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BOOK REVIEW

Being Mortal - Atul Gawande

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When I hear the term 'client' used in healthcare, I flinch. The time honoured pronoun 'patient' has been branded as paternalistic, and is being replaced in many medical quarters. Patient is derived from the Latin *patiente*, which meant 'one who suffers'. The alternate usage of 'one who waits', is more similar to *client*—being derived from Latin *cluere*—which was a term used to describe subservient relationships, as continues today in 'client state'. The core of this change is a well-meaning reaction against medical paternalism, rooted in bioethicist and advocate circles wherein a dichotomy of consumeristic versus paternalistic care was constructed. In reality, consumer is not an enabling term. The shifting of attention to patient decisions in difficult situations does not change the fact that our underlying assumptions about life and death get us all into trouble, patients and doctors alike. In fact, such language takes the onus off of doctors to direct thoughtful and appropriate care. Conversely, it can lead to unfortunate victim blaming when patients respond in an adversarial way to difficult decisions. Unfortunate choices about resuscitation orders and end of life care are common, lead to patient and family suffering, and are often blamed on ignorance. Atul Gawande's recent book 'Being Mortal' has both described my discomfort with the present order of things, and also suggests several potential directions forward.

In 'Being Mortal', Gawande describes the central importance of appropriately supported autonomy for those of us who lose our independence due to illness and/or age. In approaching medicine from the vantage of mortality, he cuts to the core of the medical experience in which people (physicians, patients, and others) navigate the ways and means of meaningful life, death, and disability.

Being Mortal introduces interpretive medicine with impressive cogency while delivering a self-effacing and thoughtful narrative of one physician's personal and professional journey. In doing so, Gawande walks the reader through a series of carefully chosen

vignettes about living and dying. From the account of a geriatrician facing the final years of his life, to the contrasting of end of life in rural India and urban America, Gawande highlights lived experiences and the medical frameworks that shape them. Hospice and palliative care are introduced with subtlety, while innovative solutions for elder care are considered thoughtfully. Throughout the book, this careful use of real experiences and narratives makes difficult and complex material accessible and memorable. Few books about medicine approach this level of finesse.

At the core of the poignant journeys described are the ways that different people make meaning when faced with the end of life, and how this process directly determines clinical decisions and outcomes. At times, the physician involved presses for a particular course, usually by laying out selected options; at other times they present a more complete menu, perhaps, indifferently. The most interesting interactions, however, are those where the patient and physician talk about what the coming time means to each of them. In changing their description to a personal (albeit informed) account of meaning, the physician both expresses their professional opinion, and also creates space for what is deeply important to their patient. Such discussions move in entirely different ways, leading to fundamentally different decisions. In this, there is no paternalism or clientism; rather, there is a rich language of deep subjectivity, value, and humanity.

As physicians, we are prone to use the meta-narrative of scientific reason to avoid subjectivity. In doing so, we offer little help for the navigation of the profoundly subjective experiences of living and dying. When our patients share in our professional narratives, their choices can lead to outcomes that they would never have wanted. Atul Gawande has written a beautiful case for humanizing medicine, and has framed it in a humble narrative that compels us to consider what really matters.