

Bioethics Book Club



Nova Scotia
Health Ethics
Network

When breath becomes Air by Paul Kalanithi
Random House, New York, 2016

Summary¹

Paul Kalanithi was thirty six years old and on the verge of completing his training as a neurosurgeon when he was diagnosed with stage IV lung cancer. In *When Breath Becomes Air* he reflects on mortality, the challenges of facing death, and on the doctor-patient relationship. Kalanithi chronicles his transformation from medical student concerned with what makes a virtuous and meaningful life, to a neurosurgeon at Stanford acutely aware of the brain's importance for human identity, and later from a patient into a father confronting his own mortality, asking "What do you do when the future, no longer a ladder toward your goals in life, flattens out into a perpetual present?" "What does it mean to have a child, to nurture a new life as another fades away?"

Paul Kalanithi worked on this profoundly moving book until his death in March 2015.

Ethical Issues:

Dignified death	Doctor-patient relations
End-of-life care	Breaking bad news
Patient consent and disagreement	Dealing with moral distress
Authenticity	Identity
	Respect for the dead body

Discussion questions:

- How did this book affect your thoughts about end-of-life care?
- Is it irresponsible to give patients an estimate of how long they have to live?
- Staring with in Lucy's description of Paul's decision to remove breathing support and start morphine, discuss what "dying with dignity" means.
- Paul talks about breaking bad news to patients and their relatives. He writes "Yet, I proceeded softly, taking my cues from Mrs. Lee and her husband. Having introduced the possibility of brain cancer, I doubted they would recall much else. A tureen of tragedy was best allotted by the spoonful. Only a few patients demanded the whole at one; most needed time to digest." Do you agree with his approach?
- How do you think Paul's experiences as a medical student and as a resident training to become a neurosurgeon affected the outlook he had on his own illness?
- Paul suggests that neurosurgery, more than any other medical intervention, calls for a discussion of the question of what makes a life meaningful enough to go on living. Do you agree with this view?

¹ Adapted from Publishers summary.

- Discuss the difference between using the term ‘cadaver’ and ‘donor’. Do you think using the term ‘donor’ promotes respect for the dead body?

Discuss the following passages in the book:

- “Any major illness transforms a patient’s – really, and entire family’s – life. But brain diseases have the additional strangeness of the esoteric. A son’s death already defies the parents’ ordered universe; how much more incomprehensible is it when the patient is brain-dead, his body warm, his heart still beating?”
- “It was well past midnight when [the resident] Brad appeared. ‘I heard you had a question about your medications?’ he asked. ‘Yeah,’ I said. ‘Tarceva wasn’t ordered. Do you mind ordering it?’ ...I could see that in Brad’s eyes I was not a patient, I was a problem: a box to be checked off. ‘Look,’ he continued, ‘if you weren’t you, we wouldn’t even be having this conversation. I’d just stop the drug and make you prove it causes all this pain.’”
- “The families who gather around their beloved – their beloved whose sheared heads contained battered brains – do not usually recognize the full significance, either. They see the past, the accumulation of memories, the freshly felt love, all represented by the body before them. I see the possible futures, the breathing machines connected through a surgical opening in the neck, the pasty liquid dripping in through a hole in the belly...”
- “When a patient comes in with a fatal head bleed, that first conversation with a neurosurgeon may forever color how the family remembers the death, from a peaceful letting go (‘Maybe it was his time’) to an open sore of regret (‘Those doctors didn’t listen! They didn’t even *try* to save him!’).”
- “While being trained as a physician and scientist had helped me process the data and accept the limits of what that data could reveal about my prognosis, it didn’t help me as a patient...Nor did it tell me whether to fight for my career, to reclaim the ambitions I had single-mindedly pursued for so long, but without the surety of the time to complete them.”