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When Breath Becomes Air [book review]

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Throughout both sections, Baldwin interweaves a compelling narrative of her own son's struggle to live and work with schizophrenia. She recalls the struggle to care for her son while his promising college career fell apart and he bounced from one hospital to the next. He eventually found adequate medical treatment and enrolled in a faith-based skills training program that led to a successful career in construction.

Overall, this is a good resource for clinicians and researchers. Clinicians will appreciate the first section of the book while economic researchers will value the second section. I do not recommend this book for family caregivers, which are not the intended audience. All clinicians, including physicians, should recognize the importance of connecting patients with schizophrenia to caring and competent medical professionals; now, as a result of this book, I strongly believe that we need new policies and support systems to make employment just as accessible as medical treatment.

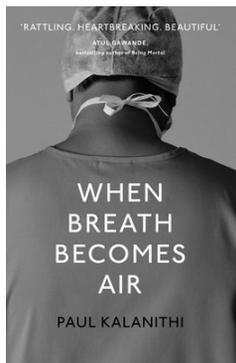
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When Breath Becomes Air

Paul Kalanithi

New York, NY, Random House, 2016, 228 pp., \$25, hardcover



Upon death our breath becomes only the air that surrounds us. So live fully while the air is breath! This profound yet simple concept should make one pause. That is what this book will cause the reader to do over and over again. This is a book about the author's dying process,

but it is much more than that. It is a treatise about the various aspects of death that we encounter. Paul Kalanithi takes us on a journey through the cadavers of anatomy, to patients on the wards, to a fellow resident committing suicide, and finally the dying of family members and his own untimely death at age 37. It will not be lost on the reader, however,

that this book about death is actually a lesson about how we should live. For those of us in medicine, he reminds us that it took him getting sick to finally feel what physical therapy and an IV actually feel like. Perhaps by reading this book, we will pause as we order tests and treatments for others. He provokes us to simply take notice of such actions.

Paul was unique. He was a neurosurgical resident who studied English as an undergraduate. He was fascinated by the human nervous system, yet also by language (calling it a "supernatural force"). His interest in literature began when his mother made him and his brother read the classics (Twain, Tolstoy, Dickens) because their school system in Arizona was inept. His hard work led him to Stanford and a dual degree in neuroscience to study the elegant rules of the brain while immersing himself in literature to explore the life of the mind and moral reflection. He eloquently describes this cerebral journey as a pursuit to figure out where biology, morality, literature, and philosophy intersect. He concluded the only way to move from moral speculation to moral action was to pursue medicine.

This journey is a noble one, and the reason this book should be read by those considering medicine or early in one's training or career. This is the stuff of metacognition and the questions a thoughtful practitioner must ask to become a compassionate healer. While his story is that of a neurosurgeon, the messages are universal—the challenges of being overworked, of breaking bad news, and trying to stay connected to loved ones during training. Paul is the thinking-man's doctor. Abraham Verghese describes it this way in the foreword: "Be ready, be seated. See what courage sounds like. See how brave it is to reveal yourself in this way" (p. xix). His humanistic lens is revealed in many vignettes. When he discovers an undigested morphine pill in the stomach of a cadaver, he is saddened to think that the person must have died in pain. His observations are powerful, and he shares wisdom from colleagues too. A friend is crushed when she thinks more deeply about the practice EKG she is reading – this fatal tracing belonged to a real person who died suddenly.

The book is a joy to read; his prose often reads like poetry. He describes dissections like this: "The scalpel is so sharp it doesn't so much cut the skin as unzip it, revealing the hidden and forbidden sinew beneath and despite your preparation, you are caught unaware, ashamed

and excited [...] a trespass on the sacrosanct, engendering a legion of feelings” (p.44).

Friends of mine have offered the criticism that the book comes up a bit short. The beautiful descriptions of medical training and the discourse on dying seemed like a build up for more of an account of the authors own process of dying. And yet we don't seem to get completely what we came for. That being said, the book is still a powerful read, and I personally have given it as a gift to students I mentor. When it comes to his death he does offer us sentiments along the way: “My relationship with statistics changed as soon as I became one” (p. 134).

This book will encourage learners and practicing providers to reflect upon their training, the death that surrounds us all, and challenge each of us to be a little more reflective. He inspires us to use our words for healing: “When there's no place for the scalpel, words are a surgeon's only foil” (p. 87). There is a reason why this book has been on the best seller list so long—the public is curious about two things: their healers and the topic of dying. Maybe this book will act as a catalyst for us all.

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