Book Discussion Questions  Being Mortal by Atul Gawande

Introduction:

Gawande writes: "I learned a lot of things in medical school, but mortality wasn't one of them."

Considering the cost, in money, time and resources, and the ever expanding field of research, should medical schools expand the curriculum to include end-of-life issues? Would there be trade-offs?

Why do we assume we will know how to empathize and comfort those in end-of-life stages? How prepared do you feel to do and say the right thing when that time comes for someone in your life?

Should doctors intervene if they think the patient, like Lazaroff, made a bad choice? Gawande says he should have been more honest with him. Do you agree? Would it have changed anything?

"The operation was a success – but the patient died." This is an old joke, but can you see doctors falling into this mind set?

Interpret Gawande’s nightmares – page 7 – have you had recurring nightmares? What do you think they mean?

Doctors, and probably the rest of us, tend to define themselves by their successes, not their failures. Is this true in your life? At work, in your family, at whatever skill you have? Should we define ourselves more by our failures? Do you know people who define themselves by their failures? (Are they fun to be with?)

How can doctors, and the rest of us, strike a balance?

Chapter 1, The Independent Self

Should we shield children from the realities of death? How should parents handle that?

What did Gawande learn from Kathleen and her grandmother, Alice Hobson?

How did Alice’s experience contrast with that of Sitaram Gawande? How would he have been treated in America? Do we give adequate consideration of the life’s work of those we remand to nursing homes?

Do you think most American families can care for an elderly relative? Could you?

What is your attitude, as you put it into practice, toward old age? Is it something to deny or avoid, or a state in life to be honored? Do you find that the respect given to the elderly has eroded?

As people live longer, and the once radical concept of retirement takes hold, the attitude of elders toward the young and young toward the elders has changed. What is your attitude toward the elders in your family, and theirs toward you? If you are an elder, what do you expect of your younger family members? If you are younger, what is the practicality of caring for an elder family member? Do you wish things were different – like in the “olden days”?
What can be done to encourage more doctors to specialize in geriatrics?

What is different about Dr. Bludau’s examination of Jean Gavrilles? Should this method and insight be applied to every examination, regardless of the age of the patient? What has been your experience with your doctors? Do you find that your doctor hasn’t the time to spend with you?

How should medical funding and priorities change? Why are there more available resources for medical equipment than quality-of-life measures for the elderly?

Do you know couples like Felix and Bella? The last days for Bella were so hard on Felix, but do you think he’d have had it any other way? Was there anything more others could have done for this couple? If you were to visit their home, what could you have contributed?

What was there about Felix that we can emulate? What allowed him to be functional for so long?

Professor Boult said, “It’s too late” for creating geriatric specialists. Do you agree? P. 51

Chapter 3, Dependence

“It is not death that the very old tell me they fear. It is what happens short of death…”
What do you fear most about the end of life?

Are you doing anything to delay the disability that comes with the end of life?
Do you feel prepared for the end?

Felix and Bella had an exceptional relationship. Who was Bella’s condition hardest on? Why?
Do you think you could be as loving and strong as Felix?

How important is communication to you? When Bella lost her hearing, Felix hit a very low point. What do you think he would have done had Bella not regained her hearing?

The assistants didn’t seem to understand how important routines were to Felix and Bella. What do you think they should have done? Do you think they had their own challenges?

This chapter gives new meaning to “There’s no place like home.” Would you be happy living in the apartment Alice chose? What would you miss most about your home?

Have we gotten rid of “poorhouses”? Is there anything that resembles them in the US today?
How much of an improvement are today’s nursing homes? Why do most people dread going into them?

Medical resources have improved greatly, but there are still areas in the US where there is no hospital or even a doctor for many miles. What are the choices of people living in these areas?
How can the US ensure that everyone has access to hospitals, quality elder care or hospice, and an available doctor or medical center?

Do you think some nursing homes are still similar to prisons? How?
What are the practical challenges for institutional staff to meet the needs of the residents who want to lead meaningful lives?
If you were in a nursing home, would food be the “Hundred Years’ War”? What would you insist on?

How do you think your family would react if you told them, “I’m ready”?
Chapter 4, Assistance

Shelly did the best she could for her father, but it took a toll on her and the family. Can you see yourself in that position? What conflicts did she face between her intentions and the practical needs of the family and herself?

Necessity is the mother of invention - that's what drove Keren Brown Wilson to create what is now called the assisted living facility. What are some of the advantages, as described on Pp. 87, 88? What do you see as disadvantages? Park Place filled up immediately. Would you sign up for yourself or a family member?

How does Maslow's "The Theory of Human Motivation" relate to assisted living facilities and elder care in general? He writes that people "give in" when their choices become narrowed and their declining abilities prevent them from doing what was most satisfying to them. Cartensen, however, found the opposite to be true. She found that people were happier, more emotionally satisfying and stable.
With whom do you agree?

"Living is a kind of skill. The calm and wisdom of old age are achieved over time." Do you agree with this analysis? It took Cartensen a near-death experience to learn certain lessons. What wisdom have you taken time to acquire? Do you find you can share this with others who have not had the same experiences?

Perspective matters. Are there perspectives that have formed your ideas that others may not fully understand?

Wilson's assisted living concept was not always carried out by its imitators. It takes more than just a floor plan to make the concept work. What else is important?

Draw a floor plan and describe staff and services for your ideal living facility for the elderly or disabled. Would you go there to live? Why or why not?

Should safety still be a priority?

Chapter 5, A Better Life

Do you know anyone like Bill Thomas? Would you like him as a neighbor? How did his lifestyle affect his plan for the disabled/elderly?

Lately, many nursing homes are including pets in residence. Thomas, it appears, went a bit overboard. Do you agree with his proposal? Do you understand why some administrators might be reluctant to have so many animals on hand?

What kind of "glorious chaos" can you envision? How much chaos would your own pets instigate?

Why did the addition of animals trigger so many improvements among residents? What do your own animals add to your life?

There is no discussion of what happens when one of the pets dies. If you were a nurse or assistant on the floor, how would you speak to a resident who may have lost an animal friend?

In Royce's book, The Philosophy of Loyalty, he explores the reasons why just food, safety, shelter, etc. provide an empty existence. He concludes that we all need a cause beyond ourselves. Do you agree? What are your "causes"?
Are you part of something greater? Do you have concerns for what happens after your death? Have you found your priorities are changing as you get older?

Is it too much to ask of doctors to not only acquire technical expertise, but to also understand human needs? Should there be more courses in medical school?

How did the NewBridge facility better take care of human needs? Is this practical for the long-term residents whose health may be declining? Is the expense practical? What if there were not community help and philanthropic contributions?

Do you believe the concept of providing autonomy no matter what the condition is workable? Can we really be the "authors of the life we live"?

Do you like the concept of Thomas' Green House? Could you be a member of the staff?

Chapter 6, Letting Go

Gawande speaks of "curbing the medical imperative." P. 149
"When should we try to fix, and when should we not?"
How would you answer the same question?

In the story of Sarah and Rich Monopoli, Sara underwent excruciating treatment right to the end. What attitudes and approaches used by this couple do you admire, or agree with, and with which do you disagree?

If you were Sara’s doctors, what would you do differently?
As a family member or close friend, what conversation would you have with them, or should you just “mind your own business”?

Thinking of people you know, what would the reception be if you were to make “suggestions”?
[There is often a difference between what we say/intend and what is heard by the recipient. Example: We may suggest the family of a person with cancer look into some treatment we have read about. We mean well, but what the family may hear you saying is, “You think I’m not doing enough!”]

Often the treatments do not work. Yet our society seems to favor attempts to “fix” the problem. Gawande quotes statistics that show 25% of Medicare spending goes to the 5% of patients in the last stages of life. With catastrophic illness, the trend seems to indicate high costs during the onset of the illness, a leveling off of costs during the mid-stages, and skyrocketing costs during the last stages of life. Yet, the extreme or even experimental measures do not always improve the quality of life, or even prolong life.

Why do you think it’s so difficult for doctors and/or families to refuse or curtail treatment?
How should priorities be set?
How can we avoid ICUs that turn out to be, as one doctor commented, “a warehouse for the dying”?

What are your priorities? What criteria would you use or have your family use to determine what, if any, measures or treatments to use?

How do we build a healthcare system that will help end-of-life priorities to be accommodated?

Do you think that advancements in the medical field damage our ability to have a quality end of life?

P. 156, Gawande speaks of “dying customs.” He certainly has those customs in his family.
What dying customs exist in your family? Do you talk about this?
To what extent would you honor those customs? Gawande says he drank a few sips of water from the Ganges—
but got a case of Giardia as a result!

He says these customs can appear to be dying out. “I wasn’t even sure what the word ‘dying’ meant anymore…
the new difficulty for me was ‘how to die.’”

P. 159, Nurse Creed is a hospice nurse, skilled in her profession, compassionate and insightful. Summarize her
strategies as she spoke with her families. Do you agree with her apparent priorities? What personal traits do you
think contribute to someone choosing and being successful at this nursing specialty?

The choice of hospice care is difficult for most families. What would be your criteria for yourself or a family
member?

In Sara’s case, she and her husband did not want to confront her condition. They kept seeking treatments right
to the end. How do you walk the fine line between being hopeful and being unrealistic? Acceptance and giving
up?

What do we really expect of medicine? Do we really think everyone can be saved?

What were the tradeoffs of Sara’s continued treatments? What did it buy her?

P. 171, Stephen Gould, in 1985, wrote that some of the treatments were the “medical equivalent of selling
lottery tickets.” Do you agree? Why do people have exaggerated ideas of the success of medicine?

Cost and a system of insurance payment is a factor. If patients had to pay for end-stage care, do you think they
would choose less? What are the pros and cons?

The idea of “rationing” care has been debated at least since 1990, when an insurer was sued because an
experimental treatment was denied. The insurance company lost, even though the treatment was later found to
be ineffective. Do you agree with Aetna’s “concurrent” care approach?

They also found that “just talking” had a beneficial effect.
In your life, have you found that just talking helped in a difficult situation? Can you just talk without offering a
solution? Is that hard to do?

Studies also found that, “You live longer only when you stop trying to live longer.”
Have you found that you have been more successful in something you have tried to do when you stop trying so
hard? Why?

Do you have an advanced directive? Do members in your family have one?
How would you answer the questions on P. 179?

Have you had the family meetings described on P. 181? What role can a palliative care specialist play?
How can we find a balance between providing care and honoring the wishes of a loved one?

Gawande says we pay doctors to treat, not to spend time with patients and families. Sometimes they perpetrate
myths about treatment and outcomes.
Is death something that should be fought, even denied, to the end?
What are some other hard discussions families should have?
Does your family know what your priorities are? What help have you provided them for when the hard
decisions occur?
Chapter 7, Hard Conversations

Gawande describes Sara’s treatment to doctors he met from Africa. Their opinion was that her treatment was extravagant and would not have been funded in their countries. Patients there have different expectations. Do you think Sara would have been better off in Africa?

Do you see any evidence that the US is changing its idea of end-of-life care?

Gawande tells the story of his father’s cancer, treatment and death. Do you think it was difficult to write his story? His father rejected the first doctor, who had experience and expertise, in favor of Dr. Benzel, who took time to talk with him. Was this a risky decision? Would you reject a doctor with excellent credentials in favor of one with good “bedside manners”? What would guide your decision?

Gawande describes three modes of patient interaction by doctors:
1. The doctor knows best approach.
2. The informative approach.
3. The interpretive approach.
Put your doctors into one of these categories.

Do you really want shared decision making? Should someone control your impulsive decisions – save you from yourself?

P. 203, the doctor took time with Jewel to talk about her life. Would this be comfortable for you? Do you think your own doctor would take that time to get to know you? Can doctors “soften the blow” of catastrophic illness without seeming disingenuous.

ODTAA Syndrome, or, “one damned thing after another syndrome,” can signal the futility of continued treatment. How could this also be a gift? How would you spend what little time you have left? Could this acceptance also be a gift to your family?

Would you prefer hospice care in your home or the “village” approach of places like Athens Village? What are the benefits or shortfalls of each?

P. 229, Gawande gives the commencement address at Ohio University. Whose triumph was this? Who do you think most contributed to making that day possible?

Are there moments in your life where it is important a certain family member be present?

Do we underestimate how much activity someone who is elderly or terminally ill can achieve? Has someone you know amazed you with their ability to achieve goals even in the face of serious illness?

Chapter 8, Courage

In Plato’s dialogue, the question is asked: What is courage? What is courage to you? Can it be physical, mental, emotional – just foolish? Plato offers a few definitions:
- Endurance of the soul
- Wise endurance
- Knowledge of what is to be feared and what is to be hoped
- Courage is strength in the face of knowledge of what is to be feared or hoped
With which do you agree?
Have you ever had to be courageous?

Gawande says that for the aged or terminally ill, there are two criteria:
- confronting the reality of mortality
- acting on the truth we find

How do we strike a balance between fear and hope, while still confronting reality?

P. 233, Jewel knows her condition has relapsed, but still greets the doctor with her hair combed and lipstick on. What does that say about her courage? Her priorities?

P. 238, Gawande talks about our tendency to define our experiences in terms of the endings. We remember the end of a game, for example, by the last few plays or the final score, even though the entire game may have been pleasurable.
“Life is meaningful because it is a story,” but even though we have a sense of “whole,” endings matter. Why do we seem to neglect the journey and cling to the endings – of games, movies, books, etc. and our lives? What is your story? Will you define yourself by the ending?

P. 242, Jewel had a “perfect ending.” What can you relate to in her last moments?
What would be your own “perfect ending”?

How do you feel about assisted suicide? Is that a way to a perfect ending?
Choose your mistake:
- prolonging suffering
- shortening a valued life

What should the criteria be? Can you add anything to those described on P. 248?

Peg also had a perfect ending. What was her gift to her piano students? If she were in excruciating pain with no chance of improvement, would assisted suicide be a wise choice? What would be the impact on the family and friends?
What is the “dying role”? What should be your role in this situation?
What influence would your faith, ethics, family culture; values have on your role?

Epilogue 4

Just because we could, does that mean we should?
How can we enable wellbeing in the end stages of life?
What should be the responsibilities of the family, doctors, and other staff?
As a person, and then as a doctor, how would you evaluate Dr. Gawande?
Do you think he had a long learning curve?
Do you identify with his initial attitude toward the elderly and dying?

Have you changed your thinking about end-stage illness, old age, and other catastrophic conditions?
What tradeoffs would you agree to in favor of continued treatment?
Will you take any actions based on what you have read and discussed here?
Would you recommend this book to others? Who? Why?

For more information on A Summer Read, visit Transforming Health.org
About the Book

In BEING MORTAL, bestselling author Atul Gawande tackles the hardest challenge of his profession: how medicine can not only improve life but also the process of its ending.

Medicine has triumphed in modern times, transforming birth, injury and infectious disease from harrowing to manageable. But in the inevitable condition of aging and death, the goals of medicine seem too frequently to run counter to the interest of the human spirit. Nursing homes, preoccupied with safety, pin patients into railed beds and wheelchairs. Hospitals isolate the dying, checking for vital signs long after the goals of cure have become moot. Doctors, committed to extending life, continue to carry out devastating procedures that in the end extend suffering.

Gawande, a practicing surgeon, addresses his profession’s ultimate limitation, arguing that quality of life is the desired goal for patients and families. Gawande offers examples of freer, more socially fulfilling models for assisting the infirm and dependent elderly, and he explores the varieties of hospice care to demonstrate that a person’s last weeks or months may be rich and dignified.

Full of eye-opening research and riveting storytelling, BEING MORTAL asserts that medicine can comfort and enhance our experience even to the end, providing not only a good life but also a good end.

Discussion Guide

1. Why do we assume we will know how to empathize and comfort those in end-of-life stages? How prepared do you feel to do and say the right thing when that time comes for someone in your life?

2. What do you think the author means when he says that we’ve “medicalized mortality”? How does The Death of Ivan Ilyich…
illustrate the suffering that can result? Have you ever witnessed such suffering?

3. As a child, what did you observe about the aging process? How was mortality discussed in your family? How do your family’s lifespan stories compare to those in the book?

4. Have you ever seen anyone die? What was it like? How did the experience affect your wishes for the end of your own life?

5. What surprising facts did you discover about the physiology of aging? Did Dr. Gawande’s descriptions of the body’s natural transitions make you more or less determined to try to reverse the aging process?

6. Did you read Alice Hobson’s story as an inspiring one, or as a cautionary tale?

7. Do you know couples like Felix and Bella? The last days for Bella were so hard on Felix, but do you think he’d have had it any other way? Was there anything more others could have done for this couple?

8. Chapter 4 describes the birth of the assisted-living facility concept (Park Place), designed by Keren Wilson to provide her disabled mother, Jessie, with caregivers who would not restrict her freedom. Key components included having her own thermostat, her own schedule, her own furniture and a lock on the door. What does it mean to you to treat someone with serious infirmities as a person and not a patient?

9. What realities are captured in the story of Lou Sanders and his daughter, Shelley, regarding home care? What conflicts did Shelley face between her intentions and the practical needs of the family and herself? What does the book illustrate about the universal nature of this struggle in families around the globe?

10. Reading about Bill Thomas’s Eden Alternative in Chapter 5, what came to mind when he outlined the Three Plagues of nursing home existence: boredom, loneliness and helplessness? What do you think matters most when you envision eldercare?

11. How would you answer the question Gawande raises in Chapter 6 regarding Sara Monopoli’s final days: “What do we want Sara and her doctors to do now?”

12. The author writes, “It is not death that the very old tell me they fear. It is what happens short of death…” (55) What do you fear most about the end of life? How do you think your family would react if you told them, “I’m ready”? How do we strike a balance between fear and hope, while still confronting reality?

13. In Josiah Royce’s book, THE PHILOSOPHY OF LOYALTY, he explores the reasons why just food, safety, shelter, etc. provide an empty existence. He concludes that we all need a cause beyond ourselves. Do you agree? What are your causes? Do you find them changing as you get older?
14. Often medical treatments do not work. Yet our society seems to favor attempts to “fix” health problems, no matter the odds of their success. Dr. Gawande quotes statistics that show 25% of Medicare spending goes to the 5% of patients in the last stages of life. Why do you think it’s so difficult for doctors and/or families to refuse or curtail treatment? How should priorities be set?

15. What is your attitude, as you put it into practice, toward old age? Is it something to deny or avoid, or a stage of life to be honored? Do you think most people are in denial about their own aging?

16. Discuss the often-politicized end-of-life questions raised in the closing chapters of BEING MORTAL. If you had to make a choice for a loved one between ICU and hospice, what would you most want to know from them? Susan Block’s father said he’d be willing to go through a lot as long as he was able to still “eat chocolate ice cream and watch football on television.” What would you be willing to endure and what would you not be willing to endure for the possibility of more time?

17. As the author learns the limitations of being Dr. Informative, how did your perception of doctors and what you want from them change? What would you want from your doctor if you faced a serious illness?

18. Doctors, and probably the rest of us, tend to define themselves by their successes, not their failures. Is this true in your life? At work, in your family, at whatever skills you have? Should we define ourselves more by our failures? Do you know people who define themselves by their failures? (Are they fun to be with?) How can doctors, and the rest of us, strike a balance?

19. In Chapter 8, Dr. Gawande describes the choices made by his daughter’s piano teacher, Peg Bachelder. Her definition of a good day meant returning to teaching, culminating in two concerts performed by her students. If you were facing similar circumstances, what would your good day look like?

20. How was your reading affected by the book’s final scene, as Dr. Gawande fulfills his father’s wishes? How do tradition and spirituality influence your concept of what it means to be mortal?

Author Bio

Atul Gawande is the author of four bestselling books: COMPLICATIONS, a finalist for the National Book Award; BETTER, selected by Amazon.com as one of the 10 best books of 2007; THE CHECKLIST MANIFESTO; and his latest book, BEING MORTAL: Medicine and What Matters in the End. He is also a surgeon at Brigham and Women’s Hospital in Boston, a staff writer for The New Yorker, and a professor at Harvard Medical School and the Harvard School of Public Health. He has won the Lewis Thomas Prize for Writing about Science, a MacArthur Fellowship and two National Magazine Awards. In his work in public health, he is Executive Director of Ariadne Labs, a joint center for health systems innovation, and chairman of Lifebox, a nonprofit organization making surgery safer globally. He and his wife have three children and live in Newton, Massachusetts.
Critical Praise

"Beautifully crafted.... BEING MORTAL is a clear-eyed, informative exploration of what growing old means in the 21st century.... This should be mandatory reading for every American."

Being Mortal: Medicine and What Matters in the End
by Atul Gawande

Publication Date: September 5, 2017
Genres: Health, Medicine, Nonfiction, Social Sciences
Paperback: 304 pages
Publisher: Picador
ISBN-10: 1250076226
Being Mortal: Discussion Questions

1. This book blends personal narratives and anecdote with facts and statistics drawn from research. How does this affect your reading of the text? What stories or facts had the most impact on you as a reader?

2. How have the central issues of Being Mortal (i.e., mortality, end-of-life care, aging, and death) affected your life?

3. Recalling the story of Lou Sander and his daughter Shelley and the conflicts Shelley faces as she navigates caring for her father, how would you handle (or have you handled) caring for an older relative?

4. What are the author’s main critiques of nursing homes? What do you think about the tensions between keeping older adults safe and helping them live their best lives?

5. Discussing mortality can be uncomfortable. How has reading Being Mortal changed or redefined your feelings about mortality? What uncomfortable conversations might you be willing to have now?

6. Recall the story of Peg Bacheider’s decision to try hospice and have as many good days as possible before she died. Peg’s definition of a good day meant something very specific to her: teaching music lessons and interacting with her students. What would your good day look like if you were in Peg’s situation?

7. Why do people have a difficult time choosing hospice care? How would you know that hospice care was right for you or a family member?

8. The author describes three kinds of relationships doctors have with patients: paternalistic, informative, interpretive. What kind of relationship are you most comfortable with? What kind do you think is most effective?

9. In chapter eight, Gawande discusses the necessity of courage when faced with aging and
sickness. What do you think this means for someone who is older or sick?

10. Throughout the text, Gawande tells the story of his father’s illness and death, including the rituals detailed in the final scene? How does this affect your reading of the book. What role do ritual, tradition, or spiritual practice play in your navigation of mortality?

Several of these questions are based on other questions commonly found in Discussion Guides for Being Mortal. Find them below:


Chapter 2, Things Fall Apart

Gawande makes the point that sudden death is less likely than a slow decline in health and the inability to care for oneself, extending the process of dying. What are some advantages and disadvantages of each? What are the implications for the medical community and other institutions?

The story of aging – OMG Are we just falling apart?
Use the chart based on Gawande’s analysis of human decline to rate yourself, and maybe your degree of denial. Note: Not all case studies in this book involve the elderly. These symptoms are evidence of the body’s decline, or just wearing out, and can occur in people early on in life. They can also be brought on by illness at whatever age, congenital issues, nutrition, personal health and hygiene practices, as well as traumatic injury.

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<tr>
<th>Condition</th>
<th>OMG!</th>
<th>Maybe?</th>
<th>I’m beating the odds!</th>
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<tr>
<td>Teeth – hard enamel wears away. Darker layers show through</td>
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<td>Gums pull away, teeth elongate</td>
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<td>Tremors due to arthritis, and small strokes</td>
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<td>Tooth loss</td>
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<td>Hardening of blood vessels, joints, muscles, heart valves, lungs</td>
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<td>Brittle bones</td>
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<td>High blood pressure</td>
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<td>Shortness of breath</td>
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<td>Loss of muscle mass</td>
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<tr>
<td>Hand changes – less muscle, weak grip, reduced range of motion, Pain, loss of touch sensitivity, degraded handwriting, difficulty working iPhones</td>
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<td>Decreased lung capacity, out of breath, slow bowels</td>
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<td>Poor memory and planning ability</td>
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<td>Less ability to multitask</td>
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<td>Changes in vision</td>
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* The above criteria have nothing to do with appearance, although Gawande mentions graying hair and skin discoloration.

Do you think most people are in denial about their own aging? Do you find yourself drawn to books declaring “age is just a number” and “you can be young forever” mentality? Are these books helpful, or do they do more harm than good?
Being Mortal: Medicine and What Matters in the End
Atul Gawande, 2014
Henry Holt & Co.
304 pp.

Summary
Atul Gawande tackles the hardest challenge of his profession: how medicine can not only improve life but also the process of its ending.

Medicine has triumphed in modern times, transforming birth, injury, and infectious disease from harrowing to manageable. But in the inevitable condition of aging and death, the goals of medicine seem too frequently to run counter to the interest of the human spirit.

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Full of eye-opening research and riveting storytelling, Being Mortal asserts that medicine can comfort and enhance our experience even to the end, providing not only a good life but also a good end. (From the publisher.)

Author Bio
• Birth—November 5, 1965
• Where—Brooklyn, New York City, New York, USA
• Raised—Athens, Ohio
• Education—B.S., Stanford University; M.A. Oxford University; M.D., M.P.H., Harvard University
• Awards—(see below)
• Currently—lives in Newton, Massachusetts

Atul Gawande is an American surgeon, author, and public health researcher. He is a
general and endocrine surgeon at Brigham and Women's Hospital, professor in both
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Health and the Department of Surgery at Harvard Medical School. In his work in
public health, he is Executive Director of Ariadne Labs, a joint center for health
systems innovation and also chairman of Lifebox, a nonprofit reducing deaths in
surgery globally.

Early years
Gawande was born in Brooklyn, New York to Indian Maharashtrian immigrants to the
United States, both doctors. The family soon moved to Athens, Ohio, where he and
his sister grew up. He obtained an undergraduate degree from Stanford University in
1987. He was a Rhodes scholar, earning a degree in Philosophy, Politics & Economics
from Balliol College, Oxford in 1989. Gawande graduated from Harvard Medical
School in 1995. He also has a Master of Public Health degree from the Harvard
School of Public Health, earned in 1999.

Political career and medical school
As a student, Gawande was a volunteer for Gary Hart's campaign. As a Rhodes
Scholar, he spent one year at Oxford University. After graduation, he joined Al Gore's
1988 presidential campaign. He worked as a health-care researcher for Rep. Jim
Cooper (D-TN), who was author of a "managed competition" health care proposal for
the Conservative Democratic Forum. After two years he left medical school to
become Bill Clinton's health care lieutenant during the 1992 campaign and became a
senior adviser in the Department of Health and Human Services after Clinton's
inauguration. He directed one of the three committees of the Clinton Health Care
Task Force, supervising 75 people and defined the benefits packages for Americans
and subsidies and requirements for employers.

He returned to medical school in 1993 and earned a medical degree in 1994.

Journalism
Soon after he began his residency, his friend Jacob Weisberg, editor of Slate, asked
him to contribute to the online magazine. His pieces on the life of a surgical resident
captured the eye of The New Yorker which published several pieces by him before
making him a staff writer in 1998.

A June 2009 New Yorker essay by Gawande compared the health care of two towns
in Texas to show why health care was more expensive in one town compared to the
other. Using the town of McAllen, Texas, as an example, it argued that a revenue-
maximizing businessman-like culture (which can provide substantial amounts of
unnecessary care) was an important factor in driving up costs, unlike a culture of
low-cost high-quality care as provided by the Mayo Clinic and other efficient health
systems.
Ezra Klein of the Washington Post called it "the best article you'll see this year on American health care—why it's so expensive, why it's so poor, [and] what can be done." The article was cited by President Barack Obama during Obama's attempt to get health care reform legislation passed by the United States Congress. The article, according to Senator Ron Wyden, "affected [Obama's] thinking dramatically" and who later said to a group of Senators, "This is what we've got to fix." After reading the New Yorker article, Warren Buffett's long-time business partner Charlie Munger mailed a check to Gawande in the amount of $20,000 as a thank you to Dr. Gawande for providing something so socially useful. Gawande donated the money to the Brigham and Women's Hospital Center for Surgery and Public Health.


Books
In 2002 Gawande published his first book, Complications: A Surgeon's Notes on an Imperfect Science. It was a National Book Award finalist and has been published in over one hundred countries.

His second book, Better: A Surgeon's Notes on Performance, was released in 2007. It discusses three virtues that Gawande considers to be most important for success in medicine: diligence, doing right, and ingenuity. Gawande offers examples in the book of people who have embodied these virtues. The book strives to present multiple sides of contentious medical issues, such as malpractice law in the US, physicians' role in capital punishment, and treatment variation between hospitals.

Gawande's third book, The Checklist Manifesto: How to Get Things Right, came out in 2009. It discusses the importance of organization and pre-planning (such as thorough checklists) in both medicine and the larger world. The Checklist Manifesto reached the New York Times Hardcover nonfiction bestseller list in 2010.

Being Mortal: Medicine and What Matters in the End was in October 2014.

Awards and recognition
In 2006, Gawande was named a MacArthur Fellow for his work investigating and articulating modern surgical practices and medical ethics. In 2007, he became director of the World Health Organization's effort to reduce surgical deaths, and in 2009 he was elected a Hastings Center Fellow.

In 2004, he was named one of the 20 Most Influential South Asians by Newsweek. In the 2010 Time 100, he was included (fifth place) in Thinkers Category. Also in 2010, he was named by Foreign Policy magazine to its list of top global thinkers.
Personal life
Gawande lives in Newton, Massachusetts with his wife, Kathleen Hobson, who is a Stanford graduate, and their three children: Walker, Hattie, and Hunter. He enjoys reading. (From Wikipedia. Retrieved 10/12/2014.)

Book Reviews
"I never expected that among the most meaningful experiences I'd have as a doctor—and, really, as a human being—would come from helping others deal with what medicine cannot do as well as what it can," [Gawande] writes. Being Mortal uses a clear, illuminating style to describe the medical facts and cases that have brought him to that understanding.

Janet Maslin - New York Times

Gawande writes that members of the medical profession, himself included, have been wrong about what their job is. Rather than ensuring health and survival, it is "to enable well-being." If that sounds vague, Gawande has plenty of engaging and nuanced stories to leave the reader with a good sense of what he means...Being Mortal is a valuable contribution to the growing literature on aging, death and dying. It contains unsparring descriptions of bodily aging and the way it often takes us by surprise. Gawande is a gifted storyteller, and there are some stirring, even tear-inducing passages here. The writing can be evocative.... The stories give a dignified voice to older people in the process of losing their independence. We see the world from their perspective, not just those of their physicians and worried family members.

Sheri Fink - New York Time Book Review

Dr. Gawande’s book is not of the kind that some doctors write, reminding us how grim the fact of death can be. Rather, he shows how patients in the terminal phase of their illness can maintain important qualities of life (Best Books of 2014).

Wall Street Journal

Atul Gawande’s wise and courageous book raises the questions that none of us wants to think about.... Remarkable.

John Carey - Sunday Times (UK)

Gawande’s book is so impressive that one can believe that it may well [change the medical profession].... May it be widely read and inwardly digested.

Diana Athill - Financial Times (UK)

Being Mortal, Atul Gawande’s masterful exploration of aging, death, and the medical
profession's mishandling of both, is his best and most personal book yet. 

_Boston Globe_

Masterful.... Essential.... For more than a decade, Atul Gawande has explored the fault lines of medicine...combining his years of experience as a surgeon with his gift for fluid, seemingly effortless storytelling.... In _Being Mortal_, he turns his attention to his most important subject yet. 

_Chicago Tribune_

A needed call to action, a cautionary tale of what can go wrong, and often does, when a society fails to engage in a sustained discussion about aging and dying. 

_San Francisco Chronicle_

Beautifully crafted.... _Being Mortal_ is a clear-eyed, informative exploration of what growing old means in the 21st century...a book I cannot recommend highly enough. This should be mandatory reading for every American.... [I]t provides a useful roadmap of what we can and should be doing to make the last years of life meaningful. 

_Time.com_

Beautifully written.... In his newest and best book, Gawande...has provided us with a moving and clear-eyed look at aging and death in our society, and at the harms we do in turning it into a medical problem, rather than a human one. 

_New York Review of Books_

_Being Mortal_ left me tearful, angry, and unable to stop talking about it for a week.... A surgeon himself, Gawande is eloquent about the inadequacy of medical school in preparing doctors to confront the subject of death with their patients.... it is rare to read a book that sparks with so much hard thinking. 

_Nature_

Eloquent, moving (Best Books of 2014). 

_Economist_

A great read that leaves you better equipped to face the future, and without making you feel like you just took your medicine (Best Books of 2014). 

_Mother Jones_
Leading surgeon, Harvard medical professor, and best-selling author, Gawande is also a staff writer at The New Yorker, which published the National Magazine Award-winning article that serves as the basis for this study of how contemporary medicine can do a better, more humane job of managing death and dying.

*Library Journal*

Gawande displays the precision of his surgical craft and the compassion of a humanist...in a narrative that often attains the force and beauty of a novel.... Only a precious few books have the power to open our eyes while they move us to tears. Atul Gawande has produced such a work. One hopes it is the spark that ignites some revolutionary changes in a field of medicine that ultimately touches each of us (Best Books of 2014).

*Shelf Awareness*

[A] cleareyed look at aging and death in 21st-century America.... Gawande offers a timely account of how modern Americans cope with decline and mortality. He points out that dying in America is a lonely, complex business.... A sensitive, intelligent and heartfelt examination of the processes of aging and dying.

*Kirkus Reviews*

Discussion Questions
Use our LitLovers Book Club Resources; they can help with discussions for any book:

- How to Discuss a Book (helpful discussion tips)
- Generic Discussion Questions—Fiction and Nonfiction
- Read-Think-Talk (a guided reading chart)

*(We'll add specific questions if and when they're made available by the publisher.)*

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