As the title of Karen Laura Thornber’s scholarly tome of 693 pages suggests, *Global Healing: Literature, Advocacy, Care* provides a meticulous comparative survey of various forms of literary texts, including novels, illness memoirs and other life writing, plays, poems, short stories, and television and film adaptations written or based on experiences by former patients, their loved ones, and carers or health-care professionals. Thornber engages with a wide variety of diseases and other medical conditions from a diversity of global communities. Many of these perspectives come from the “angry pathography genre” and others critical of clinical medical practices both in the United States and around the world (p. 232). Thornber builds on the work of Danielle Ofri and Eric Cassell, among others, who have advocated for a deeper role for medical practitioners beyond merely the physical curing of a patient’s maladies. Thornber defines “healing” as enabling the physical, mental, and social well-being of the patient, which is always relative to a particular individual’s situation. Her primary goal is “to help us better understand what can and must be done to transform how we prepare for and respond to adverse health conditions, health stigmas, disparities in treatment and outcomes, dying, patient choice, and care” (p. 7). Through the presentation of texts and her analysis, she provides a “call to action” for improving patient care around the world, with the aim of inspiring and offering guidance on health-care practices and policy. The copious references to literary resources from around the world discussed in the text and footnotes make this an impressive contribution to the emerging field of medical humanities that decenters the medical humanities from the prevalent Anglophone and Western research foci.

The book is organized into three parts, with extensive reference to the social and literary responses to different diseases from a diverse set of countries and cultures within Asia and the Pacific,
the Americas, Europe, and Africa. The first part, “Shattering Stigma,” includes references to global literature on three of the world’s most socially stigmatized diseases: Hansen’s disease (leprosy), HIV/AIDS, and dementia, with a particular focus on Alzheimer’s disease. In each of these pieces, Thornber focuses on texts as examples of attitudes that stigmatize those living with the diseases and generate prejudices, as well as accounts that counter such attitudes. This section argues that beyond the suffering caused by the physical disease itself, social forces of stigma and isolation can have a significant impact on the effects of diseases for both individuals and groups. Conversely, she argues that a system of personalized care that treats the sufferer as a person to be healed ameliorates their suffering and also benefits the community as a whole. Beyond the medical technologies and therapeutic modalities that are necessary for curing the patient in a clinical medicine model, the book selects texts that argue for the possibility of healing, as defined above.

In the second section, “Humanizing Healthcare,” Thornber showcases various texts arguing for transforming health-care settings around the world into person-focused care and advocating for respect, compassion, empathy, and healing for the individual. This argument is made through a series of selected texts that describe an impersonal clinical model for simply “curing” patients in contrast to other texts describing health-care practices for improving personal healing.

The third and concluding section of the book, “Prioritizing Partnerships,” examines partnerships between patients, loved ones and carers, and medical professionals, who all have a critical role to play as partners in a system of patient- and person-centered care. For example, Thornber analyzes the role of these partnerships, or “communities of care,” in the case of patients who are dying, sometimes with impossible decisions that need to be made for all partners to effectively ease the patient into the end of life. This raises the often controversial issues of disclosing the truth of the patient’s prognosis to the individual and the use of euthanasia or withdrawal of aggressive medical treatment at the end of life. Thornber makes a strong case that full disclosure to the patient and prevention of prolonged and unnecessary suffering is in the best interest of the patient and provides the most respectful and humane way to approach death.

In presenting these narratives of disease and healing across contexts, the emerging issue that this book grapples with is the difficulty in finding international norms that cut across the very different political, cultural, and social (personal, family, and community) contexts of those suffering from disease in order to provide a holistic view of healing. While ultimately grounding her work in the language of human rights and the rights of individuals to receive quality health care universally, Thornber engages with the difficulties of extending these values across international contexts and cultures. A main difficulty of this that Thornber explores is the use of the English language to present the perspectives of these global texts. In exploring controversial practices, such as female circumcision and recent pandemics, including Ebola and HIV/AIDS, Thornber raises the difficulty of translating literary texts from their original language and context into English and for presentation to an English-speaking audience, while trying to still decenter the texts from a solely Western lens. For example, Thornber discusses various words and expressions in other languages that, although translating most commonly to the English words “betrayal” or “shame,” lose much complexity in translation. The author mentions such difficulties in translating texts from Korean to Urdu, Arabic to English, French to Japanese, and vice versa.

As Thornber discusses extensively, these issues are of course endemic to any endeavor taking a globalized perspective. She does engage with these difficulties of translation head-on and
presents texts that offer contrasting perspectives on international human rights norms and values that may be considered more “Western” ideals for some audiences, such as through presenting the conflicting emotions that girls may face when dealing with female circumcision. However, I remain somewhat skeptical as to how such intransigent cultural issues can be overcome to achieve her model of health care and transform existing social and health systems. In elucidating how these cultural divides have been overcome, one area that could have been explored further is the use of grassroots activism through social media and other digital technologies. The various responses to the COVID-19 pandemic around the world and recent social movements in the United States, such as the #MeToo movement and #BlackLivesMatter movement, since this book was published offer some examples of how digital technologies have been used both to enhance and eradicate stigmas, elevate people's lived experiences, and coordinate community support and action. Attention to these emerging strategies and platforms could perhaps have helped the reader to understand what specific steps are needed to achieve the radical changes in health-care policy and practice Thornber and the many voices she presents forward, especially when Thornber’s model of healing feels at times very far from mainstream medical practice. Indeed, these arguments feel even more valid and relevant in the wake of these recent events and with the strengthened focus on equity in health-care policy today. Nevertheless, through her analysis and careful selection of texts, Thornber does succeed ultimately in providing the reader with an important context for understanding healing as much more than simply curing specific ailments for patients and the importance of context-specific approaches that center the dignity of individuals in the healing process.

Overall, the book argues compellingly for Thornber’s model of respectful patient-focused (and person-focused) care and the holistic healing of individuals, and the benefits such a model carries across multiple levels of society (person, family, local and global community). In doing so, *Global Healing* showcases the critical role of the emerging field of medical humanities for valuing and understanding what effective physical, mental, and social well-being of individuals entails across diverse contexts, and it would be a valuable resource in the training of health services and medical professionals, as well as for general interest. While there is a risk that the presentation of such wide-ranging and detailed research could lend itself to “not seeing the forest for the trees,” Thornber’s comments and signposts throughout the book add to its coherence and guide the reader to the ultimate conclusion: the need for radical changes to global health-care policy and the ways societies around the world approach disease.

Note
