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EDITORIAL

TENDING TO MORTALS

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Dr. Atul Gawande, a surgeon at Brigham and Woman's Hospital and professor at Harvard Medical School, has written a compelling fourth book entitled, *Being Mortal: Medicine and What Happens in the End*[1]. He begins by disclosing that his extended medical training failed to prepare him for dealing with mortality – his own, his loved ones' and his patients'. While he is highly skilled handling a scalpel, he recounts feeling at a loss when broaching the topic of death. He is not alone. Western culture has been avoiding the topic while focusing on and valuing youthfulness. Throughout the book Dr. Gawande makes it clear that the subject is relevant for all health care professionals, not only palliative medicine specialists and geriatricians. He chronicles the modern experience of mortality from hospital wards, to nursing homes, and finally (for a relative few), in their own homes with the aid of hospice workers. He makes the case, based on the reality of our current health care system, that the medicalization of dying has led us to unwittingly cause more harm than good for some patients.

A narrative style is combined with journalistic reporting on the state of affairs for the old and infirm in the United States. Dr. Gawande juxtaposes these situations with his Indian/Hindu background where adult children, with the help of extended family members, take responsibility for their elders until death do they part. He is an astute observer. The twin notions of independence and self-reliance, held in high regard in Western cultures, contribute to seniors' reluctance to being placed in a residence - sometimes to their detriment, sometimes not, depending on support structures that enable them to remain in their own homes. Dependence is viewed as defeat.

Dr. Gawande takes us through a historical excursion from poorhouses where ill-fated old people lived in misery, to the baby boomer, post-war era of building hospitals and nursing homes with standards for decency and safety, at least in industrialized nations. Next, he leads us through the natural descent of the human body such that those housed in it can no longer function adequately. Living longer with chronic illness has its drawbacks – one slowly "falls apart." Relatively few physicians are trained to address how to tend to these patients with increased quality of life as the main goal.

The book weaves together the topics of growing old and dying, having few alternatives for the two, and how we, as a society can do better. The reader discovers that, fortunately, programs do exist that respect the whole person in the end of life. Dr. Gawande describes pioneers, disheartened by the lack of life and luster found in well-intentioned nursing homes, who have developed innovative programs (e.g., Beacon Hill Villages, a community cooperative in Boston). The reader may begin to wonder, “What options will I have when faced with this inevitable descent?” Dr. Gawande appeals to us all – professionals and future patients to get prepared. He prompts us to consider the difference between staying alive as long as possible and living life as fully as possible, within the confines of dwindling bodily functions. We are invited to be the author of our lives right up until our final breath.

Relevant to the mission of McGill Programs in Whole Person Care, Dr. Gawande explores “letting go” in the context of medical practice. He asks us to consider resisting the urge “to fiddle and fix and control” – especially when doing so may harm more than heal. His poignant narratives depicting his own patients who taught him this hard lesson are convincing. His foray into palliative medicine and hospice as viable choices for end-of-life care is familiar ground for us at McGill where Dr. Balfour Mount - recognized as the founder of Palliative Medicine in Canada - initiated our Programs in Whole Person Care 15 years ago.

An especially touching aspect of the book is Dr. Gawande’s story about himself, the only son and oldest child in his family, applied what he learned with his father, also a surgeon, when he became disabled by a rare cancer. In the chapters “Hard Conversations” and “Courage” he reveals with heartfelt honesty how as an Indian-American he was able to accompany his father right to the last sips of the polluted Ganges river water where his fathers’ ashes were spread.

The three papers found in this volume each touch upon the topics addressed by Dr. Gawande in different ways. In Lobb et al.’s “Making Sense of a Diagnosis of Incurable Cancer: The importance of communication” the results indicated that palliative care patients with advanced cancer wanted their doctors to keep up with the technology, be honest, confident, and positive. Much like Dr. Gawande’s patients and his father at the end of life, they desired connection with others, maintaining a sense of normalcy and “getting on with things." Lobb et al. suggest that if and when health care professionals do not discern accurately what is most meaningful to their patients (and this was not meaning-making *per se*) they will not know how to proceed. In line with *Being Mortal*, they concluded that the challenge is for clinicians to adapt and develop communication skills to address the demands and multifaceted needs of this emerging palliative care population who are living longer with cancer.

Dr. Kearsley, in “Transformative Learning as the Basis for Teaching Healing in the Development of Physician-Healers” echoes the shortcomings of medical education with regard to healing and whole person care that are alluded to in *Being Mortal.* Importantly, he provides ways to train young doctors to be the type of people Dr. Gawande depicts in his descriptions of pioneers in elder care. If Dr. Gawande and his cohort

of colleagues had been led through workshops like those described in the paper, would he have needed to write this book?

Dr. Spondenkiewicz, who participated in a Mindfulness-Based Stress Reduction course in Paris was stuck by the instructor's opening statement in the first class: "The difference between those who provide health care and those who receive it is temporary. If we live long enough we will all be patients – suffering from arthritis, low back pain, or diagnosed with cancer. Mindfulness prepares us for this as we all must come to terms with: the fact that we will all grow older, perhaps become disabled, and certainly die." He recounted how meditation practice was transformational for him. Similar to Dr. Kersley's medical students, this young pediatric psychiatrist found the group setting allowed him to become more honest with himself and others. Clearly, there are diverse means of becoming a humane clinician, able to listen deeply to patients and offer treatment that matches their wishes. Dr. Spondenkiewicz, in line with Dr. Gawande, understood that being human, being mortal, enabled him to respond to his young patients and their parents with authenticity.■

REFERENCES

1. Gawande A. Being Mortal: Medicine and What Matters in the End. Doubleday: Canada; 2014.