Book Review: Being Mortal

By Atul Gawande. Metropolitan Books (2014).
Reviewed by Ted Bowman

"*I learned about a lot of things in medical school, but mortality wasn't one of them.*"

Just so, this impressive book begins.

Atul Gawande is a surgeon at Brigham and Women's Hospital in Boston, staff writer for *The New Yorker*, and a professor at Harvard Medical School and the Harvard School of Public Health. He is well known as a speaker and writer about medically related topics. Even with those credentials, reading this book as a grief and family educator, I did not expect to mark, check, underline, and star so many sentences here and paragraphs there. It was a fast AND slow read; Gawande writes so well that clarity and transitions invited page turning. Even so, I paused many times to personally ponder how what he wrote was similar or different from how I thought and worked. *Being Mortal* is a challenging read! Be prepared for self-examination.

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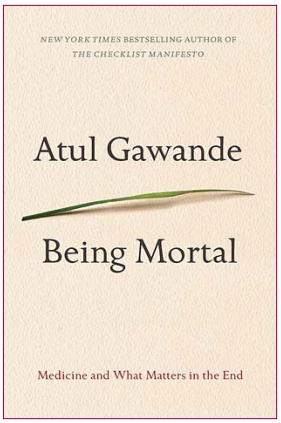
The intersection of the personal and professional will be prompted because Gawande also does that. He includes stories of his own family experiences of end-of-life care with accounts of others in a variety of settings. Interesting to me was that the reviewers of *Being Mortal* in both the *New York Times* and *The Guardian* (English newspaper) included their personal accounts of mortality in their reviews. You will be prompted to do the same when you read this volume.

Author's Assertions

To put his perspective in some context, he asserts that the experiment of making mortality a medical experience is only decades old. He adds to that: It is young. And the evidence is it is failing (p.9). To be sure, the modern hospice and palliative care movement is often dated from the founding of St. Christopher's Hospice in South London in 1967. The Association of Death Education and Counseling, the North American version of MCDES started in 1976. Cruse Bereavement Care in England started as a widow-to-widow program in 1959. Yes, the experiment is young!

As for the other assertion that this relatively young movement is failing, Gawande eloquently contrasts the actual experience of his grandfather, the spoken desires of many Americans, and what most often happens here. In contemporary societies, he writes, "… old age and infirmity has gone from being a shared, multigenerational responsibility to a more or less private state—something experienced largely alone or with the aid of doctors and institutions" (p. 17). To his credit, Gawande clearly has come to believe such failure does not have to be the way it will be. Further, while he critiques current practices, this is even more a volume of hope about palliative and bereavement care.



Merits and Limitations

The author reviews and discusses the merits and limitations of a host of efforts, many of which are actively pursued here in Minnesota. Homelike facilities like "Green Houses," intergenerational living, and activities that address the three plagues of nursing homes—boredom, loneliness, and helplessness—and more are described and critiqued. Further, Gawande discusses the psycho-social-spiritual care that makes differences no matter the facility. Even though he was not taught mortality in medical school, his personal and professional experience led him to this belief: "We think our job is to ensure health and survival. But really it is larger than that. It is to enable well being. And well being is about the reasons one wishes to be alive." (p.259)

Complex Issues/Simple Yearnings

The author included a conversation between a nurse and his father that contained blunt discussions of medical matters, including whether or not a DNR (do not resuscitate) order should be included. Building rapport with Gawande's father and mother, she turned to the father and asked what his biggest concern was. He responded with the desire to stay strong while he could; he wanted to be able to type so he could stay in touch via email with his world-wide family; he didn't want pain; and "I want to be

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happy" (pp. 227-8). This account may seem obvious or simple. Being Mortal is at one and the same time a volume about complex issues and systems AND about basic, simple yearnings and practices.

No matter where you provide grief or bereavement care, Atul Gawande can be a provocative companion and teacher. *Being Mortal* should be required reading for each of us; if we do so, it will lead to lively workplace discussions and actions of improved compassionate care by all of us.

Companion Volume

A wonderful companion volume to *Being Mortal* is *Daily Miracles: Stories and Practices of Humanity and Excellence in Health Care*, edited by Alan Briskin and Jan Boller, published by Sigma Theta Tau International (2006).

This slim volume of case examples grew out of conversations between nurses who wanted to hold on to the values that drew them to nursing initially, but which were getting lost in current health care. One of the outcomes of their conversations was examples of patient and team interactions that reinforced their desires to be a nurse. As with *Being Mortal*, this volume will speak to all caring disciplines.

Editor's Note: If you missed Frontline's premier PBS special, "Being Mortal" with surgeon Atul Gawande, you can watch it online at http://www.pbs.org/wgbh/pages/frontline/view. Visit the author's website at http://bit.ly/1vRJUHw.