We're All Going to Die (and other realities about end of life care)

By Lilyann Gardner
14 November 2024

Tubes, ventilators, morphine drips, and a cold sterile hospital room in the ICU made up the last days of Joseph Lazaroff's life, but according to surgeon and author Atul Gawande, it didn't have to be that way.

In "Being Mortal," Gawande's 300-page novel published on October 7, 2014 by Metropolitan Books, he illuminates the suffering that occurs when medical professionals and their patients reject human finitude. The fact that everyone will die is written into mankind's DNA, but Gawande proposes that one can mitigate the pain and fears surrounding dying by accepting this reality and implementing meaningful end-of-life care.

As Gawande points out in the novel, "The battle of being mortal is the battle to maintain the integrity of one's life- to avoid becoming so diminished or dissipated or subjugated that who you are becomes disconnected from who you were or who you want to be."

There is no denying that the aging process and chronic illnesses wear on both the body and the mind. They rob us of our physical capabilities and force us to become reliant on others, yet Gawande perfectly illustrates that one can still have dignity in the last stages of life without undergoing additional surgeries or bouts of medication that may leave them worse than they were before.

The alternatives to these medical interventions then emerge through his chronology of end-of-life care practices, which is artfully intertwined with personal patient narratives.

The opening chapters provide a glimpse into Gawande's own familial past within southeast Asia. His grandfather Sitaram lived until the age of 110 and resided in his own home until his passing. In the United States, this sounds almost unfathomable, but Sitaram was adamant about maintaining his independence.

From there, the narrative progresses to contrast end-of-life care practices in the past to those in the present. Prior to the 20th Century, most elderly individuals remained in family homes under the watchful eye of their children, but with a growing working class population, full time care from relatives was no longer feasible, giving rise to the nursing home.

Gawande acknowledges that the nursing home model relieved the burdens of caretaking from the family, but he also articulates how these facilities eliminate autonomy for their residents. The

elderly and dying face restrictions on when they can dress, when they can eat, and when they can sleep to the point that their life becomes completely monotonous, and they fall into a depression.

The rise of the assisted living model came next and is credited to Keren Wilson's as she strove to create a homier space that gave power and freedom back to the residents. This greatly improved the mental health of Gawande's characters Felix and Bella Silverstone, the latter of which became blind and frail. The husband and wife pair benefited immensely from assisted living as Felix had the option to stay and care for his spouse in sickness and in health.

At this spot in the narrative, Gawande strategically pivots to discuss the differences between treatment and care and the need for difficult conversations. Moreover, this is where the novel truly begins to shine as Gawande recognizes his own failures and shortcomings as a doctor.

Gawande admits that he became consumed with the concept of extending life regardless of the quality outcome. Like so many other doctors, he was taught in medical school how to save lives and not how to manage their passing. In an anecdotal manner, Gawande states that he fell into the habit of offering his terminal patients the metaphorical "red" or "blue" pill in which he either told them the unsettling truth about their condition or allowed them to live in the false reality where they would miraculously heal.

Over the course of the book, however, Gawande slowly moves away from the role of the informative doctor, who presents the red and blue pills, to that of the interpretative doctor who takes into account the desires of his patient to determine the best course of action moving forward. He begins asking them critical questions about their worries and what is most important to them and responds in a manner that prioritizes their well-being.

Gawande concludes this timeline of end-of-life care by highlighting the beauty and importance of hospice in the modern day. He tugs at the heartstrings by approaching the deeply personal- the death of his father.

By titling the final chapter "Courage," Gawande demonstrates the strength his father displayed when choosing how he wanted to die. His father accepted his death and vocalized that he did not want to suffer in the end. This open conversation between father and son allowed the former to slip into a painless sleep surrounded by his family.

"Being Mortal" succeeds as a novel in many ways. It informs the family members of the sick and elderly about the choices that exist for end-of-life care. It challenges doctors to think further about how they are engaging with their ill and aging patients, but above all, it forces each and everyone of us to confront the inevitability of death.

There is no escaping the fact that our days are numbered, but Dr. Atul Gawande continuously reminds us that death does not have to be filled with uncertainty and pain. He pulls back the veil that hides the scientific and medical realities about dying, and he stresses that there is no one size fits all when it comes to the end of our lives.

Each of us will go in a different way, at a different time, and in a different space, but together, we can work to ensure that our individual wishes are met when that time comes.

“No one ever really has control. Physics and biology and accidents ultimately have their way in our lives. But the point is that we are not helpless either.”