall Jr., MD. To gain some insight about his memoir, I interviewed Leffall at his fourth-floor office suite on February 23, 2005 at 10:30 am (courtesy Michelle Berry) at the Howard University Hospital. I wanted to understand how Leffall synthesized the narrative surrounding his life. In addition to the interview and Leffall's book, I utilized two added sources: firstly, *The Huntsville Times* (April 24, 2005 issue) and, secondly, the *McGill Reporter* (January 16, 1997). *No Boundaries: A Cancer Surgeon's Odyssey* is a personal reflection on Leffall's early life in a racist American south—his family, his learning experiences, his entry into the world of surgical oncology and his involvement, activism and subsequent leadership in cancer organizations.

Cancer surgery is like astronomy, and Leffall is an astronomer of sorts, venturing and probing into infinitely dark worlds. But the anal-

ogy ends there because Leffall does not probe unknown heavenly bodies. The bodies are right here on earth riddled with cancer.

*No Boundaries: A Cancer Surgeon's Odyssey*, is about the journey of a man who came from a different world and like most men from outer space, Leffall is pure legend. As he looks into space from the front cover of his book, his oval-shaped lenses capture the pebble-shaped reflections of fluorescent light above his eyes. For 50 years plus, he has been exploring and extricating cancer in body cavities and fighting human ignorance with gamma knife precision. Whether he was deliberating over a profusely bleeding cancer patient on the operating table or staring at the ugly face of racism, Leffall maintained what he calls "equanimity under duress,"<sup>1</sup> something he refined over the years after being trained by four other legendary men whose pictures hang on his fourth-floor office wall at the Howard University Hospital in Washington, DC—Montague Cobb, Charles R. Drew, Burke Syphax and Jack White.

Dr. Leffall's mystic incantation "equanimity under duress" is explained in chapter 1. "Aequanimitas," he says, "has been the guiding principle of my surgical career, working primarily with patients stricken by cancer or calamity. My ultimate task is to restore their lives to calm and serenity that I require myself to demonstrate at all times while they are under my care."<sup>1</sup> One may think that this cool, calm and collected man always seeming to be in precise and complete control of all his faculties learned to "keep his cool" from his medical training. But he actually acquired it from a far more roughshod environment: the deeply segregated south, where faithful lynching and the exercise of hate was common.

"My Beginnings" is the second chapter, in which Leffall exam-

ines his early life—a life that could have otherwise been, to use Ralph Ellison's word, "invisible." Way down in Paint Rock, AL, his mother's father "was the only member of his family to go beyond the elementary grades" and became "the lone teacher in a one-room school."<sup>1</sup> His father attended graduate school at Iowa State College and taught Agricultural Science in Alabama, while his mother was also a teacher. Imagine with all this talent, Leffall grew up in an apartheid-like world where segregation was considered "a fact of life" with no access to public city libraries. His family built their own library where Leffall and sister Delores consumed knowledge with infectious passion. His six-generation family genealogy is impressive, although there's no diagram to support it. I personally sketched one in the margins of my copy of his book with a black ink pen ... it's very cute.

As neat as one could, I executed an oval-shaped circle around Leffall's great-great-grandfather's name, Dr. Fleming Jordan; an Anglo-American physician and president of the "whites only" Madison County Medical Society in 1848,<sup>2</sup> just outside Huntsville, AL. Then, I sat back and considered the facts: Over 134 years later, around 1982, Leffall wanted to be a member of the Southern Surgical Association, an organization that rejected his bid for admission. (The southern surgeons didn't want Leffall to be a member of their little club even if he had invented a "cure for cancer"). As I read his book, I wished Leffall mentioned his club rejection in chapter 2 instead of chapter 10, entitled "In Good Company," just to illustrate the irony that his great-great-grandfather's "illegitimate" offspring would never be allowed membership in any southern medical society during the mid-1800s. In their lost bid to

uphold the ideal of separation, the Southern Surgical Association could not continue to deny Leffall's admittance. He was just too brilliant at the surgical craft and a real ambassador for their discipline who could not be ignored.

In 1982, Leffall had "already been president of the American Cancer Society and the Society of Surgical Oncology," two of the biggest clubs in the world of medicine and surgery, respectively. In recent years, Leffall won honorary fellowships from some of the most prestigious surgical colleges in the world, including Germany, Canada, England and the United States. If anything, this illustrates the reason for the title of his memoir, *No Boundaries*.

In the days of rabid American segregation, blood was a political tool used to deny access to benefits for African Americans. Under the "one drop rule," it didn't matter how closely related one may be to an Anglo-American person, one could not gain access to a southern medical school or, in Leffall's case, club membership. Howard University College of Medicine, where Charles R. Drew, MD taught, was one of the few places in the United States open to both blacks and whites under legalized segregation.

In life and in chapter 4, Leffall, who holds the Charles R. Drew Chair of Surgery, reveals the curse of a myth hounding him since the 1950 death of blood pioneer Charles Drew.

While Leffall attacks the deadly myth promoted by Urban Leuguer, Whitney M. Young, Jr., I would have liked to see Leffall expand his discussion. He only devotes a mere six pages to a larger-than-life figure closely connected with his life. Young and

others strongly believed that Drew was denied the blood he needed because blood was "segregated"—separately stored as "black" and "white." According to the evidence personally garnered by Leffall after conducting interviews and investigations, Drew received the best attention a small and poorly equipped hospital could provide. "The myth," says Leffall, "does an injustice to the men and women who worked feverishly to save his life—including the black surgeon who worked on him."<sup>3</sup> Taking a quote from a psychology expert, Leffall says, "Often when you first look at truth, she appears ugly."<sup>1</sup>

Great surgeons remind me of great composers: they possess gut-wrenching passion and bionic eyes (one time, I witnessed a surgeon pick apart a chicken neck bone with a fork at my family dinner table). Leffall cares for every single atom of his patients, body and soul. He fervently believes in telling cancer patients the truth, and he reprimands surgical residents who display any hint that they might not really care to perform this radically important service to their patients.

Leffall recounts how he took lessons from others, including his father and Leo Tolstoy. In Tolstoy's novel, *The Death of Ivan Illyich*, Leffall observes, "that by lying to him about his illness, his wife and physician only made the pain worse. Although not diagnosed as such, Illyich probably had cancer."<sup>1</sup> Leffall knows this firsthand because he had a similar experience with one of his patients and her husband. What is fascinating about Leffall's quest for truth is how intermittently elusive it could be and the honesty he emits in his memoir about the

times he was "blinded by the lush lifestyle,"<sup>1</sup> causing him not to see the truth with moral lenses.

Throughout my brief discourse with Leffall, I was drawn into the wonderland of his astronomical knowledge, like an object gets sucked into a black hole. Leffall made passing reference to the events in chapter 11—"A War with Many Fronts"—of his memoir when he outlined a successful cancer annihilation strategy on past U.S. President Ronald Reagan, while appearing on national network television. This event, coupled with the subsequent operation, was like defying gravity and erupted into a major coup-de-tat in America's war on cancer.

In his book, Leffall reveals himself a man who grew up under duress, unflinchingly confronting twin enemies—racism and cancer. If you would like to delve into a book that's reflective on the naked power of perseverance, read *No Boundaries: A Cancer Surgeon's Odyssey*. It may remind you that when our inadvertent ancestors (bounded in shackles) came on a long transatlantic odyssey from another world, there were no boundaries.

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