

When Breath Becomes Air Study Guide

When Breath Becomes Air by Paul Kalanithi

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Summary

The book begins with an introduction by writer and physician Abraham Verghese, who shares with the author an interest in the relationship between mind, brain, and body, and also an interest in the relationship between life and death. This introduction is followed by a Prologue, written by the author, in which he describes the immediate aftermath of his initial diagnosis, the human shock of the experience entwined with, and colored by, the intellectual knowledge provided by his training as a physician and surgeon.

The first part of the main body of the book is entitled “In Perfect Health I Begin,” and sketches in the author’s life and experiences in the years before his diagnosis. There are glimpses of his family life (his Caucasian father was a physician, his South Asian mother was an advocate for education), his early years as a student (in which, partly as a result of his mother’s influence, he developed a love for literature), and his eventual decisions to first take a degree in literature, but then become a physician. He came to believe, he writes, that his simultaneous quests for meaning in life and for the relationship between the mind and the brain could arrive at a conclusion (read: wisdom, and/or insight) if he examined both the wisdom of the mind (as manifest in literature) and the function of the brain (as manifest in its anatomy and relationship with the rest of the physical body). He also writes about what might be described as a secondary quest: to examine and improve the general relationship between doctors and patients, exploring ways to make each seem to the other more like a human being, as opposed to a function. That relationship, his narrative suggests, could take into account that there is more to both than just a body and /or knowledge: there is also mind, spirit, and innate wisdom.

In the second part of the book’s main body, “Cease Not till Death,” the author continues his consideration and exploration of these themes and ideas but from a perspective that might be described as inside a situation that, up to that point, he had been somewhat apart from: that is, from the perspective of someone actually experiencing deterioration and death, as opposed to that of someone outside it and trying to prevent it. As the narrative portrays the author’s mental, emotional, and physical experiences going through treatment for cancer, it also communicates how his insights both deepened and broadened; how he became more deeply aware of both his strengths and his vulnerabilities; and how it became possible to live and/or function with awareness of the interplay of past, present, and future. In this section, the book presents one of its most significant, not to mention thematically relevant, ironies: the fact that even as his illness is becoming progressively more debilitating, and more and more likely to be fatal, the author also becomes a father, bringing a new life into the world as he himself is coming closer to leaving it. This part of the book concludes with a section written in present tense narration, as the author describes what eventually are revealed to be his last days: holding his daughter, celebrating both his and her lives, and the fact that he was / is able to be with her for at least a short while.



The final section of the book is an epilogue written from the first person perspective of Kalanithi's wife Lucy. She describes her husband's death, funeral, and burial; her own process of grieving, entwined with the surprising (to her) realization that love continues and deepens even after death; and that the book is, to her and to others who knew the author, an extension of his life and work. In the same way as he reached out to his patients, she writes, in an effort to connect with their vulnerabilities and their strengths, with the book he is reaching out to people in general, sharing insight, sharing hope, and sharing both the questions he and everyone else has about the meaning of life, illness, and death ... and what answers he managed to find in his relatively few years on earth.



Forward and Prologue

Summary

The forward is written by Abraham Verghese. Early in his introduction, the author of the forward comments, about the author, that he “came to know [Kalanithi] most intimately when he’d ceased to be.” Verghese describes their first meeting (after Kalanithi came to him for some advice on writing and publishing) which took place after Kalanithi received his diagnosis of cancer, and how the two men (Kalanithi and Verghese) never met again: Verghese comments that he didn’t want to take precious time away from Kalanithi’s short life by trying to develop a new friendship. Verghese also describes encountering the beauty of Kalanithi’s writing in essays and magazine articles; compares that writing to that of famous writers including Galway Kinnell and Thomas Browne; and describes how, two months after Kalanithi’s funeral, he (Verghese) received a copy of Kalanithi’s manuscript and was immediately both moved and engaged: “there was an honesty, a truth in the writing that took my breath away.” He urges the reader to engage fully with Kalanithi’s story.

Prologue, by Paul Kalanithi. The author begins telling his story with a description of how, lying in a hospital bed with his wife Lucy at his side, he went through a series of CT scan images that if they were those of a patient, he says, he would see a clear diagnosis of cancer. His wife agrees.

The author then takes his narrative back about six months, to his first trip to a physician to check out his symptoms (including severe pain and extreme weight loss); how his own knowledge of what his symptoms suggested was greater than that of the physician; and how at the time of the diagnosis, both he and Lucy, after years of medical school and internships, were both close to having their dream lives. He also describes how Lucy discovered him secretly doing online research into cancers in relatively young men (the author, at the time of his diagnosis, was in his mid-late thirties), and how she decided to not accompany him on a trip: she needed time, she said, to work out what it meant that he was thinking about these things while keeping his thoughts secret from her. Unhappy but agreeing, the author describes going on his trip, where his pain eventually became so overwhelming that he had to cut the trip short and return home. Lucy, he writes, was there to meet him at the airport, and accompanied him to the tests that led him, at the end of the prologue, back to the beginning: a hospital room with which, the author says, he was all too familiar as a doctor. Now, he says, as a patient, he was at the beginning of a new journey that had brought the one he was previously on (a journey of dream-fulfilling professional success) to an end.

Analysis

The author of the Introduction, Abraham Verghese, is a physician and writer of both fiction and non-fiction. Respected as both (one of his books was a New York Times



best-seller), he clearly knows the territory (doctor / patient relationships, the process of dying, the connection between body, mind, and spirit) that Paul Kalanithi is exploring / writing about, and seems to be something of a kindred spirit, arguably living the life that Kalanithi might have lived had he not succumbed to the cancer with which he was diagnosed. It's important to note that in the Prologue, Verghese integrates one of the book's key themes, its exploration of the relationship between literature and life, in much the same way as Kalanithi does: by drawing connections between the work of established authors and the work of Kalanithi himself.

The Prologue, meanwhile, begins at an ending: as Kalanithi himself suggests, the ending of one phase of his life and the beginning of a new one – the last one. Important elements to note here include the references to his wife, Lucy (whose presence is particularly important both in his life and in his writing about that life); the brief time of tension they encountered in their relationship (the reference here foreshadowing attention paid to that time of their lives later in the narrative); and a glance at a thematic element that develops over the course of the narrative, particularly in its first half: the power of ambition, manifest here in Kalanithi's description of the dreams he once had for himself, and for his marriage.

Vocabulary

elicit, ensue, exponential, infectious, retina, haggard, intricacy, acolyte, commiserate, plausible, archaic, cadence, prodigy, compendium, raucous, cathedral, palpable, eulogize, synchronous, ephemera, extant, innumerable, obliterate, disseminate, ferocious, virulent, apostasy, authoritative, persevere, prestigious, catamaran, persistent, rigorous, dissipate, aneurysm, ferocity, cacophony, adequate, relieve, convoluted, incongruity, elaborate (adj.), aperture, culmination



Part 1, Section 1

Summary

“In Perfect Health I Begin,” pages 19 – 38. Kalanithi begins the narration of his childhood and youth with the comment that he never believed he was going to be a doctor, commenting that to him, the practice of medicine only meant absence: his father was a doctor, and spent long hours away from home caring for his patients. Kalanithi describes how his father moved his family from the affluent North East part of the United States to the less affluent Kingman, Arizona, drawn to the heat, the possibility to establish his own medical practice, and a cost of living that might enable him to pay for the education of his sons. Kalanithi also describes how, living on the edge of the Arizona desert provided him and his brother with opportunities for adventure, danger (in the form of snakes, spiders, and other creatures), and for teasing people with stories of those animals.

Kalanithi then describes his parents’ marriage: his father a Christian, his mother a Hindu from a traditional family, with a fear of snakes, and an increasingly desperate concern for the quality of her sons’ education, which led her first to introduce her three sons to a wide range of literature, and then to work tirelessly to improve the curriculum in the Kingman school district. Kalanithi then describes how, as he waited for classes to start at Stanford (to which he had been accepted) he spent time with a young woman named Abigail, who introduced him to a book that awakened him to the idea that the brain was not just the source of thought, but a biological organ. This, he writes, intrigued him to the point that he decided to study both biology and literature.

Kalanithi describes how he felt at the completion of his first few years in university, that “literature provided the best account of the life of the mind, while neuroscience laid down the most elegant rules of the brain,” referring in particular to the influences of works by British writer T.S. Eliot. Kalanithi describes a summer job he had between years of study, as cook for a summer camp, and how he and his co-workers sometimes spent nights on the tops of mountains, watching sunset and sunrise, sometimes poised between day in one half of the sky while night lingered in the other half. He also describes a visit to a mental health facility, in which he was struck by the emotional frailty and vulnerability of many of the young people there; how he was saddened by the description of how so many family members of those people barely visited; and how, in his effort to connect with at least one person, he reached out to one of the patients and got her to smile at him. He then writes of how it was only later that he realized that “the trip had added a new dimension to [his] understanding of the fact that brains give rise to our ability to form relationships and make life meaningful.” He adds, however, that “sometimes, they break.”



Analysis

The author's description of his parents, and more specifically of their different roles in his life, can be seen as a vivid evocation of the two sides of his own interests and/or callings – medicine and literature, the two paths that, in later narration, he describes himself pursuing in parallel. These two aspects of his life, interests, and experiences are also apparent in the discovery he makes while in the company of Abigail, which in turn can be summed up in terms of one of the book's central themes: the relationship between the brain (i.e. the physical organ) and the mind (i.e. the thoughts, feelings, insights, and other experiences that have non-physical qualities but emerge from within the physical brain).

This theme is further developed in Kalanithi's commentary on his first years of university, where the tensions and interplaying of that relationship became both more apparent and more intriguing, as they do yet again in the juxtaposed experiences of working at the camp and visiting the mental health facility. The latter is particularly important in both his life and the story he tells of that life. There is the sense that it is the beginning of an aspect of his personality and medical practice that becomes increasingly important to him: the idea that someone receiving medical treatment is a person first and a patient second, a belief that he strives to put into practice not only in his work with other patients, but also in his own treatment.

One final point to note about this section: Kalanithi's reference to the adventurousness that arose in him as a result of his time exploring the fringes of Kingman is a kind of foreshadowing of a different sort of adventurousness: a more intellectual, emotional, and spiritual sort, as he "adventured" into the relationships between life and death, body and mind, doctor and patient – all of which, for him and arguably for the medical establishment, were as new, as dangerous (albeit in another way) and as stimulating as encounters with snakes, scorpions, and spiders. It's possible, in fact, to see a foreshadowing of physician responses to his explorations in the responses of the people whom, he says, he frightened with stories of snakes, etc.

Vocabulary

plateau, velocity, dormitory, affluent, cardiology, amalgam, austere, mesquite, scavenge, allure, bulbous, pulsate, imminent, pantheon, mandible, preposterous, familial, intractable, implement, distraught, impoverished, scandalize, nascent, escapade, interrogate, intoxicate, confidant, curriculum, harbinger, carrion, resonate, monastic, macaque, rudimentary, amiable, cusp, fraternity, disconsolate



Part 1, Section 2

Summary

“In Perfect Health I Begin”, pages 39 – 67. The author begins this next section with descriptions of how he completed first an undergraduate, and then a graduate, degree in literature, writing a thesis for the latter on the work of poet Walt Whitman who, Kalathani says, also struggled with the body / brain / mind relationship. That thesis, the author adds, included a great many neurological ideas and concepts of a sort that set it quite distantly apart from other, more literary theses. He describes realizing, in the aftermath of his graduate school experience, that only the practice of medicine would give him the opportunity to study and examine the connection between the brain and the mind: in the aftermath of his literary studies, he says, “words began to feel as weightless as the breath that carried them.” With that attitude in mind, he says, he went to Yale medical school.

Kalathani’s description of his time at Yale begins with narrative of his experiences dissecting cadavers, experiences that were, he says, an odd combination of various responses that ultimately resulted in a feeling like the human body was just a lump of flesh, a feeling that, he suggests, ultimately makes for “callous, arrogant” doctors. He describes several circumstances in which he conducted his dissections and he and his fellow students felt troubled by what they were doing, and comments that they frequently, and silently, apologized to their cadavers: “not because we sensed the transgression but because we did not.”

Kalathani then describes his experiences of coming to awareness of how theoretical medical practices are connected to actual lives. First, he describes an occasion when Lucy (then his girlfriend and a fellow student) wept when she realized that a sample test that she correctly identified as a fatal disease meant that a person had lost his or her life. He comments on studying the work of philosopher / surgeon Shep Nuland (who traced his interest in the relationship between life and the body to his youthful testing of his grandmother’s aging process), and then describes, at length, an experience early in his medical residency, the period when he learned to the practical applications of theoretical knowledge: his first experience of birth which, he says, also turned out to be his first experience of death ... the case of a pair of premature twins who, he writes, died virtually at the moment he was assisting another mother to have a healthy birth.

Finally in this section, Kalathani describes the experience of another med-school colleague who, extremely fatigued after a long day, was about to begin assisting on a lung cancer surgery which, Kalathani says, would be cancelled if there was evidence that the cancer had spread. The author reveals that his very tired colleague had a very quick, hopeful thought that cancer would be found and the surgery would be canceled. Cancer was found; the surgery was canceled; and the colleague broke down in guilty tears.



This section also includes a reference to the play “Waiting for Godot,” in which a character refers to life being “too brief to consider.”

Analysis

As this section of the narrative continues to recount the author’s explorations and discoveries related to the body / mind relationship (and, in doing so, develops one of the book’s central themes), it also introduces one of the book’s recurring motifs, or images: breath, and what it means, what it suggests, what it implies. Here it’s important to note that the narrative never explicitly defines what is meant / suggested by the title. In this section, however, the author evokes breath’s lightness; its lack of stability, or permanence; and perhaps even its lack of strength, all of which can, in many ways, be seen as reflecting, to some degree, the implications of the title.

Another important point to note about this section includes the author’s references to the physical body, and to the discoveries he makes about himself, about the body / mind / spirit relationship, and perhaps most importantly, about the importance of treating a body with respect. This aspect of his studies can be seen as tying into, here and later in the narrative, his determination to treat his patients as people. This idea is developed further in his narration of both Lucy’s experience with the test results and the experiences of the colleague who felt guilty about wishing for an easier surgery.

Finally, the narrative continues its thematically central exploration of the relationship between literature and life with its references to the work of Shep Nuland and to “Waiting for Godot,” a famous play by existentialist playwright Samuel Beckett. In this play, two characters, ostensibly hobos, find themselves caught in what seems to be an endless cycle of waiting for both meaning and change. The implication of the reference to the play seems to relate to the experiences of patients (eventually including the author) of waiting for change and/or death, while the specific quote is a darkly ironic foreshadowing of the end of the narrative, already foreshadowed by the Introduction: the death of the author.

Vocabulary

tutelage, coherent, propriety, cadaver, sacrosanct, revulsion, tedium, formaldehyde, replete, pedant, epitomize, enormity, farcical, dissipate, discomfit, finite, arrhythmia, capacity, seminal, theoretical, dilation, barrage, viability, telemetry, hieroglyphic, supine, intubate, protuberant, asunder, concomitant, judicious, ebullient, imminent



Part 1, Section 3

Summary

“In Perfect Health I Begin”, pages 68 – 115. Kalanithi describes the reasoning behind his eventual choice to specialize in neurosurgery, referring to his continuing desire to draw and/or find the connections between the mind and the brain, between life and death. He describes becoming aware of the arbitrariness, the randomness of illness and survival, describing the surprising triumph of a young boy requiring major brain surgery to the equally surprising death of a very healthy elderly woman, and several other sorts of deaths. He describes how, shortly after he and Lucy married, they each began residencies, and the long hours and days their jobs required. He describes successes and mistakes, surprises, and the growth of a sense of both realistic urgency and casual juxtapositions of the everyday and the life changing. As he refers to the work of several writers (including novelist Leo Tolstoy and poet William Carlos Williams) who explored the nature and relationship of life and death, he also describes his own realization that he hasn’t yet found what he was looking for when he chose his specialty: his discovery that he “was not yet ‘with’ patients in their pivotal moments, [he] was merely ‘at’ those pivotal moments.”

Kalanithi then describes how he put into practice his ideal of really connecting with his patients: learning how to communicate with them clearly and effectively, but without frightening them; recalling the example of his father, who brought both humor and honesty into his work; and realizing that “before operating on a patient’s brain ... [he] must first understand [the patient’s] mind,” adding that while making such efforts cost him considerably, it was a price he was prepared to pay. He also narrates the experience of “V,” a mentor and colleague who guided him through an introduction to neuroscience and research; who came to him asking for help and advice in dealing with a diagnosis of pancreatic cancer; and who survived both the illness and the treatment, but took a long time to recover mentally and emotionally. “How little,” Kalanithi comments in narration, “do doctors understand the hells through which we put patients.”

Kalanithi describes the need for speed in his surgical work, the ways to develop that speed, and the inevitable paperwork that remained no matter how fast the surgeon works. He also comments on the essential need for technical skill as well as for speed, given that he held the function of a person’s brain in his hands: “Neurosurgery requires a commitment to one’s own excellence and a commitment to another’s identity.” Finally, he discusses and describes how the areas of the brain that control language are usually the ones that surgeons and patients both consider the most necessary to protect, with procedures often going so far as to ensure the patient is awake and able to communicate, so that language usage can be monitored.

This section, and the first part of the book, concludes with Kalanithi’s description of how, just as his career seemed to be finding its track – awards, job offers, insight into the mind / brain / body / life relationship – he received word that a colleague / friend named



Jeff, with whom he had worked in residency, had killed himself. He describes how, in the moment of learning of Jeff's death, he (Kalanithi) realized he couldn't remember the last time they talked; and learned that Jeff committed suicide almost immediately after the death of a patient. "I could only imagine," he writes, the overwhelming guilt, like a tidal wave..." that had caused Jeff to end his own life. Kalanithi wishes that he could have talked with Jeff before he died, if only to pass on what he (Kalanithi) had learned: "Death comes for all of us ... our patients' lives and identities may be in our hands, yet death always wins." That doesn't mean, he adds, that doctors stop trying: it just means that sometimes, the trying ends with the result that had been the opposite of what was being tried FOR.

Analysis

The first point to note about this section is the author's deepening sense of discovery and/or awareness about the doctor / patient relationship. The irony here, particularly of the story of "V," is that he himself ends up on the patient side of this relationship, a circumstance first foreshadowed in the introduction and prologue and foreshadowed again here. Meanwhile, as the author writes about this process of discovery, he simultaneously develops two of the book's overall themes: the connection between literature and life, and the relationship between brain and mind. These key themes intertwine here as they do throughout the narrative, in terms of the author's discoveries about himself, about his work, and his bigger picture experiences of both life and death.

Another key theme developed in this section is one that has been developed earlier, but in ways that seem much subtler than they are here. This is the theme of ambition, specifically that of the author: there is the sense here that his determination to be both good and successful (they are not always the same thing) at his chosen profession at one point came close to becoming a priority: that speed in the act of surgery and efficiency in the process of administration became aspects of his work and career that he believed he needs to focus on. The implication is that those elements, in spite of the author's proclaimed best intentions, began to supersede his commitment to connection with his patients. The issue of speed is particularly important, in that later in the narrative, recovered speed in surgery becomes an important measuring stick first of his recovery from cancer, and then of his ability to resume his career path. At the same time, however, it seems that just as he was becoming more driven to be successful, the author received a wake-up call in the form of Jeff's suicide. There is the very clear sense, as this section of the book comes to a close, that what was becoming a somewhat compulsive drive to succeed was pulled up short by the shocking, vivid example of what an experience of too much pressure can do to someone. There is also, as the author himself suggests, the strong sense of death's inevitability, in turn a reiteration of the earlier foreshadowing of his own death.

Two other pieces of foreshadowing to note here: his comment about the hell through which doctors put their patients (a foreshadowing of the hell that he, as a patient, is going to be put through by his own physicians in the aftermath of his diagnosis), and the author's reference to the importance of preserving the speech centers of the brain. This



is a foreshadowing of his own concern, as he undergoes treatment himself, to preserve exactly that part of his consciousness, ability, and/or identity.

Vocabulary

fluorescent, entropy, cessation, crucible, polymath, ambidextrous, abut, hypothalamus, complacency, delirious, prognostic, egregious, pivotal, inured, inexorable, truculent, covenant, levity, esoteric, volition, metastasis, oncologist, tureen, ferocity, apocryphal, armament, despondency, ethos, prosthetic, paragon, pancreas, exemplar, exemplify, frenetic, arbitrary, affirmative, cognition, impedance, appraisal, inviolable, semantics, affable, prosody, emote, excision, exhort, pinnacle, passivity, onerous, asymptote, recrimination



Part 2, Section 1

Summary

“Cease Not till Death”, pages 119 - 145. Part 2 of the book begins with a narrative return to the setting of the first section of Part 1: Kalanithi’s hospital room immediately following his diagnosis (lung cancer). Over the next few days, he writes, his family gathered, members being present when he began conversations with his oncologist (cancer specialist), Emma Hayward. Kalanithi describes knowing her slightly, and having worked with her; having a good feeling about working with her (as did Lucy); but being somewhat surprised at her consistent refusal to talk about survival rates and statistics. He describes Emma’s discussing options for treatment with him; his father and other family members telling him that he’s going to beat the cancer and resume his life; and how he himself contemplated the many ways in which his life had changed.

While waiting to learn what sort of treatment would be pursued. Kalanithi writes, he and Lucy harvested some sperm (in case treatment ended his fertility); made alternative financial arrangements; and saw a couple’s counsellor who specialized in helping couples through cancer diagnoses. As Kalanithi describes it, he and Lucy, according to the counsellor, were doing really well in dealing with the diagnosis: but then Lucy started worrying about the implications of doing well: specifically, she said it meant that things were not going to get any better for them. Here, the author flashes back to references, earlier in the narrative, of the difficulties they had in the immediate aftermath of the diagnosis, and how those difficulties resolved themselves through effective, honest communication.

Eventually, Kalanithi writes, treatment began, and was quick to show positive results. Life began to resume a bit more normality but, Kalanithi writes, he continued to struggle to sort out his feelings about mortality, life, death, and being a patient rather than a doctor. “... delving into medical science and turning back to literature for answers,” he writes, “I struggled, while facing my own death, to rebuild my old life – or perhaps find a new one.”

Kalanithi then describes how, as treatment progressed as they consulted with their families, Kalanithi and Lucy debated having a child, asking questions relating to what having a new life would mean to Kalanithi’s death; how Lucy would feel raising a child on her own if Kalanithi died; and how best to ensure a successful pregnancy. Kalanithi writes that during this time, he frequently remembered the writings of Charles Darwin and Friedrich Nietzsche, who both suggested that life was ultimately all about striving. Eventually, Kalanithi writes, he and Lucy settled on a particular type of in-vitro fertilization that would result in multiple embryos being created but only the most healthy being implanted in Lucy’s womb: the rest would die. “Even in having children in this new life,” Kalanithi writes, “death played its part.”



Analysis

As the narrative shifts focus (the book being roughly divided into two periods: pre- and post-diagnosis), there are several interesting points to note, some less significant than others but still intriguing. Among these sorts of elements: the fact that the author never refers to Emma Hayward as “doctor,” only referring to her by her first name. This is perhaps a reference to his professional and personal philosophy of individuals on both sides of the doctor / patient equation being referred to, and considered as, people, and not positions, or roles. At the same time, there is the introduction of a significant new element: the story of how the author and his wife eventually come to have a child which, if this were a work of fiction, might be described as an important sub-plot, or secondary narrative line. There is arguably an important metaphor and irony developed here: the idea that as the author is dying, a new life (i.e. that of his child) is simultaneously beginning, a metaphor to which the author himself refers in the final comments of this section. Another arguable point is that the introduction of the possibility of a child into the equation of his life-and-death struggle is also one of the most vivid, and poignant, manifestations of another of the book’s central themes: the nature of hope.

Meanwhile, themes developed earlier in the work continue here, the connection between literature and life being perhaps the most notable. An important element to note is the somewhat ironic juxtaposition of Charles Darwin (who developed theories of evolution – that is, of human existence developing over millennia) and Friedrich Nietzsche (who developed philosophies of existentialism, which explored the idea of human experience existing solely within the realm of the here and now).

One last noteworthy element: the brief glimpse into the ongoing work that the author and his wife did on their marriage. There is the sense here that the brief period of difficulty they encountered around the time of the diagnosis served as a kind of warning signal, a trigger for awareness and sensitivity to, at the very least, the potential for other difficulties as they work their way through the diagnosis and its aftermath.

Vocabulary

existential, peripheral, excruciating, relevant, fragility, ergonomic, precarious, capitulation, punctual, regimen, plausible, algorithm, cognitive, formidable, debilitate, expedience



Part 2, Section 2

Summary

“Cease Not till Death,” pages 145 - 173. Kalanithi writes of how, in the aftermath of learning that treatment had stabilized his cancer, he struggled even harder to come to terms with what he used to imagine his life becoming, and what it HAD become. He writes about feeling out of place within his former community of colleagues. He returned to literature, searching through texts and writings to find discussions of death and mortality. He felt, at times, like he couldn't go on but made himself do so (following the example of a character created by writer Samuel Beckett). Kalanithi also decided to strive for a return to surgery – because, he says, he could. Even if he was dying, he adds, he was still living.

Emma Hayward, Kalanithi writes, was supportive of his decision, and finally, after weeks of waiting, finally gave him an approximate diagnosis: he could potentially have several years. Kalanithi writes how this spurred him to work even harder towards reaching his goal of returning to surgery. He reworked his physiotherapy regime to strengthen him in areas specifically required for the work, and he eventually got himself back onto the surgical rotation at the hospital, without all the administrative work. His first surgery was interrupted, he writes, by a dizzy spell: eventually, however, he got stronger and more comfortable, remembering techniques in both his mind and his body, and while not finding the same kind of joy as he used to in the act of surgery itself, finding a new kind of joy in triumphing over his fatigue. Meanwhile, Lucy became successfully pregnant, and his treatment continued to improve, with the result, he writes, that he could once again see the career he had hoped for and worked for as possible.

Some time into his return to neuro-surgery, Kalanithi writes, he discovered that there was some question as to whether he had accomplished enough to graduate. He was reminded that in order to do so, he needed not only to resume his surgical practice, but to resume the administrative and other responsibilities of a chief resident. This, he says, he decided to do, and began working extra hours, pushing his body to its limits, not treating himself properly, just so he could graduate. At one point, he was offered a dream university job in another part of the country: money for research, flexibility in terms of workload, and the possibility of tenure. Eventually, he writes, he realized it was all a fantasy: if he had a relapse, he would be away from his primary source of care. Plus, if he died, Lucy and their child would be left on their own. He realized exactly what Emma Hayward had done: not given him back his old identity, but taken care of his ability to make a new one ... something he finally decided, he says, to do, adding another realization: that it was “...the physician's duty is not to stave off death or return patients to their old lives, but to take into our arms a patient and family whose lives have disintegrated and work, until they can stand back up and face, and make sense of, their own existence.”



Kalanithi then describes a visit to church with his parents during which he chuckled to himself about a reading from the Bible that seemed to present a picture of Jesus gently mocking those who took his metaphorical teachings and parables literally. Narration reveals that he had come back to Christianity after a long period of atheism (which, he says, was triggered by examination of definitions of atheism by writer Graham Greene). Kalanithi grew up in a home that featured nightly Bible readings. Over time in his childhood, Kalanithi writes, he came to realize, in essence, that if someone wanted a life of meaning, then science was not enough ... the search for meaning had to include a belief, of some sort, in God. He writes of the gap between the scientific / provable and human passions / needs, a gap that, he says, can only be filled by God and by the teachings of Jesus: specifically, the idea that "...mercy trumps justice every time." He concludes his analysis that scientists, theologians, people in general can never, and will never, see the whole truth, but that that whole truth might just be discernible if pieces of all the separate learnings came together.

Analysis

The first point to note about his section is its development of the book's thematic interest in the power of ambition, which here can be seen as a key component of the author's healing process. It's an interesting angle to consider: ambition is so often considered to have a primarily selfish, self-serving quality about it, which it undoubtedly has here, but what's interesting is that for the author, that ambition is an important component of his healing process, of his determination to not only live, but to live the life he is meant to live. For him, his ambitious striving doesn't seem to be about gaining power, status, or skill for its own sake, as the concept of ambition tends to imply: at this stage of his life, it seems to be about rebuilding the ability to live and function as a human being. What is particularly interesting about this development is that, in Kalanithi's description of what happens in the aftermath of his job offer, the author has a very clear vision of the dangers associated with ambition: that if he listens to its call, he has the potential to undermine, if not destroy, everything that he has so consciously, and conscientiously, worked for. In other words, he becomes aware of the darker, destructive side of ambition in the aftermath of tapping into its positive, more affirming, perhaps humbler side.

Meanwhile, the book's thematic interest in the nature of hope is reiterated in the descriptions of Lucy's pregnancy, and the author's reactions, while the book's thematic exploration of the connection between literature and life perhaps reaches a climactic point with the author's contemplation first (and again) of writings by existentialist writer Samuel Beckett, and later of the meanings of both the Bible and the works of Graham Greene. This comparison, as the author notes, is another deeply ironic juxtaposition, like that of Darwin and Nietzsche in the previous section.

Vocabulary

efficacy, surreal, trajectory, cogitate, monolithic, tenable, antiphon, itinerant, pristine, visceral, combustion, luminous, hubris, tenuous, sojourn, atheism, prototype, covenant



Part 2, Section 3

Summary

“Cease Not till Death,” pages 173 - 191. The author describes another set of tests as his “last scan before finishing residency, before becoming a father, before my future became real.” That scan showed the growth of a new tumor. After discussing the situation with Lucy, Kalanithi says, he realized that the tumor probably meant leaving neurosurgery again, perhaps permanently. He had a meeting scheduled with Emma on the following Monday, and work schedules already in place for the next day: he followed through on those, including a surgery. The whole while, he says, he felt as though it was a sequence of last times, even the comment from an assistant on the surgery that it was a “happy ending.” He collected his things, leaving his medical textbooks behind (they would be more use there than at home) and exited the hospital, weeping for a moment in his car before going home. He, Emma and Lucy decided on a course of treatment, which this time would include chemotherapy. Emma also suggested that there might come a time, for the author, that he would want to stop being a doctor involved in his own care, and just be a patient – her patient. Kalanithi writes that this felt very odd to him, as though he felt he could not abdicate responsibility for his own life. As he discusses his reaction, Kalathini makes several references to the work of other writers: Shakespeare, T.S. Eliot, the authors of ancient Greek tragedy, comparing his experiences of choosing his fate to similar experiences they wrote about.

As chemotherapy began, the author writes, so did its side effects, among them fatigue and nausea, which worsened with each cycle of the treatment. For a while, the author was able to function with relative normality, but eventually he became debilitated. He was, he writes, excited to learn that he had qualified for graduation, which was scheduled for a date two weeks before Lucy’s due date. On the day of the ceremony, however, he was struck with a serious attack of nausea and vomiting, so serious that he had to go to hospital. Then began, he writes, a spiral into serious dehydration, as diarrhea also began. Emma apologized for having to go away for a week, but Lucy and his father advocated for him in her place.

Kalanithi describes, at one point, how a resident named Brad, argued with him over whether a medication should be continued. The author, he says, contended that the medication was necessary to help him deal with pain: the resident, he says, argued that that medication was causing the current deterioration, adding that he wanted to wait to consult with a senior physician in the morning, rather than wake someone up that night. Kalanithi comments that this, to him, was exactly the way he didn’t want to be treated – as an inconvenience, as something to be checked off a list. This feeling increases when, the next day, he found out that Brad never did make the call. Meanwhile, his condition continued to deteriorate. A number of other specialists were called in, many of whom argued with and contradicted each other; and while he tried to take an active role in his care, the author writes, he was simply too unwell to do so.



Eventually, Emma returned and took charge, assuring the author that his situation was improving. At that point, Kalathini writes, he realized it was time to be just a patient. He says he'd been trying to find the right balance and perspective by reading about it: Emma calmly suggested that it was not "something you can find by reading about it."

Analysis

This section marks a key turning point for the author, a point foreshadowed early in this section and followed through at its conclusion: his no longer being a doctor involved in his own care, instead becoming a patient. What's interesting to note about this aspect of his experience is that throughout this particular transition (part of his overall life-to-death transition), he continues to refer to Emma by her first name, ensuring that the reader continues to see her more as a person, an ally and a friend, than a doctor – perhaps in the same way that the author and his wife were determined to do. Meanwhile, the decision to become just a "patient" is arguably the first stage in the development of the book's last primary theme: the process of letting go. Up to now, there is the clear sense that even in spite of his illness, as well as throughout his treatment, the author has been determined to hold on to things: his profession, his goals, his family life. This transition, from doctor to patient, marks the first step in what is arguably his last journey: his eventual letting go of life. Interestingly, even as the process of letting go is beginning, hope remains: hope of a resumed, full, "normal" life is one of the things being let go at this point, but there is still the lingering hope of a good, sensitive, cared-for death.

Another key point about this section is the appearance of Brad, a physician who seems to embody everything that the author has, to this point, suggested that a physician should not be: arrogant, self-righteous, and insensitive, looking at a patient as an object to be dealt with rather than as a person to be healed. There is a clear and vivid contrast here between Brad and the author, and also between Brad and Emma: interesting to note, however, that the author still refers to Brad by his first name, recognizing him as a person and not reverting to calling him "doctor."

Finally, throughout this section there are continued developments in the memoir's exploration of the relationship between literature and life, as the author brings in references to Shakespeare and classical Greek playwrights, whose work focused primarily on relationships between humanity and the gods - or, more specifically, the tension between a life defined by human choice and one defined by the will of the gods. There is the sense here that the author is, even as he is letting go, continuing to strive for a life defined by individual, personal, good choices as opposed to the "will" of cancer, an earthly "god of death" if ever there was one. All that said, there is significant irony in Emma's suggestion that some things can't be read about, but have to be experienced to be known: this is not only something else that Kalanithi starts to let go of (i.e. the idea that reading can at least start to help him gain insight and/or resolve conflict), but in turn inspires him to perhaps stop thinking so much and just feel ... just live, a process that begins, ironically enough, in the book's following section, the last written by Kalanithi himself.

Vocabulary

morbidity, sonorous, vanity, oracle, sprightly, malaise, culmination, amicable, capitulate, pharynx, pantheon, lucid, cacophony, sequential



Part 2, Section 4

Summary

“Cease Not till Death,” pages 191 – 199. Kalanithi describes how Lucy’s due date passed without any sign of labor. He was discharged from hospital and went home to rebuild strength, feeling devastatingly tired and weak. Eventually, Lucy began to feel contractions. His mother, the author says, took Lucy to the hospital while he kept an appointment with Emma. As he and Emma discussed the situation, he writes, he realized that they were both struggling to see the way forward. When Emma assured him he had five years, he realized that she was no longer speaking as a physician, or as a seer who could say, with confidence, and faith, what the future holds: she spoke, he says, as a human being. “Doctors, it turns out, need hope too.”

Meanwhile, Lucy went into labor, the author was allowed into the delivery room to keep her company. Eventually, their daughter (Elizabeth Acadia – Cady) was born, and the author held her, her presence in his arms and in his life awakening him to a new truth about his future.

The author then shifts into present tense, describing the life of his family, now including his daughter who, he writes, fills his life with joy. He describes how time and meaning are merging into a single experience – time, he seems to suggest, is its own meaning. “It’s not at all that useful,” he writes, “to spend time thinking about the future – that is, beyond lunch.” He tries to work out which verb tense with which to refer to himself; how the future “flattens out into a perpetual present”; and how “all the vanities the preacher of Ecclesiastes described” mean nothing. He describes contemplating how to leave a legacy for Cady, dismissing a series of letters because he has no idea what kind of person she’ll be like when she sits down to read them. He only hopes he will live long enough for her to be able to remember him, and then leaves her a request: to never forget how much pleasure she gave him in his dying days.

Analysis

There are several layers of thematic meaning explored in this section: the process of letting go (i.e. the author describing the final stages of his letting go of life), entwined with explorations of the nature of hope. This last is primarily explored through descriptions of the birth of the author’s daughter (whose second name, Acadia, is a variation on “arcadia”, a term for a place of refuge, or of peaceful beauty) but also through his descriptions of Emma’s own struggle to find, and hold onto, hope.

A particularly noteworthy element of this section is the author’s shift into present tense as he describes what amounts to his last days (a gently ironic shift, given that one of the questions the author writes about exploring, in this section, is that of which tense to refer to himself in / with). In general, present tense writing draws a reader into a further,



deeper immediacy of a narrative experience, particularly when associated with a first person point of view, as is the case here. The reader is virtually brought into the author's hospital room, and eventually into his home, his mind, and his heart, by the combination of first person and present tense narration. It's also noteworthy to catch the glimpse of humor (i.e. the reference to lunch) evident even as the mood darkens into the inevitable.

There are a couple of final references to the book's thematic exploration of the entwining of literature and life, most significantly in one last reference to the Bible: specifically to a famous verse from the Old Testament referring to the vanity and arrogance of those whose existence is defined by earthly things, as opposed to the humility of those whose life is defined by the ways of the spirit. There is also one last glimpse of ambition (i.e. the author's ambition to live long enough for Cady to remember him); and then indications that, even as he writes these words, the author is drawing near to the final stages of letting go.

Vocabulary

logistics, epidural, incandescence, recurrence, languor, finitude, pluperfect



Epilogue

Summary

Epilogue – The story’s epilogue is written in the first-person voice of Lucy Kalanithi, Paul’s wife. She reveals that he died on Monday, March 9th, 2015, and then summarizes the last few weeks of his life: his rapid physical deterioration; his determination to avoid both neural failure in his brain and loss of speech for as long as possible; his determination to have Cady with him as much as he could; and his family’s final, hours-long vigil at his bedside (in the same hospital where he received his diagnosis and where Cady was born) until he finally slipped into unconsciousness and death.

Lucy then suggests that the book is as unfinished as Paul’s life, in spite of his obsessive determination to finish it in his last weeks and days. She describes his determination as part of his mission not just to understand the meaning of life and the nature of death, but his simultaneous determination to share his thoughts with others. She describes how their joint suffering made their marriage stronger and more intimate; how their families helped them through it all (their home, she writes, often felt like a “village”); and how, strangely, she feels in some way lucky. “Although these last few years have been wrenching and difficult,” she writes, “almost impossible they have also been the most beautiful and profound of my life, requiring the daily act of holding life and death, joy and pain in balance and exploring new depths of gratitude and love.” She also describes her pride in his accomplishments (writing the book, maintaining his humor, simply living) and comments that he was, at last, able to live with hope, “that delicate alchemy of agency and opportunity that he writes about so eloquently, until the very end.”

Lucy describes Paul’s place of burial, how she frequently visits, and how surprised she is to discover that it’s possible to love someone as much, and in the same way, after they’ve died as happened when that person was alive. She quotes author C.S. Lewis, who said that “bereavement is not the truncation of married love, but one of its regular phases – like the honeymoon.” Lucy comments that she is continuing to honor Paul in her work, raising their daughter, continuing relationships with his family, even while she is aware that had he lived, he would have done remarkable things to help families and patients through their suffering – the book, she says, is his way of doing that even though he’s no longer alive. She describes the book as “complete, just as it is.” She concludes by saying that Paul’s book and his life were both testaments to who he had been at the end but also to who he had been all his life ... both of which he faced with, as she puts it, “integrity.”

Analysis

In many ways, and despite what seems to be a lack of similar literary interest and/or experience to that of her husband, Lucy Kalanithi’s writing in the Epilogue is as



engaging, as honest, and as thematically relevant as Paul's. In many ways, she picks up where he left off, not only in terms of his description of how his life ended, but also in terms of the themes his writing explored, or explores. Specifically, there are the references to literature (i.e. the quote from author C.S. Lewis, whose many works inspired by Christian theology and faith explore issues of life, death, and meaning in a variety of ways), and explorations of her own process of letting go which, as was the case with her husband's explorations of that theme in his portion of the book, are entwined with simultaneous explorations of the power and nature of hope.

What's particularly interesting is how her comments seem to take her husband's explorations of the relationship between life and death to a level that he couldn't. This relates to her comments on the continuing, enduring love she feels for him which, she writes, continued even after his death. This is not something that her husband was able, or would have been able, to write about if he had continued to live: there is the strong sense here, however, that it is the natural, almost inevitable, next step to the journey of exploration he was traveling ... a journey that, as the author himself writes earlier in the book, every living being (including his newborn daughter) is eventually, naturally, inevitably, unavoidably going to take.

Vocabulary

expectancy, acuity, oblivious, acclimate, debility, resuscitate, adjacent, ameliorate, ensconce, askew, exhortation, fortitude, coniferous, communal, arduous



Important People

Paul Kalanithi

Paul Kalanithi is the book's author and central character: the work is a memoir of his experiences before, during, and after receiving a diagnosis of lung cancer. As he begins his story (in a Prologue), Kalanithi is in his mid-thirties, on the cusp of a potentially successful, lucrative, and respected career as a neurosurgeon and teacher. He experiences all that potentially taken away, at least temporary, by that diagnosis: the narrative as a whole is an evocation of both his past (i.e. the experiences of his childhood, youth, and young adulthood that got him to that point), his present (i.e. his experiences of not only receiving treatment for cancer but of his simultaneous contemplations of life and its meaning), and his hopes for the future (i.e. resuming his career, having a family).

What makes Kalanithi and his story unique is that in addition to being a highly intelligent and extremely skilled physician – that is, focused on the workings and functions of the body – he is also contemplative of, and seeking more and more insight into the feeling, perspectives, and values that animate a body and enable it to become a human being, as opposed to being merely a collection of tissue and functionality. This manifests in several ways: in his determination that doctors and patients think of each other, and treat each other, as human beings, with lives, personalities, and identities; in his study of literature with the idea that the insights and considerations of other minds and spirits might help him come to an understanding of the experience of life in general; and, once he receives his diagnosis, in his determination to find the balance between being a body that requires physical treatment to get well and a human soul experiencing both a fear of death and a desperate, longing joy in life. Ultimately, he portrays himself as coming to an understanding that all the contemplations and/or all the treatments in the world cannot, and will not, change the inevitable fact that death awaits every living thing, and that the best that can be hoped for is that when it comes, it does so at the end of a life that's been lived, and ended, with integrity, compassion, and fullness.

Lucy Kalanithi

Lucy is the author's wife / widow, a fellow physician and the mother of their daughter. She is portrayed throughout the narrative as being both forthright and supportive, a passionate advocate for her husband's care; a thoughtful ally in all their decision-making processes; and a frank, honest, commentator on the way things are, rather than on the way things are hoped to be. She is the author of the book's epilogue, a closing to the narrative that describes her husband's death, her own discoveries in its aftermath, and the purpose she and her husband share in the creation and publication of what is ultimately a shared memoir.



Abraham Verghese

Abraham Verghese is the author of the book's introduction. He, like the author, is a physician and writer, and considers / writes about many of the same issues and experiences. He writes of the author with a hint of regret at not knowing him better, but with a strong sense of gratitude and respect for what the author accomplished in both his life and in his book.

The Author's Father

The author's father was / is a physician who, at the end of his son's life, was a strong and vocal advocate for his care, but at the beginning of that life, was an example of why the author didn't want to become a physician: he, Dr. Kalanithi, was perceived as being away all the time. The author, however, eventually came to respect and/or understand his father's gifts, seeing his ability to connect with patients on a human, humorous level as the inspiring, open sort of relationship that he (the author) wanted to have with his own patients.

The Author's Mother

While the author's father was clearly the inspiration for one side of his son's personality and identity, his mother is just as clearly the inspiration for another side: his love of literature. Intensely determined to see all her sons get a good education, the author's mother is described as not only making sure that they read a variety of books, but also advocated for a better curriculum in the school system in which her sons were studying. Later, in the aftermath of her son's cancer diagnosis, the author's mother is a staunch support for both him and his wife.

The Author's Patients

Throughout the narrative, the author describes how the many, and varied patients, he encountered throughout his training and practice shaped his understanding of what it means to be a doctor, a patient, and/or simply a human being. From his patients, living and dead (i.e. those who die during treatment as well as the cadavers he examines), he learns compassion; he learns the necessity to know, understand, and respect them; and he learns the value of his own life and insights.

"V"

"V" is the pseudonym given to a colleague of the author's who is diagnosed with cancer; who undergoes treatment; and who recovers, enabled to resume his career. "V's" story is a kind of foreshadowing of the author's own experience, and seems, without the



author actually saying so, to serve as a kind of inspiration for the author when he undergoes his own experience with cancer.

Jeff

Jeff is an internist with whom the author studies and works during his time in medical school and residency. At a key point in his life and career, the author learns that Jeff killed himself following the failed treatment of a patient. The author's perspective on working hard, fast, and under pressure to be right changes as a result of Jeff's death: he (the author) resolves to be easier on himself, and to be more forgiving of his own mistakes.

Emma Hayward

Emma, who is never referred to as "Dr. Hayward," is the oncologist (cancer specialist) who works with the author towards his recovery. Her insistence that they not discuss statistics associated with cancer-related death and/or survival is paralleled by her determination to interact with the author as both a fellow professional with valid opinions and insights and as a human being. Eventually, her suggestion that there will come a time that he let himself just be her patient releases the author from a self-pressuring desire to participate in his own care, while her carefully measured expressions of hope remind him that she, like all physicians, is a human being as well.

Brad

Brad is a medical resident who is on duty at a time when the author's treatment is becoming less than fully effective. Brad is portrayed as being exactly the kind of physician the author doesn't want to be, and the kind of physician Emma is not: distant, impersonal, seeing the patient as an inconvenience and/or just a body. His presence is a powerful, vivid, defining contrast to the author's positive values as a physician, and is also a similarly powerful suggestion to the reader that the author's values are, at the very least, the more human.

Cady

Cady (born Elizabeth Acadia) is the author's daughter. Conceived by in-vitro fertilization as her father is drawing closer and closer to death, her impending birth and eventual life become powerful incentives for the author to keep living. He expresses the wish that he remain alive long enough for Cady to remember him, but he dies when she is only a few months old. The name "Acadia" is a variation on the word "arcadia," a term used to describe a place of free, natural beauty, full of life.



Objects/Places

Death

Death is a constant presence in the book on a number of levels, from practically the first words of the Introduction (which refer to the author's death) to the final words of the epilogue (which refer to the life of the author's wife in the aftermath of his death). It is a subject of discussion, contemplation, and analysis; it is a trigger for, and component of, most of the book's key themes; and, ultimately, its presence is the trigger / catalyst for both the author and his writings to consider the book's primary question ... what is the meaning of existence?

Cancer

Cancer, the cause of the author's death and an element in several experiences to which he refers in the course of the narrative, is arguably the most apparent / evident cause of death referenced in the book. There are references to it being curable / cured, but by far its most significant manifestation is as a cause of life to end. On the other side of the coin, like the broader concept of death, cancer is the trigger for many of the contemplations and insights experienced by the author.

Literature

Throughout the narrative, the author describes literature as an important, perhaps even essential, guide towards insight, understanding, and awareness. He primarily relates insights made available by literature to his contemplations of the meaning of life and/or death, but they are also applied to relationships, values, and emotional experiences like loneliness and/or solitude.

Neuroscience

As the author tells it, simultaneous explorations of literature and neuroscience (i.e. the science of the brain and nervous system) trigger insights from one into the other. As he explores the relationship between the mind and the brain, he discovers ways in which the implications of literature entwine with the facts of neuroscience to take understandings of both to another level of deeper human meaning.

The Brain

The brain, as the author tells it, is simply a physical organ of the body - complex, multi-purposed, and mysterious, but still something with an almost mechanical function that can be taken apart, broken down, and analyzed. As such, he contends, it is something



different from the mind, indispensable to the latter's function and/or existence but not designed / built to bring exactly the same qualities to human life. The body cannot function without the brain: it is the author's contention that the body does not actually live without the mind.

The Mind

Whereas the author describes the brain in almost entirely physical terms, he describes the mind in terms that some might call meta-physical. There is, he suggests, no physical value to thoughts, values, beliefs, insights, or dreams, which are the totality of the mind: without them, he writes, the body is merely an intricately constructed, fascinating, but soulless construction of cells, atoms, and functions. The two, he contends, need each other to bring meaning and value to existence.

Kingman, Arizona

This city surrounded by desert is the community in which the author grew up. His experiences there, both with his family and outside his family's circle, gave him the foundations of interest in medical science, interest in literature, and interest in adventure and exploration that fueled and defined much of his career and/or life.

Stanford

Stanford University, where the author attended medical school, is one of the most prestigious universities not only in the United States but in the world. It, and the hospital affiliated with its medical school, is the setting for much of the book's events: the author's experiences while studying, his experiences while interning, the birth of his child, his diagnosis and treatment.

Breath

Several times throughout the narrative, including its title, the author refers to the concept of breath - specifically, how it fuels the functions of both the physical body and the non-physical mind. Interestingly, there are descriptions of breath as both essential and powerful (i.e. in consideration of how it animates both mind and body) and weak (i.e. in how its powering of words is ultimately frail and soft).

Hospital Rooms

Throughout the narrative, the author defines a relationship between important incidents (i.e. his diagnosis, the birth of his daughter) with the hospital room in which they take place. He pays particular attention to the room in which he received his diagnosis, one



in which, he says, he had GIVEN diagnoses to a number of patients and in which, he adds, he felt strange being on the receiving end of a similarly troubling diagnosis.

Beds

In the Epilogue, in an interesting contrast to her husband's focus on hospital rooms and a similarly interesting contemplation of circumstances that link key points in her family's journey through her husband's death, Lucy Kalanithi enumerates the various beds in which important events have taken place. These include the first bed they shared as a couple; the bed in which her husband received his treatments; the bed in which they slept together in the aftermath of the birth of their daughter. There is a sense here that for her, beds represent aspects of safety, warmth, comfort, connection, and humanity, experiences common to bed-borne experiences of both great joy and great pain.

The Author's Grave

Also in the Epilogue, Lucy Kalanithi refers to the place where her husband is buried: atop a mountain, where there is both a beautiful view and openness to chilling weather. There is a clear metaphorical implication here: that like the place where he is buried, Kalanithi's death and its aftermath have opened doors to both great beauty and great suffering.

The Book

The book itself is described by all three persons who contributed to it (the author of the Introduction, Abraham Verghese; the author of the epilogue, Lucy Kalanithi; and the author himself, Paul Kalanithi) as a multi-faceted continuation of the questioning, the purpose, and the life of the man who wrote it. It is, writes Lucy in particular, an extension of what her husband wanted to do, and began to do, while he was still alive: reach out to those, both doctors and patients, coping with life and death struggles in the hope that any insights he might have gained as a result of his encounter with death might help them with theirs, whatever side of the relationship (patient / doctor) they land on, or in.

Themes

The Connection between Literature and Life

As author Paul Kalanithi simultaneously explores the relationship between life and death and takes his own personal journey between the two, he explores several different, but inter-related, aspects of the experience. The first is an exploration that, as narration describes it, he had undertaken for most of his life, one of looking into the relationship between literature and life – or, more specifically, the meaning of life.

In the first section of the book, he writes of how his mother, of Hindu descent, became passionately involved in both the education of her sons and in the education of the larger community in which she and her family lived. On both levels, that education was, for her, primarily grounded in reading a variety of texts, writers, and perspectives. As a result of his mother's efforts, Kalanithi writes, he began the process of discovering not only the meaning of life, but that different writers, different people, had different understandings of what that meaning was, or at least could be. As he matured into his post-secondary education, however, he discovered that literature in all its various forms – non-fiction, fiction, poetry, drama – can offer insight, but that there were also connections to be found between those sorts of intuited, felt, lived insights (in other words, insights gleaned as a result of contemplating from the mind, heart, and spirit) and insights available as a result of analysis and contemplation of physical reality (in other words the body, its functions, and the purposes of those functions). He describes how the words of writers like Samuel Beckett, T.S. Eliot, and William Shakespeare led him to insights into why human beings reacted to changes to their bodies in the way they did: in analysis of the brain in particular but of the human body in general, he found clues to meaning in, and interpretations of, the words of those and other writes. He also, he suggests, found insights into humanity's longing for that meaning. That exploration, that searching for connections between literature and life continued through his illness and even in the final days of his life, inspiring people around him (including his wife and the author / doctor who wrote the book's introduction) to look for similar sorts of connections in their lives and perspectives.

The Relationship between Brain and Mind

The second key aspect to the author's exploration of the relationship between life and death is closely tied to the first. This is his examination of the differences between the brain (which he defines in terms of it being a physical organ) and the mind (which he defines as a product or manifestation of the brain's function, or processes). The mind, he suggests, is the source of thought, imagination, and insight: all intangibles. The brain, on the other hand, is entirely tangible: it can be seen, it can be touched, it has a corporeal reality or presence that the products of the mind do not have – not, that is, without the intervention of other bodily functions (i.e. writing, speaking) to give it perceivable manifestation.



This ties in with the literature and life theme, in that life, in the author's perspective, is defined as physical reality, physical existence: literature, on the other hand, is one product of the mind. The irony, of course, is that mind and/or literature cannot come into being without the workings of the brain / body and their physical life: but the life of the brain / body can continue without the presence, development, or influence of literature and/or life.

What's interesting to note here is the clear implication in the author's work that an existence without the latter, without literature or a life beyond physical existence, is simply not worth living. This is the philosophy behind several of his choices – for example, his determination to hold onto the power of speech and/or communication for as long as he possibly can in the face of the inevitably physical deterioration of his body in general and his brain in particular. Words and language are, for him, both the tools and the proof of life, of the mind's continuing function and of the value that function gives to physical existence. Without them, he suggests, and indeed without individual identity provided and/or defined by the workings of the mind, the human body is an animated, empty shell, the sort of existence that he, in his work both as an author and as a neurosurgeon, was determined to help people avoid becoming.

The Power of Ambition

Ambition, broadly defined as the desire for more, is portrayed throughout the narrative as a major component of the relationship between life and death. For many people, the connotation (i.e. implied meaning) of ambition relates to issues of physical or earthly success and/or prosperity: status, money, reputation, and/or power. There is the sense, at many points in the narrative, that the author was not immune to the attractions of any of those things: he describes, on a couple of occasions, how he was pulled forward towards academic success, and later professional success, by the allure of good income and/or an impressive reputation potentially obtained through working and/or studying at prestigious institutions. The point is not made to suggest that the author was not prepared to work for his achievements: on the contrary, his writing makes it clear that working hard, often too hard, was for him the primary way to realize those ambitions.

As the narrative unfolds, however, the author comes to realize (through his studies of literature, the mind/body relationship, and human behavior) that there is much more to a successful life than money, status, reputation and power. That "more," for him, began to include ambitions towards open, sensitive, respectful relationships with patients; responsibility towards his own well-being; and vulnerable, honest engagement in his primary personal relationships. In other words, he began to follow ambitions defined by the more intangible needs of the mind, rather than the physically oriented desires of the body.

Interestingly, though, as his illness progressed, he discovered that it became important – essential, even – to again reorient his ambitions, back in the direction of the body but towards just basic needs like eating, breathing, thinking, and communication. His



ambitions, over time and as the result of moving into periods of pain and/or inability to function, became arguably less and less selfish and more and more defined by simply what was needed to be alive. The exceptions are his ambitions to be a father, and it is at this point that the line between ambition and another major theme – the nature of hope – becomes blurred.

The Nature of Hope

Throughout the narrative, ambition tends to be an emotion of the head, related to and defined by images of what life should be, or is believed to be. It can be fueled by desire, driven by determination, and/or shaped by fear or longing, but at its core it is a product or manifestation of ideas. Thus, the author has ideas about professional and/or personal success; he has ideas about defeating his cancer, and towards playing an active role (as physician and as person) in that defeat); and, even in his expansive, varying search through literature, he has ideas about a unique understanding of the meaning of life and its interrelationship with death. Later in the narrative, however (as well as in his Prologue), the language of his analysis and/or contemplations changes somewhat, and there begins to be a sense that there is a more visceral source of his desire, a more felt pulling forward as opposed to the more imagined, idea-defined pulling of his earlier life / narrative. This is the pull of hope, manifest primarily in the author's gradual transition from belief (that he will overcome his disease and realize the success he has always dreamed of) and into somewhat less confident but more emotionally resonant hope.

There is the sense, again throughout the narrative and perhaps in life, that hope exists on two planes. The first is on the plane of the book's, and the author's primary interest: the relationship/journey between life and death. Ambition, the book implies, is a product of life: hope, the book implies, is a product of the awareness of death, whether that death becomes imminent (as it does for the author and his family) or whether awareness of death forms an undertone, or subtext, for life as a whole. On its second plane of existence, the book suggests that hope functions on / at a layer of feeling, of mind, of humanity, of need beneath that of ambition. There is vulnerability associated with hope of a sort that ambition doesn't always allow for: ambition tends to feel or seem hard or steely, almost armor-like, perhaps protective of desire's hopeful underbelly. There is also a sense that people reaching out for, and/or moving forward with, hope walk a very fine line: hope is, after all, the flip side of despair, and for many individuals, including the author, an experience of hope becomes increasingly intense as its shadow side, despair, makes its grasping presence more apparently felt.

As noted above, ambition shades into hope in both the author's life and his narration of that life when his ambitions to become a father shade into hope (and deep longing) that he will live long enough to be remembered by his daughter. What's interesting about the author's narrative of his final weeks is that he holds on to that hope, or at least portrays himself as doing so, until the very last. He does not portray himself as doing what many of his patients do; what many of the other people he writes about do; and what he himself does, at times: let go, the final manifestation of the book's consideration of the relationship between life and death.



Letting Go

Arguably, the process of death is one of letting go – of life, of mind, of identity, of self. The author suggests throughout his narrative, that letting go does not take place all at once, and is also not tied to the literal death of the physical body. At various points, he describes the processes of letting go of resentment (i.e. of his father's absences, as he – the author – comes to realize that his father was absent, at least in part, because of his determination to relate to his patients on a human level) and the process of letting go of ambition (i.e. the point at which he realizes that to accept a position and status of which he has always dreamed could potentially damage other, more emotional/personal experiences that he had come to prioritize). Perhaps most importantly, there are descriptions of his process of letting go of his self-perceived need to be an active physician participant in his own recovery, and of his letting go of definitions of what he believes his physical life should be. There are also contrasting portrayals of people / circumstances in which letting go did not happen (i.e. Jeff's suicide, an example, in the author's perspective, of what could happen if an ambitious physician did not let go of guilt or responsibility).

Ultimately, though, the book is one long narration of the author's primary experience of letting go – his releasing of his life into the unknown beyond death, an experience that his later-life physician, Emma, suggests is not something he can learn about by reading. He lets go of that need for understanding; he lets go of his need for control; and he lets go of his belief that he will again be well. What is particularly interesting to note, and is very very telling about the author's experience, is that his narration does not include a description of letting go of his hopes for his daughter, and that she will at some point in her life know the value and joy she brought into his. It is perhaps this held-onto hope, in fact, that allows him to perform the ultimate act of release: the letting go of his physical existence which, arguably, might have led him to the completion and/or realization of the dream of his entire life: to know, in death, the true and full meaning of life.

Styles

Structure

This relatively short book has a fairly straightforward structure. The main body of the narrative is essentially divided into two sections, each with its own title. The first section, “In Perfect Health I Begin” is the story of the author’s early life – his childhood, his family background, the origins of his simultaneous interests in literature and neurosurgery, and the narrative of how those interests entwined in terms of both his career and his personal interests, philosophies, and values. The second section, “Cease Not Till Death,” is the narrative of the last months of the author’s life as he struggles to deal with, and/or overcome, the cancer that eventually kills him. In short, the first section essentially focuses on the author’s life before his diagnosis: the second section is focused on his life afterwards.

These two main sections of the work are bookended by a Prologue and an Epilogue. In the former, the author describes the moments immediately following the receipt of his diagnosis, as he and his wife Lucy dealt with the immediate shock while making the first round of necessary decisions. In the latter, Lucy describes her husband’s death and funeral, as well as her own reactions, insights, and contemplations in its aftermath.

At the very beginning of the book, there is an introduction by Abraham Verghese, himself an author and practicing physician with roughly the same interweaving of interests as the author himself had. The introduction tells the reader, practically in its first sentence, that the book’s author is dead: there is, after this revelation, no sense of suspense as to how the book, and the personal journey that propels its narrative, is going to end. What the Introduction and everything that follows do instead is take the reader on a journey of how and why the author had the journey that he did, said journey becoming even more moving and engaging given that the reader already knows the “what” of its ending (i.e. the death of the author).

Perspective

The book’s perspective is arguably one of its most intriguing elements. It is an exploration of the relationship between life and death by someone who is living it even as he is exploring it. The writing has both a strong sense of immediacy and a similarly strong sense of perspective, of looking into the immediate moment for its meaning while being simultaneously aware of long-term history (i.e. the thoughts and contemplations of other writers who have explored the issues the author is looking into), short-term history (i.e. the author’s own life, experiences, and contemplations), short-term future (i.e. the author’s cancer-truncated life), and even longer term future (i.e. the author’s hopes, dreams, and imaginings for his months-old daughter).



Overall, the author's personal perspective, one that also becomes the book's perspective, is that a little knowledge is rarely enough – that there is always more to excavate in terms of life's meaning, or interpretations of that meaning. At the same time, there is a parallel perspective on the experiences of the body: there is always, the author implies, more to know about how the body works, how the body works in relation to the mind, and how people work in relation to each other. What's interesting to note here is that while the author seems to sense that forward movement is finite and/or limited (i.e. forward movement through time, or from place to place), that there is no limit to movement inward, or downward (i.e. into the human spirit, the human psyche, the human mind, the human heart).

In the book's final section (that is, the final section written by the author himself) there is the clear sense that although his physical capacity to move has come to an end, his searching mind and spirit are continuing to explore the inner implications of that outer loss of movement – the relationship between what he comes to believe is the ongoing life of the spirit and the ending, finite life of the body. The book ends, in the epilogue written by the author's widow, with a reiteration of that perspective – specifically, with her seemingly surprised affirmation that even though her husband's physical body has gone, the love she felt for him (and, by implication, the love he felt for her) – in other words, the entwining of both their spirits - continues.

Tone

The book, right from its introduction, is very clear that it is the story of a man's death, and a tragic death at that: it is the story of a brilliant, thoughtful, wise young man whose life and potential are cut short by a diagnosis of cancer. It would be forgivable, therefore, if a reader's initial reaction was one of sadness, or fear. It would likewise be forgivable if the author had written about his life and death with a tone of self-pity or grief, anger or frustration. It is, however, one of the significant elements of the book that none of these emotions dominates the book's overall tone. There are glimpses of them all: there are moments that the author reveals an experience of feeling sorry for himself, and of grieving the physician/man/father he never got the chance to be. There are also glimpses of his anger at the illness and at the people who, in his mind, lose track of the fact that he is still a living, breathing person; there are further glimpses of frustration at these same people, at the system of training and study on which he embarked, and at his own inability to fully be the physician or person he thinks he should be. All that said, though, the dominant tone of the book is one of active contemplation: of considering the elements of his life, past and present; of looking at how it all interacts; of looking at the conclusions that can be drawn from consideration of those interactions; and, perhaps most importantly, of a quietly fierce determination to not remain stuck in the questions but to find as many answers, and as many good ones, as he can.

In other words, there is a clear, powerful, evocative sense of someone with a strong mind, open heart, and questioning spirit searching not for an ultimate, single meaning to life, but for as many possible meanings of life as he can find and identify. This gives rise to a certain, occasional sense of shallowness about some of the insights discussed:



there is a feeling of a stone skipping across a lake, that the writing jumps from glimpsed insight to glimpsed insight without examining or exploring any in particular depth. But this is perhaps part of the author's intent: to open the reader's mind and spirit to the possibility that there are more doorways into understanding death than s/he might have previously believed and/or understood. He is perhaps leaving it up to the reader to decide which of those doors to look into, contemplate further, or pass through.



Quotes

I recall the sun filtering through the magnolia tree outside my office and lighting this scene: Paul seated before me, his beautiful hands exceedingly still, his prophet's beard full, those dark eyes taking the measure of me ... I remember thinking 'You must remember this,' because what was falling on my retina was precious. And because, in the context of Paul's diagnosis, I became aware of not just his mortality but my own.
-- Abraham Verghese (Foreward)

Importance: This quote from the Introduction reflects one of the main elements of the book to follow: the preciousness of life, moments of life, in the face / awareness of death.

In this room, I had sat with patients and explained terminal diagnoses and complex operations; in this room, I had congratulated patients on being cured of a disease and seen their happiness at being returned to their lives; in this room, I had pronounced patients dead. I had sat in the chairs, washed my hands in the sink, scrawled instructions on the marker board, changed the calendar. I had even, in moments of utter exhaustion, longed to lie down in this bed and sleep.
-- The Author (Paul Kalathini) (Prologue)

Importance: In this quote, the author reflects on the irony of being a patient in a room where he, as a physician, had given diagnoses, similar to the one he just received (i.e. of cancer) to patients who reacted in the same way as he himself is reacting.

It would mean setting aside literature. But it would allow me a chance to find answers that are not in books, to find a different sort of sublime, to forge relationships with the suffering, and to keep following the question of what makes human life meaningful, even in the face of death and decay.
-- The Author (Paul Kalathini) (Part 1, Section 2)

Importance: Here the author explains the thought process behind his decision to leave aside his literary studies and move into the study of neuroscience. There is a sense, here and throughout the narrative, of his awareness that the true knowledge he seeks can and will be more easily found by combining his two interests, as opposed to continuing with just one or the other.

... in opening my cadaver's stomach, I found two undigested morphine pills, meaning that he had died in pain, perhaps alone and fumbling with the cap of a pill bottle.
-- The Author (Paul Kalathini) (Part 1, Section 2)

Importance: With this very sharp, concise image, the author sums up the awareness that came to him during his studies of anatomy - or, more specifically, his studies of human cadavers : that each one had a life, an identity, and experiences before they died ... in other words, that they were human beings before they were dead bodies, or even patients.



Not only would I have to train my mind and hands, I realized; I'd have to train my eyes, and perhaps other organs as well. The idea was overwhelming and intoxicating: perhaps I, too, could join the ranks of these polymaths who strode into the densest thicket of emotional, scientific, and spiritual problems and found, or carved, ways out."
-- The Author (Paul Kalathini) (Part 1, Section 3)

Importance: Here the author describes, or sums up, his sudden awareness of just how much, and in what ways, he's going to have to open his mind and experiences if he is going to become the kind of physician he believes he should be, and needs to be.

It was in the air, the stress and misery. Normally, you breathed it in, without noticing it. But some days, like a humid muggy day, it had a suffocating weight of its own. Some days, this is how it felt when I was in the hospital: trapped in an endless jungle summer, wet with sweat, the rain of tears of the families of the dying pouring down."
-- The Author (Paul Kalathini) (Part 1, Section 3)

Importance: This quote is one of several references throughout the book to the emotional qualities / values of breath and air: in this case, air is likened to experiences of grief and/or suffering.

I had to help those families understand that the person they knew – the full, vital, independent human – now lived only in the past and that I needed their input to understand what sort of future he or she would want: an easy death or to be strung between bags of fluids going in, others coming out, to persist despite being unable to struggle.
-- The Author (Paul Karanithi) (Part 1, Section 3)

Importance: There is deep irony in this quote, in that while he is describing the dilemma in which he finds himself as he counsels families and patients, the author is simultaneously foreshadowing dilemmas in which he and his family find THEM-selves in the aftermath of his being diagnosed with cancer.

The cost of my dedication to succeed was high, and the ineluctable failures brought me nearly unbearable guilt. Those burdens are what make medicine holy and wholly impossible: in taking up another's cross, one must sometimes get crushed by the weight.
-- The Author (Paul Karanithi) (Part 1, Section 3)

Importance: This quote simultaneously explores and/or develops the book's thematic consideration of ambition and defines some of the potential consequences of pursuing it.

One chapter of my life seemed to have ended; perhaps the whole book was closing. Instead of being the pastoral figure aiding a life transition, I found myself the sheep, lost and confused. Severe illness wasn't life-altering, it was life-shattering. It felt less like an epiphany ... and more like someone had just firebombed the path forward. Now I would have to work around it."



-- The Author (Paul Kalanithi) (Part 2, Section 1)

Importance: This quote highlights one of several situations in which the author realizes that he has to make the transition from doctor to patient.

The word 'hope' first appeared in English about a thousand years ago, denoting some combination of confidence and desire. But what I desired – life – was not what I was confident about – death.”

-- The Author (Paul Kalanithi) (Part 2, Section 1)

Importance: As it develops a key element of the book's thematic consideration of the value of hope, it also presents the book's consideration of hope's primary obstacle: the inevitability of death.

The tricky part of illness is that, as you go through it, your values are constantly changing. You try to figure out what matters to you, and then you keep figuring it out ... you may decide you want to spend your time working as a neurosurgeon, but two months later ... you may want to learn to play the saxophone or devote yourself to the church. Death may be a one-time event, but living with terminal illness is a process.

-- The Author (Paul Kalanithi) (Part 2, Section 2)

Importance: The author describes a key insight that he came to about the experiences of living with the presence / inevitability of death: that there is a kind of desperation, or of frantic-ness, about the decision-making process while in that particular set of mortality-defined circumstances.

In the end, it cannot be doubted that each of us can see only a part of the picture. The doctor sees one, the patient another, the engineer a third, the economist a fourth, the pearl diver a fifth, the alcoholic a sixth, the cable guy a seventh, the sheep farmer an eighth, the Indian beggar a ninth, the pastor a tenth. Human knowledge is never contained in one person. It grows from the relationships we create between each other and the world, and still it is never complete. And Truth comes somewhere above all of them...

-- The Author (Paul Kalanithi) (Part 2, Section 2)

Importance: This is one of the key insights discovered by the author as he works through the process of diagnosis, treatment, and acceptance of his mortality: that no-one person holds all the answers, but that if all the possible answers were put together, one universal answer might emerge.

[Emma spoke] without the authoritative tone of an oracle, without the confidence of a true believer. She said it, instead, like a plea. Like that patient who could speak only in numbers. Like she was not so much speaking to me as pleading, a mere human, with whatever forces and fates truly control these things. There we were, doctor and patient ... no more, and no less, than two people huddled together as one faces the abyss.

-- The Author (Paul Kalanithi) (Part 2, Section 4)



Importance: Here, as the author again develops / explores his theme of the power of hope, he also describes one of his personal and professional preoccupations: the idea that both physicians and patients should, perhaps even need to, see and/or relate to each other as human beings rather than as just roles, or functions, or labels.

Feeling her weight in one arm, and gripping Lucy's hand with the other, the possibilities of life emanated before us. The cancer cells in my body would still be dying, or they'd start growing again. Looking out over the expanse ahead I saw not an empty wasteland but something simpler: a blank page on which I would go on.

-- The Author (Paul Kalanithi) (Part 2, Section 4)

Importance: This quote, taken from the description of the author's experience in the aftermath of his daughter's birth, is another manifestation in the narrative's thematic interest in hope and possibility: specifically, the idea that hope doesn't need something specific to aim for, it can just be a present, guiding force, or principle, or intention.

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 job that does not hunger for more and more but rests, satisfied. In this time, right now, that is an enormous thing.

-- The Author (Paul Kalanithi) (Part 2, Section 4)

Importance: In the final stages of his narrative, the author addresses his daughter, reminding her (even though she is years away from being able to read or understand what he is saying) to remember what an important role she played in his life, and in his death.

Paul, after you die, your family will fall apart, but they'll pull it back together because of the example of bravery you set.

-- Paul's Attending Physician (Epilogue)

Importance: These words, from one of the doctors attending the author in his last moments, can be seen as summing up an important aspect of the book: the idea that in his quest for life in death and the meaning of death in life, the author is providing an example not only for his family, but for anyone who reads his words.

Paul's decision not to avert his eyes from death epitomizes a fortitude we don't celebrate enough in our death-avoidant culture. His strength was defined by ambition and effort, but also by softness, the opposite of bitterness. He spent much of his life wrestling with the question of how to live a meaningful life, and his book explores that essential territory.

-- Lucy Kalanithi (Epilogue)

Importance: This comment from the epilogue, written by the author's widow, is another example of how the book's overall purpose shows up in the words it contains: to offer inspiration (hope?) to the reader as s/he, at whatever point in life they are, becomes



aware of death, mortality, and of the possibility of light and joy even in the face of impending darkness.

Because Paul is buried on the windward side of the mountains, I have visited him in blazing sun, shrouding fog, and cold, stinging rain. It can be as uncomfortable as it is peaceful, both communal and lonely – like death, like grief – but there is beauty in all of it, and I think this is good and right.

-- Lucy Kalanithi (Epilogue)

Importance: This quote, from the book's concluding paragraphs, vividly evokes the complex nature of grief and loss.



Topics for Discussion

How do you respond to Verghese's idea that he didn't want to interrupt Kalanithi's remaining time by trying to establish a friendship? What might you do in a similar situation?

The issue here is priorities: recognition of another's priorities, putting your own priorities in relation to those of others, and making decisions appropriately. Given the literally life-and-death situation in which the men find themselves, situations in which readers will probably (inevitably?) find themselves, the question deepens consideration of a seemingly in-passing comment and brings it home / into the reader's experience.

The image of the sky that Kalanithi refers to in his narration of his time at the camp (light in one half, darkness in the other) can be seen as a metaphoric representation of what other aspect of his life – that is, of his whole life, not just of his life up to this stage?

Even though the work is not a piece of fiction, it does incorporate instances of literary techniques, primarily irony, but also the development of image and metaphor. As is often the case, the image of light and dark here evokes life and death; hope and despair; possibility and limitation.

Discuss the ironies associated with the author's description of his first experience of a patient's death.

The primary irony is that of the twins dying in the same moment as another baby is being born. There is also irony in the birth of insight and understanding at the same time as he experiences a death of hope and / or optimism.



What does the author mean / suggest / imply when he comments, in relation to his experience of apologizing to a cadaver, that he and his colleagues did so “not because we sensed the transgression but because we did not.”

The author implies in this section that he and his fellow med students forgot that the bodies they were examining actually belonged to human beings, with lives, families, and feelings. The "transgression" he refers to can be seen as a kind of disrespect of those lives and/or of that sense of identity. The apology is not for conducting what might be perceived as an act of disrespect, but for not feeling as though that's what it is.

What do you think the author means when he refers to the difference between being “with” his patients and “at” their pivotal moments? What aspects of his experiences / theories / values does this statement relate to?

In this context, "with" refers to being emotionally and spiritually present: "at" refers to being present merely in the body. The experience described here is part of the author's discovery / contemplation of the importance of a doctor being a human person and recognizing that the patient is similarly a human person, both worthy of (needing of?) connection.

What do you think is behind Emma's insistence that she and the author (and those around him) not talk about survival rates?

There is the sense, throughout the second half of the book, that Emma strives to focus on positive outcomes rather than on possibilities and/or likelihoods of negative ones. Her insistence that death statistics not enter the conversation is, quite clearly, an effort to keep herself, her patient, and her patient's family focused on the positive.



Do you agree or disagree with the author's contention that science and faith, when considered together, might offer the truest, fullest answers to questions of truth / meaning?

This is one of the key questions raised by the book, and by the author's experience of both life and death. There is no right answer: the question is an opportunity for readers / students to think about, and/or discuss, an age old question ... what is relationship between knowledge and belief, and how can both / either be relevant and/or effective while considering questions of life and death.

What is your experience of relationships with doctors, either in serious cases like that experienced by the author, or in general? Do you feel like a person, or a patient? How do you feel about the author's contention that both physician and patient should be considered as people first?

This topic relates to another of the book's central contentions: the idea that doctors and patients need to see each other, and treat each other, as people. There are strong arguments against this idea, perhaps most vocally from doctors: if they treat every patient as a potential friend, or at least as a human being, they run the risk of somehow being engaged and/or affected by their suffering, when what they need to be is clear headed and objective. The author, in his writing, suggests there is a balance that can be found: the question here asks students/readers to think about what that balance has been for them, and might need to be.

It could be argued that the author's choice to become a father in the last months of his life is a selfish one, given that he is leaving his wife to the life of a single mother and his daughter with only one parent. What is your position on this: is it a selfish choice? Why or why not?

In a book in which difficult, complicated moral questions are suggested and explored, this is one question that is never really raised and/or discussed. Is it a truly compassionate, wise choice for Kalanithi and Lucy to have a baby, or is it a selfish one? Is it about giving a child life, or is it about giving Kalanithi an opportunity to be a father?



They are not necessarily mutually exclusive perspectives and don't necessarily address mutually exclusive values: it is, however, a potentially intriguing moral debate, in which there are no right or wrong answers.

**What, do you think, is the meaning of the book's title?
What are its implications? What are its metaphoric /
symbolic values?**

The meaning of the book's title can be perceived as being relatively straightforward: without life, breath simply becomes air. Without meaning associated with life, breath becomes simply a means to keep a body going: with meaning, breath becomes part of a journey not only through aging and physical growth, but also through / into insight, wisdom, and spiritual growth.