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“Death, of course, is not a failure. Death is normal. Death may be the enemy, but it is also the natural order of things”

Atul Gawande: Being mortal, illness, medicine and what matters in the end.

Profile Books, 2015

A REVIEW BY GUILHERME MOVIO, 3rd YEAR MEDICAL STUDENT

Atul Gawande addresses the concepts of death, mortality and quality of life with grace, experience and personal insight in ‘Being Mortal’. Reading this book for the first time as a 17-year-old school student, these were concepts out of my remit and I remember feeling incredibly naïve to the ideas proposed. Now, midway through my medical studies and in a world-wide pandemic, I decided to revisit Gawande’s writing. Consequently ‘Being Mortal’ has humbled me even further as a future healthcare professional.

Gawande’s book delves into topics that as a society we are uncomfortable discussing. By biologically explaining the process of ageing and death he explores both the societal and medical challenges around this precarious process. Gawande considers cultural views to ageing and what matters at the end of our lives, whilst simultaneously sharing his own difficulties in understanding the significance of thinking less about prolongation and more on the quality of someone’s life.

The ability of staving off death through modern medicine has revolutionised ageing, but Gawande disputes that although medicine ensures we are living longer – we may not be producing the appropriate healthcare professionals to provide essential holistic care. He highlights that in recent years geriatrics has become an unpopular medical speciality, with training posts in the United States of America (USA) having been reduced by up to a quarter. To compensate this, and to meet the needs of the ageing population the upsurge of nurse-led care homes has become noticeable. He portrays care homes negatively, by discussing how residents have poor autonomy and are often pharmacologically drugged into submission by psychotropic medication. Gawande generalises these institutions as “resolving societal problems such as bed spaces but not making life worth living”.

He contrasts attitudes in the USA and his home country India – where ageing is seen as a privilege, and where the elderly, who he describes as “the guardians of tradition, knowledge and history” are protected and

looked after closely by family. In western society, he argues that elderly family members are seen as a chore – with both the elderly and the younger generation being limited in their freedom because of ageing.

Crucial points are made about how we can provide our elderly population with a greater quality of life. Reflecting on Abraham Maslow’s “theory of human motivation”, Gawande depicts the importance of giving those at the end of their lives the autonomy to self-actualise. Allowing people to live for something improves outcomes, as demonstrated by a psychological experiment conducted by Judith Rodin and Ellen Langer, where residents at a care home were given responsibilities over something incredibly simple, plants. Other examples of maintaining independence were shown in another care home by giving residents a chance to look after animals. Gawande reminds readers that “all we ask is to remain the writers of our own stories” and that people must have a purpose.

Although medicine provides patients with ever-growing pushes, Gawande considers at what point must we stop. We strive to do everything we can as medical professionals but often we push terminally sick patients through rigorous and undignifying medical treatments. Studies show that when patients at the end of their lives are aided to accept their diagnosis and move forward with appropriate palliative care interventions, they live longer and more comfortable lives.

A golden mean between a “paternalistic” and an “informative” doctor-patient relationship must be found when dealing with patients, especially at the end of their lives. Ezekiel and Linda Emanuel presented a third type of relationship, an “interpretive” one. This is where the doctor understands the patients’ needs and through shared decision-making assists in making the best decision based on context. This was something Gawande encompassed within his own practice. Doctors should be productive with their discussions with patients by exploring their needs and tailoring medical options to such.

By sharing his own personal experiences of his family’s suffering through his father’s cancer, Gawande emphasises that sometimes doing less is more. Through difficult conversations and acceptance, his father was able to pass peacefully with his family by his side as opposed to a heavily medicalised, futile end. ‘Being Mortal’ resonates with anyone who has felt the reality of suffering and mortality and seeks to teach its readers to think about what truly matters in the end.