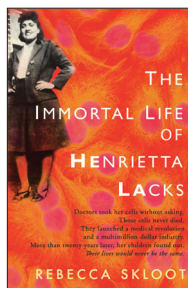


BOOKS

The Immortal Life of Henrietta Lacks. Rebecca Skloot. New York, NY: Crown Publishing Group, 2010, hardcover, 384 pages, \$26.



Every oncology nurse, as well as most lay adults, should read *The Immortal Life of Henrietta Lacks*. Skloot remarkably combines the human elements of a story with clear explanations of the pertinent science and ethics. The book tells four stories: (a) the life of Henrietta Lacks, (b) the growth and development of her cancerous cells into medical miracles, (c) the ethics surrounding the business of using cells, and (d) the lives of Henrietta’s descendents.

Henrietta Lacks was a poor Southern tobacco farmer who worked the same land as her slave ancestors. She was treated for cervical cancer at Johns Hopkins, one of the top hospitals in the country and the only one within 20 miles of her home that would treat African American patients during the era of Jim Crow laws when hospital wards and water fountains were segregated. From all accounts, Henrietta received standard-care radiation treatments. Although she died of cervical cancer in 1951 at age 31, her cells still live today.

Henrietta’s cell line, known as HeLa, yielded the first “immortal” human cells grown in culture. The cells have played vital roles in developing the polio vaccine; uncovering secrets of cancer biology, viruses, and the effects of the atomic bomb; screening more than 30,000 chemicals and plant extracts at the National Cancer Institute, eventually yielding vincristine and paclitaxel; and leading advances in cloning, in vitro fertilization, and gene mapping. HeLa cells have been bought and sold by the billions.

What are the ethics of buying and selling cells when one is the first to successfully develop this technology? In 1951 the law was clear that performing an autopsy or removing tissue from the dead without permission was illegal, but no law or code of ethics required doctors to ask permission before taking tissue from living

patients, no matter the intended use. The ethical dilemmas are layered, and Skloot succeeds in discussing them clearly in historical and current contexts.

Finally, the text tells the story of a family with five young children left motherless and ignorant of the HeLa legacy for decades. A lack of education and information allowed problems to fester, perhaps best summarized in the family’s own words. “You know what is a myth? . . . Everybody always saying Henrietta Lacks donated those cells. She didn’t donate nothing. They took them and didn’t ask. . . . What really would upset Henrietta is the fact that Dr. Gey never told the family anything—we didn’t know nothing about those cells and he didn’t care.”

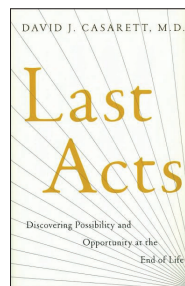
Oncology nurses will be intrigued by the story of Henrietta and her offspring. In addition, they likely will feel righteous indignation when reading passages about the lack of informed consent, and sometimes even outright deceit, practiced in the name of science. Such issues give context to the rules and regulations that safeguard the research process and clinical trials that nurses work within today. The labor and fundamentals of cellular biology will be clearer to readers after they finish this book.

The Immortal Life of Henrietta Lacks is a powerful, well-written, and compelling story. Pictures, artwork, and dialogue further enhance the text. The book may become required reading around the country, sparking discussions about the role of tissue donors and informed consent in biomedical research.

Patricia Ringos Beach, MSN, RN, AOCN®, ACHPN, is a clinical nurse specialist in oncology and palliative care and a nurse navigator at the Mercy Cancer Center in Toledo, OH.

Last Acts: Discovering Possibility and Opportunity at the End of Life. David J. Casarett. New York, NY: Simon and Schuster, 2010, hardcover, 354 pages, \$26.

Last Acts begins with the story of Sylvester, a dying patient who asked his physician, “I have no time left. What do I do now?” David Casarett, Sylvester’s doctor, had no answer. The inquiry stayed with him, and he began to notice that virtually all of his dying patients were asking the same question. What do I do with the time I have? These last acts,



both great and small, seemed to be part of a profound human desire to make life meaningful.

Last Acts uses a combination of case study and recollection to describe 10 patients receiving

palliative care and their motivations behind deciding what to do with the time they had left. Casarett realized from the beginning that he did not know many answers. He does not offer “off the shelf patterns for our last days,” but rather “hopes for a dialogue in which we can learn from the choices of those who have made them thoughtfully.” Through use of humor, irony, and respect for the experiences of the patients, *Last Acts* asks readers to consider their familiar conclusions about patient motivations.

Jacob is a self-described “fighter” whose hope for survival led to decisions for aggressive medical care. Although the aggressive care surely caused a more isolated and painful death, Jacob’s decisions may have silenced internal anxieties and his fear of regret. Danny’s last acts are more of a spring break in Mexico than peaceful reflections on life’s meaning. Alberto and Lacy teach about the importance of relationships and memories. Jerry and Marie consider how defiance truly is a desire to reconcile broken relationships and find forgiveness, make amends, or even take revenge before dying. Jose’s story thoughtfully describes assisted suicide as a means to relieve suffering. Tom maintains his routine and continues to go to work each day; he appears to be in a textbook case of denial until his reasons are considered in terms of security and comfort. Finally, Ladislav and Christine’s stories consider the themes of transformation and wisdom at the end of life.

Casarett is a palliative care physician working for the Veterans Administration. He had the good fortune to be mentored by preeminent palliative care experts Janet Abraham and Ira Byock, and he is gifted with an internal sense of humility and curiosity about the human experience of dying and the best ways the healthcare team can help. Casarett is comfortable working within an interdisciplinary team, and he frequently described referrals to and discussions with advanced practice