

The Monday morning book club

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When I was seven, I purchased a bookmark with a blue tassel for a dollar from the school-book fair. On it, children’s illustrator Mary Engelbreit had beautifully depicted a child, brown hair held back by an improbably large bow, sitting in a bay window engrossed in a book. In riotous script it read: “The love of learning, the sequestered nooks, and all the sweet serenity of books.”¹ As a child, the idea of a space all my own, where I could read undisturbed and unencumbered by what appeared to be the complexity of adult life, seemed like paradise. Later, as my adult life became defined by the single-minded pursuit of medicine, reading for pleasure felt like an unaffordable luxury. I became more doctor and perhaps a little less human.

Finally, while on maternity leave in 2018, I created that nook — a place to read during those long, languid hours spent nursing a newborn. With 106 books read by year’s end, I felt both a flush of pride and a flash of embarrassment — this little counting exercise suggested that my meticulous, driven doctorly self still had some control over the dreamy home-maker I envisioned myself as that year. I returned to work as the medical director at a small HIV hospital in downtown Toronto. Caring for and working with some of society’s most marginalized people is an immense privilege but sometimes a tiring one — we carry the stories of our patients and at times the stories are just so heavy.²

I was starting to feel this familiar fatigue when Robin was admitted. Robin was newly diagnosed with HIV and over the next weeks to months, he stayed on our inpatient unit while undergoing chemotherapy for disseminated Kaposi sarcoma. Robin’s new diagnosis and the



severity of his opportunistic infections had been a turning point — this was a new life, a new way of being in the world. But, week after week, as his medical conditions stabilized, it was like a fog clearing through which I could catch glimpses of his old persona, his old life. Like me, Robin had stacks of books on his side table, on the false fireplace mantle and in the little tucked-away corner that exists in each of our inpatient rooms so that our patients may have a little nook of their own.

Eventually, as we ran out of new things to say about his shortness of breath and pleural effusion, or about the steady improvement in his skin lesions, we started talking about books. The first book we talked about was *French Exit* by Patrick deWitt. He had just finished it in his patient-run book club, and I had just started it. Through talking about the saucy 65-year-old protagonist Frances Price, I learned about Robin’s loving relationship

with his grandmother, a lighthouse in a stormy childhood. Discussing Tara Westover’s *Educated* allowed us to talk about past traumas and created an opening to talk about more present ones. Specifically, Robin shared with me an experience during a recent admission at another institution, where a hospital employee used the hook of an umbrella to pull out the garbage can rather than go into the “AIDS room.”

We talked about *The Saturday Night Ghost Club* by Craig Davidson. The fictional Jake Baker, a neurosurgeon at St. Michael’s Hospital, reflects on his childhood in Niagara Falls where truth was more horrific than fiction, and the things that go bump in the night were more than merely imagined. I learned about the town where Robin grew up, how it shaped who he is now and how he got here. I learned more about Robin’s childhood, his traumatic experiences, and his resilience through

talking about this book than I would have in hours of patient interviews.

One morning Robin pointed to a dog-eared copy of *The Seven Deaths of Evelyn Hardcastle* by Stuart Turton. He talked about the strangeness of this novel, the eerie way in which the reader gets caught in a time loop with the characters. Robin repeatedly offered to lend me his copy, and I repeatedly demurred. Surely, I thought, this was a boundary that I should not cross, although funnily enough book-lending between physician and patient had not once come up in all my medical training. One morning, after we had said as much about lower limb edema as could possibly be said, Robin offered again. It occurred to me that as someone living with HIV, some small part of Robin might think I was rejecting

his kind offer because I did not want to touch his book. In that moment, the risk of him feeling othered or stigmatized felt too great.³ I borrowed the book. It was excellent.

Eventually, Robin was discharged and our little Monday morning book club was disbanded. I often think about how our shared love of reading opened windows into his life that may have otherwise been closed to me. I think about how, in my own moments of exhaustion, talking about books made me feel human. If nothing else, perhaps I had helped Robin feel more human too. We had discovered a different way of being. Now, I find myself more readily expressing a shared love of incredibly specific '90s rhythm and blues with my patients, or discussing the joy of representation we feel when watching

Black Panther or *The Mindy Project*. I think often about that little girl on the book-mark, sitting in her bay window, imagining what other worlds are possible.

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References

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This article has been peer reviewed.

This is a true story. Robin gave his consent for this story to be told.