

BOOK REVIEW

WHEN BREATH BECOMES AIR

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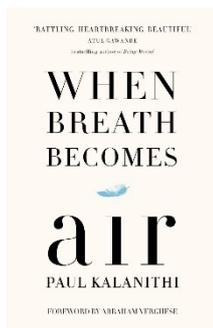
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When breath becomes air.

Author- Paul Kalanithi

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Each breath is like a little rebirth, a renaissance that can only be celebrated if we recognize it is happening.

Cristen Rodgers

We don't understand the value of each breath until we realize it is numbered. This book review is on the book titled 'When breath becomes air' a memoir of a neurosurgeon, late Dr Paul Kalanithi, who wrote it during the final months of his life when he was battling stage IV metastatic lung cancer. The book has an epilogue by the author's wife, Dr Lucy Kalanithi.

This is a unique book as it gives a first hand experience of a neurosurgeon going through terminal illness. It makes us look at life through the perspective of a doctor and a patient. Many times in our routine clinical practice, we have the knowledge of the illness but we find it difficult to put ourselves in the person's place and

understand his suffering. Empathy is finding echoes of another person in yourself. As a neurosurgeon, the author had many encounters with patients where he had to break bad news and when he was the patient, he realised how easy it is to diagnose somebody is dying and how difficult it is to accept death. This book teaches us empathy, courage, understanding and most of all, the ability to face death with grace.

Dr Paul Kalanithi grew up in Kingman, Arizona. He graduated from Stanford University with B.A and M.A in English Literature and B.A in Human Biology. He went on to earn an M.Phil. in History and Philosophy of Science and Medicine from the University of Cambridge and graduated

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from The Yale School of Medicine. He returned to Stanford University to complete his residency training in neurosurgery and post-doctoral fellowship in neuroscience during which he received The American Academy of Neurological Surgery's highest award for research.

The first part of the book is called "In perfect health, I begin". In this part of the book, we get a glimpse of his lifelong love of literature. *"I had come to see language as an almost supernatural force, existing between people, bringing our brains, shielded in centimetre-thick skulls, into communion"* he writes. With his passion for biology and neuroscience and his lifelong quest for an understanding of morality and mortality, he chose medicine as his life's work. He narrates various experiences of the medical school from anatomy dissection hall to the emergency room, that taught him lessons not found in textbooks. *"The neatness of medical diagrams did nothing to represent Nature. It was becoming clear that learning to be a doctor in practice was going to be a very different education from being a medical student in the classroom". 'Would knowledge alone be enough, with life and death hanging in the balance? Surely intelligence wasn't enough; moral clarity was needed as well.'* He went on to take up residency in Neurosurgery because of 'life's calling' which would mean seven years of dedication and hard work. He elucidates the value of communication and beauty of doctor-patient relationship- *"As a resident, my highest ideal was not saving lives- everyone dies eventually but guiding a patient or family to an understanding of death or illness. When a patient comes in with a fatal head bleed, that first conversation with a neurosurgeon may forever colour how the family remembers*

the death, from a peaceful letting go ("Maybe it was his time") to an open sore of regret ("Those doctors didn't listen! They didn't even try to save him!"). When there's no place for the scalpel, words are the surgeon's only tool". He beautifully narrates how he practised *breaking bad news*. *"We have a lot to talk about. If you don't mind, can you tell me what you understand is happening? It's always helpful for me to hear, to make sure I don't leave anything unanswered."* He believed that detailed statistics are for research halls, not hospital rooms. Rather than saying, *"Median survival is eleven months"* or *"You have a ninety-five per cent chance of being dead in two years," I'd say, "Most patients live many months to a couple of years."*

The rest of the book called "Cease not until death" highlights how his diagnosis of lung cancer changes his life dramatically. He describes his experiences as a patient and how his medical knowledge was of no respite. He highlights the beauty of the doctor-patient relationship and how his oncologist colleague guides him to live in the face of uncertainty.

Dr Paul starts feeling sick towards the final year of neurosurgery residency. He initially sidelines his symptoms of severe backache and cough. He describes how he refused to believe or even discuss about cancer. Upon diagnosis of lung cancer, Paul became a patient, and his colleague was his treating oncologist. With the following excerpts, we can understand his experience as a patient. – *"Why was I so authoritative in a surgeon's coat but so meek in a patient's gown?"*. *"As a doctor, you have a sense of what it's like to be sick, but until you've gone through it yourself, you don't really know."* He always wishes to find out from his oncologist Dr

Emma about the time he is left with, according to the Kaplan Meir survival curves. *“Tell me three months, I’d spend time with family. Tell me one year, I’d write a book. Give me ten years, I’d get back to treating diseases”*. But his oncologist always focuses on how he should be living his life rather than finding out the time left. He narrates how he experienced the ‘stages of grief’. He first explains the normal stages of grief and then goes on to describe how these stages were experienced by him in reverse order.

“Death may be a one-time event, but living with terminal illness is a process”. It struck me that I had traversed the five stages of grief—the “Denial → Anger → Bargaining → Depression → Acceptance” cliché—but I had done it all backward. On diagnosis, I’d been prepared for death. I’d even felt good about it. I’d accepted it. I’d been ready. Then I slumped into a depression, as it became clear that I might not be dying so soon after all, which is, of course, good news, but also confusing and strangely enervating.”

He then tells how he would bargain with God. Then, after the bargaining, came flashes of anger: *“I work my whole life to get to this point, and then you give me cancer?”* Later he reports *“And now, finally, maybe I had arrived at denial. Maybe total denial. Maybe, in the absence of any certainty, we should just assume that we’re going to live a long time. Maybe that’s the only way forward.”* When multiple

chemotherapy agents fail, Paul and his family know the end is near. In the end, he chooses palliative treatment with ‘do not resuscitate directive’, when he realises that he has developed brain metastasis and he would have a swift neurological decline, precluding any meaningful life. Thus, in the end, he decides to look death in the eyes.

The book highlights the strong bond he shared with his wife and family. The author also emphasizes how the decision to have a child and the birth of his daughter brought more strength in his journey and how little joys matter in life. He writes to his daughter,

“When you come to one of the many moments in life where you must give an account of yourself, provide a ledger of what you have been, and done, and meant to the world, do not, I pray, discount that you filled a dying man’s days with a sated joy, a joy unknown to me in all my prior years, a joy that does not hunger for more and more but rests, satisfied. In this time, right now, that is an enormous thing.”

In the epilogue, his wife writes about the final days of her husband's life and how the events transformed her.

This is a highly recommended book for all health professionals as it highlights the beauty of the medical profession and how one can find meaning in suffering and make life worthwhile in the face of death. It paints a picture of the various ups and downs in life, the battle against death, the beauty of human relationships and the constant need to strive for a purpose in life.

“Even if I’m dying, until I actually die, I’m still living.”

Dr Paul Kalanithi