

Banerjee, Dwaipayan. 2020. *Enduring Cancer. Life, Death, and Diagnosis in Delhi*. Durham, London: Duke University Press. 240 pp. Pb.: \$25.95. ISBN: 9781478009559.

Book review by

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How do cancer patients of the urban poor and lower middle class in India's capital city Delhi bear living and dying with their disease? Dwaipayan Banerjee vividly tells their story in his ethnography *Enduring Cancer. Life, Death, and Diagnosis in Delhi*. In doing so, he focuses on the aspect of pain—the 'inescapable companion to the disease' (p. 11)—and palliative cancer care.

In the introduction, he explains the reasoning behind this focus: even though India is the world's main producer of raw opium, it is rarely available to patients, and end-of-life pain often remains untreated. One reason India is located 'at the center of the global pain epidemic' (p. 12) is the narrative of cancer as a disease of the west or a lifestyle disease of the prosperous middle class. Therefore, cancer care can hardly be found in poor and rural areas, and instead of blaming India's ailing healthcare system, patients themselves are often blamed for their condition. The book consists of six chapters that demonstrate how patients, relatives, and healthcare professionals respond when cancer occurs in already vulnerable and broken social worlds. The first three chapters are based on Banerjee's ethnographic research with a cancer care NGO and at a public hospital.

In the first chapter, *Concealing Cancer*, Banerjee demonstrates that concealment of the disease does not equal escaping or denying it. Rather, ‘speech and nonspeech about cancer were experiments in social relations’ (p. 37). When taking on the burden to conceal the disease, it can be a way of showing care, and not speaking of cancer leaves room for hope. The empathic descriptions of two home visits with the cancer care NGO Cansupport illustrate this. ‘Living in the subjunctive allowed [a prostate cancer patient and his wife] to continue their life in the present as if the future was not already preordained’ (p. 41). Another patient with leukaemia hid his diagnosis from neighbours and kin due to the stigma of the disease; disclosure would lead to losing his source of income. Even prior to his diagnosis, his life was characterised by vulnerabilities. The disease only further highlighted this reality.

In marriages, pre-existing (structural) vulnerabilities (e.g., unfolding as marital abuse) surface when cancer appears. Therefore, in the second chapter *Cancer Conjugalities*, Banerjee focuses specifically on ethnographic accounts in which wives had to care for husbands with cancer. Here, he demonstrates how care and violence can come hand in hand. Within the north Indian kinship system, the diagnosis ‘for the first time made explicit [the] dependence on the gendered work of everyday care’ (p. 80) and stressed power hierarchies. For example, a wife who withholds intimacy from her sick and formerly abusive husband is now able to mute this power imbalance.

With 3.5 million outpatients per year (p. 88), the All India Institute of Medical Sciences (AIIMS) is not only one of India’s biggest public hospitals and medical research institutions but also one of the country’s most eminent clinics. At the time of Banerjee’s fieldwork – and presumably up until today—palliative care was not very prevalent globally and especially in the global south. When it comes to cancer pain treatment, AIIMS, with its palliative ward, is a leading institution. In the third chapter, the author first describes the history of pain research in India and at AIIMS and, secondly, the daily work of ‘dedicated anesthesiologists, all transacting palliative care in a hospital struggling to provide timely conventional therapies’ (p. 85). They try following the principle of seeing through the patients’ eyes and of taking their pain seriously. However, the physicians remain trapped within the structural conditions of a health care system that caused pain in the first place – the queues and waiting time for treatment, as in all public hospitals, are often endless.

The ethnographic part is followed by an analysis of aesthetic representations in cancer memoirs (Chapter Four) and films (Chapter Five). Banerjee observed that in lived experiences one is often running out of words when it comes to cancer—but not so in those

aesthetical accounts. He also finds a 'contrast between the essential irresolution of [his] ethnographic narratives and its imagined resolvability in the written and filmic imagination' (p. 121). Most memoirs paint a dangerously optimistic picture of surviving cancer through hope and willpower once the lifestyle is adjusted—here the authors of the memoirs again tend to blame themselves for getting sick or were blamed by their physicians. Instead of depicting cheerful accounts on the 'art of living', only very few memoirs are more critically focused on the 'art of dying' (p. 135). Indian cancer films, in contrast, have the image of being too negative and of always ending with the patients dying. Nevertheless, by analysing cancer films from 1960 up to the present, Banerjee finds complex accounts of what living with cancer means. Especially early films after independence, yet before economic liberalisation, show cancer in the context of national reform and sacrifice and 'decolonialization's disappointment' (p. 152). They consist of contradiction and irresolution and avoid a univocal message. In the next decades, the films turned away from the national scale into personal psychological dramas and since the 2000s are only focusing on an affluent patriarchal world, where cancer 'serves to discipline protagonists into proper family values and gender roles' (p. 170).

As he did in the introduction, in the concluding chapter *Endurance*, Banerjee again explains his focus on (enduring) pain and therefore suffering, now enriched with all his findings: suffering and how (structural/marital) violence is never isolated and always closely knit with care, empathy, and hope. Therefore, 'confrontations with cancer's pain were always confrontations with the fragility of social relations around cancer' (p. 178), as all of his ethnographic accounts and many haunting stories and vignettes show.

Enduring Cancer is a must-read for everyone interested in cancer, pain, endurance, and medical anthropology, as well as the anthropology of South Asia. Indirectly, the reader learns so much more than what it means to live and die with cancer in Delhi, but also about gendered differences, kinship, and an intrinsically violent medical system.