Arthur Frank wastes no time in taking on the role of moral agent provocateur. He makes a bold entrance in the first paragraph of *The Renewal of Generosity*:

A physician once asked me if I had ever expressed “unqualified gratitude” to the doctors who treated me when I had cancer. I hadn’t. The other side of the question is how often I felt that I was being cared for with unqualified generosity. Not often enough. I regret that, for us all.

It’s a great lead to a book that cries, “En garde!” to physicians, especially those who are at all self-congratulatory in the realm of doctor–patient relationships.

As a physician and as a patient who has been treated for cancer, I felt doubly provoked. Even if I’m not one of the 46% of Canadian physicians in an advanced state of burnout, who among us in our busy offices and crowded hospitals has time for “unqualified generosity”? And is Frank telling me that the postcard I sent my specialist from a café in Avignon doesn’t cut it as an expression of “unqualified gratitude”?

Frank’s premise is that our relationships with those who come seeking our help should ideally be built on reciprocating expressions of generosity and gratitude. For Frank, the “foremost task” of modern medicine is not to devise new treatments; rather, it is “to increase the generosity with which we offer the medical skill that has been attained.”

Frank describes how essayist Nancy Mairs, a woman with severely debilitating multiple sclerosis, “spin[s] personal experience into moral philosophy” — not unlike what Frank does himself.

Because *The Renewal of Generosity* is a work of moral philosophy it is hardly surprising that it is “populated by moral perfectionists.” Frank draws on the work of three in particular: Marcus Aurelius, the Stoic philosopher and Roman emperor; Mikhail Bakhtin, a literary critic; and Emmanuel Levinas, a contemporary philosopher. Using their various writings as the foundation of his inquiry, Frank proposes “a radical ideal of responsibility.”

Frank introduces us to the Dialogical Stoic, an imaginary persona who “brings together … two traditions of thought that have indispensable relevance for ill people and those who care for them.” The first tradition is one of communication through dialogue: “To exist as a human is to communicate with others.” In health care these days, Frank asserts, dialogue is too often replaced by the professional monologue, to the detriment of a healing interaction. The second tradition is Stoic philosophy. Stoicism, whether espoused by physician or patient, asks: “[W]ho are you choosing to be, regardless of where you find yourself, and is that your best choice?” It is the Dialogical Stoic who provides guidance in the crucial “how to live” part of the book’s subtitle.

After our encounter with the Dialogical Stoic, we go on to meet a number of patients and doctors in chapters respectively entitled, “The Generosity