Lerner’s genre-bending memoir, *The Good Doctor*, is a stern assessment of the field of bioethics told as a loving family drama. Lerner’s ingenious choice of genre—memoir—allows him to cast people as bioethical concepts. His beloved father, who was a physician, is the personification of ‘paternalism’. The author, who is also a physician, as well as a historian and popular writer, embodies ‘patient autonomy’. The book is a frank, 50-year history of Lerner’s relationship with his father overlaid with a history of the organization of clinical medicine, including the invention of modern American bioethics, in the last half of the twentieth century. The question that drives Lerner’s memoir is how two nearly identical doctors—white, well-off men, separated only by a generation—ended up with seemingly different ethical views. Readers will observe that despite differences in their bioethical orientations, both doctors learned to describe their positions and their practices in terms ready-made by modern American bioethics. The book implicitly prompts readers to ask what forms of thought and action are foreclosed, silenced or left unimagined when even radical disagreement and contrarian views can be contained in the established vocabulary of modern bioethics.

The Good Doctor is a popular book, and Lerner sets aside the source criticism that historians might demand. The father openly intended to write an autobiography and was keeping a journal in part for this purpose. Lerner relies on this journal, in which the *paterfamilias* wrote to a future audience, rather than to himself to work through problems and embarrassments. Lerner recognizes that journals like his father’s ‘do not necessarily provide straightforward accounts of past events’, but the author nonetheless chooses to take this and other historical material his father collected ‘at face value’ (p. 223).

In the opening chapters, Lerner describes the father’s medical training through an extended family history, in which the author appropriately and gently figures his and his father’s story as one of a twentieth-century, Jewish immigrant family. It introduces the family’s link to the Holocaust, which is a point of reference and a justification for people’s actions that recurs throughout the book. For historians, it is instructive to see how the Holocaust narrative can fill many seeming gaps between bioethical ideals and medical practice. Lerner also presents paragraph-length romances of the father’s career as an everyday hero while the now-classic ethical scandals of 1960s America were coming to light. Lerner attributes his high-school decision to become a doctor to personal events during these years (i.e. his grandfather’s death, his mother’s experience with breast cancer, and his father’s diagnosis of heart disease), but also implicitly shows how advantages of race, class and gender make modern medical careers more readily accessible to some people than others. For example, Lerner’s father arranged an internship at the hospital where he worked after encouraging the author, but not the author’s sister, to pursue medicine from the age of five.

Lerner uses the framework of paternalism-vs.-autonomy to tell both the post-war history of medical practice and his personal history of medicine in the middle chapters of the book—where it also becomes apparent that Lerner’s historiography derives from his training under Albert Jonsen, who was a foundational bioethicist, and author of his own memoir-history of
bioethics. Jonsen’s medico-ethical history is progressivist, personal and written from a victor’s view of the 1960s bioethics debates. Like his mentor, Lerner presumes that chronologically later ethical views are also better commitments, which becomes apparent when he reflects on his father, who in these years took payments and trips from drug companies in exchange for mentioning products in his talks. During this time, Lerner’s father also worked to hasten the death of his aunt through ‘passive euthanasia’ (p. 112), despite the protest of colleagues, and without the knowledge of other family members—while embracing the emerging literature on ‘medical futility’.

The final chapters track the author’s professional life and follow the father’s graceless exit from medicine, decline into Parkinson’s disease and death in 2012. By the end of the father’s career in 1998, he was a vestige of a bygone time practising amid a new political economy of medicine—with corporate hospital owners, powerful insurance companies, and expanding government agencies all binding his hands as he pushed up the morphine. Lerner comes to see his father as both dastardly and humane—evaluations that feel incompatible to the author. But Lerner eventually explains that his father was a product of historical circumstance like all human beings, and that, by extension, ‘[m]y beliefs, like my dad’s, had been shaped by my history’ (p. 147).

The book is intended for educated non-specialists who like their entertainment to edify. Yet as a trade book it embeds a number of compromises. In an age of global medicine, patient autonomy has been one of least successful exports of American bioethics, but the book stays strictly within US borders. There is also little room devoted to the structural underpinnings of professional successes and choices that Lerner explains through luck, fortune and personal ingenuity. As a concept, paternalism would have been prime territory to explore how, in practice, power remains unevenly available to people in patterned ways; the book bleeds with opportunities to apply the forms of analysis that are, perhaps, best suited to other genres. Still, the book offers scholars an important, detailed case study of how doctors in the post-war generation experienced (with discomfort) and responded (with hostility) to new bioethical precepts and with the standards that implicitly devalued their life’s work and threatened their legacy. Above all, this book is a loving, filial project and that, for many readers, will dignify the effort.

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