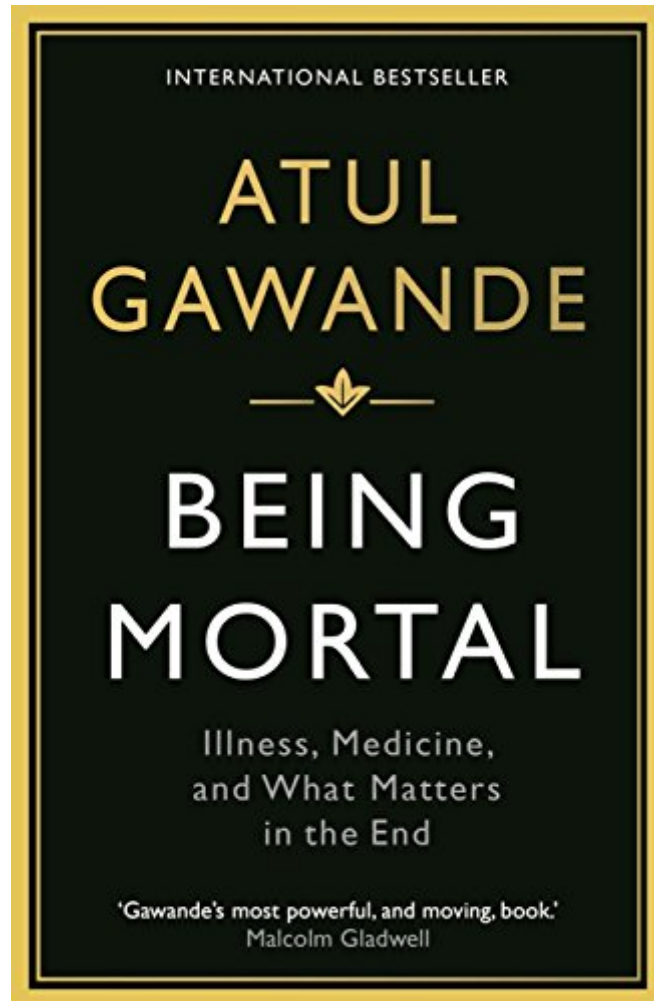


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Being Mortal: Illness, Medicine And What Matters In The End (Wellcome)



Synopsis

For most of human history, death was a common, ever-present possibility. It didn't matter whether you were five or fifty - every day was a roll of the dice. But now, as medical advances push the boundaries of survival further each year, we have become increasingly detached from the reality of being mortal. So here is a book about the modern experience of mortality - about what it's like to get old and die, how medicine has changed this and how it hasn't, where our ideas about death have gone wrong. With his trademark mix of perceptiveness and sensitivity, Atul Gawande outlines a story that crosses the globe, as he examines his experiences as a surgeon and those of his patients and family, and learns to accept the limits of what he can do. Never before has aging been such an important topic. The systems that we have put in place to manage our mortality are manifestly failing; but, as Gawande reveals, it doesn't have to be this way. The ultimate goal, after all, is not a good death, but a good life - all the way to the very end. Published in partnership with the Wellcome Collection, a free visitor destination that explores the connections between medicine, life and art.

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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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