

PICADOR

# Reading Group Gold

## *Being Mortal: Medicine and What Matters in the End*

Atul Gawande

### ABOUT THE BOOK

The recipient of numerous awards and widespread acclaim, Atul Gawande's *Being Mortal* has secured a position among the bestselling medical books of all time. In the years since it was first published, *Being Mortal* has become a cultural touchstone that has profoundly altered the way we think about end of life care. From those confronting their own mortality or that of a loved one to medical professionals guiding patients through their final days, readers of all backgrounds have connected with Gawande's insights on death and dignity.

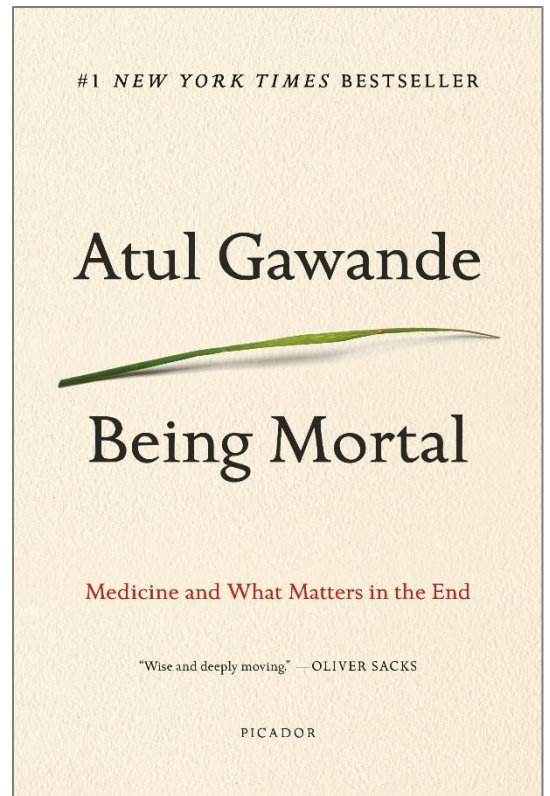
*Being Mortal* has been lauded as an invaluable tool by doctors, nurses, nursing home directors, hospice care workers, and funeral home directors. Academics and clergy have incorporated it into their lectures and sermons. Entire communities have read it together as part of One City Reads programs. It is a book that sparks conversation and leads to thoughtful reflection. It is, quite simply, a book for everyone.

### Book Club Praise

"It is a celebration of life that challenges readers to respect human dignity. . .encourages open discussion about important matters faced by every family for which medicine can ultimately provide no answer." —UNC Chapel Hill (First Year Adoption Program)

"The book is applicable to everyone, everywhere. It has heart and invites us to love our lives and those we care about."  
—Laurie W. and her book group from Fredonia, NY

"This book is not just about dying, but on how to respect the individual needs of the elderly and ill who may not have the same priorities as the person in charge of their care." —Susan K. and her book group (Tuscany Book Club) from Myrtle Beach, SC



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## **QUESTIONS AND TOPICS FOR DISCUSSION**

1. Have you ever lost someone you care about to serious illness? What is the best way to empathize and comfort those facing serious, life-threatening illness? 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 Dr. Gawande means when he says that we've "medicalized" mortality? Do you agree? Why do you think that has happened in our culture? How can we shift to a more humane, compassionate approach to mortality?
3. Have you ever seen anyone die or been with someone in the final stages of life? Can you describe that experience? How did the experience affect your wishes for the end of your own life?
4. What did you discover about the physiology of aging? What is your attitude toward aging?
5. Dr. Gawande suggests we aren't taking advantage of the opportunity to make the experience of aging better. In what ways could we improve aging in our daily lives and as a culture?
6. Did you read Alice Hobson's story as an inspiring one, or as a cautionary tale?
7. Even with diminishing capacities, Felix found ways to give his life in a retirement community purpose by helping fellow residents, mentoring younger doctors and caring for his wife. What activities might you envision doing that would bring you fulfillment in your retirement when you might face some physical limitations?
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 illness as a person and not a patient?
9. In 1980, an 80-year-old man named Harry Truman refused to move from his home as Mt. St. Helen's began to erupt. He told authorities that at 80 years old he had a right to decide his fate. Do you agree? What are the implications for individuals and families when elder adults are given full autonomy over their lives?
10. What realities are captured in the story of Lou Sanders and his daughter, Shelley, regarding home care for an aging and increasingly frail parent? 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?
11. A key concept that emerges from Dr. Gawande's interviews is "home." Much more than just the place where you go to bed at night, home evokes a set of values and freedoms for many as they face old age. As you consider the life you want lead in old age, what does home mean to you?

12. 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?
13. What can be learned from the medical treatment choices that were made in the final days of Sara Monopoli's life?
14. What are your feelings about hospice care? When is the appropriate time to introduce hospice in the treatment of those with life-threatening illness?
15. Dr. Gawande writes, "It is not death that the very old tell me they fear. It is what happens short of death," specifically the loss of physical function and cognitive capacity. In what ways do you relate to that fear or not? What do you fear most about what happens short of death?
16. How do we strike a balance between our fear of dying and our hope for a long, healthy life, while still confronting reality?
17. 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 percent of Medicare spending goes to the 5 percent 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?
18. What is your attitude toward old age? Is it something to avoid thinking about, or a stage of life to be honored? Do you think most people are in denial about their own aging?
19. 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?
20. As Dr. Gawande 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?
21. 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?
22. 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 and culminated in two concerts performed by her students. If you were facing similar circumstances, what would your good day look like?

23. 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?

### **ABOUT THE AUTHOR**

A surgeon at Brigham and Women's Hospital in Boston, Atul Gawande is the award-winning author of three bestselling books: *Complications*, a finalist for the National Book Award; *Better*, selected by Amazon.com as one of the ten best books of 2007; and *The Checklist Manifesto*. He is the executive director of Ariadne Labs, a joint center for health systems innovation, and chairman of Lifebox, a nonprofit organization making surgery safer globally.



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