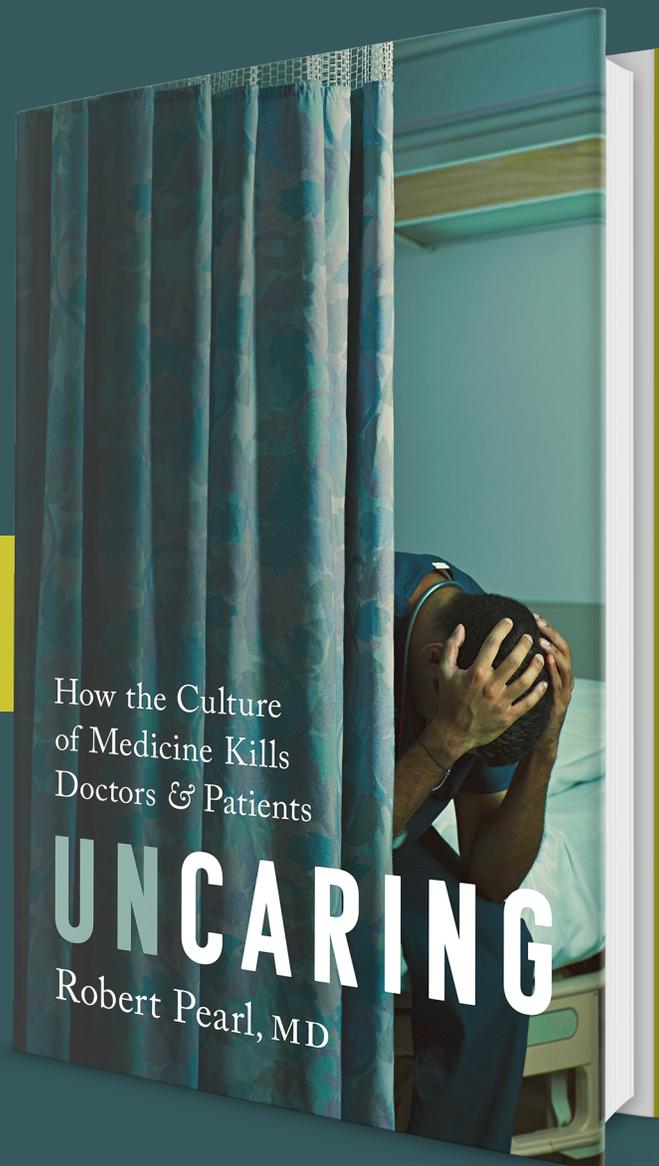


READING GROUP GUIDE



UNCARING

by Robert Pearl, MD



BIG PICTURE QUESTIONS ABOUT *UNCARING*

- (1) Throughout the book, Pearl describes physicians as compassionate, dedicated, and even heroic. So why do you think he titled the book *Uncaring*?
- (2) If physician culture plays a major part in our nation's declining health, the high cost of medical care, and doctor burnout, why hasn't more been written about this topic?
- (3) Do you recognize yourself or a loved one in any of the stories Pearl told about doctors and patients? Which story was most relevant to you?
- (4) To which friend or family member would you most likely recommend *Uncaring*, and why?
- (5) In the book's introduction, Dr. Pearl writes, "Some of the stories in this book will inspire you. Others will sadden you." Recall one story from the book that either inspired or saddened you. Why did it make you feel this way?



PART ONE: DIAGNOSING PHYSICIAN CULTURE

- (1) *Uncaring* begins with three stories spanning three centuries. Recall the tales of George Washington (1700s), Ignaz Semmelweis (1800s) and the “Invisible Gorilla” (1900s). What did these stories have in common? What did they teach you about doctors in the twenty-first century?
- (2) In the chapter “Heroes and Fools,” Pearl writes about the challenges doctors face in living up to enormous expectations. Can you recall an experience in your life that made you feel *both* heroic and foolish?
- (3) In “A Two-Part History of Physician Culture,” Pearl notes that doctors have long used repression and denial as psychological defense mechanisms. How do these defenses help doctors, and when might they cause harm to patients?
- (4) The Caduceus and the Rod of Asclepius are the two symbols of medicine that unintentionally represent its two opposing sides: the business side and the mission-driven side. How do these competing motivations affect American doctors? How are patients affected?
- (5) After reading all of Part One, how would you describe “the culture of medicine,” and what do you think people should know about it?
- (6) Were there any ideas about physician culture in this part of the book that you had difficulty accepting or understanding?



PART TWO: THE PHYSICIAN'S PAIN

- (1) Having read the story of Sam, how would you explain the events that happened in his life? And why do you think Pearl writes this line: “Like everyone else in this room, I am a coward”?
- (2) What is “moral injury” and have you ever experienced it in your life or work?
- (3) In “The Problem with Prestige,” Pearl explains that some medical specialties (like urology and general surgery) experience high rates of professional burnout. Why do you think physicians in some specialties more satisfied than others?
- (4) Have you ever had a doctor who went above and beyond for you or a family member? What made that doctor so special to you?
- (5) Pearl references Self-Determination Theory to explain why doctors feel unmotivated at work. Which of these intrinsic motivators—autonomy, competency, relatedness—matters most in your life or work?
- (6) Part Two concludes with a surprising claim: some doctors aren’t overwhelmed with their work but, rather, bored by the routine of it all. Based on what you read, do you agree with this claim? If you had to pick, would you rather that your doctor be very busy or very bored?



PART THREE: HELPING OR HARMING PATIENTS?

- (1) How would you define “quality” in terms of the medical care you receive? What factors go into making a healthcare experience either good or bad for you?
- (2) Physicians say they always put patients first. Can you think of a time when a doctor didn’t prioritize the needs of someone you know?
- (3) “Surprise billing” is one of medicine’s most controversial issues. Who do you think is to blame for this unpopular practice and what must be done about it?
- (4) Do you think drug company payments and gifts to doctors influence the choices they make when writing prescriptions? Why or why not?
- (5) How could your family doctor or specialist make healthcare more convenient or accessible? How might American medicine take inspiration from the retail, dining, or travel industries?
- (6) Pearl writes about a “Language Barrier” that exists between doctors and patients. Have you ever had a difficult time understanding your physician? What could doctors do differently to make sure patients fully understand their illnesses or treatment plans?
- (7) What does “personalized medicine” mean to you and how might it improve the healthcare you receive?
- (8) Doctors often look at the death of a patient as a personal failure, which is why they try to maintain hope for a cure. Is there ever a good reason for doctors to withhold the truth of a patient’s illness or a bad prognosis?
- (9) What aspects of physician culture do you worry about most when it comes to the care you and your family receive?



PART FOUR: THE SOCIAL LADDER

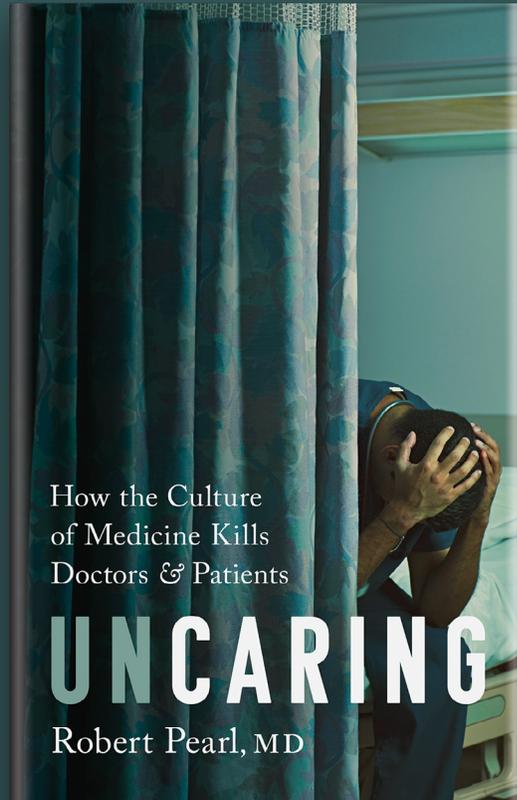
- [1] In “A Culture Without Answers,” Pearl writes: “From the Revolutionary War to the sexual revolution to the digital revolution, physicians have lived through every major social movement in this nation’s past.” What’s so different (and difficult) about the time that doctors are living in now?
- [2] Pearl notes that many physicians support “Death with Dignity” laws, but are unwilling to prescribe life-ending medication to terminally ill patients. What explains this contradiction? As a doctor, would you be willing to help a very sick patient end his or her life?
- [3] In “The Young and the Breathless,” what do you think of Stephen and Cindy’s decision concerning their son Charlie? What would you have done as a parent in the same situation?
- [4] Doctors in training are instructed to treat all patients equally, regardless of their race, ethnicity, religion, sexual orientation, or personal politics. Why do you think this proves so hard to accomplish in their everyday practices?
- [5] Women account for half of all medical students but are extremely underrepresented in the most coveted and high-profile specialties like cardiology and neurosurgery. What do you think can be done to improve gender equality in medicine?
- [6] In “Discomfort with Different,” Judy uses the metaphor of a wall to describe how she hid her true self from others. Can you remember a time when you let someone behind your “wall”? What caused you to lower your defenses and let them in?
- [7] “The Last Straw” uses the analogy of the straw that broke the camel’s back to describe how physicians are feeling today. What did Pearl mean by this? How do you cope with the feeling of being overwhelmed at home or with work?



PART FIVE: THE EVOLUTION OF PHYSICIAN CULTURE

- (1) Do you agree with Pearl's bleak prediction about the future of the U.S. economy? Has the high cost of healthcare affected you or someone you know? How?
- (2) Pearl lays out the benefits (and potential pitfalls) of a healthcare system that is both integrated and prepaid. How do you think such changes would improve or impede the quality of care you receive?
- (3) The ancient Greek story of Scylla and Charybdis is used to explain the two biggest dangers affecting American healthcare: underinsurance vs. rising healthcare costs. Which do you see as a bigger threat and why?
- (4) In "Two Paths, Both Fraught with Peril," Pearl argues that the unaffordability of healthcare will be resolved in one of two ways. Which path do you think our nation will take?
- (5) As healthcare undergoes radical change in the future, doctors may experience some or all of the five stages of grief: denial, anger, bargaining, depression, and acceptance. Recall a moment of significant change or loss in your life. How did you reach acceptance?
- (6) Pearl's "Five Cs of Cultural Change" offer a series of real-life case studies in managing major change. Which of the five Cs resonated with you most? How could you apply that particular C to your life or work?
- (7) Which of "Nine Questions Patients Should Ask Their Doctors" will have the greatest impact on the care you and your family receive? Which would be hardest one for you to ask your doctor?

THE CONVERSATION DOESN'T HAVE TO STOP HERE



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