

Atul Gawande
Being Mortal

Interview with
Kristin Tinnett
on Being (2019)

What matters in the end - our mortality
"Being alive is a fatal condition"

And yet, people are almost
always surprised by this fact.

"I didn't know what it meant to
be a good doctor for mortal
beings..."

First line of his book ♥: "I learned
about a lot of things in medical
school, but mortality wasn't one
of them." (wow.)

Understanding the different
conversations:

- keeping you alive → options
interventions
- Actually living → fighting/fixing
- we don't have THIS convo. → priorities, pleasure
what matters

What I realized is that we're
not really talking about death
& dying... what we were talking
about was how do you live a
good life all the way to the
very end with whatever comes.

← Premise of his book: to explore/
understand why this is...

we see the suffering when someone
dies... because we never talk
about our mortality...

As a doctor, I didn't even know
how to begin to have this
conversation

which creates trauma for
families/survivors.

PTSD +

*that
is what we need
to unpack.

②

Powerful Qs: to ask loved ones/self

- What does it look like to live a good life all the way to the very end, no matter what comes?
- What's your understanding of your condition?
- What are your fears and worries for the future?
- What are the goals you have if your health should worsen?
- And what are the tradeoffs you're willing to make and not willing to make?

- ③ • What makes life worth living to you today — what are the reasons for which you want to stay alive?
- What does a good day look like?
 - What is the ^(minimum) quality of life you would live for if you couldn't do everything you wanted?

priorities matter to people. The most reliable ways to find out someone's priorities... is to ASK*
We haven't had the words (or training/values) to articulate this convo... we have ANXIETY because we haven't had the words (or practice... or modeling)

← this is the convo that gets at: I want to know your priorities

Old model: "Dr. knows best"
New model: Here are options, tell me what ^{pros/cons} you want to do..!

Old Qs — How do I fight/fix this?

↓ Old Paradigm:
Death = failure
(even tho it's inevitable) "losing" enemy Not option

Now Needed: ↓ ↓ ↓ ④
What people want is a counselor/guide: Help me to understand so I can make the best choices for me

"The conversation I felt like I was having was: 'do we fight or do we give up?'"

the reality is this:

WHAT ARE WE FIGHTING FOR?

Whatever

the reasons you are living for... we've got to understand those to make sure we don't sacrifice those along the way.

↑
Desire
Vision
Priorities
Def of "life"
Reasons

⑤

And then: can we enable it? So we don't miss it?

But we have to know what matters...

which means

It's not JUST about

- safety
- survival
- health

we need to ask
It's about presence + fulfillment.
What does a good day look like? ♥

Redefining our role in medicine: Need
"We've been wrong about what our job is in medicine. We think our job is to ensure health and survival but really it is larger than that. It is to enable wellbeing - and wellbeing is about the reasons one wishes to be alive." ♥

It's NOT JUST ABOUT PROLONGING life. It's about LIVING it.

You can have decrease in function ⑥ in your life AND have increased fulfillment. Lots of research to show this is possible.

↑
But the focus is less on acquisition and more on presence to what matters.

This is actually one of those great secrets... that growing old is actually a wonderful thing, and we're all about fighting aging."
- (Krista Tippett)

What blew up what I believed about medicine... "I thought my priority was about your health and your independence... So I was always lost: what is my goal when they're NOT healthy and they're NOT independent?"

⑦ ↓ ↓ ↓ ↓
Wellbeing = helping people to be the shapers of their own story

"How we spend our days is how we spend our lives."
- Annie Dillard

Favorite dinner party question:
"What is the ^(minimum) quality of life that you would live for if you couldn't do everything you wanted?"

It's often the SIMPLE things...

But we need to ask (ourselves) ⑧ and our loved ones in order to know.

Opportunity: our experiences are often so SEGREGATED, we don't get to have the experience of being someone who is LIVING while dying — we can't see it up close, learn from it, be shaped by it, inspired by it... getting that it's actually a time of life that can have an amazing quality to it.

It tells you so much about people.

Powerful Qs to ask (more):

- What do you mean by "quality" of life? — YOUR definition
- What can we do today to ensure we're not missing the time we have?
- What are the limits to the care you want?
- How are your spirits? How is your spirit?

9. • What matters to do?

The ways modern ^{Innovation/tech} medicine is meeting a very old experience

Now: people dying alone in nursing homes [rediscovering something we've forgotten]

Then: people dying surrounded by loved ones. respected as elders... but it came at a cost... women were basically enslaved as care-takers.

We often think that putting your QUALITY of life as a consideration means you're sacrificing your QUANTITY of life.

* the evidence is this is NOT the case.

Medicine 10 is in this BATTLE MODE of what's the next fight?

Reminds me of: Amanda Bennett TED talk on heeding a heroic narrative for death.

one study... Stage IV lung cancer patients

- ✓ 50% less likely to be on chemo in their last 3 mos of life
- ✓ 90% less likely to be on chemo last 2 weeks of life
- ✓ less likely to get surgery towards the end
- ✓ 1/3 lower costs
- ✓ Started hospice sooner (11)
- ✓ Spend more time out of hospital
- ✓ were less likely to die in the hospital or ICU
- ✓ They not only had overall less suffering...
- ✓ They LIVED 25% longer

* That's the thing we're missing out on.

Def: Comfort care with or w/o curative intent

all because they introduced

Palliative care at start

challenge: we as clinicians (me: and as a society) are excessively optimistic about what we're going to be able to do for you

What we do with that authority we've been given has been a very tense issue in medicine

Danger we imagine there will come a time when a doctor will tell us there is (12)

* Palliative clinicians take it one step further by asking: What ARE your GOALS?

Helps to preserve agency of patient

while also not abandon them w/ choices

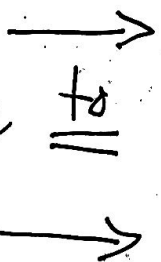
nothing more they can do... So we wait for that moment.

But rarely is there nothing more they can do - there's always something to try...

* they act as a guide A connector

The art of the conversation:

Connecting
What you
know + have
observed
about a
circumstance/
situation



the goals
this indiv.
person has

Desire

which
requires
questions +
deep listening

Facts

This data enables palliative
clinicians the ability to give
effective guidance base on
the patient's needs + desires.

13 Univ. of Minnesota Medical
School Pledge...

"... we will cure sometimes,
treat often,
and comfort always."

Becomes a really interesting
dialogue, because people are
either not sure of their goals
or they have contradictory goals

and that
is
the
DEEPER
Dialogue

So, if I'm an effective
counselor, I might actually
argue w/ you about your
goals (ie smoking or not
wearing a seatbelt)

this is alsoⁿ form of care 14
"Health" + "Care"

DIALOGUE

Book:
How we
Die.

ironically:
Less
people
are
interested
in this.

How we
Live
(is follow up
book)

Royce: concept
of "Loyalty" =
We all have this
deep need to
live for something
larger than
ourselves.

connection +
spirituality
that which rises
above your own life.

"We are a link in a chain and making a contribution that goes well beyond our own life—and that's part of what makes dying tolerable, what makes being a mortal creature tolerable."

We're inside a system. And how do we have some agency inside that system. How do we help

(15) to shape that thing we are apart of?

the
microscopic
to the
telescopic

the inside
to the
outside

opening a portal
to the
other
world

* Some of the most cathartic, existential and meaningful moments of being human happen within the context of healthcare

"To be human is to be limited"

... and yet, there are ways that we string together and are almost unlimited as groups of people.

← links in a chain
rafting up boats in an ocean
that's pearls on a necklace
when the magic happens. *then: live w/ consequences and learn from it

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My way of navigating through limitations is to keep my options open—I'm always fighting that sense of needing to take the leap despite the reality of imperfection.

The best leaders are the ones that acknowledge ~~that~~ ^{we} are limited. ^{our} abilities are imperfect, the information is incomplete, we don't have all the knowledge, and yet there are times when acting is the better choice than not to act.