

‘A new ideal for how we die’

How would you like to live the last bit of your life before you die? Not a question we usually think of. And that is a problem, American doctor Atul Gawande says. Diagnosing this problem, he prescribes solutions in his bestselling new book, “Being Mortal: Medicine and What Matters in the End.”

Dr. Gawande frankly acknowledges a major weakness within his own profession. Doctors are most comfortable with conditions they can fix. But they are not comfortable with conditions they can’t fix — especially death. So, for example, doctors tend to overestimate the length of time that their patients have left to live. They also tend to overestimate the possible benefit of aggressive treatments.

Doctors even prefer to talk about a miracle cure rather than the reality of a looming death. Describing a conversation with one of his own patients, the author admits that, instead of reality, “discussing a fantasy was easier.”

As a result, doctors are often at odds with the deepest wishes of their patients.

“People with serious illness have priorities besides simply prolonging their lives,” Gawande writes. “Surveys find that their top concerns include

David McConkey



CITIZEN ACTIVE

David McConkey is an active citizen. Contact him and read previous columns: » davidmconkey.com

avoiding suffering, strengthening relationships with family and friends, being mentally aware, not being a burden on others, and achieving a sense that their life is complete.”

But, unfortunately, “our system of technological medical care has utterly failed to meet these needs.”

In effect, the wonders of modern medical science are backfiring on us. We have developed so many potentially life-saving procedures that we don’t know when to stop. When the time comes, we don’t know how to allow people to peacefully die.

“The waning days of our lives,” Gawande says, “are given over to treatments that addle our brains and sap our bodies for a sliver’s chance of benefit.”

Gawande describes an

alternative: “a health-care system that will actually help people achieve what’s most important to them at the end of their lives.”

The author brings much expertise to the subject. He is a surgeon in Boston and a professor at Harvard. He grew up with a cross-cultural perspective: his parents — who both became doctors — had emigrated from India to the U.S.

Gawande writes clearly, personally and humbly about what he and his profession have done wrong and how they need to improve. He describes how at one point he was learning how to better help patients who were dying. “I felt foolish,” he recalls, “to still be learning how to talk to people at this stage of my career.”

The author presents several ways for how we can develop “a new ideal for how we die.” Most important: doctors — and the whole health-care system — need to be more comfortable with talking about end-of-life issues. Just having this discussion, it turns out, is enormously beneficial.

As well, we need to be ready to resist the use of harsh treatments. Finally, we need more hospice care, which often can be at home. Gawande describes the goal of hospice care as helping those “with a fatal illness have the fullest

possible lives right now.”

With this approach, patients have the best chance to live their last days with more peace and with less pain.

Almost as a bonus, there are three other advantages. One: a more peaceful death spares the patient’s family much anguish. Second — and this is expected: less use of hospital procedures results in cost savings. Third — and this is a big surprise: patients actually live longer.

As he draws “Being Mortal” to a close, Gawande makes note of the “dying role.” As one’s life is reaching its finale, “People want to share memories, pass on wisdoms and keepsakes, settle relationships, establish their legacies, make peace with God, and ensure that those who are left behind will be OK.”

This “dying role,” he writes, is “among life’s most important, for both the dying and those left behind.” Doctors should do all they can to help their patients be able to fulfill this role.

“We’ve been wrong about what our job is in medicine,” Gawande concludes. “We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being.”

Crucial to our well-being is accepting, discussing and dealing with a challenging reality: our being mortal.