

The Last Surgeon

Ready-to-teach plans for one class, one week, or two weeks. Public materials contain no answer key.

Dr. David Halpern has spent decades mastering surgery. As AI-powered robotic systems make care safer and less expensive, he confronts a future in which the human surgeon has become the riskier choice.



BEST FIT	LENGTH	FORMATS	ISBN
High school, college, medical and health-professions education	150 pages; about 29,000 words; 27 short chapters	Paperback and Kindle	979-8-2529-9044-6

CENTRAL QUESTION	When machines outperform even highly trained professionals, what happens to human expertise, identity, and purpose?
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Choose the amount of class time you have

PATH	READING	WHAT STUDENTS DO	READY-MADE MATERIALS
One class 50-60 minutes	Chapter One only	Close-read the final working day of the last human surgeon and test the claim that automation has succeeded.	Minute-by-minute plan, student evidence sheet, exit ticket, slides
One week 5 classes	Complete novel in five reading blocks	Follow David's formation, the hospital's choices, clinical replacement, constrained choice, and the epilogue.	Five lesson plans, discussion prompts, stakeholder hearing, final response
Two weeks 10 classes	Complete novel in shorter blocks	Add close reading, an evidence tracker, a structured debate, and a longer analytical or policy assignment.	Ten lesson outlines, worksheets, assignments, rubric, standards

The free first chapter is available at thelastsurgeon.org/sample. The complete novel is available in paperback and Kindle editions.

Content note: Occasional strong language; discussion of suicide and job-related despair; illness, death, surgery, and medical injury; and themes of economic collapse and job loss. Recommended for upper high school, college, and adult learners. Educators should review the text for their own setting.

What the novel asks

The story makes successful automation, rather than machine failure, the source of its conflict. Students must distinguish what the technology does from what institutions choose to do with it.

TEACHING LENS	WHAT STUDENTS SHOULD NOTICE
AI meets robotics	AI provides reasoning and robotics provides physical action. In the novel, their combination improves measured outcomes while gradually eliminating human roles.
Surgery as a stress test	Surgery joins broad knowledge with technical skill, rapid judgment, adaptability, responsibility, and compassion. Its replacement challenges every claim that a profession remains uniquely human.
Choice under constraint	Human care remains legal, but insurance coverage, price, risk disclosures, and institutional policy make that choice increasingly impractical.
Work and identity	David's profession carries sacrifice, debt, status, family responsibility, and moral purpose. Losing the work threatens more than his income.
Institutions and incentives	Hospital leaders, insurers, developers, workers, and patients can make defensible individual choices that produce a system no one person fully controls.
Memory	The epilogue shows how a later generation can describe the past accurately while stripping away the context needed to understand it.

Spoiler-aware chapter roadmap

Use this page for planning. Give it to students only after they finish the novel.

MOVEMENT	READING	FOCUS
Outcome	Chapter 1	An almost empty clinic reveals the result before the causes. Track routine, silence, cost, risk, and the final line.
Formation	Chapters 2-5	David chooses medicine, learns Gibbons's ideal of compassion, endures training, and binds work to family, debt, identity, and purpose.
System under strain	Chapters 6-10	Economic crisis and staffing losses make automation attractive. Stella's adoption tests how people judge reasonable machine decisions.
Clinical replacement	Chapters 11-18	Diagnosis and surgery shift from assistance to autonomy. Better results shrink the surgeon's role from operator to supervisor, then remove it.
The human holdout	Chapters 19-25	David's own family benefits from automated care while price, insurance, and consent language narrow the market for human surgery.
Consequences	Chapters 26-27	The system creates winners and losers. A new electronic executive applies the same logic to the remaining human roles.
Historical distance	Epilogue	A classroom lesson recasts human surgery as primitive and asks what progress preserves or forgets.

Chapter One: when automation works

A 50-60 minute lesson that requires only the free first chapter. The aim is to replace an immediate pro- or anti-AI reaction with a claim supported by the text.

TIME	TEACHER MOVE	STUDENT TASK
0-5 min	Display the central question. Ask students to name one profession they believe will be difficult to automate and one reason why.	Write a two-sentence prediction. Do not discuss yet.
5-12 min	Give a brief setup: David Halpern is a surgeon near the end of his career in a largely automated hospital. Avoid explaining later events.	Read or review Chapter One. Mark one image of absence and one detail showing that the system works.
12-22 min	Pair students. Ask them to separate facts about the machines from facts about institutions, markets, and David.	Complete the evidence sort on the next page.
22-35 min	Lead close reading of the empty waiting room, malpractice notice, risk comparison, and final line.	Support one interpretation with two details from the chapter.
35-48 min	Run a four-corner discussion: progress, loss, both, or insufficient evidence.	Choose a position, listen to one challenge, then revise or defend the position.
48-55 min	Return to the opening profession prediction.	Complete the exit ticket.

Learning goals

- Identify details that show the system functioning effectively.
- Explain how work contributes to David's identity and sense of purpose.
- Distinguish technological performance from decisions made by insurers and institutions.
- Build a defensible claim using textual evidence.

Discussion prompts

1. Why begin at the end of David's career?
2. Which details make the hospital feel efficient? Which make it feel empty?
3. Has anyone explicitly forbidden David from working? Why is that distinction important?
4. What has David lost besides income?
5. Does the chapter depict progress, harm, or both?

EXIT TICKET

In 75-100 words, answer: What is the most important human cost in Chapter One, and who or what causes it? Use one specific detail.

The complete novel in one week

Students read approximately 20-35 pages before each class. Each lesson ends with a small product that feeds the final board hearing or written response.

DAY	READ BEFORE CLASS	FOCUS	IN-CLASS WORK	PRODUCT
1	Chapters 1-5	Formation, presence, and professional identity	Opening profession prediction; close-read Gibbons's view of compassion; map what David invests in surgery.	Identity map with three cited details
2	Chapters 6-10	Scarcity, staffing, and early automation	Reconstruct the hospital's choices during the crisis; analyze Stella's fall decision without assuming a machine must be perfect.	Decision memo: retain, restrict, or expand Stella
3	Chapters 11-18	Evidence and the contraction of human roles	Track diagnostic and surgical automation; identify each promise that a human role will remain and why it fails.	Role-contraction timeline
4	Chapters 19-25	Benefit, price, consent, and constrained choice	Examine David's response when his family benefits; compare legal availability with meaningful access.	Choice-under-constraint paragraph
5	Chapters 26-Epilogue	Winners, losers, memory, and responsibility	Run the hospital board hearing; close-read the epilogue; revisit the Day 1 profession prediction.	Board vote plus final claim

Daily opening question

Ask students to name one decision from the reading that seemed reasonable in isolation. Then ask what happened when the decision became part of a larger system.

This keeps the discussion centered on tradeoffs rather than treating any one machine or executive as the sole villain.

Final response choices

- A 500-750 word literary analysis of how David's identity changes.
- A 500-750 word policy argument about responsibility for technological displacement.
- A recorded 4-5 minute response to the central question, supported by three scenes.

ONE-WEEK OUTCOME	Students should finish with a specific answer about what people lose when work that gave their lives identity and purpose disappears, not a general opinion about whether AI is good or bad.
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Lessons 1-5

The longer route adds close reading, evidence tracking, and time to separate clinical outcomes from economic and institutional choices.

1. The last human surgeon Reading: Read Chapter 1 in class	Contrast efficient systems with an emptied workplace. Introduce the central question and evidence tracker. Product: Exit claim: What has disappeared, and why?
2. The making of a surgeon Reading: Chapters 2-5	Trace choice, training, fatigue, debt, family, and Gibbons's idea of presence. Ask whether expertise is a skill, a relationship, or both. Product: Identity map
3. Why automation enters Reading: Chapters 6-8	Reconstruct the economic and staffing crisis. Sort the hospital's reasons into patient safety, access, cost, and institutional survival. Product: Priority ranking with justification
4. Reasonable machine decisions Reading: Chapters 9-10	Analyze the Stella incident. Compare the standard applied to a machine with the standard students expect for a human caregiver. Product: Short ethics memo
5. What counts as evidence Reading: Chapters 11-15	Track the move from diagnosis to surgery. Examine why outcome data defeats appeals to human uniqueness. Product: Evidence table: claim, data, missing value

Teacher check at the midpoint

- Can students distinguish automation's clinical performance from the decisions surrounding its use?
- Can students identify what David values without treating all of his motives as morally pure?
- Have students recorded enough scenes to support more than a personal reaction?

Lessons 6-10

The second week moves from technological capability to meaningful choice, distribution of benefits, historical memory, and responsibility.

6. From operator to supervisor Reading: Chapters 16-18	Identify each remaining human role and the evidence used to remove it. Debate whether oversight can remain meaningful when humans cannot match the system. Product: Role-contraction timeline
7. The holdout Reading: Chapters 19-21	Compare David with colleagues who adapt, leave, or persist. Ask when professional commitment becomes denial. Product: Character comparison
8. Benefit and constrained choice Reading: Chapters 22-25	Examine Bobby's care, the bill, insurance coverage, and the human-surgery consent form. Define meaningful patient choice. Product: Autonomy test
9. Distribution and accountability Reading: Chapters 26-27	Map winners, losers, decision makers, and institutions. Prepare claims for the hospital board hearing. Product: Stakeholder brief
10. Memory and judgment Reading: Epilogue	Close-read the classroom scene. Run the hearing and vote. Return to the central question and the opening profession prediction. Product: Final claim and reflection

Suggested pacing

Allow 10 minutes for opening writing, 15-20 minutes for close reading or evidence work, 15-20 minutes for discussion or structured activity, and 5 minutes for a written exit response. Assign the next reading block after class.

Evidence before opinion

Use this page throughout the complete novel. Record what the text shows, who benefits, who bears the cost, and which decision creates the result.

SCENE OR CHAPTER	WHAT CHANGES?	WHO BENEFITS?	WHO PAYS OR LOSES?	MACHINE, PERSON, OR INSTITUTION?

Questions for discussion or writing

1. Why does the novel reveal David's end before showing how he reached it?

2. Where does presence matter even when it cannot change the clinical outcome?

3. If autonomous surgery produces better results at lower cost, what reason remains for choosing a person?

4. Why does Bobby's successful robotic surgery matter more to David's conflict than a machine failure would?
5. When does a legal option stop being a meaningful choice?

6. Which harms come from the machines, and which come from insurance, pricing, employment, or policy?

7. What happens when work that gave a person identity and purpose no longer needs them? Is retraining enough?

8. What does the epilogue describe accurately, and what context has disappeared?

RULE FOR DISCUSSION	Students may change their position. They must explain which evidence or argument caused the change.
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Hospital board hearing

The medical center must decide how to introduce autonomous surgery. Each group represents a stakeholder, proposes conditions, answers objections, and votes.

ROLE	PRIMARY CONCERN	QUESTIONS TO PREPARE
Patients and families	Safety, access, consent, affordability, and the right to human care	What evidence would earn trust? Which choices must remain available?
Nurses and surgeons	Patient responsibility, changing roles, deskilling, oversight, and livelihood	What human work remains necessary? Who is accountable during an emergency?
Hospital leadership	Survival, staffing, quality, capacity, public trust, and cost	What deployment schedule protects patients and the institution?
Insurers	Measured risk, price, coverage rules, and equitable access	When may coverage favor the safer or less expensive option?
Technology company	Performance evidence, monitoring, updates, liability, and adoption	What will the company guarantee? What data and failure reports will it disclose?
Community and displaced workers	Local jobs, retraining, mental health, and distribution of gains	Who pays transition costs? How should savings reach the community?

Required proposal

- State whether deployment should proceed, pause, or proceed with conditions.
- Name two safeguards and who will enforce them.
- Define the evidence that would trigger expansion, revision, or suspension.
- Explain how patients and displaced workers will be treated.
- Identify who accepts responsibility when outcomes are disputed.

Hearing sequence

1. Five-minute team preparation.
2. Two-minute opening statement per group.
3. One question to and from every other group.
4. Two-minute revision of the proposal.
5. Public vote with a one-sentence justification.

POST-HEARING REFLECTION

Which stakeholder had the strongest argument? Which important value could not be reduced to a performance metric?

Four ways to show understanding

Each option requires a clear claim, accurate use of the novel, fair treatment of competing evidence, and an explanation of tradeoffs.

OPTION	PROMPT
Literary analysis	Analyze how the novel's reverse chronology, setting, characterization, or epilogue shapes the reader's judgment of David and automation.
Bioethics argument	Decide whether patients retain meaningful autonomy when human surgery costs more, carries higher measured risk, and loses insurance coverage.
Policy brief	Propose a responsibility framework for a technology that improves outcomes while displacing skilled workers. Address patients, institutions, and workers.
Comparative project	Choose another profession and test whether the protections people claim for it are stronger than the protections surgery once appeared to have.

Analytical rubric

CRITERION	4 - STRONG	3 - EFFECTIVE	2 - DEVELOPING	1 - LIMITED
Claim	Specific, arguable, and responsive to the actual dilemma	Clear and responsive, with minor simplification	General or partly responsive	Missing, unclear, or unrelated
Evidence	Uses precise scenes and explains how each supports the claim	Uses relevant scenes with adequate explanation	Uses limited or loosely connected evidence	Relies on summary or unsupported opinion
Competing views	Treats a serious counterargument fairly and answers it	Recognizes a counterargument	Mentions another view without engaging it	Ignores competing evidence
Reasoning	Distinguishes clinical results, institutional choices, and human consequences	Explains major tradeoffs accurately	Reasoning contains gaps or a simple pro/anti frame	Reasoning contradicts or misreads the text
Communication	Well organized, precise, and appropriate for the chosen format	Mostly clear and organized	Uneven organization or wording	Difficult to follow or incomplete

Suggested weighting: claim 20%, evidence 25%, competing views 20%, reasoning 25%, communication 10%.

Adapt the unit to your subject

The same novel can support different kinds of evidence and assignments. Choose one disciplinary lens instead of trying to cover every theme.

COURSE	EMPHASIS	BEST ACTIVITIES	FINAL PRODUCT
Literature and English	Structure, imagery, characterization, irony, point of view, and the epilogue	Chapter One close reading; identity map; epilogue analysis	Literary analysis
Bioethics and medical humanities	Autonomy, beneficence, responsibility, compassion, risk, and access	Stella memo; consent analysis; hospital hearing	Bioethics argument
Technology, AI and robotics ethics	Performance evidence, oversight, accountability, automation, and value alignment	Role-contraction timeline; stakeholder map	Governance proposal
Public policy and economics	Scarcity, insurance, incentives, labor displacement, distribution, and institutional survival	Follow the incentives; winners-and-losers map	Policy brief

Optional curriculum alignment

For high-school courses, the activities support close textual analysis, theme and character analysis, argument writing, evidence from literature, and collaborative discussion.

- RL.11-12.1, RL.11-12.2, RL.11-12.3, RL.11-12.5
- W.11-12.1, W.11-12.9
- SL.11-12.1, SL.11-12.4

High-school reference: Common Core State Standards Initiative, thecorestandards.org. College, medical, and health-professions educators can adapt the same materials for literature, bioethics, medical humanities, AI ethics, or policy courses.

About the author

Amir Nasir, MD, MPH is a board-certified, fellowship-trained plastic and reconstructive surgeon, former optical engineer, returned Peace Corps volunteer, and healthcare AI consultant. The Last Surgeon is his first novel.

Virtual author discussions may be available for classrooms, book clubs, and student groups.

Contact: amirasir@hotmail.com
Educator resources: thelastsurgeon.org/educators
Free Chapter One: thelastsurgeon.org/sample

PLANNING PRINCIPLE	A successful unit should leave students with a sharper question and a better-supported position, not a predetermined answer about technology.
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