When I first introduced myself to Prof Khadra, it was just after a Mastering Adverse Outcomes workshop organised by the Cognitive Institute.

Prof Khadra had led the three-hour seminar, accomplishing what I once considered impossible: reduce a disillusioned emergency physician’s cynicism enough to help her enjoy her job once more.

My main objective was to request an interview to explore his thoughts on medical litigation, a subject he highlighted during his lecture. At the time, I had no knowledge of his distinguished career in surgery, or that he had just published a memoir with Random House.

Over the next few months, I communicated with Prof Khadra via email and retrieved media interviews and book excerpts from the Internet. The missing pieces of the puzzle slowly fell into place, culminating with the arrival of a complimentary, autographed copy of *Making the Cut*, which I completed within a few days.

Non-fictional medical novels always come with their own set of unique challenges. There are already so many on the market, mostly from the United States and the United Kingdom. A small number of authors – Sherwin B Nuland, Atul Gawande, Oliver Sacks, Raymond Tallis, Richard Gordon – attain international fame and loyal followers, while others are not as fortunate. Engaging readers – whether fellow medical colleagues or laypeople – is a delicate balancing act. A standard good recipe usually includes: (1) the requisite smattering of interesting cases, both successful and tragic, (2) a dash of strange and/or inspiring medical figures, both good and evil, and (3) a good dose of self-reflection and personal sharing by the author himself.

*Making The Cut* possesses all these qualities, in addition to an elegant writing style. But the most crucial (and elusive) ingredient – the ability to captivate the reader from the opening sentence to the very last word – is also present in ample amounts.

Divided into two parts – Training and Practice – Khadra traces his decades in surgery, from the rigorous internship and residency to his years in private practice and academic teaching. In the opening chapter, titled “The First Cut”, he relates a nerve-racking encounter with a sarcastic senior surgeon (who, by the way, is female), but wisely observes that “You cannot learn until you accept your own ignorance.”

In the 25 chapters that follow, more valuable insights abound. In “Mrs Jones”, an elderly diabetic with multiple complications who “pleaded daily for death” is resuscitated (with intracardiac adrenaline, no less) by a medical registrar who prides himself on having cheated the Angel of Death numerous times before. Never mind that “70% of the health budget is spent on caring for patients in their last six months of life”, with patients like Mrs Jones consuming “a large chunk of the health budget while waiting lists for hip replacements or simple hernias blow out to years”. (The final outcome of this little episode, however, is a perfect example of irony in all its shining glory.)

In “To Sleep”, he laments the state of nurse training, which has suffered a shift from the workplace variety to the much less effective “university nursing educational scheme”. Khadra is understandably vocal in his criticisms of the new system, describing how “University nurses feel it is beneath them to make beds”, that they “feel that filling out the latest quality-assurance survey, making sure the notes are up-to-date and taking their breaks on time are paramount”, and laments “Most university nurses see ward rounds as an unnecessary part of their day’s activities, knowing next to nothing about their patients’ conditions or even their whereabouts.” Worse still, the “only way for a nurse to progress in status and pay is to be promoted to administration. Take a really good clinical nurse. How does the health system reward her? It makes her part of the clipboard brigade.”
favourite villain, George W Bush (something about obstetric gynaecologists not being able to “practise their love with women”), a clip of Ronald Reagan, and some stock video footage of a medical director of an HMO, but we do not get a personal interview that takes us into the psyche of the villains of the American healthcare system. We do not get Bowling for Columbine’s interviews with McDonnell Douglass executives or Charlton Heston, or Roger and Me and The Big One’s meetings with CEOs and Senators. Perhaps Michael Moore has become too popular for his own good – the villains are wary.

SiCKO does not cover the entire American healthcare system. It does not even attempt to explain the complexities of Medicare, PPOs, HMOs, or the multitude of reasons for rising healthcare costs in America. It focuses little on the uninsured. It is difficult to fault Michael Moore for simplifying something so complicated as American healthcare because there are many Americans and even many American physicians, who have difficulty comprehending the system. Michael Moore chooses the difficult, sometimes tragic, situations that make his point: Because America does not have universal healthcare, these tragedies could happen to anyone.

SiCKO is not surprising, and its villains are not as compelling as in Michael Moore’s prior works, but it is a story well told by an American who deeply cares for the everyday Americans who are his heroes. We can only hope that it is not still another heroic failure.