

Gawande, A. (2014). *Being mortal: Medicine and what matters in the end*. New York: Henry Holt and Company, 282 pp. ISBN: 978-1-62779-055

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Four hundred thousand Google hits and over 1,000 book reviews reveal the breadth with which *Being mortal: Medicine and what matters in the end* has spoken to consumers and providers of health care. Families facing serious illness in a technologically advanced American health care delivery system are mesmerized by Gawande's stories. The author's sophistication in articulating the ways in which this system misses the point of "doctoring" is a first step in a vision for a better way. His evolved vision embodies a more humane approach to caring, especially for older people. He speaks of preserving "the fibre of a meaningful life." Large and important questions rise from his compassionate and poignant portrayals of ordinary people facing difficult choices, and of his own father's process in facing death. Gawande dares to ask questions of those facing life debilitating illnesses: "what do you want for your final time"; 'what are you willing to sacrifice or not?'. Another layer of inquiry also must shine through on the greater context in which he dares to ask the right questions.

The American system of health care is considered one of the most advanced in the world, yet we do not receive the highest "marks" in mortality. As Gawande aptly ponders, do we really know the "patient?" Why do these problems endure? What is driving this disconnect between highly advanced care and the here and now for the patient, especially the simple inquiry into that which matters for the patient? Why does the American system seem to have a disregard, or at least disconnect, from the more personal aspects of one's final days? Who benefits from the way the system operates now? Gawande's critique of the system is powerful and his acknowledgement that it "fails the people it is supposed to help" is telling. He indicts the system in his observation that "we have allowed our fates to be controlled by the imperatives of medicine, technology and strangers."

Gawande leads us to examine why this is so, but his focus on the individual offers only patient's response of "courage" and a "certain endurance of the soul". This misses the larger systemic considerations of a health system which offers highly technological interventions that provide only a "sliver of hope", and often exponentially increase suffering in the final time. While acknowledging the emergence of palliative care more attuned to the perils of relentless intervention, Gawande does not examine the reasons why the 'system' arguably promotes the kind of care he masterfully questions.

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The American system, (fee for service), embraces different priorities than a universal care system. Does the fee-driven system preclude the possibility of less aggressive use of those interventions which often slate a person's final time to an agonizing mass of symptoms needing to be controlled by yet further interventions? Gawande does not ask these questions but they are important, perhaps essential to ensuring a path forward for a more patient-centered approach to old age and death.

Gawande is a well-respected surgeon who practices within a major metropolitan system where the Chief Executive Officer earned an annual salary of \$5.5 million in 2014; a 120 per cent increase over the prior year's salary for this position. Arguably, the compensation figure reflects the problem - the economic health of the system and the revenues it earns through the fee for service model inherent in the American health care institution. Is the hospital healthy at the expense of the patient? Patients with known, life threatening illnesses with clear prognoses may not have the "courage" to decline a course of treatment that could result in a "miracle". Does the patient lack courage or has the system lost its way in favour of its own enrichment?

These questions need not diagnose a malevolent system, but point to one in crisis; one where incentives for overutilization are the norm, not the exception. The origin of this systemic illness is not exclusively medical, but rather involves a complex system of interconnected economic and social phenomena that underlie the American health care system. Profits (or "surplus" in not-for-profit speak), drive result from increased screenings, pharmaceuticals, diagnostics and a system which aspires to continue life at any cost.

Gawande brings us back to the human side of this life sustaining morass and asks us to rethink medical "care" in a way which highlights the person and what matters most to them. It is profound, yet so very simple in its beneficence. Are consumers ready for this shift? Do the leaders of the system, especially hospital sponsors and trustees, not just executives need to take stock of their role in the present state of affairs and reinvent themselves, revisit the role of the patient in their own process at the end of life? Can the present fee for service model survive with such a shift in power?

The American system may benefit from a close examination of its ideals and Gawande makes that case in a personal and poignant way.