

Nicholas Dames:

Hello, and welcome back to *Public Books 101*, a podcast that turns a scholarly eye to a world worth studying. I'm your host, Nicholas Dames. I'm an English professor at Columbia University and an editor in chief of *Public Books*, which is a magazine of arts, ideas, and scholarship that is free and online. You can read the magazine at [PublicBooks.org](http://PublicBooks.org).

In this season of our podcast, we've been exploring the ongoing significance—or, some might say, the waning prominence?—of the novel as a cultural form in the 21st century. The novel, as a medium, is at least 400 years old. And now that we have the internet and streaming entertainment to occupy our time, why do we still read, write, and love novels?

Throughout this season, my guests and I have been exploring that question, and we've gotten a whole range of answers. We've discussed how novels help us navigate difficult, even dangerous ideas about issues like factory farming, and about intimacy in the digital age. We've also thought about how novels help us understand the power dynamics that shape our lives. Some guests have said that novels put them to sleep—in a good way!—while others will stay up all night if the book is good enough. So if you're just tuning into this season, there's lots to check out in our previous 4 episodes. If you have any thoughts about the season, or about why *you* love novels, please tweet at us @PublicBooks on Twitter, or using the hashtag PublicBooks101.

So, this is our final episode. And today we are moving in a somewhat different direction. Our guests *today* are emergency-room physicians who also have deep ties to literary fiction. How does storytelling—and listening to stories—affect the way doctors are able to care for patients, like you and me?

My guests are Dr. Jay Baruch and Dr. Rishi Goyal. To consider big ideas about medical care and medical ethics, we will be looking at Kazuo Ishiguro's novel *Never Let Me Go*, from 2005. Before we get into our conversation, I want to let you know that we will do our absolute best to avoid spoilers when discussing this very spoiler-filled novel. // If you haven't read the book yet, I really think the conversation is still worth listening to. For me, talking to Jay and Rishi really enhanced the way I think about communication between doctors and patients. And *all* of us will be patients at one time or another. So I hope the episode will give you, too, some new ways of understanding the practice of medicine.

You can purchase *Never Let Me Go*—or any other book—through our book-selling partner for this season, Harvard Book Store, an independent shop in Cambridge, MA. We love indie bookstores at *Public Books* and hope you'll consider supporting this small and wonderful business for your book-buying needs. There's a link in the show notes to their convenient online shop.

Alright, let's dive into the conversation.

ND Okay, so let's begin by having you both introduce yourself. Could you please tell the listeners your name and a bit about who you are and the work that you do, and Jay, I will start with you.

Jay Baruch:

Sure, my name is Jay Baruch and I am a Professor of Emergency Medicine at Alpert Medical School at Brown University. I direct the Medical Humanities and Bioethics Scholarly Concentration. I am a writer and an essayist and a lot of my academic interest actually centers around this idea of creativity as a medical instrument.

ND Rishi, I know that you and I have sort of known each other for a long time. I was counting, and I think it is upwards of 15 years. But nonetheless, you have had a lot of different roles in that time, so can you not only introduce yourself to the listeners, but actually to me as well.

Rishi Goyal:

Yeah, that's great, so it has actually I think been 20 years, Nick, which is –

ND Yeah, I think you are right.

RG Which is kind of incredible. So, you know, again, I'm really thrilled to be here because, for many reasons, but also Nick as you know, you were one of my thesis advisors during my Ph.D. in comparative literature, and I have taken at least one of your classes, probably on the novel I'm guessing. So, I am Rishi Goyal, I'm a Professor of Emergency Medicine and also jointly appointed in the Institute for Comparative Literature and Society and the Department of Medical, Humanities and Ethics at the Medical School. So in addition to teaching and working in our emergency department, I also teach in comparative literature and I direct our new major in medical humanities at the undergraduate campus.

ND So you have both mentioned this term, medical humanities, that I think some of our listeners may have heard and some may not, and may need a little chin up about what that means, so, Jay, you actually are Director of Concentration whose title is medical humanities, can you define that term for me?

JB No. There are a lot of people who I think have tried to put their hands around the term. The humanities for me has always been about sort of critical thinking and questioning norms and looking at issues from multiple perspectives and sort of justifying how you think and why you think it and pushing yourself into sort of uncomfortable places. So it is less about, if it is about wholeness, it is first about sort of breaking things apart a little bit and again, it is sort of thinking about medicine from, through the culture and the lens of culture and race and equity and economics, it is looking at the history, it is really taking a very broad view on the very things that we should be thinking about when we actually have our interactions with our patients, in our communities and society as a whole.

ND Rishi, do you have anything to add to that?

RG Yeah, and I think Jay actually said a lot there, and I think, I want to emphasize one thing that he says is, you know, medicine obviously, or medicine, I don't know if obviously, but medicine arranges itself to the norm and to the normal, right? Like that is its point of reference always and I think the humanities at least offers a kind of stance or a habit of mind that kind of questions that notion, especially kind of normative models and that we kind of try in the humanities to kind of broaden that question to be kind of anti-centralist in our approach to biology and to knowledge, and also to kind of emphasize the vulnerability of bodies, of all bodies, while focusing on a kind of critique of assumptions based on class and gender while, and race, while also thinking about elements that make

the humanities the humanities, right? A kind of intersectionality and a kind of approach that is just more inclusive, but as Jay said, I think it is, you know, it is interdisciplinary, right? What is great about the medical humanities is we can kind of borrow heterogeneous methods from across humanities and social science disciplines from history to literature to anthropology and put them in a conversation with medical knowledge and treat medicine as a kind of cultural product.

JB You know, I will just add, yeah, to what, I will add on to what Rishi said, which I think is really, really important, is that, you know, in medicine, we deal, like we are supposed to be "evidence based" and that usually, so if someone comes in, and if I'm taking care of a thousand patients or ten thousand patients, I can use evidence that sort of, that uses statistical methods to sort of have an idea about what to do. So it is telling me what to do with ten thousands patients, it doesn't tell me what to do with that one patient, right? We oftentimes don't, we train people how to deal with populations and how to use all this information, but we don't necessarily always have a grounding in how do we deal with that single patient, that single story in front of us, and I think the humanities gives us a set of tools to understand and a particular experience with this particular person at this particular time, with this particular sense of experiences, and for working, and for working with uncertainty and ambiguity and for welcoming uncertainty and ambiguity.

ND Great, thank you. Thank you both. So this is obviously a somewhat unusual episode for us. So far, we have been talking, you know, people, to people who are essentially just scholars or just writers, or some combination of the two. Obviously, the two of you have very different profiles from that, and so before we get to talking about fiction, about the novel, I'd love to hear more about the work that you do as physicians. Like what a typical day of practicing medicine looks like for you? Rishi, I will start with you. Could you give our listeners a sense of what you do in a given day as a physician, what kinds of patients you tend to see and what type of setting you work in?

RG Yeah, no, I think that's great. And I think there, you know, there is an atypicality to our day that is also typical, right? That there's a way in which it is the same and it is different every single day. Both Jay and I actually work in emergency departments, so, and in kind of urban, busy emergency departments that take care of a wide range of patients, from babies all the way to centenarians, and the things that we take care of probably are ranging from simple kind of basic medical needs, medication refills, all the way to trauma, gunshots, stroke, heart attacks. A typical day starts with, you know, I work with residents, I work with PAs, physical assistants, and most of my patients are initially seen by kind of one of those. A resident in training or a physical assistant, who goes and kind of collects a story, does a physical, does a history and exam, and then comes back and kind of relates that story to me, and then I go back and kind of reaffirm or get a new history and a new story, and we go through this process of teaching and taking care of patients at the same time. So because we are both at training centers, we are doing direct patient care, but we are also kind of constantly sort of training up the next group, the next generation of young doctors.

ND Jay, how about you? What does a day look like for you?

JB I think Rishi summed it up quite beautifully. I will just add that, you know, we're both in sort of very busy centers that serve a range of needs, but also a very varied population and in addition to sort of different levels of medical needs, we both face populations that are, that also face a tremendous amount of social needs as well, which also adds another

layer of complexity to our practice, and also I believe also requires oftentimes a different set of skill sets, because people rarely come in with just one thing, and I see our work generally as fulfilling I think the mission of what emergency medicine should be, which is providing access to care to everyone.

ND So, I mean, I feel like we've maybe even started with a kind of novelistic frame. You have introduced yourself as characters, you have talked a little bit about your work life and it turns out in the answers you both gave that there is an interesting kind of generic aspect to this, because Jay the way you were speaking it almost seemed like there is an element of translation that needs to go into the work you do, translating between the patients and the way they articulate their needs and others and, Rishi, you kept talking about narrative, right, like you were hearing, you are hearing accounts from various people and then reconfirming those recounts and passing those accounts along, so there is, I mean, I don't know if this seems right to you, but there is like a storytelling aspect it seems like to me to your work. I'm now curious to hear about your relationship to fiction. So, Rishi, you hold a kind of unique posting at Columbia, you teach both in the Medical School and in the Department of Comparative Literature. There probably aren't too many people who hold those kinds of two appointments at once. So what is the focus of the teaching you do around literature?

RG I think that that's a good question. I am actually going to take it back to the emergency room for one more second because I think, Nick, you are absolutely right in thinking about how I approach my profession as one that is narratively-based, that is storytelling-based. I'm hearing stories, not directly always from the patients, but I am from them as well, but I'm hearing stories from residents, from medical students, from PAs, they are, they think in some ways that they are telling me a kind of factual account that they are, they are providing data to me. But for me to be able to act on behalf of the patients they are telling me about, for me to understand kind of what brought a patient into the emergency room on this one given day, they need to bring in all the elements of a kind of good story. They need to tell me about a character. They need to tell me about kind of what happened that day. Why it happened in that order. Kind of the context. The mood. The experience of this person and I need to be able to fully kind of grasp that from them. So the way that they are going to most effectively function on behalf of the patients is by kind of relating to me a very engaging, interesting, believable, trustworthy story. When I'm teaching my residents, the medical content is there, right? The like, you know, how do you actually treat heart failure or what are the medications that you give for a stroke, but more importantly for them to be able to kind of explain to me that that is what is going on, they need to understand how kind of people embody their stories, and so that is a big part of what happens in the emergency room during my actual teaching. And the classroom is a kind of different space, right? So the undergraduate classroom is, you know, I come from a school too that likes to imagine that literature is totally disinterested, right? Literature, what is it, saves no souls. But at the same time, I think many of our students really want to think what they are doing matters and that there is some direct engagement that reading well has something to do with being a good citizen or a good actor in the world. And I try to kind of both, you know, play with that, disrupt that, to give them ways to think about that.

ND Jay, do you, does anything about what Rishi said about the work, this sort of storytelling work in the ER, does that resonate with you, do you have anything you would want to add to that?

JB Yeah, I actually just finished a book on that, and that was, yeah, I agree 100% with what Rishi just said. I will just add a few things. I like following him because he makes my job much, much easier. One is the fact that I found when I finished my residency, you know, I was well-trained and the things I felt were going to scare me, like I knew if someone came in with their heart stopped, I knew what to do. If someone came in with a gunshot wound, I knew what to do. If someone came in with a heart attack, I knew what to do. But the things that really troubled me, that really sort of made me stay up at night was often the things that seemed less obvious, the uncertainty, the ambiguity that is a regular part of clinical practice, and I actually found that I found I had great attraction in these moments when I started thinking like a creative writer, and using my creative writing skills, and we have to think about the fact that we talk about stories as like this well-constructed thing that patients just give us, right? And I say it all the time, I go, you know, go get the patient's story, or I tell a patient, or I tell the story, but it is always evolving, I mean, like I, as a writer, you know, there is nothing that I have written that probably hasn't been rewritten ten or fifteen times and I'm not a patient with fears and worries and concerns and all the time what I'm hearing and what we're hearing are like first drafts. So the stories themselves are in evolution, and because they are first drafts, you have, you would have to like think with multiple ears. You are not just thinking to what the patient is saying, but you are also thinking to what the patient is not saying and you should be paying attention to, because an ER visit is really just one slice in time, right? They are going to have a past and they are going to have a future. And so you've got to think about this moment as a narrative event, like their visit to the emergency department, most people don't want to come to the ER, right? But they do. So it is a major significant narrative event in their life, even though for us oftentimes it is just another case, another patient that we are seeing, and you think about it, narrative is to essential to what we are doing, and yet the ER probably is a narrative disaster zone. It is like can you make up, like a Vonnegut probably couldn't make up a worse environment, a more satirical environment to hear really important stories, right? And the truth is is that most of my medical, most of my patients, haven't been to medical school, right, so they don't know what is important versus unimportant information, so they tell you everything. Or they are scared or they are frightened or they are in denial, and they tell you nothing or they tell you very little. So getting back to what Rishi is saying, this is where all those narrative skills come to bear. We have to be expert story listeners in our work.

ND Yeah, there were so many metaphors that came to mind, Jay, when you were just speaking about what, what your role is in ER in relation to storytelling, I mean, your, it sounded like there is an element of editing there, you are an editor, you are attempting to get that first draft into something that is more coherent or more useful to you. You are, but also there is some, you are, it also feels like you are a collaborator in the producer of that narrative. I don't know what the right metaphor would be there, a midwife, or some, helping that person bring out the story in a way that might be difficult for them or blocked. You also it sounds like a therapist of a kind, listening for what is not being said.

- Do you think in terms of these metaphors sometimes, like when I'm listening to these stories, I am their editor, or I'm their collaborator or something like that?
- RG Yeah, I mean, I think all that, but I think, I always think about this as, we are in this process of telling co-storytelling without a doubt. I think of kind of the discipline a lot of oral history, we are trying to create kind of an anti-hierarchical space. We are the "knowledge experts," but without a doubt, the person that we're talking to knows their body better than I do and like Jay said, we come in for a snapshot, right? Sometimes minutes, sometimes seconds, maybe a little bit longer, but is a very tiny slice of that person's life. I like the idea of an editor a lot because we're also putting things in order again. There is a kind of medical story, we need a certain kind of story, right? There is the story that the patient is willing to tell or wants to tell that is very contingent, that is very textual, but really matters to them and that matters, but I need the story to be a certain way if I'm going to be able to act on it. I need things to follow. I need some calls of arrangements. I need to think about what I can do next. So I've always thought about it as a kind of a co-storytelling exercise in which we are kind of creating this medical story together.
- ND So let me ask you both now, let me pivot a bit. We've been speaking about something where every active relationship to narrative that you both have in your work in the ER, but let me ask you now about your life as a reader. How does your reading life, and particularly your life as a novel reader, interact with your practice as a doctor?
- JB Through the years, I have for expediency, I have actually listened to a lot of books. That's strange because with the pandemic I returned to fiction a lot, and it is a heartening place to be, and there are few experiences that we have, that I have, that I emerge from feeling as if I'm experienced something significant. And that, and I only, and I usually only get that with novels.
- ND Rishi, does that resonate with you or do you have other thoughts about it, with your life as a reader and its connection to your work?
- RG Yeah, I mean, I love, Jay, I love that idea of so there is something, something happened, something significant happened, that kind of monumental feeling of a novel. I get that, right, like the light spray from, you know, on the boat reading Moby Dick, right, like there is something that you have to have had a big experience. You know, I'm a big novel reader, I mean, I think that, you know, the sort of big, baggy monster is kind of what I want. I want something that is messy and long and exhausting and durational. Like to me that is part of it. It's that kind of long durational experience. It is something that I can sit with for quite a bit of time that tracks for a while. I have had periods over the last 25 years where I wasn't reading a novel and I didn't realize that I wasn't reading a novel, but I realized I wasn't feeling good. It was kind of, there is an odd thing that I have that when I don't have something, and I don't know what that experience is or why that is, but I kind of always need to be immersed in something like that and sometimes it is purely, I don't know if purely, but sometimes it is entertainment, sometimes it is reading for the plot, often it is the sound of words, and sometimes some words next to each other, a feeling, a kind of, you know, the way somebody describes how you feel when you see something. I think the way novels kind of position us in relationship to perspective point of view.
- JB Can you, I'm going to change, I'm just really curious, can you, what is your relationship with the novel to what we do? Because I've been thinking about that and because, you

know, we see short slices of people's lives, right? And does the novel provide something greater, like what is your connection with something that is big and baggy that you can inhabit over time versus, you know, a short immersive experience that might not allow for the meta-commentary, that might not allow you to truly, fully understand, that might necessarily have all those little thing that you find comfort in a novel. Can you talk about like how those, is there a connection between the two or not? I'm just curious.

RG Yeah, well, I think, I think you even said it actually earlier, which is that too often, what I like to think about when I am both teaching and working is that we quickly get into a set of assumptions and reading that long novel just always reminds me of how we don't have access to the interiority of our patients, how they don't have access to the interiority of the patients, right? Nick brought up the idea of being a therapist, I mean, there is so much of the kind of unconscious that is sort of bubbling around both our patients and ourselves. There is so much more than just what I've got here. I'm a bit player in this. I'm not the star, right? And that other person other there is, and in a certain way that kind of novel does that for me.

ND So on this question of what, what stories we expect and what stories we might in fact be getting, might now be a good time to turn to the specific novel that is the other topic today, and this is, this was your suggestion, Rishi, it is the book that you chose for us to discuss today, it is kind of our instance of some of the things we've already been discussing and that is Kazuo Ishiguro's, *Never Let Me Go*, and I can't wait to hear what you both have to say about it from the perspective of people who actually practice medicine.

ND Hello, listeners. This is Nick, your host. We're about to get into our discussion of *Never Let Me Go*, and at this point, I want to give just a little bit of detail about the book's three main characters, who will come up in the next part of our conversation.

So, these three main characters are Kathy H., Tommy, and Ruth. Now, Kathy, our narrator, is an even-tempered young woman. Ruth, her close friend, is perhaps more acerbic, or at least opinionated, and seemingly more socially adept. Tommy, the third, is a temperamental young man, given to fits of violent anger that Kathy attempts to soothe out of fondness and a slowly dawning attraction. Now all three are parentless, for reasons that'll become obvious in our discussion, and they meet at a boarding school in the English countryside called Hailsham, where the teachers and staff have the odd name "guardians."

But I want to start with a particular exercise for both of you, and that is, if you could say what *Never Let Me Go* is about in a few sentences, what would you say, Rishi, I'm going to, I'm going to ask you to take the first crack at that?

RG Sure. Okay, so, *Never Let Me Go* is a modern English school story, told in the first person, that seemingly kind of relates the banal exploits and sentiments of some young children, but in fact kind of hides a more sinister, dystopic vision of a near past England in which human clones are raised for the express purpose of organ harvesting.

ND That is very well done. Jay, do you have a version of that that you would want to offer? Would you place the emphasis elsewhere?

JB I would say *Never Let Me Go* is about the necessity to have stories in our lives.

- ND Hmm, that's, and because there are so many stories operating here, right? I mean, so many stories within the novel where these characters are trying to figure out which ones fit best, what these stories might mean, both of you were gesturing to this in different ways and I also sensed a little hesitation about it too, which is inevitable when talking about this novel. It is a novel with a premise that is not initially obvious. That is, if, you know, unless you were really steeped in the discourse around this novel, if you pick it up, initially you are not exactly going to be sure what it is that is under discussion. So it is a little bit of a twist or a surprise that is lurking within the novel. So I actually want to ask you, Jay, do you remember your first experience with *Never Let Me Go*, and what you thought you might be getting into when you picked it up?
- JB Yeah, I did, I mean, I had read *Remains of the Day* and *Artist of the Floating World* and so I was a little bit prepared for like the types of books Ishiguro writes.
- ND Yeah, exactly, exactly.
- JB The first time I read it, I was unsettled by the detached voice, I mean, for me the whole, the novel, despite all the attention that was paid to the science and some of the big moral questions, I was also, what captivated me initially in the first reading was the voice.
- ND Yeah, yeah, Rishi, did you, can I ask you if your experience was similar in terms of the difference between a first and later readings of this novel?
- RG You know I also came at this having read a few other Ishiguro's including *Remains of the Day*. I don't think I knew exactly the sort of science plot to this, but I did know that, you know, here, we're going to get kind of some reticence, right, we're going to get some tact, we're going to get some tacit knowledge, we're going to know some things that we don't know and not know some things that we do know, which I think is kind of brilliantly played out in the characters in the novel, you know, kind of what do they know, when do they know it, what do they know before they know it. But what I remember very distinctly when I was first reading it is being struck by the word *carer* and I'm still struck by that word, because I think it occurs, I don't know, more than half a dozen times in the first couple of pages and to my ears, it is a very awkward sounding word, and yet it is a word that kind of can be laden with all kinds of meanings, affective and professional and awkward. I remember when I first came across, I thought, oh, is that, is that just sort of an English-ism, right? You know, or is that a neologism? Is that a word, should I know that word? You know, and then you get some other words that you do know, but you don't know that you know, right, like *completion* or *donation*, those start occurring in the first few pages. So that is, so, I think, Jay, like you, *tone*, but I was struck by *tone* specifically through the kind of usage of seemingly again banal words, but not quite.
- ND And that, I mean, so there is this language you have to learn in this novel, this particular lexicon, right? So *carers* is one of them. What it means to be completed, what it means to want to deferral, what I am curious about asking you about both now though is the fact that while the premise of the novel centers on medical science, medical science is really, really inexplicit throughout much of the novel, in fact, the first time the words *medical science* are used is late in the novel and not by one of the central characters, but by one of the so-called guardians of the institution they were raised in called *Hailsham*, and of course, *guardian* is another one of these tricky words. But very, very late, and it is, I would say there is something really inexplicit about all of the medicine that is forming the premise of the story. So, Rishi, could you say a bit about how medicine is or isn't

- present here? I mean, I don't know if you, I feel like you would be more attuned to its visibility or invisibility than I would.
- RG Yeah, I mean, I think, so there is medicine and then there is probably biomedical science, which may be a little different in this category I think. And so a lot of the, and I read a lot of science fiction too, and I think a lot of science fiction has to do with kind of world building, and there is a certain kind of strain of science fiction that maybe is near fiction or near science that tries to explore or explain possibilities, and it gives you a lot of world building, right? Like, okay, so how would this actually work? Whereas with this book you don't get that at all. There is a matrix of a lot of different aspects of biomedical engineering, like designer babies, organ trades, cloning, right, like Dolly the clone, but none of this was actually exactly possible or used. It is interesting so the medical possibilities inherent in this novel are perhaps there, but the bigger issue I think for Ishiguro is the kind of sociopolitical questions around the deployment of these medical technologies, and I think to me that, he sort of sidesteps the question of the kind of institution of biomedical engineering, and says sure, maybe this is all possible, maybe this is the future, but really this kind of stuff is happening now and biomedicine is here as potentially more of a metaphor than it is any kind of real question of this, right? So exploitation is happening. To me, the pieces that feel like medicine are the donation centers and something about Kathy's role as a carer. Those are the kind of places that it comes closer to me.
- ND Yeah, yeah, which means that these students who exist in an institution at the start, which can feel like just a school are already on a trajectory where their future labor, in one form or another, is going to be within medicalized settings? Jay, what is your impression of how medicine is portrayed or not portrayed in the novel?
- JB First off, I mean, he really makes you work as a reader. The little details he attends to that destabilize you enough, just enough, and I hadn't thought about that when Rishi talked about the, even the word carer, because here, you could easily say caregiver, and that I think is the word that would immediately come to mind, but carer is a word, but it is not a word we commonly use, and we have to work and how we work is we bring our own experiences into this book and so for me, I mean, even ideas, again the beginning at Hailsham when they have like their physical exams and they get checked out, I mean, they are getting checked out for different reasons. You know, it is not, they have to stay "healthy" for a particular purpose. They shouldn't smoke for a particular reason for they are instrumental, in their instrumental value. But also it is also how I am just sort of stunned by what they do and like what and all of us would do if we knew our future was limited, you know, not just the horror of sort of being used for the means of others, but what do we do if we have these imposed limitations on our future of what we actually can do or can be? Like how would we respond to that?
- ND Yeah, yeah, so I will say at this point in our conversation that we might actually need to go into I don't know if this is the right kind of language to use for a novel like *Never Let Me Go*, but something like spoilers.
- RG Yeah, no, I think that sounds right. So, you know, the story is set in Hailsham as Jay mentioned, which is a school, a kind of bucolic school in the English countryside, set up around the kind of public school kind of system of England at the time. There are these children that don't have parents, that we find out later are in fact human clones. We don't know who they are cloned from, but they are raised in a particular way so that at some

point later in their life, they will be able to donate their organs to others that are sick, that might have cancer, that are dying. So their entire purpose in being raised was as kind of the farms for organs. But the, and the premise of the novel is that you might be able to raise these children in such a way that either they might be given kind of a good life or that you might be able to prove something about them, and I think this goes back to, you know, if I was going to re-say kind of what I thought *Never Let Me Go* was about, I might do it again, you know, because Jay's was more kind of thoughtful or poetic than my simple plot summary, it is about kind of what counts as human and what doesn't count as human.

ND And I might, if I can add something, I think it might also be about, and I think you were already gesturing to this, Rishi, about the ways in which those exclusions get legitimated, there are ways in which we can learn to be okay with them, even the people who are being excluded can maybe learn to be okay with them. thinking about the book again, I'm always struck, and I actually would love to get your take on this, Nick, too, because the, what they are reading often at Hailsham is Victorian novels, right? And I know you have a fondness for the Victorian novel, and so like do you think that that is just a random piece of this text, or is there something specific that Ishiguro is trying to say about the power of the Victorian novel? You know, so obviously the George Eliot line comes to mind, what is it like the, the, you know, so what we owe to the artist is the extension of our sympathy, right? And it is one that I kind of quote a lot, that the great art can somehow do that kind of work. But I don't know, in the context of this novel, it seems a little duplicitous, right, that here, this is the trough, we're leading the, you know, the pigs or the cows to slaughter here, and on the way, we're going to pave that slaughter with the Victorian novel.

ND Yeah, I have so, as you might expect, I have a lot of thoughts about that, right? But they are all over the map, and at times I think that these students are fond of and are allowed to have Victorian novels partly because these novels are set at a same distance and time, are in many ways helpfully disembodied and won't raise some troubling questions maybe, they are, you know, in one way or another these are safe. I'm not always sure that that is true, and from another perspective, I think one of the things that is being said here is that it is a harkening back to a moment where reading, and particularly reading novels like that, is thought of as one of those tasks or experiences that helps give you a sense of self and there is, you know, almost like a kind of soul making process, and so one of the ways art is being positioned in the novel is as a kind of experiment to see whether these students possess something like a soul, right? We eventually learn that is one of the kind of experimental purposes behind this emphasis on their art. Now there is a really interesting and troubling moment though where Kathy says, the narrator, talking about the art that they are asked to produce, and says, well, of course, they trade their art by the way at fairs, right, for trinkets that become really, really important to them, and she says, well, of course I understand why people would want drawings, which, you know, they tend to produce, I get that, and I get why drawings have value, but she says, but poetry, she refers to, she says, poetry, I don't understand why anybody would want that, she says, you could just copy that, that really should have no value, and I guess it's a way of saying that the novel doesn't, I don't think, have a really reassuring message about what the function of something like a novel might be. That it doesn't let us rest easy with the idea that narrative gives us a sense of self, or even something like a soul. It might be, it might

even be something like a kind of placebo, right, it might just be something that kind of pacifies us, that occupies us, or distracts us in some way. I don't know, but I feel like I'm constantly toggling between those two possibilities, that fiction is the thing that kind of numbs us, or it is the thing that might actually provide us with a kind of interiority. That is not clear to me. In re-reading at this time, and I think this is true every time I read the novel, I am struck by how incredible disembodied the novel can be, even though it is a novel about bodies, about what medicine chooses to do to bodies, there is very little attention to the bodies of the characters. I mean, you know, the narrator, Kathy, rarely if ever refers to her own body, I think, or even the bodies of others. What she does lavish description upon are inanimate things, the landscapes, the weather. Did this strike you too, Jay, I mean, and if so, like what, what is the effect of this for you as a reader, particularly a reader who is also a doctor, who inevitably interacts with bodies frequently in your work?

JB We examine the body, we palpate the body, we meditate on the body, we give names to the body, but we don't always engage with the body as a body, you know, it is as knowledge, it is as information. And I thought your question, Nick, was just so astute and provocative, because it is true, I mean, when bodies are engaged, they are either in sort of physical activity, playing soccer in the beginning, and there is a lot of, and there is sexual activity, you know, there is pleasurable uses of the body, and so the, it is everything around what, other than what ultimately their bodies are going to be used for. And I feel this disembodiment also somehow creates that tension and forces us to enter into it, and go wait a minute, I think that absence, that question is, I feel is probably somewhat purposeful and designed that way.

ND Yeah, you are right, so play is maybe one of the, one of the ways that the body appears in the novel, and the other is sex, and there is this interesting question in the novel about, which seems to be, we eventually learn is really a kind of question for the guardians too about what do we do about these students and their sex lives? Should they have sex lives? You know, early on, one of the things that we learn is that it turns out smoking is much, much more of a taboo than sex.

RG Jay has brought up pleasure. You know, it didn't feel all that pleasurable the sex in the book, right, I mean, it was mediated through pornography -

JB And Rishi, can I ask you a question?

RG Yeah.

JB I think you are right, I think pleasure might not, pleasure might not be the right word, would desire be a better word? I don't know, I'm just throwing that out there.

RG Yeah, again, for me, the sort of sex thing almost felt like, this is a way to mitigate agitation, right? I mean, part of Kathy's role in this whole book is to make sure that that excess emotion is managed, right, that Tommy's agitation or the donor's agitation is dissipated because if you didn't dissipate it, then the whole system might kind of fall apart, so, Kathy has got this kind of complicit space there, and in that same way, sex feels like, okay, it is a "natural" bodily function, we have to give it space and if we give it some space, then maybe the students will be more manageable.

JB But she talks about those urges, right, like what do you think of those urges? Like is that holding back what she, like she, there is, something that is sort of just so human that sort of managing it to come through despite all her efforts to manage? Because I think that, what you are saying is really fantastic.

- RG Yeah, no, it reminds me of what happens to Tommy, right? Like so Tommy's figure to me in the beginning and at the end and Kathy brings this up that, you know, because Tommy is one of the three main characters I would say, it is Ruth and Kathy and Tommy, and there is a kind of triangle relationship between the three of them, but in the beginning we see Tommy, who is known for having outbursts, right, for having these, he is known for two things really. One is for having outbursts and the other is for not being really good at art, right? And these two are seminal to the kind of plot of the book, but the outbursts are either a scene of immaturity or as Kathy interprets later, the outburst is Tommy's anger at the situation that he is in, that he isn't recognized as a full human being, and he doesn't have the rights and life of a human, but Kathy says, you probably have these outbursts because you knew something that you didn't even know, right, it is your body, it is your body letting go of this knowledge. And in the same way that kind of sex piece seems like it is a body that is being, you know, that knows more than the mind knows perhaps.
- ND Jay, I thought your distinction between pleasure and desire was really helpful here in unpacking some of what is so tricky about the way the novel describes sex. Initially when we learn about the kind of guardians' attitude toward sex, it is interesting because it might strike a reader as progressive, right? You know, sex for teenagers is good, clean fun if you do it with somebody you feel safe with and then you learn, well, that is because there is an attempt to sort of separate pleasure and desire that is going, a pleasure is okay, it is an outlet, it is understood as something that is sort of biologically inevitable, but desire is a real problem, and it would lead to other forms of disruptive desires, which that almost has to be mitigated against, and that is almost the kind of emergency here. So this takes me to one thing I want to ask you both, again, from your position as doctors, like a lot of Ishiguro novels, so much of what this novel is about is about not wanting to know something, in this case, not wanting to know the truth about major phenomena in the lives of these people. Organ harvesting, illness, what aging or death will look like in their cases. So, there is an almost foundational not wanting to know these difficulties, or wanting to know to a point, but a complicated relation between knowing and not wanting to know. And that introduces this big question about the ethics of informing someone of what they don't know and when to do it and how to do it and how that is to be timed, and I'm wondering, Jay, maybe I will start with you, what you make of the way this novel treats what I'm going to call something like the ethics of disclosure, when you are willing to give somebody information that they don't possess, or only possess in some really, really implicit form?
- JB People want to know generally. I mean, there are circumstances when sometimes you withhold or you sort of, you get ready for the person to get ready for the information so they are better prepared, but I think that oftentimes when we withhold information, we might think it is because the patient or the family or someone is not ready for it or can't handle it, but my suspicion is I feel that oftentimes the problem is in us, in our comfort, in our ability and our skill to actually have those conversations, which are oftentimes very difficult and very uncomfortable. So, you know, which brings me to my, the story, you know, this novel, and the sort of motivation behind even creating Hailsham in the first place, you know, was it really about giving these clones a hint of a good life, or was it a construction sort of built by people in power to make themselves feel better about the proceedings that they were complicit in, they were part of? And yeah, so I feel like there

is subtly obviously in what I was saying, and I say there are two, there is one thing I say in medicine is a lot of patients, like oh there are two things I never say. I never say always, I never say never. Because, you know, we're always proven wrong and we're always humbled again and again, but recognizing the tension between what we think patients are comfortable with and what they know and our discomfort in revealing that is I feel a very tender and a very important area that requires I think great skill and aspiration.

ND Rishi, did this novel make you think or act any differently as far as how you interact with patients, particularly around issues of information or disclosure?

RG Hmm, that's a good question. And I don't think so, I think I sort of agree with Jay, and my sense of it again, going back to this book, is that I think people know already, right? Like that is always the case, you know, that the person that doesn't want to know or that you are trying to withhold information from, the body already knows, right? And it is usually around these kinds of diagnoses. Most people that you are sort of hiding things from, if you were going to, I think already have a sense of something going on. So that is probably where it dovetails with this book. And when I think about the book, I think a little less about my own practice than I do about kind of teaching, right? So you asked earlier about how you would teach a book like this to literature students, or any book, versus to teach residents, and I think it is the kind of book, why I was sort of thinking about this book for our discussion is it is one that kind of can play in both realms pretty interestingly and pretty differently, but in both realms, you can suggest to students, other readers, physicians, PAs, literature students, that the novel allows you to kind of critique the world you are living in without doing it directly. You know, it is very hard I think, I think it is more effective or one of the things that makes novels effective as critical tools or kind of thinking tools is that you can offer kind of analysis of your current moment without doing it directly. And I think that is what Never Let Me Go allows me to bring up in both of those two different settings.

JB Yeah, that is, that is so awesome, Rishi, I mean, I heard someone once talk about sort of the role of, I don't know if it was specifically a novel or stories and fiction in general about sort of simulations for life.

RG Yeah, yeah, that's great. But, I, you know, I think, what I'm finding fascinating about kind of reading right now is the extent to which these sort of questions of science are kind of fore-grounded on so many of the works that I'm looking at, that are kind of showing up, that, you know, our science literacy as a society is sort of increasing, or at least we are having to contend with it much more regularly, you know, kind of what is the place and purpose of sort of science in 21st century life

ND Can I ask you both one other question, which is what, so we've talked about literature students, we have talked about classrooms of future doctors, do you think this novel can teach patients anything? And that is a pretty capacious category, because we're all eventually going to be patients if we are not already, does that, is that something we should be thinking about as far as what this novel does?

JB I will take a stab at that. I'm very hesitant to, first of all I think that after 30 years of doing this thing called emergency medicine, I sometimes wonder like who has taught more, like have, I think my patients have taught me more than I have taught them over 30 years. Taught me more about myself. I feel like the novel, if you are going to sort of use the novel as sort of a focus for teaching and discussions, I feel like what literature and

arts bring to sort of medical education or education in general, I'd love to hear what Rishi has to say about this, is it really provides, because he said like this non-hierarchical platform for discussions that we might not be able to have otherwise. And I think our ability to create these other third spaces, and I feel like we're so focused on, I feel like in medical education that we're oftentimes so focused on having answers when really what is so important is the skill and the sensitivity and the curiosity to learn how to ask the right questions. And we just don't honor that as much in medical education. I often find my undergraduate students are much better at that than the medical students who are sort of taught differently. Their goals or outcomes are different. Like we reward certainty in medicine and less so these stories that don't fit into a convenient narrative. So if we're going to use this, a book like this, which I think would be a beautiful book to use because it unfolds and it grows with you, you know, it is the sign of a great book, right, it grows with you with re-reading, and as you grow older and you have experiences, you bring more to the book. The book stays the same, but the book doesn't, the book grows with you. It is, like, who is also in the room being taught, like, I feel like if we kind of have a conversation, like who else is in that? Like is it physicians and patients, is it physicians and different staff members and caregivers and people from different perspectives who can really bring their own perspectives and insights from their own lives into the conversation?

ND Thank you for this discussion. I feel like we could have talked for another couple of hours easily about Ishiguro. And maybe we will get to at some point, but in any case, thank you both very much for this, I appreciate it, and I really appreciate your perspectives.

JB Thank you, Nick, and thank you, Rishi. It is awesome to have a conversation with you, buddy.

ND And that's our season! A huge thank you to Dr. Jay Baruch and Dr. Rishi Goyal for sharing their thoughts about novels and medicine. You can find links to their work at [PublicBooks.Org/Podcast](https://PublicBooks.Org/Podcast). Next week, we are publishing a big list of readings related to our season's topic, the novel. So if you courses on fiction, or if you are looking for more interesting books to read, we have lots of ideas to share. So be sure to visit [PublicBooks.Org/Podcast](https://PublicBooks.Org/Podcast) on—or after—April 12 to check out that resource.

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