The news isn't pretty. According to Sherwin Nuland, human death is painful and ugly. In How We Die, Nuland systematically destroys the myth of dignified death. Nuland should know; he’s a respected surgeon and Yale medical professor, and he’s all too familiar with death’s face. Though Nuland's clinical analysis of six common and often fatal medical conditions makes for bleak reading, his work is useful. A doctor committed to patients' rights to know medical truths, Nuland is convinced that "Accurate knowledge of how a disease kills serves to free us from unnecessary terrors."

In his opening chapter, Nuland recalls the death of a patient suffering from coronary heart disease, the leading cause of death in industrialized nations. His description of the patient who "threw back his head ... with the glassy, unseeing gaze of dead eyes, roared out ... a dreadful raspiness" is detailed and unflinchingly direct. Edgar Allan Poe's horror stories. A subsequent chapter, complete with diagrams, explains the functioning and breakdown of the heart. Though Nuland admits it's "not politically correct to admit that some people die of old age," he chronicles the physical deterioration accompanying the passage of time. Like machines, our bodies corrode. His account of Alzheimer's disease, which strikes 11 percent of Americans over age 65, is particularly sad. He shares the case of Phil whose condition manifests itself in outbursts of anger and forgetfulness. "Since when, Phil asks his wife countless times when she awakens in the middle of night, "does a sister sleep with her brother?" Later, Phil forgets how to chew, and later still, his own name. Nuland stresses the psychological trauma experienced by the families of Alzheimer's victims. An Alzheimer family's only consolation is the victim's unawareness of his condition.

In a chapter on AIDS, the human immunodeficiency virus, Nuland describes the harrowing death of Ismael, an intravenous drug user. Nuland details Kaposi's sarcoma, a cancer frequently seen in AIDS victims, as well as the uncontrollable diarrhea common during the final months. Here, too, the importance of a support group is stressed, what Dr. Alvin Novick, an American AIDS activist, calls "the only really effective ... is Nuland's chapters on cancer lead him to reflect on the limitations of medicine. He finds that sometimes "hope should be redefined," citing cases where medical intervention is futile. Though Nuland apologizes for "burdening these pages with ... autobiography," these chapters are especially poignant and effective. Nuland recounts his own brother's bout with intestinal cancer. We sense the author's guilt over having recommended an experimental drug therapy program for his ailing brother, whose suffering was prolonged before his inevitable death. Nuland is clearly a doctor capable of seeing more than prescriptions. His work is full of literary allusions, ranging from Shakespeare to Montaigne to Lewis Carroll. Frequently, however, the writing is overdone. He describes the medical battle against heart disease as the "paradoxical partnering of human grief and grim clinical determination to win that actuates the urge to cancer patients' words are even more blunt: "You have to live before you die.""