

Images of Mortality: *Being Mortal*, Atul Gawande Rabbi Juliana S. Karol

Opening: Being Mortal Frontline

2:15 – 9 min

1. [GROUP] In *Being Mortal*, Dr. Atul Gawande interweaves the story of Sara Thomas Monopoli, a 34-year-old wife and mother of a newborn who is diagnosed with inoperable lung cancer—a type that has a median survival of about a year. The doctors and the patient opt for “aggressively managing” the diagnosis and Sara undergoes a series of chemotherapies, and painful, invasive treatments (e.g. draining fluid from her lung with a large needle). The cancer spreads, yet no one seems to explain how little time these aggressive therapies may add in terms of time to her life. At one point, the medical team offered “supportive care,” but also offered more experimental treatment.

Imagine yourself as Sara, her husband, Rich, or her doctor: how would you proceed in this impossible circumstance?

2. [GROUP] Dr. Gawande says mortality has become a clinical experience that robs patients of quality of life. Gawande argues doctors and healthcare facilities need to shift their approach to aging and dying away from a regimented safety focus to one that fully engages the human spirit.

What activities are essential for engaging the human spirit?

How would you want others to engage your spirit as you age?

מתוך שיבולי הלקט, עניין שבת צ"ג

ר' עקיבא הנה יושב ובוכה בשבת. אָמְרוּ לוֹ תַלְמִידָיו: רַבֵּנוּ, לְמַדְתָּנוּ "וְקִרְאתָ לְשֵׁבֶת עֲנָג!" אָמַר לָהֶם: זֶה עֲנָג לְשָׁלִי.

Shibolei Haleket, Shabbat 93

Rabbi Akiva was sitting and weeping on Shabbat. His students came to him and said - Rabbi! You taught us to make the Shabbat a delight! He said to them - this is my delight.

3. [CHAVRUTA] Safety is what we want for our loved ones; autonomy is what we want for ourselves, notes Dr. Gawande. There are two kinds of autonomy (140): “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.” (141) Put another way, Dr. Gawande asks, “Is someone who refuses regular housekeeping, smokes cigarettes, and eats candies that cause a diabetic crisis requiring a trip to the hospital someone who is a victim of neglect or an archetype of freedom?” (92)

What does autonomy mean to you?

*When you think about yourself aging, what kind of autonomy do you want to preserve? •
How might you do that?*

4. [CHAV] Dr. Gawande writes about two men and what they said they needed for quality of life. One was Dr. Susan Block's father who said, "If I'm able to eat chocolate ice cream and watch football on TV, then I'm willing...to go through a lot of pain if I have a shot at that." (183) Dr. Gawande's own father wanted to be able to be socially interactive and he wanted to know that he could still continue to make a difference in other people's lives even as he was getting sicker.

What constitutes your "chocolate ice cream and football" standard for acceptable quality of life?

Who knows what makes life worth fighting for--or living--for you?

Do you know what the person closest to you would say makes life worth living?

A Decalogue: Ten Commandments for the Concerned

Caregiver

Rabbi Earl A. Grollman

THOU SHALT NOT: Be Afraid to Touch. Hesitate to Smile and Laugh. Be Uncomfortable with Silence. Offer Untrue Statements. Believe You Need to Have All the Answers and Solve All the Problems.

THOU SHALT: Accept the Feelings of the Sick Person. Share Time Together. Offer to Help. Locate Other Supports. Respect the Privacy and Integrity of the Sick Person.

5. [CHAV] Susan Block had to make a critical, urgent health care decision for her father—a decision that she felt she could make because she had discussed what mattered most to him about living.

Are you prepared to make major health care decisions for someone in your life?

Who knows what you would want if you couldn't speak for yourself?

6. [CHAV] Gawande outlines four questions that he asks patients to help him understand what the goals of treatment should be for each unique person (234 and 259):

1. What do you understand about your health condition (the situation and its potential outcomes)?
2. What are your fears and worries for the future? What are your hopes?
3. What are the goals that you have if your health worsens?
4. What are the tradeoffs you're willing to make and not willing to make?

Thinking about yourself right now, could you imagine answering: "What are the tradeoffs you are willing to make and not willing to make?"

Do you have a bucket list? If so, what are the top three things on your bucket list?

Frontline Video 27:45 – 31:55, 45:00-48:10

7. [GROUP] Medical care has shifted from the paternalism of “Doctor knows best,” to what Gawande calls the “retail model” of informative medicine, in which doctors say, essentially, “We have option A and option B—which do you want?” (200) Most patients respond to that retail approach with asking the doctor “what would you choose, what would you recommend?”

Would you prefer the Doctor knows best/paternalistic approach?

Or would you prefer a “wise counselor” who shares decision making with you?

Dr. Oliver Sacks, “Sabbath,” *The New York Times*, August 14, 2015

And now, weak, short of breath, my once-firm muscles melted away by cancer, I find my thoughts, increasingly, not on the supernatural or spiritual, but on what is meant by living a good and worthwhile life — achieving a sense of peace within oneself. I find my thoughts drifting to the Sabbath, the day of rest, the seventh day of the week, and perhaps the seventh day of one’s life as well, when one can feel that one’s work is done, and one may, in good conscience, rest.

8. [GROUP] Dr. Gawande references Plato’s dialogue on courage, observing it takes two kinds of courage to face illness and sickness: “the courage to confront the reality of mortality...” and “the courage to act on the truth we find.” (232)

What grounds you and supports you in being courageous in the face of difficult realities?

9. [GROUP] 25% of all Medicare spending is for the 5% of patients who are in the final year of life and most of that money goes for care in their last couple of months that is of little apparent benefit. (153)

If some cancers cannot be cured with expensive chemotherapies, should that patient be obliged to shift to palliative care?

10. [GROUP] Thinking about how a friend or loved one faced aging, frailty, illness, or dying, what would you say was positive about their experience? If their experience was difficult or even traumatic, what so you think may have mitigated their suffering? What do you think you want to do to try to insure that your wishes will be respected as you face aging, illness, or dying?

Jigsaw

Rabbi Lawrence Kushner

Each lifetime is the pieces of a jigsaw puzzle.
For some there are more pieces.
For others the puzzle is more difficult to assemble.

Some seem to be born with nearly a completed puzzle.
And so it goes.
Souls going this way and that
Trying to assemble the myriad parts.

But know this. No one has within themselves
All the pieces to their puzzle.
Like before the days when they used to seal
jigsaw puzzles in cellophane. Insuring that
all the pieces were there.

Everyone carries with them at least one and probably
Many pieces to someone else's puzzle.
Sometimes they know it.
Sometimes they don't.

And when you present your piece
Which is worthless to you,
To another, whether you know it or not,
Whether they know it or not,
You are a messenger from the Most High.