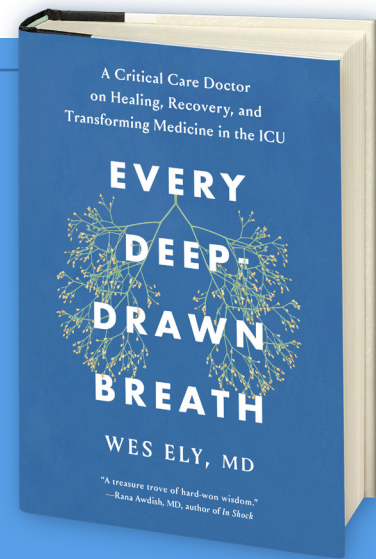


# EVERY DEEP-DRAWN BREATH

By Wes Ely, MD, MPH

## Book Discussion Guide for Health-Care Teams

By Lindsey Tate and Dr. Silvia Perez-Protto



- 1 In his **Author's Note (p. xi)**, Dr. Ely states, "I had broken our covenant by taking away the patient's voice in his own medical narrative, which is to say, in his life." What did you understand this to mean when you first read it? How do you relate to this as a health-care provider?
- 2 Based on this book, what are your thoughts about how the provider-patient relationship may affect a patient's healing process? And how might it change you, too?
- 3 As a medical student, Dr. Ely believed he had found his calling at Charity Hospital, "a 250-year-old refuge in the sweaty South, [that] provided health care to the poorest of the poor" (**p. 2, Prologue**). What is your reflection on your own journey through health care? When did you find your "calling" to serve in health care?
- 4 "Should saving lives be a doctor's prime focus in the ICU?" (**p. 32, Chapter 2**). Compare Dr. Ely's treatment of Teresa Martin (**p. 7-8, Prologue**) with the latest ICU technology to that of Sarah Bollich in her chipped metal bed at Charity. Talk about the way doctors in general might have seen the outcomes of the two patients in terms of success versus failure. How might other members of the health-care team have viewed those outcomes? How do you define success or failure when treating your own patients?
- 5 As a young doctor, Dr. Ely kept paper index cards for each of his hospitalized patients, and we see how hard he finds it to revisit the cards of those who died (**p. 49, Chapter 3**). How does this "two stacks of cards" (living/dead) reflect the culture of critical care in which he was immersed at the time? How does it compare with our own culture in health care today?

- 6 In attending to his transplant patients, Dr. Ely undergoes a transformation both in what he wants for himself as a physician, and in how he wants to treat his patients. How does he reach these conclusions? How do his transplant patients, Marcus Cobb and Danny West, figure in his thinking? Comment on what he means when he states, “I finally had the whole person in my scope” (p. 69, Chapter 4). How do you relate to this shift in thinking for your own practice?
- 7 During his training, Dr. Ely was taught to maintain a professional distance from his patients, famously referred to by Dr. William Osler as “Aequanimitas” (p. 70, Chapter 4) or equanimity (keeping an even keel, staying steady and untroubled). Over the course of the book, we see him open more and more to his patients. How would you describe your own way of relating to patients and practicing medicine over the years? In your experience, how does keeping a professional distance impact you and your patients?
- 8 In Chapter 6, Dr. Ely writes about his own daughter’s head trauma and her subsequent stay in the neuro-ICU. What does he learn from his family’s experience? How does he believe he has been failing his patients as a doctor? What have they wanted from him that he hasn’t thought to offer? How can his discoveries be shared with other health-care professionals to improve patient experience even if they have not spent time on “the left side” of the bed?
- 9 What is epistemic injustice? How does Dr. Ely compound the anguish of Mr. Noy, the husband of a dying patient, by failing to provide a translator (p. 117, Chapter 8)? Talk about other examples of epistemic injustice in the book, or share from your own experience. Find ways such injustices are addressed through building the ABCDEF (A2F) bundle and ICU Liberation as both a philosophy and a way to deliver care that brings humanity into medicine.
- 10 As Dr. Ely and his colleagues roll out the A2F bundle in ICUs across the world, critical care nurse Mary Ann Barnes-Daly (Jett) says, “Trying to sell people on mortality reduction isn’t really meaningful to them. You have to sell people’s stories” (p. 172, Chapter 10). Why do you think stories work so well in effecting change? What experiences can you share about the power of story in health care? What about in using real stories and human examples to increase compliance in implementation of the A2F bundle?

- 11 It could be said that one of Dr. Ely's mantras is "finding the person in the patient." What can you do, as a health-care professional, to reduce use of the "depersonalization chamber" in the ICU? What do you think is meant by person-centered care rather than patient-centered care?
- 12 Discuss the evolution of the ways in which a patient's loved ones (e.g., family) have been treated over the years by medical professionals—from being a perceived burden to the health-care team to becoming a vital member of the team (the "F" in the A2F bundle). How did these changes take place? How can families be helpful to their loved ones? To the health-care team? What is testimonial injustice (p. 174, Chapter 10) and how does it fit in here?
- 13 Talk about how COVID-19 long haulers' needs and problems overlap with patients struggling with PICS. How can you help them to feel seen and heard? How can we leverage lessons learned in helping improve survivorship after critical care (e.g., post-ICU clinics) into the world of Long COVID?
- 14 To fully see his patients as people temporarily uprooted from their lives, Dr. Ely strives to be aware of "upstream factors" (p. 205, Chapter 11). Reread the story of Mr. Jimmie Johnson, who was an inmate shackled to the bed during COVID (p. 220, Chapter 12). Begin to consider how social determinants of health affect a patient's ability to access health care? How can the medical community become better engaged to end social injustice and racism in health care? How did you feel on reading about the blood transfusion practices in the past (p. 38, Chapter 2)? What situations of racism or social injustice have you witnessed or experienced in health care?
- 15 As a young doctor, Dr. Ely thought that the death of a patient in the ICU meant failure. How has his thinking changed over the years? What are your aims when your patient is dying? How can speaking about death with patients and their family be helpful? How do you go about opening a conversation about death and dying within medical teams?

- 16 Throughout the book, Dr. Ely highlights that words matter. It is common to hear ICU health-care teams use the term “withdrawing care” when the decision has been made to withdraw life support from a patient. What are your reflections about this phrase? How might a family member feel on hearing it? What are other ways to express the withdrawal of life support? How can we change this culture?
- 17 In **Chapter 12**, Dr. Ely shares many best practices to explore his dying patients’ wishes and offers ways to deliver care that reaches their goals, such as the 3 Wishes Project, asking “What matters most to you?” or “Do you have any spiritual values that you would like us to know about?” How feasible is it for you to incorporate such suggestions into your own bedside toolbox when caring for seriously ill patients and their families? Please share the various tools you use to explore your patients’ wishes and deliver goal-concordant care.
- 18 Many people working in health care are experiencing high levels of burnout—especially during the COVID-19 pandemic. Dr. Ely shares using a kaleidoscope (**p. 224, Chapter 12**) as a “reminder to go beyond the surface diagnoses and test results and machines, into the remarkable, colorful, and ever-changing lives of my patients,” a way for him to keep burnout at bay. In addition, Dr. Ely talks about compassion as an antidote to burnout (**p. 225, Chapter 12**). Find examples of this in your own relationships with patients and discuss why you think it can help both health-care workers and patients alike. Please share the various tools you use to fight burnout.
- 19 While, in many ways, the coronavirus pandemic has set back hard-won progress in bringing humanity into critical care treatment, discuss lessons learned in the ICU during the pandemic and the way they will help patient care in future pandemics.
- 20 Every Deep-Drawn Breath ends with a message of hope, that there are ways to combine technology with touch in the ICU; that there is a place there for “figs, or honey on a spoon, or a bar of music” (**p. 245, Epilogue**). Think back to Dr. Ely’s descriptions of his early patients, deeply sedated and paralyzed for days, and compare them to patients such as Janet Keith (**p. 176, Chapter 10**) and Titus Lansing (**p. 186, Chapter 11**) who received the A2F bundle. What is the impact of humanism, compassion, and empathy on care and medical outcomes?