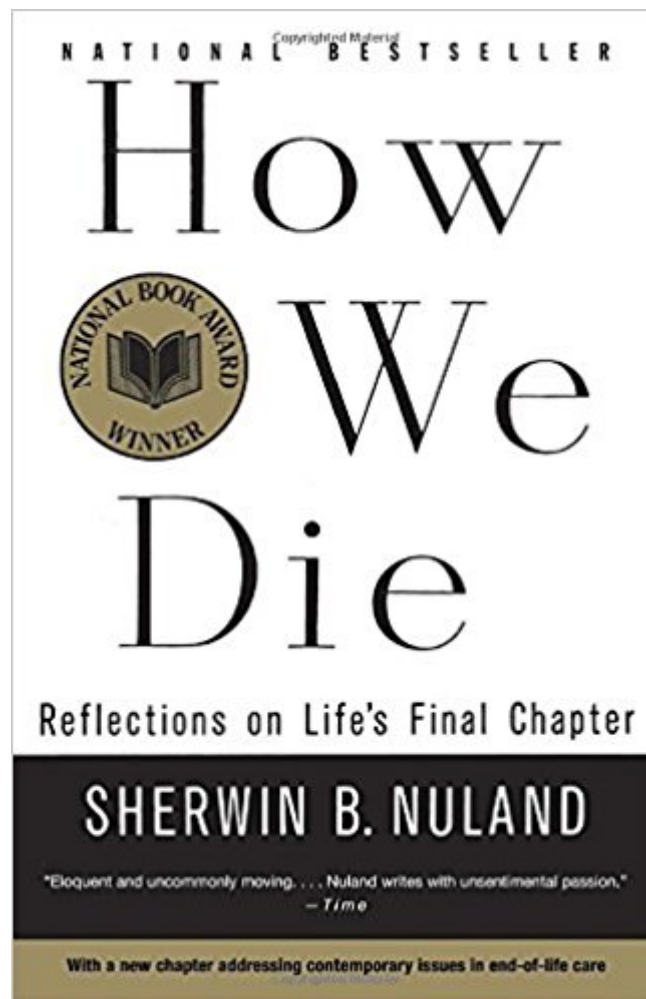




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How We Die: Reflections Of Life's Final Chapter, New Edition



Synopsis

New Edition: With a new chapter addressing contemporary issues in end-of-life careA runaway bestseller and National Book Award winner, Sherwin Nuland's *How We Die* has become the definitive text on perhaps the single most universal human concern: death.Â This new edition includes an all-embracing and incisive afterword that examines the current state of health care and our relationship with life as it approaches its terminus.Â It also discusses how we can take control of our own final days and those of our loved ones. Shewin Nuland's masterful *How We Die* is even more relevant than when it was first published.

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Customer Reviews

The 1994 NBA nonfiction winner, Yale physician Nuland's study of the clinical, biological and emotional details of dying was a 14-week PW bestseller. Copyright 1994 Reed Business Information, Inc.

Drawing upon his own broad experience and the characteristics of the six most common death-causing diseases, Nuland examines what death means to the doctor, patient, nurse, administrator, and family. Thought provoking and humane, his is not the usual syrup-and-generality approach to this well-worn topic. Fundamental to it are Nuland's experiences with the deaths of his aunt, his older brother, and a longtime patient. With each of these deaths, he made what he now sees as mistakes of denial, false hope, and refusal to abide by a patient's wishes. Disease, not death, is the real enemy, he reminds us, despite the facts that most deaths are unpleasant, painful,

or agonized, and to argue otherwise is to plaster over the truth. The doctor, Nuland stresses, should instill in dying patients the hope not for a miraculous cure but for the dignity and high quality of the remainder of their lives as well as of what they have meant--and will continue to mean--to family, friends, and colleagues. Nuland also has strong feelings about suicide and "assisted death": the doctor should be prepared psychologically and practically to help the longtime patient slip off the scene in relative comfort. William Beatty --This text refers to an out of print or unavailable edition of this title.

This book was truly informative and inspirational for me. It was not gruesome or overly descriptive - and didn't need to be. Dr. Nuland writes in layman's terms. This, alone, made it easy to follow. His real life examples made the book tough to lay down... I have found new respect for doctors by reading books like this one. For example, I was truly moved and inspired by Dr. Nuland's first "medical experience" in responding to a patient who suffered a series of severe strokes. At the tender age (already wearing a white medical coat) Dr. Nuland found himself alone with this patient. Without hesitation he opened the man's chest and gave him external heart massage! While the patient died what moved me was that, at the age of 22 years, Dr. Nuland somehow knew the right protocol... His dedication to his profession and his focus on patient care is wonderful. I often think about myself and the decisions I made "way back when..." and how my life turned out.

This Nuland book was referenced in *When Breath Becomes Air*, a recent best seller. Nuland includes the physiology of the body shutting down, as well as a reflection from two decades ago about the compassionate side of dying. Somehow I had taken for granted the hospice and palliative care movement. Nuland rightly points out the potential for caregiver disconnect just when a dying person needs consistent, beside human beings. I see this book as a must-read for paid and volunteer caregivers with dying persons.

This book certainly clarifies many things for me as my wife is nearing death. I am grateful since it is hard to process her passing after 60 years of a remarkable marriage.

I started *How We Die* because I wanted the facts and got so much more. I recommend this book to anyone whether or not they are facing the imminent death of a loved one, like I am. Dr. Nuland writes beautifully, and discusses a whole range of issues we face both living and dying. He gave words to some of my feelings in ways that are both compassionate yet realistic. For example, he discusses

the use of medical technology not to cure but to prolong life as heartbreaking to the individual and the family and as "breaking the purse of society" so that we are less able to care for those whose time has not yet come. He writes about hope and the need to identify hope that acknowledges that none of get out of this alive forever. He uses a mixture of stories about individuals along with factual descriptions and his philosophy in a way that kept me reading. The book was published in 1993 and so the chapters on Alzheimer's Disease and AIDs are probably (fortunately) out of date. I would have wished that Dr. Nuland could have up-dated these chapters, but unfortunately he died in March of this year. I hope that he died as he hoped he would. I know he contributed to my understanding and ability to cope with inevitable death of loved ones.

This book entirely changed my expectations surrounding death and what it means to die with dignity--whether dignity is even attainable for the vast majority of individuals. But even more than that, it gave me an invaluable insight into the minds of physicians when Dr. Nuland explains disease from a doctor's perspective, as a 'riddle' that requires solving. Read this book for your sake, but also for the sake of everyone you love. It will change the way you think about disease and dying, no doubt about it.

Love this book, and love how the author wrote from his heart. He started the book saying it was written as a "conversation" and I did feel that. I felt like he was sharing himself with me. His personal thoughts, feelings, his humanity. His feelings as a physician but also his personal feelings as an observer of people. It's quite interesting he wrote the book in 1994, then added in a short chapter in 2010 and he died in 2013 at home, at 83 years of age. So it was interesting to hear it from his perspective from years and years of experience. He talks about "ars moriendi" the art of dying the good death... "is nowadays made difficult by the very fact of our attempts at concealing and sanitizing, and especially preventing, which result in the kind of deathbed scenes that occur in such specialized hiding places as intensive care units"... "the patient dies alone among strangers: well-meaning, empathetic, determinedly committed to sustaining his life, but strangers nonetheless. There is no dignity here" He makes an amazing point "Nowadays, the style is to hide death from view".... "death is therefore to be secluded and to occur in sequestered places.... began discreetly in the 1930's and 1940's and became widespread after 1950.... Our senses can no longer tolerate the sights and smells in the early nineteenth century that were part of daily life, along with suffering and illness. The psychological effects have passed from daily life to the aseptic world of hygiene, medicine and morality. The perfect manifestation of this world is the hospital, with its cellular

discipline. Although it is not always admitted, the hospital has offered families a place where they can hide the unseemly invalid whom neither the world nor they can endure.... 80% of American deaths now occur in the hospital (written in 1994) the figure has gradually risen since 1949 when it was 50%, in 1958 it reached 61% and in 1977 it was 70%."... Update from 2010 section "at the present time, 40% of Americans die in acute care hospitals" ..."dropped to as low as 20% in relatively rural areas and 50% to more desely populated areas, which no doubt reflects the growing influence of outpatient palliative care and the autonomy, driven insistence on dying at home".... "we have YET FAILED to DE-medicalize death" (all caps mine)"Nowadays, the style is to hide death from view"

This book leaves absolutely nothing out. If you or a loved one has been diagnosed with diabetes, or COPD, and want a complete understanding of the disease process then this is the book for you. I felt it was not a book that you would want to read cover to cover, but none the less an outstanding resource to go to when the doctor delivers unpleasant news, and further information will be needed.

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