

DORSAL COLUMN

Book Review

When breath becomes air

Many doctors, as they approach old age, observe that it is only when they themselves, or members of their family, fell ill and became patients that they really understood what the patients whom they had treated had had to go through. Paul Kalanithi wrote *When Breath Becomes Air* while he was waiting to die from metastatic lung cancer. It is, however, much more than just another tragic life story or the memoirs of a cancer victim—literary forms that are currently very popular—as Kalanithi was a young neurosurgeon who was just on the point of completing his training when his cancer was diagnosed. As with many doctors with cancer—who often deny their symptoms—it was some time before the diagnosis was made. He dismissed his back pain—caused by secondary disease in his spine—as being benign. He recounts the months of treatment, and the difficult limbo of prolonged remission, which modern medicine can now give us. We are treated but not cured and must learn to live with a slow death sentence. He movingly describes the negotiation between hope and acceptance of death, and the complexity of discussions with your oncologist, as different chemotherapy treatments provide only temporary reprieve, and become increasingly toxic. The balance between hope and resignation becomes increasingly difficult to judge. He died at the age of 37 before he could ever practice as a fully-qualified surgeon. The book, which he wrote as he was dying, is published posthumously.

It is disturbing, at first, to read an autobiographical book where the author knows he is dying and you know that he will be dead by the end of it. But Kalanithi writes very well, in a plain and matter-of-fact way, without a trace of self-pity, and you are immediately gripped and carried along, even though you know that the ending will be tragic. It's a remarkable book—especially for his description of his transition from all-powerful doctor to anxious patient and of how he was 'so authoritative in a surgeon's coat but so meek in a patient's gown'.

One of the strengths of medical education in America is that it is a post-graduate degree, so that doctors are older and can be more widely educated than in the UK by the

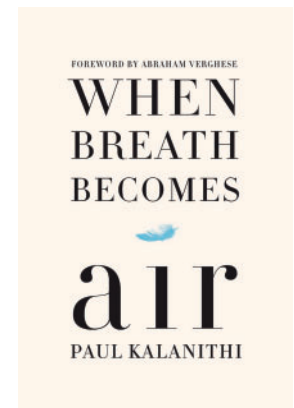
WHEN BREATH BECOMES AIR

By Paul Kalanithi 2016

The Bodley Head, London

ISBN: 978-1847923677

Price: £12.99



time that they qualify. (I would love to see medicine become a post-graduate degree in this country). Kalanithi had studied English literature and human biology at Stanford and then the history and philosophy of science at Cambridge. He hoped to find what makes life meaningful from writers such as T.S. Eliot and Nabokov but was disappointed.

'I had spent so much time studying literature at Stanford and the history of medicine at Cambridge in an attempt to better understand the particularities of death, only to come away feeling like they were still unknowable to me.'

As Kalanithi cast about for a career after completing his degree he realized that medicine was the obvious choice. 'Moral speculation' he says 'was puny compared to moral action'.

Medical school in the USA is a gruelling experience, and post-graduate neurosurgical training even more so, but Kalanithi became a neurosurgeon because he felt compelled by neurosurgery and 'its unforgiving call to perfection... It seemed to present the most challenging and direct confrontation with meaning, identity and death'. He was, in his own words, overwhelmed and intoxicated by neurosurgery—a feeling that I certainly shared when I started my own neurosurgical training 35 years ago. When the time came for

Kalanithi and his colleagues at Med School to decide on their specialties, he was surprised to find that many students opted for ‘lifestyle’ careers and wanted their commencement oath—an updated version of the Hippocratic Oath, which was abandoned in this country many years ago—to be rewritten, with the promise to place patients’ interests above their own removed. Kalanithi comments that ‘putting lifestyle first is how you find a job – not a calling’ as he opts for neurosurgery. This ambivalence between vocation and work has always been at the heart of medicine, and it is more important than ever to recognize it—at least in this country, where the government and its hired management consultants seem to see healthcare as just another industry without any moral dimension.

Neurosurgery in the USA has the reputation for being the most onerous specialty in which to train. ‘Neurosurgery residents’ his Chief Resident tells him ‘aren’t just the best surgeons – we’re the best doctors in the hospital’. His Chairman tells him that he must only eat with his left hand, so that he becomes ambidextrous. Kalanithi describes neurosurgical residency as a black hole that even his closest colleagues could not understand. (I wonder, at times, whether this elevated, somewhat masochistic view of neurosurgery is a form of psychological compensation for the fact that neurosurgery so often fails, and probably has the highest rates of morbidity and mortality of all the surgical specialties).

Kalanithi endures the long hours of neurosurgical training and is clearly highly successful and utterly dedicated. But when he looks back on this period—now a dying

patient himself—he regrets that he had become inured to his patients’ suffering: ‘...being so close to the fiery light only blinded me to their nature’. He considers that the cost of his dedication was high—his failures to save patients brought ‘nearly unbearable guilt’. One of his colleagues commits suicide over an operative mistake. And yet these burdens a doctor must bear he considers to be both ‘holy and wholly impossible: in taking up another’s cross, one must sometimes get crushed by the weight’.

Despite his diagnosis he was allowed to complete his training and he comes close to accepting the job of his dreams, but then must admit it is only a fantasy that he will live long enough to take it up, and turns it down.

Paul Kalanithi became a neurosurgeon because he wanted to learn about ‘what really matters in life’. His view of neurosurgery remained deeply idealistic, some might say a little naive, as it was not yet tempered by the sometimes bitter lessons and need for painful moral compromise that come with responsibility. He did not live long enough to understand the terrible but inevitable crudity of neurosurgery relative to the complexity of the brain. He was clearly a thoughtful and compassionate man, and his death is a loss to medicine, but at least he left this remarkable book behind—a reminder to all of us that medicine is more than just business, more than just science.

Henry Marsh

London, UK

E-mail: marshhenrythomas@gmail.com