In his introduction to The Comfort of People, Daniel Miller states: ‘This is a book about people’s lives not their deaths’ (1). Given that the book is a study of the social worlds of hospice patients, at first it is difficult to understand this statement. However, it is not long before the book’s warm and accessible tone, together with its vibrant depictions of people living with terminal diagnoses, delivers what Miller promises. This is a book about death which celebrates life and thereby avoids the mawkish portrayals that so often accompany similar accounts of death or dying.

Each of the 18 chapters, or ‘stories’ as the book dubs them, focuses on a different individual and their methods for creating social connections, drawing from fieldwork in a prosperous and largely White-British community. As the book progresses, common themes emerge which highlight the significance of ‘Englishness’ (9) in both community and individual relationships together with the impact of a declining social circle in later life.

Throughout the book, Miller argues for an understanding of ‘polymedia’ (13), a term which attempts to capture the proliferation of contemporary communication channels together with the ways in which they can achieve particular outcomes. As a term, poly-media eschews trite populist condemnations of modern communication channels in favour of a much more sophisticated analysis. What is distinctive about Miller’s analysis is the positivity which surrounds it, especially when it comes to social media. At a time when concerns about data storage are causing users to delete their social media accounts, Miller argues that this ‘social media’ is enabling people to forge and maintain relationships in innovative and beneficial ways (20).

Throughout the book, these beneficial ways are emphasised, for example, in the description of Sarah, whose newly acquired Facebook account allows her to share the progress of her disease widely, thereby avoiding the potential pitfalls of constantly repeating distressing information. In a different story, Emma’s iPad is a ‘bloody miracle’ in navigating her terminal illness (105).

Veronica’s story, by contrast, is characterised by the difficulties of communication at end of life. Having spent her entire career working for the National Health Service, Veronica feels let down by a lack of support from senior colleagues. This is compounded by both her husband and son, who find it difficult to talk openly about her cancer.

Similar problems with communication are developed in later stories, where issues of isolation, predominantly amongst men, are highlighted. Robin’s story in particular demonstrates how commercial relationships, such as those with a hairdresser or gardener, may become the only significant social relationships at end of life.

Themes from all the stories are progressed within the penultimate chapter as distinctive discussions on the role of friendship and the problem of ‘Englishness’ (199).

The final chapter captures key findings from Miller’s fieldwork in a series of pragmatic recommendations, beginning with a plea for ‘a necessary assault on the cult of … confidentiality’ (214), which Miller argues harms patients by forcing them to constantly repeat distressing prognoses.

Miller’s final recommendations all suggest ways of integrating new media within hospice services, ranging from establishing a digital buddy scheme to an e-listening/ consultation service and, ambitiously, the creation of a patient charter for new media use. Having worked within the hospice sector, I recognise the wisdom of Miller’s recommendations, which match the modern hospice movement’s drive to modernise in order to prevail. Additionally, whilst many research studies remain abstruse, drawing from my academic experience I can unhesitatingly recommend this accessible, practical book as a valuable exemplar of academic impact within the ‘real world’.