



## Better: A Surgeon's Notes on Performance

*Atul Gawande*

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### **Better: A Surgeon's Notes on Performance** Atul Gawande

The struggle to perform well is universal: each one of us faces fatigue, limited resources, and imperfect abilities in whatever we do. But nowhere is this drive to do better more important than in medicine, where lives are on the line with every decision. In his new book, Atul Gawande explores how doctors strive to close the gap between best intentions and best performance in the face of obstacles that sometimes seem insurmountable. Gawande's gripping stories of diligence, ingenuity, and what it means to do right by people take us to battlefield surgical tents in Iraq, to labor and delivery rooms in Boston, to a polio outbreak in India, and to malpractice courtrooms around the country. He discusses the ethical dilemmas of doctors participation in lethal injections, examines the influence of money on modern medicine, and recounts the astoundingly contentious history of hand washing. And as in all his writing, Gawande gives us an inside look at his own life as a practicing surgeon, offering a searingly honest firsthand account of work in a field where mistakes are both unavoidable and unthinkable. At once unflinching and compassionate, *Better* is an exhilarating journey narrated by arguably the best nonfiction doctor-writer around (Salon). Gawande's investigation into medical professionals and how they progress from merely good to great provides rare insight into the elements of success, illuminating every area of human endeavor.

### **Better: A Surgeon's Notes on Performance Details**

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### Peter says

Oh, I wanted this to be great! Alas, only part of it is. To wit: Gawande's umbrella themes dominate the book, but they are a distraction from his best conclusions, which are tucked quietly in the afterword.

In his introduction, Gawande asks, "What does it take to be good at something in which failure can be so easy, so effortless?"—and even though he says, "This is a book about performance in medicine," the question applies not just to medical practitioners. All of us can ask the same question about our jobs and our lives. What does it take to be good? What does it take to be better? This is why I bought and read *Better*.

Gawande's answers are anti-climactic at first. He breaks his results down into three categories: diligence, doing right, and ingenuity. Fine. He tells us stories that demonstrate each one, and we see clearly in these stories how being diligent, doing right, and taking fresh approaches improved outcomes. This is a familiar formula: big themes, some examples, conclusion. Great.

Sure, the stories are sometimes fascinating, but the problem is that diligence, doing right, and ingenuity are the kinds of words thrown up in primary colors on black-bordered posters with images of skylines, mountain-tops, or waterfalls. They are noble ideals, but they are vague as pieces of advice for doing what we do *better*. I would imagine it's hard even for doctors to internalize these lessons.

But then comes the afterword, where the gold is buried: "Suggestions for Becoming a Positive Deviant"—which, for non-statistics-types, means "suggestions for becoming better." Huzzah! There are five: 1) Ask an unscripted question, 2) Don't complain, 3) Count something, 4) Write something, and 5) Change. This is the good stuff. Gawande's final suggestions here are simple and applicable to anything. They subtly encourage creativity. They are suggestions that teach. If I have an office next year, I will post them on my wall.

*Do I recommend it?* Yes, if only for the afterword. The stories are well told, too, I guess.

*Would I teach it?* No. For non-fiction writing, I might use some of Gawande's New Yorker articles, though.

*Lasting impressions:* Perfectly fine stories sorted by theme and a summary that makes them all worthwhile.

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### Robert says

"Better" collects surgeon Atul Gawande's recent essays on medicine in three categories--Diligence, Doing Right, and Ingenuity. Each essay, on topics as diverse as washing hands to minimize infections in hospitals and doctors participating in executions, is a marvel of case study and comparative assessment, shifting back and forth between the particular and the general.

The simplicity and directness of Gawande's prose mirrors his mode of thought: always looking for the basic truth, the underlying commonality between disparate conditions, the fundamental practice, or virtue, that can cause medical science (or, the practice of medicine) to generate "better" results.

In many ways, the thesis of "Better" is that great improvements are often the result not through breakthrough discoveries or "new paradigms" but rather of minimizing error through tracking results, comparing them, and

altering techniques.

The hand washing essay focuses on the nuisance factor, reduced in some hospitals by the use of easy to use gels. The essay on cystic fibrosis focuses on the improvements possible through diligently pushing patients' minds and bodies to accept ever-more-demanding but relatively simple treatments.

Gawande's insights into medical history (indeed, his mastery of ancient anecdotes) is enlivened by his observations of practices he sees on a day-to-day basis. He's great at finding just the right specialist to interview, or at getting a nurse or doctor to admit that he/she moonlights in prisons, monitoring lethal injections.

A fundamental principle Gawande honors is "openness" in admitting the limitations inherent in the practice of medicine. It's important for doctors, and patients, to understand this principle in order to be realistic, focused, and determined to do better.

Gawande's previous collection of essays, *Complications*, is less thematic and places more emphasis on fascinating medical detective work and biological conundrums.

He's terrific.

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## Lauren says

The science of performance - doing things better and smarter. Gawande applies this directly to medicine and public health as he shares stories of health care around the globe - I particular liked his history of cystic fibrosis treatment, and the continued work on eradicating polio in southeast Asia and the subcontinent.

The afterword on 'positive deviance' was quite good and can be applied widely.

While not the same gravitas as 'Being Mortal', this book solidifies Gawande's place as an important thinker. Love his work.

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## Michael says

Takes the reader comfortably into the world of medicine's challenges under the theme of how efforts to improve performance can save a lot of lives. Like the good chef he proved to be in his earlier set of essays on his experience as a surgical resident, , "Complications", he again makes tasty and nutritious dishes out of a wide variety of ingredients. How has public health gotten so close to eradicating smallpox? How has the casualty death rate for American military medicine gone from about 20% in Vietnam to about 10% in the current conflicts? What were the key strategies allowing the average age of death from the genetic disease cystic fibrosis to move from 3 years old to currently over 30 (and why is it often over 50 with care at some centers)? He has a lot to say about the importance for doctors to keep trying to improve through diligence, innovation, and performance monitoring, whether they are Western obstetricians compelled to move to cesarians out of safety concerns or general surgeons in a public hospital in India having to improvise under appalling conditions of limited resources. The fascinating set of examples in the book serve to illustrate his

final list of simple recommendations to becoming the "positive deviant" at the good side of the bell curve of medical performance: 1) always take time to ask unscripted questions of patients and fellow staff; 2) don't complain; 3) count something of interest in your medical practice; 4) write something about what you think or do; 5) change something that might make your efforts work better. There is a lot of wisdom and optimism in this well written book.?

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## **Jamie says**

Atul Gawande is one of those people who seems infuriatingly good at a wide variety of things. He's not only a surgeon operating (har har) out of Boston, but he's also a staff writer for The New Yorker, a professor, a public policy advocate, and a New York Times best selling author. I think his most famous book is The Checklist Manifesto, where he describes how simple tools like pen-and-paper checklists can drastically improve performance in high stakes jobs like surgery or piloting.

Better is a more loosely held together book than that, or any of his other books from what I see. It's mostly a collection of essays about how doctors can do their jobs better, with the occasional detour into neighboring topics, like the chapters on malpractice lawsuits or how delicate a situation it can be to examine patients' private bits. But mostly you get essays about eradicating polio, improving battlefield surgery, reducing death from childbirth, and increasing the lifespan of people with cystic fibrosis. These aren't stories about how Gawande does all these things. Rather, they're a blending of Gawande's own experiences (like the time he shadowed a polio immunization crew in India) and stories drawn from the history of medicine and the author's own reporting.

Gawande is a great writer and he holds your attention through all of this by telling fascinating and gripping stories about people. Well, most of the time. I did find myself starting to skim in a few places, mostly when he fell into a rut of describing a long list of maladies or patients one by one. But generally he keeps things moving. He also keeps them from getting too technical or mired in medical jargon. There's hardly any of that, in fact; this is a book clearly written for the layperson to understand. It's the kind of "stretch outside your own area of expertise" book that I think I really benefit from in order to keep me from just reading the same kinds of things over and over again.

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## **David Singerman says**

Not nearly as good as his first, in a number of ways.

What made Complications so exhilarating was that we were learning about being a doctor just as Gawande was learning about being a doctor. Literally: he wrote most of those essays while still a resident. The humility this brought to Gawande's essays makes all the difference. We were forced to consider the ethical implications of a healthcare system that has to deploy inexperienced doctors so that they can be trained and become better doctors. Crucially, we did so, or were introduced to this problem, because the author brought us into his very first OR and lets us see his own anxiety at being one of these inexperienced doctors.

Not anymore. Now we have Atul Gawande, investigative reporter extraordinaire. He cruises around the world, looking for interesting stories about medicine, which are told fine, but they are not personal. And, in that increasingly infuriating New Yorker way, the piece becomes as much about the author as the story: "Blah blah blah," he told me in an email; or, "I went to see him in his office. He was wearing a purple shirt, green pants, and a top hat." Which, again, was fine when we really seemed to be looking out from Gawande's

wide eyes.

A consequence of this is that the book promotes a very odd and simplistic message. As you can tell from the title, it's about Doing Better, but the three divisions--the three ways we are told we can do better--are Diligence, Doing Right, and Ingenuity. True enough--but do I need an MD to tell me this? More unfortunately, potentially revelatory stories about, say, containing a polio outbreak in Africa become bookended and framed as stories about Diligence. Maybe, but that the docs are Diligent is the least interesting thing you can say about that story.

This sort of oversimplification worried me from the introduction. It sounded like Malcolm Gladwell's doing, I thought, and I don't like Gladwell, whose M.O. is to oversimplify things and categorize them into Big Themes, often to the point of getting them wrong (see his piece on Enron). And lo! in the acknowledgments, Gawande says he has become best friends with Gladwell. Another great topic ruined by the frizzy-haired Canadian.

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### **sanny says**

Motivational and practical, *sans* self-help spiel.

Dr Gawande writes with a measured voice, but his curiosity and enthusiasm to basically be the best you can be at what you do is infectious.

Regardless of your vocation or even during your vacations, his tips should be applicable for a more positive and fulfilling experience, and hopefully, results. Not every section interested me equally (I was most drawn in by the Ingenuity section). But then I came to realise that the section which didn't fascinate me as much was in fact my weakest area (Diligence), and that's where I need to push myself more.

Will you actually get better from practising what this book is promoting? Who knows, but Dr Gawande believes it's possible, and Russell Peters (or rather the Chinese merchant his dad haggled with) had said what this book is basically asking you to do:

*Equally applicable to women, the Chinese merchant happened to be addressing Russell Peters' dad, so*

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### **Cassie says**

I really like Gawande's writing style, and for the most part feel like he gives a very rational, nuanced look at medical care in the US. The only exception to this is the essay "The Score." Although his main point in this essay, that a concrete, replicable measurement of baby health led to great improvements in infant mortality in the US, is well-taken, his description of the history of obstetric care and the near inevitability of an increasing c-section rate in the US is shockingly uninformed. Many modern industrialized nations have far better maternal and infant outcomes and far lower c-section rates in the US. The difference is not that in those countries doctors make extensive use of forceps instead of c-sections; the difference is that the system of care for laboring mothers depends heavily on the use of midwives. Obstetricians are only used as the exception, not the rule. (The Netherlands is the best example of this.) To say that the package of numerous unproven technological interventions in the physiological process of birth since 1940 have caused the "dramatic" improvements in the outcome statistics is totally unfounded; correlation is not causation.

Gawande concludes that there's "no getting around C-sections":

"We have reached the point that, when there's any question of delivery risk, the Cesarean is what clinicians turn to—it's simply the most reliable option. If a mother is carrying a baby more than ten pounds in size, if she's had a C-section before, if the baby is lying sideways or in a breech position, if she has twins, if any number of potentially difficult situations for delivery arise, the standard of care requires that a midwife or an obstetrician at least offer a Cesarean section. Clinicians are increasingly reluctant to take a risk, however small, with natural childbirth....Putting so many mothers through surgery is hardly cause for celebration. But our deep-seated desire to limit risk to babies is the biggest force behind its prevalence; it is the price exacted by the reliability we aspire to."

This is simply not true! There is absolutely no positive correlation between increased c-sections and improved birth outcomes for moms and babies; in fact, there's a negative correlation. If Gawande had looked outside North America for information on this issue, he would not come to this absurd and harmful conclusion. It's really disappointing that someone as thoughtful as Gawande has not looked beyond the party line of doctors in this country on this unbelievably important issue.

If you have any interest in this issue, read Jennifer Block's brilliantly researched new book "Pushed."

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## Jim says

This is my 4th book by Gawande. It's good, very similar to most of the rest. His best so far has been Being Mortal: Medicine and What Matters in the End, but the rest are well worth listening to. I'm listing the TOC below & will try to note anything of significant interest. It's all interesting, though.

**Introduction** Doctors are human, but are held to very high standards & often fail to meet them. No surprises.

-- pt. 1.

**Diligence** - Keep on trying to do everything exactly right.

**On washing hands** - It's incredibly easy to transfer deadly diseases between patients. A clean stethoscope should hang in each room. If a doctor doesn't glove & touches you with anything he used on a previous patient, especially in a hospital, you're in grave danger of contracting a deadly disease!

**The mop-up** -

**Casualties of war** - There is a lot of bad press about VA hospitals now, but Gawande concentrates on the battle field here & it seems like the military is doing very well by its men.

-- pt. 2.

**Doing right** - isn't as simple as it seems.

**Naked** - Patients react differently & I was surprised there were so few guidelines.

**What doctors owe** - \$30K - \$300K per year for malpractice insurance?!!! Gawande says doctors are sued once every 6 years on average & all have a crazy story. He tells a couple, but also delves into how badly our current system of malpractice lawsuits is. While there is the occasional big settlement, like 99 out of 100, get zip - zero. New Zealand has a different method, one similar to the one we use for vaccines - each vaccine has \$0.75 added to its cost which goes into a fund for the 1 in 10,000 that has a problem. He doesn't think that would work for medical procedures, but he knows the current one isn't either.

**Piecework** - is about how doctors are paid & gets pretty involved. Very interesting & complicated. While a

few sell out, he doesn't think most do it for the money & he has the figures to back it up.

**The doctors of the death chamber** - He's dead set against it, but does a good job of presenting the other side of the argument first. I disagree with his stance because I think he ignores some facts, such as people that can & do continue to order murder & torture from their cells.

**On fighting** - asks how long & hard a doctor should fight for a patient's life. Having seen a few horrific, lingering deaths at their hands & growing up on a farm where we put suffering animals down, we have differing ideas. He makes a case for fighting, but discusses this more & better in his other book "Being Mortal".

-- pt. 3.

**Ingenuity** - isn't always being brilliant, but in looking at things a different way. His book The Checklist Manifesto: How to Get Things Right covers this better, but this is all new material.

**The score** - is a discussion of the Apgar score & what a difference it made to obstetrics. He points out how this differs so much from the normal methods medicine uses to improve.

**The bell curve** - is about the outliers on the good end, the positive deviants, & leads well into the next section using Cystic Fibrosis treatments as the platform.

**For performance** - concentrates on how so many do so much with so little. Gawande doesn't spare himself as he relates some of his experience in India.

-- Afterword :

**Suggestions for becoming a positive deviant** - are interesting & apply to most any profession, especially one involving service to others. I found some interesting ideas for IT help desk customer service.

**Notes on sources** -

Another wonderfully written, informative walk through the medical field. It's great to see it from their side.

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## Lightreads says

I have had *a lot* of doctors in my life. The best one I ever had was the surgeon who failed. Before I went under, he told me it would take about 2 hours and had an 85% success rate. When I woke up, nearly five hours had passed, I was in far more pain than I had been led to expect, and he was waiting to tell me that I was in the 15%, that he hadn't saved my eye, and that he would be ready to talk to me as soon as I was back on my feet.

When he retired several years later, I wrote him a thank you note. Because he did his best, and it wasn't enough, and he knew it, and he told me so honestly and in great detail as many times as I needed to hear it, and he held his office trash can for me to throw up in, and he waived thousands of dollars in bills so he could keep seeing me when I was in law school with the horrible useless insurance, and he cared whether I was having a good life. A surgeon – can you imagine?

This book isn't really about that sort of failure, the kind where current technology and understanding isn't enough. It's about designing behavioral triggers to save lives by increasing compliance with hand-washing drills, and it's about the massive manpower efforts necessary to eliminate infectious diseases from the world, and it's about what a patient is owed after a failure of any kind. It struck a huge cord with me, because one of the things that medicine and the practice of law at my level have in common is an expectation of a 0% error rate. Seriously – I am explicitly and implicitly told on a daily basis that anything less than perfection is failure. There are no stupid slip-ups, and there are no impossible situations that no one could solve.

Which has nothing to do with reality, of course. Learning to live under these conditions is, uh, let's call it

emotionally taxing and leave it at that. Anyone who has ever been through a medical residency is probably nodding right now.

So I thought this book – I got there! – was great. Not just for the case studies of Polio outbreaks and third-world surgery, though they're pretty interesting. But because this book is thinking specifically about that. About the difference between an expectation of infallible perfection, and the seldom-acknowledged reality that our brains are imperfect and even the very best of us sometimes aren't good enough. "When someone has come to you for your expertise, and your expertise has failed, what do you have left? You have only your character to fall back upon, and sometimes it's only your pride that comes through." Succinctly put, and so very true. Ask me about something I fucked up this past summer sometime, and how the surgeon who failed was on my mind in the aftermath, when all I had left to do was take it the best I could.

Anyway, rambling. I was intellectually engaged here on multiple levels, the way you are when you're always thinking and reacting, even when it isn't always good. Insert a whole rebuttal essay here on Gawande's ablism in the section on improved rates of survival for devastating combat injuries and all his musing on whether life with this and that disability is actually "worth living," whatever the fuck that is supposed to mean. Scrub that, I know *exactly* what that's supposed to mean, and I think it's crap. Also, the business of the disabled person in question, not an able-bodied columnist for *The New Yorker*. /snide.

And insert a whole other essay on the execution section, and how Gawande and I have differing opinions on the death penalty – he is for it and I am not – but how fascinating it was that when presented with the ethical dilemma of doctor participation in executions, he concluded that if executions cannot be conducted safely without doctors they shouldn't happen, and I concluded doctors should be permitted to compromise their oaths.

Engaged, like I said.

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## **Petra X says**

The first chapter of this book was on the effect that hand-washing has on infection rates of MRSA and VRE in hospitals. It was fascinating! I never thought I would find twenty pages on hand-washing so engrossing - I have high hopes for this book!

The book got better and better. Proper review will be forthcoming, definitely. But when?

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## **Jeanette says**

Excellent. He writes well.

This covers several subjects that are core to current medicine as it is presently practiced. Ones which are RARELY discussed. Like when are 3rd parties as witness in the room during exams deemed mandatory. This varies with extreme difference for culture nuance or governmental law. England has different practice for this as common, for instance. And the paper drape issue!!

There are several subjects of doctor experience now/ then and how change in medical practices occur. Or not.

But beyond, this taught me facts about current practices in India, in war zones and with childbirth "norm" directions for "best" that I was not fully aware had changed as much as they have. And also about \$\$\$ earned by doctors and when /what sueing equates to salary.

But the best was his advice to COUNT something. Anything. It does matter if you keep COUNT records. Results not obvious become revealed.

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### **Hadrian says**

The second of Gawande's four books (so far), a collection of eleven essays on the practice of medicine and its context within human society and the world. He takes a clear-eyed and searching view to such topics as physician compensation, malpractice, and the limits of treatment. He has an eye for anecdote - the way Medicare fees were constructed in 1992, or stories from his time in CF clinics. He also notes the human ability to survive under extreme odds - these are stories from battlefield medicine to an Indian anti-polio campaign to vaccinate millions of children in days.

A thoughtful book, recommended for anyone involved in medicine - which is all of us, to a degree.

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### **Ali Sattari says**

Although it was mostly about processes in medicine, the message was clear: excellence can be achieved by constant desire and action for improvement.

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### **Gail says**

If I had to pick just one of Gawande's books to read, it would be Complications. But this is still a great collection of stories on fascinating fields of and issues related to medicine.

What I admire so much about Gawande is his ability to wrap his analytical mind so effortlessly around storytelling. His writing is conversational, straightforward and thoughtful. Medicine isn't a topic that would necessarily appeal to me, but with Gawande at the helm, it's fascinating.

In this book, his stories include a closer look at issues physicians and others in the medical field could tackle better (hence the title). The subject material ranges from hand washing in hospitals to eradicating polio in India to chapters covering what doctors earn to what doctors owe (a look at a U.S. malpractice system riddled with holes).

Again, if you're a first-timer to Gawande, start with Complications but know this one will keep you turning the page from start to finish with equal ease.

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