

DISCUSSION QUESTIONS MY OWN COUNTRY VERGHESE

1. **The limits of medicine – it's easy to think medicine has an answer for everything. Yet medicine in the face of AIDS initially had little to offer. He writes that the 80s were "a time of unreal and unparalleled confidence, bordering on conceit, in the Western Medical world" when doctors had achieved "mastery over the human body". Today we face a similar humbling experience with COVID as we scramble to find the science to help us. How can doctors respond in the face of limits to their knowledge?**
2. **Intimacy and distance – Dr. Verghese develops very close relationships with his patients. This seems in direct contrast to what is required in caring for COVID patients. How can physicians overcome the necessary physical distancing and barriers imposed?**
 - a. **He also writes that "I had the sense that a patient was opening up to me for this very reason, because of my foreignness"; how do we balance intimacy with patients with giving them distance to feel we are impartial in their care? Should this even be a goal?**
3. **Do you know anyone with AIDS? – Johnson City was a small community in which people thought AIDS only happened elsewhere. "Everyone thought it had been a freak accident, a one-time thing in Johnson City. This was a small town in the country, a town of clean-living, good country people. AIDS was clearly a big city problem. It was something that happened in other kinds of lives." Chapter 1, Page 13. How is this similar to some people's thinking about coronavirus?**
4. **Stigma – many people in the town as well as Verghese's wife are fearful of AIDS. There is also a lot of judgment around the disease. The medical community itself was sometimes hostile: But it was not always recounted as a sad story. "Did you hear what happened to Ray?" a doctor asked me. He proceeded to tell me how a young man had dropped into the emergency room looking like he had pneumonia but turning out to be "a homo from New York with AIDS." The humor resided in what had happened to the unsuspecting Ray, the pie-in-your-face nature of the patient's diagnosis. In MOC, various characters such as Bess and Will try to keep the secret of their diagnoses. Do you blame Bess and Will for not speaking out and trying to help others who suffer from the disease, or do you think that they had every right to their privacy? Do you think there is stigma attached to COVID? With COVID some patients avoid telling their loved ones. They can feel shame, judge. How can this be best addressed? How do issues of racism, ageism, and xenophobia interact with this disease?**
5. **Isolation – Dr. Verghese writes about how his "work with AIDS in the community fell into this chasm between us"; that he could not speak about it to friends or his wife, "AIDS was like another wild friend, a friend from a different social stratum, a friend I indulged but no longer brought to the house or even discussed with her". How does our work with Covid or more generally with serious life and death issues isolate us from others? How does it bring us closer to them?**
6. **Community - Johnson City was basically a very conservative community. Yet many people overcame what their pastors and other leaders preached about the "abomination" of homosexuality to express caring for their neighbors. What is the role of community (AIDS community, TAP, medical community, church, Indian expats) in breaking down barriers? Today our country is deeply divided. Do you think that kind of compassion can manifest now as well?**

- a. **Dr. Verghese writes in the introduction that Johnson City felt like his “own country”; how do his experiences with AIDS change this?**
- 7. AIDS is "the litmus test for nurses and physicians, a means of identifying who would and who wouldn't" [p. 105] provide treatment and, in so doing, risk their own health. What is the reason for the hostile attitude of nurses who don't want to treat AIDS patients in the book? What about healthcare workers in the current crisis? Should people who have committed themselves to careers as doctors or nurses be morally obligated to treat any and every patient?**
- 8. Innocent vs. guilty – Patients who contracted AIDS through a blood transfusion or through sex with a partner they did not know was gay were deemed “innocent,” as opposed to gay men, who “deserved” this disease. Will we see a similar phenomenon now? (Arthur Caplan, those who willingly expose themselves to coronavirus should go to the back of the line for treatment). It raises ethical, moral questions about who has value in our society – old, people of color. How does this relate to how we see diseases seen as a patient’s “fault” (eg smoking-related diseases vs. a young woman with breast cancer) and how we approach these patients?**
- 9. Physician work/life balance – Verghese’s dedication to his patients is one factor adversely impacting his marriage. Today physicians caring for COVID patients must go through elaborate rituals before entering their homes, are afraid to kiss their loved ones, choose to live apart for fear of infection. How can physicians face a pandemic yet attend to their personal lives? Would your answer change if you learned his next book centers around his divorce?**
- 10. Dr. Verghese writes that “moments of true safety are rare”. We see this more than most people, who do not have the exposure we do to the realities of human frailty. What are the strengths and handicaps of this knowledge?**