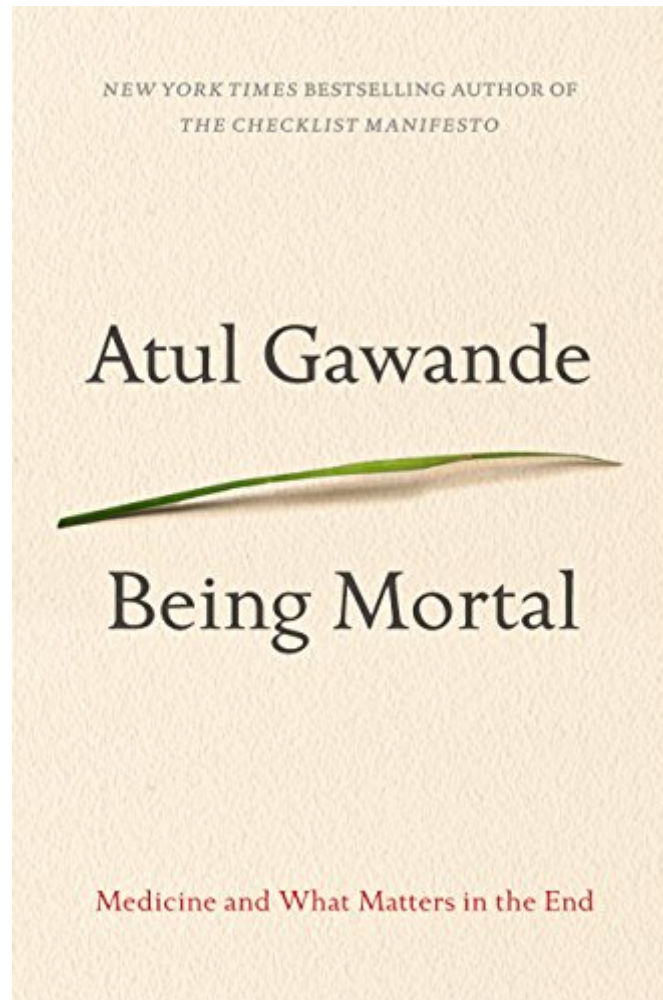


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Being Mortal



Synopsis

From surgeon and bestselling author Atul Gawande, a book that has the potential to change medicine and lives. Medicine has triumphed in modern times, transforming the dangers of childbirth, injury, and disease from harrowing to manageable. But when it comes to the inescapable realities of aging and death, what medicine can do often runs counter to what it should. Through eye-opening research and gripping stories of his own patients and family, Gawande reveals the suffering this dynamic has produced. Nursing homes, devoted above all to safety, battle with residents over the food they are allowed to eat and the choices they are allowed to make. Doctors, uncomfortable discussing patients' anxieties about death, fall back on false hopes and treatments that are actually shortening lives instead of improving them. And families go along with all of it. In his bestselling books, Atul Gawande, a practicing surgeon, has fearlessly revealed the struggles of his profession. Now he examines its ultimate limitations and failures in his own practices as well as others' as life draws to a close. And he discovers how we can do better. He follows a hospice nurse on her rounds, a geriatrician in his clinic, and reformers turning nursing homes upside down. He finds people who show us how to have the hard conversations and how to ensure we never sacrifice what people really care about. Riveting, honest, and humane, *Being Mortal* shows that the ultimate goal is not a good death but a good life all the way to the very end.

Book Information

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Customer Reviews

This book could be a game changer, if enough people read it and take it to heart. Atul Gawande addresses end-of-life care, and how we're getting it wrong, both within the medical establishment and in our families. Dr. Gawande's book focuses both on medical procedures and living conditions in later life. He addresses the reality that as people near the end of life, decisions about their living situation are primarily aimed at ensuring safety at the expense of retaining autonomy, especially when adult children are making the decisions. "We want autonomy for ourselves and safety for those we love," a friend tells the author. We mistakenly treat elders as children, Dr. Gawande says, when we deny them the right to make choices, even bad choices. People of any age want the right to lock their doors, set the temperature they want, dress how they like, eat what they want, admit visitors only when they're in the mood. Yet, nursing homes (and even assisted living communities) are geared toward making these decisions for people in order to keep them safe, gain government funds, and ensure a routine for the facility. In addition, Dr. Gawande shows how end-of-life physical conditions are most often treated as medical crises needing to be "fixed," instead of managed for quality of life when treatment has become futile. Life is more than just a stretch of years; it must have meaning and purpose to be worth living, he says. This is a familiar concept (in fact, I read parts of this book in

I became a fan of Atul Gawande upon reading his first book in 2002: *Complications: A Surgeon's Notes on an Imperfect Science*. In reading many of his previous books I found he always asked questions: Why do we do things; for what purpose; is this working to achieve the best results for the patient in his physical and cultural circumstance? Gawande tackles the dilemmas of medical ethics by approaching them with sagacious common-sense. I think most of his books should be required reading in medical schools. In this new book *Being Mortal: Medicine and What Matters in the End*, Gawande looks at the problems of the aging population and inevitability of death. He points out that you don't have to spend much time with the elderly or those with terminal conditions to see how common it is for modern medicine to fail the people it is supposed to be helping. In speaking of elder care he sadly points out that "Our reluctance to honestly examine the experience of aging and dying has increased the harm and suffering we inflict on people and has denied them the basic comforts they need most". Many physicians are so hell bent on preserving life that they cause horrible and

unnecessary suffering. Gawande points out that sometimes in striving to give a patient health and survival their well-being is neglected. He describes well-being as the reason one wishes to be alive. He looks at the "Dying Role" as the end approaches describing it as the patient's ability to "share memories, pass on wisdom and keepsakes, settle relationships, establish legacies and make peace with their God. They want to end their stories on their own terms." He feels that if people are denied their role, out of obtuseness and neglect, it is cause for everlasting shame.

Atul Gawande, a surgeon who also specializes in writing about medical issues for The New Yorker, is a talented writer. In his book *Being Mortal*, he draws on his experiences as a physician to examine the generally dreadful choices that people must make as they face death. In a particular moving essay, he describes the ordeal of his own father. The elder Gawande, a physician himself, endures physical and emotional suffering, debilitating medical procedures, and profound changes in the way he lives his life before the end comes. Other essays deal with cultural shifts in the way American society cares for its elderly: the rise of the nursing home, the development of the assisted living concept, the spread of hospice care, the shift away from and, now, back to deaths at home. However the focus of the book is Gawande's ideas about how to empower dying people to take control of their lives in the time they have left. It is hard to disagree with any of Gawande's observations. One could wish that every person in America who deals with the elderly---doctors, in particular---would read the book. Gawande himself strove to learn from others about how to talk to patients with terminal illnesses and how to actually listen to their desires. This is also a useful book for anyone with a parent or family member at the end of life. Perhaps some teenager will even pick it up and decide to enter that humble specialty, geriatrics, a medical specialty not nearly as lucrative as most others. One hopes it falls into the hands of every nursing home administrator in the country. But There is one topic that appears hardly at all in *Being Mortal*. That topic is money. Certainly Gawande decries the uselessness of the medical procedures that simply prolong suffering.

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