Questions on Gawande's *Being Mortal*, Chapters 7 and 8 and Epilogue
Wesley Advocates 28 September 2016

Chapter 7 Hard Conversations

See page 191, paragraph 2, about the three stages of medical development: "In the first stage . . . deaths occur in the home because people don't have access to professional diagnosis and treatment. In the second . . . people turn to health-care systems . . . [and] they often die in the hospital instead of the home. In the third . . . people have the means to become concerned about the quality of their lives, even in sickness, and deaths at home actually rise again." Where are we? Where should we be?

"We know the dance moves. You agree to become the patient, and I, the clinician, agree to try to fix you, whatever the improbability, the misery, the damage, or the cost." That, Gawande says, is the old system. True? Under the new system, he says, together we "try to figure out how to face mortality and preserve" quality of life. How effective have we been at shifting to this new paradigm?

As we are encouraged--but whom, we might ask?—to assume more responsibility for our health, for our lives, for our ends of life, medical personnel, as Gawande reports with his own father, dislike our questions. What might patients and families do to help such personnel become more open to questions and to patient control? *(This morning I learned that my sister has already fired her first oncologist. All along, Janice refused chemotherapy—and all oncologists she interviewed for the job of supervising her are agreed fully to treat her without insisting on chemo. But the first oncologist she chose called the surgeon to discuss protocols and to demand that she persuade Janice to agree to chemo. Obviously the surgeon reported the call to Janice who has now moved on to the second oncologist she interviewed. Of course, how many of us would (a) know so clearly and state so clearly our own preferences and (b) insist on our preferences even if it means changing caregivers?)*

What is our experience with the typical sorts of relationships (pp. 199-202) between physician and patient—(1) paternalistic, doctor-knows-best; (2) retail, facts-and-figures, informative; (3) interpretive, "how can I help you understand and decide?

In the section about Dr. Benzel, Gawande learns to appreciate the Midwesterner's habit of waiting a beat before speaking, of listening deeply to the patient. How can we use or develop such listening skills for those we love?

Notice that, when asked his thinking about such issues as treatments he would tolerate and disposal of his body, Dr. Gawande senior had already thought through them, to the surprise of wife and son. How many of us already know those preferences for our loved ones? For ourselves? How should we convey our wishes to others? When? How long do we wait before raising this uncomfortable topic?

ODTAA: Gawande describes his patient Jewel Douglass who suffers from this syndrome describing the end phase of modern life: One Damn Thing After Another. According to Gawande, how can we assert control so that we avoid living with this syndrome, letting end of life be one crisis after another?

From Gawande's point of view, how did his father's radiologist fail him? Why did she lie?

What causes the shift in Dr. Gawande senior's concerns—from his symptoms and treatments to his grandchildren?

Chapter 8 Courage

What definitions of *courage* should we review? What do Plato's generals say in the *Laches*? How is our definition of courage shaped by our professions? Our life experiences? Our observations of those we admire? How important is living through pain, living through danger?

What are the two kinds of courage, according to Gawande, required for aging and sickness?

See page 238, paragraph 3: "In the end, people don't view their [lives] as merely the average of all of its moments—which, after all, is mostly nothing much plus some sleep. For human beings, life is meaningful because it is a story. A story has a sense of a whole, and its arc is determined by the significant moments, the ones where something happens." Comments?

How often have we seen a story whose ending spoils it? *(For example, I am appalled at the end of* Beauty and the Beast*: the ending utterly undermines what the entire story purports to teach us about identity and acceptance and love.)* How can we shape the ends of our stories so they conform to earlier moments in our stories?

On p. 243, paragraph 1, we read "that the chance to shape one's story is essential to sustaining meaning in life; that we have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone's lives." How can we improve those endings, for those we love, for ourselves?

How many of our mistakes arise from fear—fear of prolonging suffering, fear of prematurely ending a valued life?

See p. 249, paragraph 2: what is the "dying role"? How can we allow those we love—and allow ourselves—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 okay," to "end their stories on their own terms"?

Our Epilogue, Not Gawande's

For a few minutes, think about your life-long experiences with dying and death.

At what age did you first learn about death? What did you learn?
What rites or reactions did you observe? Participate in?
What happened over the course of your life to make you more or less comfortable with others' dying and death? with your own dying and death?
What events in your life prepared you to address others' suffering, particularly that suffering which leads to death? From whom have you learned? What do you still need to learn?
How comfortable are you talking with family and friends about suffering, dying, imminent death, the aftermath of death? How comfortable do you need to be?
What has this book contributed to your knowledge about those you love? About yourself?
How important is religious faith in your thinking about dying and death? Why? What specifically is important?