

Being Mortal, by Atul Gawande

Group Discussion Guide

I. Aging/Dependence/Autonomy

In his book, *Being Mortal*, Atul Gawande lists 3 patterns of aging. He discusses the physiological and medical aspects of the aging process (bones weaken, muscles thin, vessels harden, joints wear out, and the brain shrinks), and challenges us to think about how we live with, and accept, chronic diseases. As we age, we are bound to develop some type of frailty.

What are your personal fears about aging?

Gawande notes that there are two kinds of autonomy: “free action—living completely independently, free of coercion and limitation” and the freedom “to be the authors of our lives...to shape our lives in ways consistent with our character and loyalty.”

As we age, it’s important to think about the kind of autonomy we want to preserve. Each of us faces an inner struggle – how to accept aging, and at the same time, preserve our own autonomy (how we ourselves define it). **This theme is the heart of the book.**

How do you define autonomy for yourself?

Do you have a gold standard for yourself, such as being able to “watch football on TV” or “eat chocolate ice-cream”?

Today we have many options to deal with dependence: aging in place (story of Felix and Bella, moving in with son or daughter (story of Lou Sanders), senior housing, assisted living and nursing homes. Each of these affects autonomy in different ways.

II. Societal Responses to Aging

Gawande discusses both Eastern and Western cultural issues in caring for the elderly. He talks about India, and how his grandfather was able to “age in place”. Our experience in the U.S. has focused more on institutionalized settings – Assisted Living, which emerged from the housing industry, and Skilled Nursing Care (i.e. Nursing Homes) which evolved from our health care system.

Gawande relates the story of Keren Brown Wilson and her idea of a new kind of home in the 1980s. This period coincided with a cultural shift in the US: generations were no longer living in the same city or town, or even in the same state.

What are the advantages/disadvantages of Assisted Living?

Do you have experiences to share, perhaps about a parent or grandparent?

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What happens when Assisted Living is no longer an option? Gawande discusses the “Three Plagues” of traditional nursing homes: boredom, loneliness, and helplessness. He says that care is organized around the schedules and requirements of the staff, not the patient. He talks about the need for patients to feel valued, regardless of where they are on the “dependency” scale. For example, Lou Sanders valued privacy and solitude.

What are your thoughts on ideal nursing homes?

What are the deal-breakers for you?

III. The Healthcare System

Gawande says mortality has become a clinical experience that robs patients of quality of life. He argues that doctors and healthcare facilities need to shift their approach to aging away from a regimented safety focus to one that fully engages the human spirit. (Let’s pause for a moment to think about what that actually means).

He also states that the medical care system is poorly equipped to care for the physical aspects of aging let alone the social and psychological aspects. He discusses physician communication styles: paternalistic, informative, interpretive, shared decision-making. Each of these styles has an impact on the physician-patient relationship.

What are your thoughts on physician communication style?

Do you have any experiences you’d like to share about primary or specialty medical care?

Have you had experiences with the use of geriatricians?

What do you think about the scarcity of geriatricians in our country?

IV. Letting Go

The stories of Sara Monopoli, Lee Cox and Dave Galloway each story reflect the transition from standard medical care towards hospice care. This is not always a smooth transition. Statistics in the U.S. indicate that hospice care is not prescribed and/or accepted until the final stages of life; this is often too late to be of benefit to the patient and family.

Why, do you think, the decision for hospice care is delayed?

In each of the stories, the patient and/or family member had a difficult time “letting go”.

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Do you have any experiences (personal or family) with talking to family members or physicians about your end of life preferences?

How can physicians and other health care providers improve this process?

V. Hard Conversations

Letting go requires changing one's perspective (stories of Jewel Douglass, Atul's dad), what Gawande refers to as "stepping through the looking glass" with a serious illness diagnosis. This brings into question procedures that prolong life, such as tube-feeding, ventilators, and CPR (cardio-pulmonary resuscitation).

The following medical/legal forms are available in the state of Colorado:

- Advanced Directives
- MOST Form
- Living Will
- Medical Durable Power of Attorney

Have you completed (and periodically updated) any of these forms for yourself?

Have you shared them with your loved ones?

Your wishes need to address the "what", "when" and "where" of letting go. The forms help to some extent, but don't always get to the heart of your own values, what you think is truly important. This is the conversation you need to have with those who are significant to you.

Have you had this conversation?

What problems do you anticipate or did you experience?

The Conversation Project Starter Kit is a tool for getting the conversation started. For more information on The Conversation Project, go to:

<http://theconversationprojectinboulder.org/>

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