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**Book Review: "Being Mortal: Medicine and What Matters in the End" by Atul Gawande**

## **Introduction**

The book "Being Mortal" by Gawande (2014) is one of the most impactful books that raise concerns about aging and dying, as well as the role of contemporary medicine that is aimed at adding days to one's life instead of making them worthwhile. As such, the arguments made by Gawande regarding the prevalent and current patterns of gerontological care will be examined and critiqued in this review. The review will analyze the main ideas of the book, discuss the application of this book in healthcare practices, and share an experience of a relevant situation with a patient from clinical practice. Therefore, the analysis will discuss how adopting Gawande's perspective can enhance best practices by future nurse practitioners.

## **Author's Main Point and Purpose**

Gawande's central argument revolves around the fact that modern medicine, which has come a long way in its development, is lacking in the essential comprehension of severe disease, which, instead of delivering quality of life to patients, merely prolongs it (Gawande, 2014, p. 9). He stresses that the significant problems of the healthcare system have emerged from an intense focus on autonomy and patient comfort in terminal stages (Gawande, 2014, p. 11). Gawande does all this through the use of life experiences, the research done on cases of hospitals, and exposure to how healthcare is approached towards aging and dying. Such an account can be considered inspiring and convincing, thereby calling for a change of perception of aging and death among clinicians and the public.

## **Critical Reflection on the Book**

The book has not only delved deep into the shortcomings of modern medicine but also questions the current systems in place regarding treating terminal illnesses. Atul also elaborates on the fact that the human feeling of mortality pushes people to seek treatments that can only prolong their lives but in an unbearable manner (Gawande, 2014, p. 43). Several questions often left unasked are embodied as one of the book's central themes: the need for honest communication between doctors and patients regarding outcomes and goals (Gawande, 2014, p. 125). Gawande notes that the traditional medical model of treating diseases has to be changed, and the current approach should be patient-centered, where the patient's preferences are considered.

The book also expresses concern over elder hospitalization and calls for more home and hospice care to accord seniors their due respect and choice. Furthermore, it identifies the link between Gawande's first and second personal voices through touching personal stories that make the argument relatable. Nonetheless, as Gawande impresses upon the reader the failure of the current system, the book might have gone further in exploring the change in structures and policies necessary to bring about the type of change embodied in his recommendations (Gawande, 2014, p. 198). Also, his representation of the problem from a physician's side could have been more nuanced but more comprehensive with the help of a number of specialists' opinions.

### **Issue of Importance: Patient Autonomy in End-of-Life Care**

In light of this, one of the issues discussed in the book that has left a deep impression on me as a future nurse practitioner is the patient's decision-making regarding EOL care. Regarding the imperative for healthcare systems to engage patients and respect their decisions, Gawande focuses on it in detail (Gawande, 2014, p. 160). To fulfill the requirement of this clinical

practicum, I focused my piece of writing on Ms. L, an 85-year-old female client with advanced heart failure. Despite the myriad invasive treatments available to her, Ms. L stated that she wished to spend her time as comfortably as possible without invasive treatments being considered.

This situation underlined the need for conversations about patients' preferences and goals that would be significant from the clinical point of view. Exploring these topics influenced my decision regarding Ms. L and Gawande's suggestions regarding conducting these discussions proved invaluable. As such, when I acted on her desire, we could arrange home-based palliative care, which enhanced the quality of their last days.

Patient self-determination is one of the most cherished ethical values in the healthcare setting, and Gawande has a rich body of research to back him up. Patients encouraged to participate in decision-making processes relating to their treatment have been found to have better psychological well-being and satisfaction (Akdeniz et al., 2021; Varkey, 2021). Moreover, there's a new direction in healthcare that controls more decision-making with the patient and, therefore, conforms to Gawande's suggestions (Gawande, 2014, p. 185). Decisional partnership is a decision-making process whereby clinicians and patients make choices by pooling clinical data with the patient's preferences, values, needs, and situations.

As an advanced practice nurse, patient self-determination or patient/clinician partnership will be core to my practice. This entails not only offering patients information about their choices but also helping them communicate their values and preferences. Practical courses discussing other pertinent topics, including prognosis and end-of-life care, are crucial (Gawande, 2014, p. 195). Also, incorporating principles of palliative care into ordinary practice can assist in

maintaining the patient's autonomy while guaranteeing that the treatments being offered align with what the patient wants.

### *Implementing Patient-Centered Care in Clinical Practice*

The following ideas help implement the strategy to address Gawande's point of patient-centered care: First, there needs to be more training for healthcare professionals that would involve using specific communication strategies for discussing end-of-life care and treatment options (Gawande, 2014, p. 212). This entails knowing how best to communicate prognosis to patients without sounding gloomy but at the same time helping them understand their condition more. It is crucial to train these skills through educational programs for HCWs with comprehensive experience in simulation and role-playing sessions to strengthen them.

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Secondly, some questions concern further improvements, and one of them is related to improving advanced care planning. Cultural changes should be made to recommend that patients have advance directives regarding the preferred methods of dying in cases if they are diagnosed

with a chronic or terminal illness (Gawande, 2014, p. 223). Such a strategy should encompass the patients and their relatives and caregivers so that the latter will understand the patient's preference. These preferences should then be put down in appropriate documentation in an easily understandable and legally admissible format, such as advanced directives or living wills.

Thirdly, the healthcare systems should provide for the requirements that enable home-based and hospice care. This involves adequate funding of palliative care services, education of healthcare professionals on palliative care, and ensuring that patients have access to appropriate medical equipment and support services in the home (Gawande, 2014, p. 235). Policymakers must understand the importance of implementing palliative care and ensure the necessary tools are available to integrate into regular healthcare practice.

#### *Relating Gawande's Insights to Clinical Practice*

Applying Gawande's ideas to clinical practice, especially in terms of patient choice, means altering the mindset of individual clinicians and the organizational culture of healthcare organizations. For example, in my practicum, I came across the case of Ms. L, which shed light on the importance of creating a supportive environment for patients that would enable patient-centered care (Gawande, 2014, p. 248). Therefore, it is crucial to ensure that all the healthcare team members agree with the concept of patient autonomy and work towards implementing the same in the case of end-of-life care.

Healthcare institutions may do this through policies that address patient choice, including advance care planning discussions and the incorporation of palliative care consultations for patients with serious illnesses. Further, institutions must offer continuous education and training for healthcare professionals to enable them to converse appropriately with patients regarding their goals and preferences (Gawande, 2014, p. 255).

## **Summary and Further Implications**

Conclusively, Atul Gawande's "Being Mortal" is an enlightening look at how the current medical system fails to meet the needs of patients with terminal illnesses. It calls for a shift to a more patient-centered model that focuses on the value of life and the patient's choices. The book is most useful for healthcare providers, especially nurse practitioners who actively care for patients at the end of life. The impact of Gawande's work is not limited to practice but is also seen in policies and education systems. This requires system-level changes to bring about patient-centered care models, improved availability of palliative care, and education of healthcare workers in communication and decision-making. By incorporating these principles, as future nurse practitioners, we can improve the quality of the care we deliver to our patients and make their last moments as comfortable as possible.

This paper analyzes Gawande's ideas and incorporates them into practice to discuss the role of nurse practitioners in changing the existing approach to end-of-life care. This change entails acknowledging patient self-determination and working for the essential organizational changes that underpin patient-directed care. Ultimately, "Being Mortal" serves as a crucial reminder of the importance of focusing on what truly matters: the quality of life and the dignity of patients.

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