

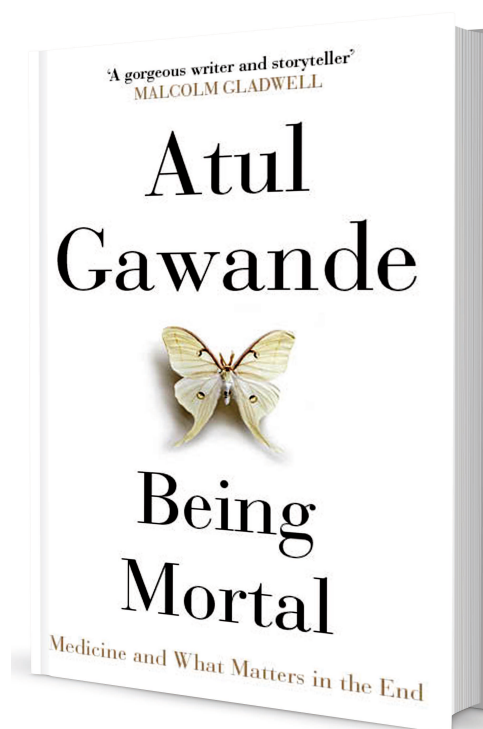
Being mortal

Atul Gawande

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Rebekah's favourite part of practicing medicine is getting to ask patients how they're feeling. She is interested in psychology and clinical applications of genomic technology.



Death is hard to talk about, even if it is a part of your job. In his engaging book the author and surgeon Atul Gawande grapples with the very difficult subject of our finite existence.

He begins by briefly recounting the story of Ivan Ilyich, the main character of Tolstoy's novella, *The Death of Ivan Ilyich*. In this story Ivan Ilyich's doctors, family, and friends act as if he was just ill, seemingly in denial of the obvious signs he was dying. Instead of acknowledging his situation and offering comfort, the people close to Ivan Ilyich subjected him to treatments that only added to his suffering. Gawande argues that despite the scientific advancements since Ivan Ilyich's era doctors are still no better at dealing with death.

The book expands on this main theme with Gawande drawing from the experiences of patients, his interactions with those patients, and the death of his father, as well as philosophical and scientific arguments. He also compares historical and current attitudes and practices regarding the elderly in the developing and developed worlds. He candidly describes the inadequacies and failures of most common models of aged care while recognizing the concerns and expectations of family members, painting a picture of the tension between maintaining the independence so valued by many elderly patients and assurance that elderly parents are kept safe.

Too often the wishes of the elderly are not explored, resulting in them living out their last days in a way that minimizes both medical complications and their enjoyment of life. Nevertheless, Gawande relates examples of innovative people who have developed aged care facilities that manage to balance these competing priorities.

Difficult end-of-life conversations enable medical and surgical care that better reflects a patient's best interests. Unfortunately, doctors who shy away from these difficult discussions sometimes use prolongation of life as a default medical strategy. Instead doctors should base treatment decisions on an understanding of what makes a patient's life worth living. This understanding comes from asking patients to face their limited time and order their priorities. For example, a patient that derives meaning and happiness from sport should consider undergoing a risky palliative spinal cord tumour debulking even if all it will save is their tennis swing. Conversely, a tough conversation could prevent a painful and potentially dangerous trip

to theatre when the patient would rather be on the couch eating ice cream and watching the rugby.

At first it seemed strange that Atul Gawande, Professor of Surgery at Harvard and creator of the WHO surgical safety checklist, would write a book on palliative care. However this makes sense when you appreciate that his famous checklist improves safety by facilitating communication in complex situations.

Ever the scientist Gawande and his team are currently running a randomized controlled trial of a 'Serious Illness Conversation Guide' designed for patients with incurable cancer.¹ Better communication between doctors and dying patients will not come easy, but it will be free and will help doctors more than any blockbuster drug or device.

This book will have a considerable impact on my future clinical practice. I now appreciate that geriatricians play an important, albeit unglamorous, role in making simple changes to patient's treatments that lead to significant improvements in quality of life. Reading it has given more depth to my understanding of shared decision making between the doctor and patient that has been alluded to in lectures. During conversations about death it is essential to ascertain what patient's truly value, what makes life meaningful to them, and what they consider unbearable suffering. The book has cemented the importance of openness and honesty with patients although this involves the challenge of navigating my own and the patients' emotions.

Being Mortal is for those who care for the dying so this is an essential read for every medical student.

REFERENCE

1. Aernacki, R, et al.
Development of the Serious Illness Care Program: a randomised controlled trial of a palliative care communication intervention.
BMJ Open, 2015. 5(10): p.e009032.