

Book Reviews/Comptes rendus

Paul Kalanithi. *When Breath Becomes Air*. Toronto, ON: Random House, 2016

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When Breath Becomes Air is a book dedicated to the idea of time and mortality. It is both a devastating and comforting book from a man who spent the majority of his life grappling with how to live a meaningful life, and his book explores that necessary theme. Dr. Paul Kalanithi takes the reader on an emotional and moving memoir of family, medicine, and literature. *When Breath Becomes Air* brims with insightful reflections on mortality that are especially moving coming from a trained physician familiar with what lies ahead. Throughout his memoir, Kalanithi wrestles not only with the concept of time, death, and meaning, but also with expectations, goals, and living. Markedly, Kalanithi ponders what makes life meaningful in the face of death and decay.

The book opens with Kalanithi flipping through CT scans of an obvious diagnosis of lung cancer. This was nothing new to him; as a neurosurgical resident entering his final year of training, he'd examined scores of such scans – the only difference with this one: it was his own. At the age of 36, after 10 years of relentless training and within months of completing his neurosurgical fellowship, Kalanithi was diagnosed with stage IV lung cancer. That morning, he was a doctor treating the dying and fielding job offers from major universities, and by lunch, he was a patient struggling to live. Now, Kalanithi sits as a terminal patient in the same hospital where he'd explained complex operations and terminal diagnoses to patients, where he'd pronounced patients dead, and where he'd congratulated patients on being cured of a disease. His life had been building potential; potential that would now go unrealized. With those scans, the future he'd imagined vanished, and just like that, he faced the same existential plights his patients faced. Death, so familiar to him in his work, was now paying him a personal visit.

When Breath Becomes Air chronicles Kalanithi's transformation from an ingenuous medical student "possessed", as he wrote, "by the question of what, given that all organisms die, makes a virtuous and meaningful life" into a neurosurgeon at Stanford University School of Medicine, and ultimately into a patient and father confronting his own mortality. He begins by taking us through his childhood, when he knew he would never be a doctor. Medicine, to him, meant absence.

Specifically, the absence of a father growing up, who went to work before dawn and returned in the dark. Instead, Kalanithi had a love of books – endless books. It was his mother who sparked his intense passion for books. In a quest to see her children educated, she drove them great distances to PSAT, SAT, and ACT prep classes; compiled a mandatory reading list that included literary classics such as *1984* and *The Count of Monte Cristo*; and demanded advanced placement classes be added to their school's curriculum – she single-handedly transformed the school system. It was from his mother, Kalanithi posited, that books became his closest confidants and drug of choice.

His love for books and language only grew as he completed his BA and MA at Stanford and MPhil at the University of Cambridge. Yet, after all of his tutelage, Kalanithi was unsatisfied with the answers he'd amassed regarding life and death. He believed the answer rested at the intersection of morality, literature, philosophy, and biology. Notably, he argued that direct experience of life-and-death questions was essential to generating substantial moral opinions about them; he wanted that direct experience. Thus, it was only by practicing medicine that he could pursue a serious biological philosophy. And so, Kalanithi went on to graduate from Yale School of Medicine and then completed his residency and postdoctoral fellowship in neuroscience at Stanford. He had started in this career, in part, to pursue death: to embrace it, demystify it, and see it eye-to-eye. Sadly, it was towards the end of his medical training that Kalanithi received the devastating news of his diagnosis. This direct experience had led him away from literature and academic work; yet, to understand his own direct experiences, he would have to translate them back into language.

Poignantly, Kalanithi writes not only about time, but also about what it meant to him, in the context of his illness. Flush in the face of mortality, many decisions became abbreviated, urgent, and unreceding. Throughout the book, what is made so brilliantly clear is that Kalanithi knew what it was to live, even in the face of imminent death – that life was not about avoiding suffering. *When Breath Becomes Air* teaches the reader to stop and experience what is real – that aging or reaching particular milestones does not equate living. We are

reminded that we often work so hard to secure our futures, yet, at the same time, may forget to secure our present: to make our reality the best it can be. Even with death continuously looming over his head, Kalanithi chose to finish his residency and write a book; reminding us that as long as we are still breathing, we have a chance – an opportunity – to figure out what matters to us and makes for a meaningful existence.

This profoundly touching book is so relatable that we become immersed in his world and forget where it's all ultimately heading. Putting this book down and forgetting about it is simply not an option. Part of this book's tremendous impact comes from the obvious fact that its author was such a brilliant scholar. Another part of its impact comes from the way he unsentimentally conveys what happened to him as he learns to die. Kalanithi confronted death – he examined it, wrestled with it, and accepted it – as a physician and patient. His decision not to avert his eyes from death exemplifies

resilience we don't celebrate enough in our death-avoidant culture.

Paul Kalanithi died in March 2015 while working on this book, yet his words live on as a guide and a gift to us all. Although Kalanithi's body is now in the earth, his persona and energy are still so palpably alive. He takes form not only in the shape of this book – and in us while reading it – but also in the shape of his wife, daughter, parents, siblings, friends, colleagues, and former patients. In a world of technological communication, where we are often consumed in our screens and our gaze fixed to the animated rectangular objects in our hands, this book reminds us all of the urgency of time. Its only misstep (if it can be called that) is that it, as with Kalanithi's life, ends much too early. In one sense, *When Breath Becomes Air* is unfinished, disrupted by Kalanithi's swift decline. In another sense, this book is the whole of its necessary truth – of the reality that he faced.

Old Age Ain't No Place for Solipsists

Ian Brown. *Sixty: The Beginning of the End, or the End of the Beginning?* Toronto, ON: Random House, 2015

Michael Kinsley. *Old Age: A Beginner's Guide*. New York, NY: Tim Duggan Books, 2016

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A poignant desire of many who live with Something Bad is to recover their old lives, so that every ache, or cough, or twitch does not portend Something Worse. To those alert to how their bodies perform, or fail to, however incrementally, aging can be like that. And writers are among the most alert, including to the boomer market (people born between 1946 and 1964), many of whom who are now in thrall to what happens towards the end.

Two writers chart different courses to instructive reflection. Though they sometimes steer us through boomer shallows of self-consuming introspection, they stay off its rocks. Michael Kinsley, famed to many boomers as sharp, wry, and fearless in the first shout-down matches of cable TV political shows, was diagnosed in his early 40s with Parkinson's disease. Ian Brown, the celebrated Canadian journalist, has built on his brilliant *Boy in the Moon* memoir of being dad to Walker, a child suffering from a disabling and rare genetic disorder, to ponder on all the little signals of accumulating deficits that aging bodies send to their occupiers. Kinsley and Brown also offer gerontologists

insights into some of the ideas, debates, and practices of our community.

Despite being rooted in the idea that in its poor balance, shuffling, being stooped and slow in movement and thought, Parkinson's disease portrays aging in general, Kinsley's is the much funnier of the two, and the happier. His is also the more polemical. For some years, as will surprise few social gerontologists, Kinsley resisted the label of being ill, working hard to hide his diagnosis. A *New Yorker* profile had perceptively portrayed characteristic signs such as being unblinking and deliberate in movement, but saw these as professorial, not parkinsonian. Still, Kinsley has no truck with the "it's all just socially constructed" crowd when it comes to treatment. From this, he has benefitted for almost two decades, first from medications and later from deep brain stimulation. Although grateful to, and even admiring of, many of his physicians, he is not uncritical – he is too clear-eyed for that (it's not just being unblinking). He recognises the scandal of understanding Parkinson's disease only as a movement disorder. Even today, much mainstream writing describes