BOOK REVIEW

The Anatomy of Hope: How People Prevail in the Face of Illness. By Jerome Groopman. New York: Random House. 2004. 272 pages: \$24.95.

One recent morning, a couple of weeks after I finished Jerome Groopman's affecting but imperfect book *The Anatomy of Hope*, an elderly man I hadn't seen in six months, Mr. Mulley (not his real name), was wheeled into my office. Between hacking coughs, he poured out a devastating story of losses—his wife, a few months earlier; his finances; and his hope, after a hip fracture and a stroke, that he would ever walk again. I focused on the latter to encourage him. Physical therapy. Botox for his spasmed muscles. Perhaps there really was a way. It worked: he was hopeful, I was hopeful. I sent him for some tests and gave his shoulder a reassuring squeeze.

Groopman, a Harvard hematologist-oncologist and New Yorker writer, tells the story of his struggle to achieve the perfect balance of realism and hope through his journey from paternalism to patient-centeredness. Each of the first five chapters tells the story of a patient where hope, or the lack of it, played an important part in the evolution of the patient's illness. Groopman provides illuminating examples of effective and less-than-effective ways of breaking bad news. In the first chapter, Groopman, then a medical student, cares for a young Orthodox woman with breast cancer. When she confides that she views the diagnosis as divine punishment for the sin of adultery, Groopman finds himself tongue-tied. An attending physician eventually convinces her to accept treatment, but it is too late; Groopman, hearing about her death, feels acutely responsible. In another chapter, Groopman, as a young attending, tries to give hope to a middle-aged woman with metastatic breast cancer by being vague about the extent of the illness. Her daughter is furious when she realizes that Groopman has withheld information that would have allowed both patient and family to prepare for the patient's inevitable death. Groopman's strength is that he learns from these missteps; as his experience grows, he digs more deeply into a patient's personal history, unearthing and addressing the roots of hope, or hopelessness.

In the most compelling chapter, Groopman tells his own story of debilitating back pain. When treatment after

treatment fails, he becomes resigned to live in almost continuous discomfort and avoids activities that might worsen it. Nineteen years later, a friend convinces him to see one more orthopedic surgeon. This doctor, finally, affords him hope—not for a cure, but to be freed from a life ruled by fear of pain. This moving story—the only noncancer story—seems slightly out of place in the middle of the book. Situating it at the beginning would have provided Groopman more opportunity to discuss how his own hopelessness (and later, hope) informed his ability to assign hope to each of the patients described.

In the final two chapters, Groopman describes the ever-developing scientific data regarding hope. Through descriptions of interviews with various scientists, Groopman tells us that hope can set off a neurohumoral cascade that can increase the chances of cure. The transition from the flowing patient anecdotes to the close reading these chapters demand is abrupt. Groopman might have been better served to integrate the relevant science into each patient chapter.

Hope, Groopman makes clear, can produce unexpected results. If a patient has hope, we should support it; if there is only despair, we should explore the patient's life story and find out why, for the process itself can sometimes activate hope. In "Step by Step," Dan, a young Vietnam veteran with lymphoma, refuses treatment because he is convinced he is doomed. Not until Groopman gains an understanding of the evolution of his hopelessness (witnessing an army buddy die a miserable death from cancer and its treatments) is he able to modify his approach to this particular patient. For Dan, the only way to build up hope is in small packets: step by step.

Groopman talks about his own cynicism about books that describe "miracle" patients who beat the odds through the power of hope, or prayer, or acts of kindness to others. Yet his book, in the end, is one of those books. Hope can be a miraculous entity, and that's okay. We like to be reminded that there are people with illnesses like ours, or our family members or patients, who beat the odds. Groopman's book joins the ranks of other popular books that combine patient "mind-over-matter" stories with scientific data by physician-authors like Bernie Siegel and Andrew Weil. For all the similarities, Groopman's book stands apart because it is more humane: we get to know his patients much more deeply. More importantly, the book presents a physician's ruthless self-examination as to his role both in treating and relating to patients in desperate circumstances.

I believe that this book will give some patients hope; if it triggers them to be open about their own life stories with their physicians, it will have succeeded. Medical students, residents, and attending physicians

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also can all learn a great deal about effective communication about hope through Groopman's struggles and successes.

At the end of that busy day, a radiologist called. Mr. Mulley had undergone a chest CT scan after his x-ray looked abnormal; the scan showed a large lung mass, multiple enlarged lymph nodes, and lytic lesions

in the ribs. In the darkened radiology waiting room, I approached the lone figure in the wheelchair. He didn't seem surprised when I broke the news. Later, I remembered his hope of walking again and we made a plan to work toward this together.—**ANNA B. REISMAN, MD**, VA Connecticut Healthcare System, and Department of Internal Medicine, Yale University, New Haven, Conn.