

The Occasional Human Sacrifice: Medical Experimentation and the Price of Saying No

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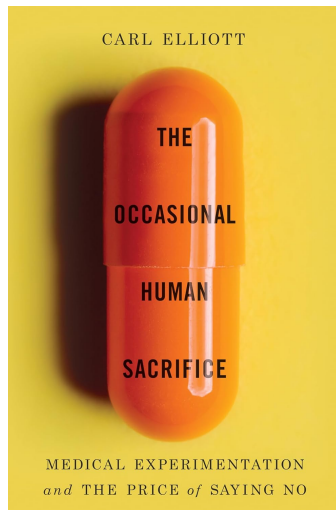
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Book Title: The Occasional Human Sacrifice: Medical Experimentation and the Price of Saying No

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We understand many of the reasons our patients are mistrustful of medicine, but Carl Elliott's *The Occasional Human Sacrifice: Medical Experimentation and the Price of Saying No* makes the case that the call may be coming from inside the house. His book is equal parts memoir, investigative journalism, and history of seven canonical cases of whistleblowing in academic medicine. Tuskegee and Willowbrook are likely well-known cases to medical educators; the other five may be new: “The Hutch” bone marrow studies, the Cincinnati radiation experiments, New Zealand’s “Unfortunate Experiment,” the fraudulent surgeon Paolo Macchiarini, and Elliott’s own experience at the University of Minnesota, whistleblowing the case of Dan Markingson who died by suicide during a study on the antipsychotic drug Seroquel.

The Occasional Human Sacrifice joins a chorus of critical analyses of academic medicine and medical power.^{1–5} However, as a bioethics text, the style is Elliott’s own. This is not a stodgy technical manual stuffed with jargon, but a page-turner combining riveting characters, moral outrage, folksy storytelling, and a magnanimous curiosity. Despite his opening sentence—“Let me present my credentials as a coward”—Elliott intrepidly guides us behind the scenes and into the lives of those who acted at great cost to their careers and well-being. He beseeches the reader to consider the all-too-human details of these stories in a way that is vulnerable, self-deprecating, and even darkly funny—impressive, given the horrors and evil (we know no other word) of some of the details in these cases.

In a cultural moment keen on examining medical injustices anew, this book should join that conversation—especially in so far as Elliott captures how justice is often *not* achieved.^{6–8} Even when wrongs are publicly and thoughtfully exposed, the priorities of prestigious medical institutions are often too misaligned to offer true reconciliation for victims and their families. Worse, Elliott makes a troubling case that the default position of many health care workers in the face of injustice—or at least questionable research practice—is to assume goodwill too generously, not look too closely, and ultimately do nothing.

His book raises difficult questions. What is the doctor’s role in seeking recompense on behalf of those who have suffered for the sake of medical science? What habits and practices are necessary to inspire medicine to a culture of honor and transparency? How do we learn the skills to hold others accountable with courage and humility and to practice solidarity if retaliation comes?

We consider *The Occasional Human Sacrifice* necessary reading for any medical educators who aim to teach their students the history of the medical profession, a history that is not an unfettered march forward in noble progress. If not assigned in full, sections of the book (eg, the “Willowbrook” chapter) should be especially considered by preceptors hoping to spark a conversation in class or in clinic. The introduction (about Elliott’s own academic scapegoating) could be used to spice up a faculty meeting.

Elliott’s work also holds organizational lessons for health care administration and resident supervision. Listen to those who see what others don’t and say what others won’t. Seek testimony from those who are not in positions of power and do not hold the keys or the grants. Ask what mechanisms of public truth-telling, processes of protection and restitution, or institutional honors—endowed lectureships named for whistleblowers, awards from universities and professional associations—you might be able to promote.

In 2003, Elliott wrote, “The Western self is (among other things) a moral concept, a locus of pride and shame.”⁹ Completing that trajectory, then, this book’s moral and philosophical contribution is a rehabilitation of honor and shame as an important part of medical ethics. It is important, it turns out, to have a sense of honor in a field that can be shameless. His book left us wanting to be the kind of physicians and colleagues with an eye for where power, personality, and the lure (or lucre) of the next great breakthrough might threaten our most vulnerable patients and the integrity of the medical profession. It left us wanting to be the kind of doctors who practice courage and candor—or at the very least ones who do not tolerate the occasional human sacrifice.¹⁰

This is a difficult book to critique. If there is one, it is that the book might discourage readers from blowing the whistle. To this we offer a closing charge of hope from Elliott himself: “More than anything else, don’t try to do this alone.”¹¹

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