

“Death is here, and I am thinking of an appendix!”: On Reading *The Death of Ivan Ilyich*

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Some stories are over-assigned but under-read. While we pass these stories around, we dodge the challenges they pose to our practices.

Consider Leo Tolstoy’s *The Death of Ivan Ilyich*, perhaps the most frequently anthologized and taught story in the medical humanities. Our leading physician writers, Abraham Verghese and Atul Gawande, have both recently engaged the story,^{1,2} which still reads like a contemporary illness narrative. The story is psychological; the significant events occur within the protagonist’s mind. The story is also allegorical; it teaches a lesson.

The reader gets a sense of this lesson when Tolstoy writes, “The story of Ivan Ilyich’s life was of the simplest, most ordinary and therefore most terrible”³ (p. 109). From the beginning, the tone is regretful, and the setting is commonplace, but even in that sentence, Tolstoy paradoxically promises to tell about Ivan’s “life,” despite the story’s title declaring Ivan’s death. Life or death? Which one will Ivan’s story be about? Throughout the story, Tolstoy shifts the relationship between these ostensibly opposite poles of human existence—life and death—to challenge our assumptions.

Tolstoy chiefly challenges the bourgeois assumption that we can avoid suffering by making socially approved choices. We exercise, drink in moderation, and follow US Preventive Services Task Force recommendations, but can we avoid illness and death? Ivan would have exercised regularly. After all, he was the good son, the dutiful student, the social climber who lived “the

decorous life approved by society”³ (p. 116) as an examining magistrate.

And yet, he falls while hanging curtains in his home one day. Pain ensues. His wife insists he be seen by a physician. When Ivan meets the doctor, we find that “The entire procedure was just the same as in the Law Courts. The airs that he put on in court for the benefit of the prisoner at the bar, the doctor now put on for him”³ (p. 126). Ivan’s doctors were, like Ivan himself, enthralled by the ritualized powers of their positions.

Ivan asks his doctors one thing—“was his case serious or not?”³ (p. 127)—but never receives an answer. Prognosis is forever delayed. Ivan’s doctors instead try to mollify his distress by seeking a diagnosis. Ivan asks, again, whether he will live or die. The doctor becomes so frustrated with Ivan’s questions that he terminates their encounter: “ ‘I have already told you what I consider necessary and proper,’ said the doctor. ‘The analysis may show something more.’ And the doctor bowed”³ (p. 127).

The doctor leaves with his proper bow. Ivan leaves with his fundamental question—*life or death?*—unanswered. In the absence of an answer, Ivan’s identity is now narrowed from son, husband, and magistrate to a patient following doctor’s orders: Ivan’s “principal occupation became the exact observation of the doctor’s prescriptions regarding hygiene and the taking of medicine, and watching the symptoms of his malady and the general functioning of his body”³ (p. 128). Was Ivan’s life overwhelmed by his status as a pa-

tient, by his entry into the sick role? The narrator believes so, telling us that Ivan’s “condition was rendered worse by the fact that he read medical books and consulted doctors”³ (p. 129). Ivan obsessively reads medical texts and visits “medical celebrities”³ (p. 129), just as, in our own moment, the wealthy visit renowned specialists seeking miracle cures. Ivan finds that doctors, with their conflicting diagnoses and treatments, distract him from realizing his illness will kill him. Ivan has moments when he sees the truth—“Death is here, and I am thinking of an appendix! I am thinking of how to get my bowels in order, while death knocks at the door”³ (p. 136)—but continues visiting the doctor to divert his attention. He knew he was dying, the narrator assures us, but “he simply did not and could not grasp it”³ (p. 137).

We know the ending of the story. Ivan Ilyich dies. It is the usual ending of every life, our shared future. We are all, whether abruptly or gradually, diminished unto death. And yet, Tolstoy tells us that death is the beginning because it is only in death that we become aware that the marriages, jobs, friendships, and rituals of the bourgeois are expected courtesies. Their disingenuous formalities distract us from the reality of our existence, namely that we will all die. Tolstoy implies we die twice—first when we submit to cultural expectations and again when we literally die.

That seems obvious, a cliché even, but the story still attracts readers because it offers a clear hope, embodied in Ivan’s servant

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Gerasim, that we can resolve the confusion between life and death. Ivan's doctors could neither diagnose his illness nor explain why death would intrude into Ivan's decorous life. In contrast, Gerasim provides a clear-eyed explanation for why Ivan suffers illness and death. In every way, Gerasim stands in counterpoint to Ivan and his intimates. Gerasim is youthful and strong, while Ivan is aging and weak. Gerasim is cheery, while Ivan is dully embittered. So Ivan recruits Gerasim to sit with him. In Gerasim's company, Ivan does not feel as though he has to maintain what he calls "the pretence, the lie, ... that he was merely ill and not dying, and that he only need stay quiet and carry out the doctor's orders"³ (p. 142). Alone among the people Ivan encounters, Gerasim dissolves deception, telling Ivan that since we all suffer and die, it is not disconcerting to attend to a dying man. Gerasim solves the problem of the confusion of life and death, telling Ivan: If we embrace the reality of our death, we can truly live.

Tolstoy suggests this understanding is embodied by a particular class, the peasantry, and is unintelligible to another class, the bourgeois. When the doctor witnesses Gerasim's attention to Ivan, he dismisses Gerasim's care as "foolish fancies" and reiterates his groundless belief that Ivan will survive³ (p. 148). Every doctor deceives Ivan about his death. Gerasim nurtures Ivan as he dies. Tolstoy encourages his readers to identify with Ivan, but he wants his readers to emulate

Gerasim. Tolstoy places hope in a peasant who knows that we all die but cheerfully endures anyway. Gerasim is the hope of the story. He is also the contemporary equivalent of a hospice volunteer. When we celebrate this story in the medical humanities, we rarely reckon with its suggestion that young people could better serve the ill as hospice volunteers than as medical students. After all, Tolstoy identifies the peasant class as the *only* people who can have true empathy.

Too often, we teach medical students that they should embody the empathetic care of Gerasim even as they aspire to a social position more analogous to Ivan's decorous life as a judge. Tolstoy offers little hope within the story that one can have Gerasim's peasant wisdom and Ivan's decorous life. Yet when we read this story to students in contemporary academic medical centers, we imply that this very thing is possible. We implicitly encourage students to read the text against itself.

We do this even though Tolstoy seems to anticipate many of our contemporary humanistic hopes. Could we not make Ivan's experience more humane by calling in his wife, doctor, or priest? Death is near? Here is a family meeting, here is a PCA pump, here is the chaplain; that is what we offer for the existential questions posed by Ivan. In the story, Tolstoy tells his readers again and again that Ivan's wife, doctor, and priest are the curators of the veils that shield Ivan from the truth of his existence: "All you have lived for and are living for is a lie and a de-

ception, hiding life and death from you"³ (p. 158). The gift of truly reading this text is that it anticipates all of our contemporary hopes, reveals their flaws, and then offers a radical critique that still pertains today.

After all, do not we physicians think of our patients' organs instead of the reality of their existence, as in Ivan's self-reproaching statement that he is thinking of his appendix as death nears?

Many students enter medical school to, in part, assure themselves of lives of bourgeois propriety. So we teach students to abstract people into syndromes, disorders, case series, and teaching points. We also teach them to abstract people into billing codes, RVU reports, promotion portfolios, tax shelters, and second homes. We can disrupt this teaching by reading this over-assigned text seriously and asking ourselves how to care for an ill person as Gerasim does. Can we, as physicians, help patients avoid the traps that Ivan falls into as he, in the company of doctors, thinks only of his appendix as death nears?

References

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