

# Living and Dying Well

Review by Dr Tina Tan, Editor

In *The Matrix*, Morpheus offers Neo two pills to choose from. "You take the blue pill... you wake up in your bed and believe whatever you want to believe. You take the red pill... you stay in Wonderland, and I show you how deep the rabbit hole goes... all I'm offering is the truth."

In *Being Mortal*, Dr Gawande presents us with a harsh reality – how do you want to age, and how do you want to die? He even includes the red pill/blue pill analogy to illustrate different models of the doctor-patient relationship, and how that can impact the way we have this difficult conversation with our patients on the topic of dying.

The first few chapters are about living well in old age, and they include a history of the origins of nursing homes and assisted living facilities. By the time I was through with the first half of the book, one thought ran repeatedly through my mind – that every healthcare administrator and policy maker should read *Being Mortal*, especially chapter 2. In that chapter, Dr Gawande describes how a university's division of geriatrics was closed due to "financial losses", despite research showing that patients under geriatric care had better morbidity and depression rates.

I was flabbergasted, yet not very surprised. Geriatrics, which overlaps significantly with my subspecialty of geriatric psychiatry, is somewhat of a pariah in medicine. The elderly patient just doesn't recover from illness the way an adult or child does. They almost seem

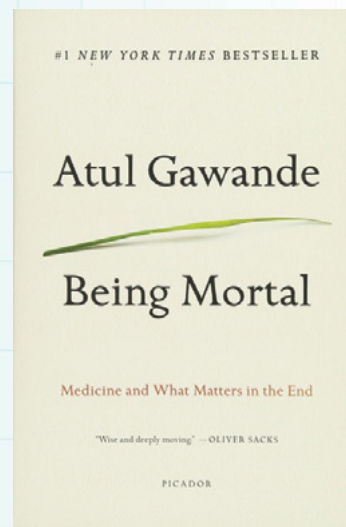
like dead ends (forgive the awful pun), and not everyone has the patience for it. As a result, in my line of work, I've encountered one-too-many situations where patients are given suboptimal care or are not properly right-sited, due to inadequate resources, strict adherence to exclusion criteria or simply "because it's protocol". And it is, in the end, the patient who suffers. This is the complete antithesis of patient-centred care.

The second half of the book is about dying well and what that means for each of us. Dr Gawande highlights the growing need for doctors to have such conversations with patients, and included the poignant example of doing so with his own father. The irony was that despite he and his father being doctors, Dr Gawande struggled to find out what his dying parents wanted at the end of their lives, and it is easy to identify with that feeling of inadequacy. A decade's worth of medical and specialty training does not necessarily prepare us to initiate such conversations, and we are often limited by the lack of time and the patient volume in our local setting.

However, that is no excuse. Dr Gawande describes being mortal as a "battle to maintain the integrity of one's life... sickness and old age make the struggle hard enough. The professionals and institutions we turn to should not make it worse." He calls on doctors and administrators to think long and hard about the type of medicine and care we want to give to our patients at the end of their days. It would be so much easier to ignore the problem, but that's exceedingly impossible as our population ages. Ask yourself, at life's end, what would you want for your loved one or for yourself?

Would you rather have the blue pill or the red pill?

By the way, Neo took the red pill. ♦



**Title:** *Being Mortal: Medicine and What Matters in the End*

**Author:** Atul Gawande

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