

In the light of statements that generally accepted to be true and not necessary to prove, which are called axiom, only there are obligatory two things found in life and these are; death and taxes. Whereas it is accepted to pay some of Uncle Sam's income by us, barely a little part of us is interested in the thinking of being dead. For this reason, this should be discussed.

Thanks to the advances in medicine, our lives continue to prolong, and as the longer our lifetime, the longer our approaching downfall in dead. When dying is relatively fast, it can become a completely long process. Both as individuals and as a society, we are going to have to deal with this fact and figure out how to do more than be afraid and endure to die.

Chapter 1 - As a result of aging and illness, loss of independence is found, and, this event guides us to confidence in the menage, medicine, and social programs.

Considering about death and illnesses is unpleasant. Nevertheless, each of us will eventually know with them because of the age and transition of our loved ones, both directly and as our body ages and indirectly. It is extremely significant to speak about death and dying as it is inevitable.

When we get older, our organs gradually lose their power and productivity. To illustrate, our bones, muscles, and teeth lose mass, meanwhile, our blood vessels and joints become stiff. When our body enters this process, the heart has to pump more to maintain blood flow, which causes many older people to have pain from high blood pressure.

There is no deterioration in our brains, but, the brains are getting smaller and, dementia is shown as a result.

As our bodily systems gradually weaken, we are getting open to more prone to injury and illness, and take less care of ourselves.

For instance, because of muscle weakness, many old people suffer hazardous falls. In the US alone, about 350,000 people break the hips a year due to muscle breakdown.

As you get older, it becomes harder to maintain an independent lifestyle. Even daily activities, such as from grocery shopping to using the toilet, are getting harder.

In the end, we are going to require persistent aid from family or medical professionals. It means that passing our last years in a hospital or old-age homes.

A difficult fact is the increment tearing that comes with old age, but knowing this does not make it simpler to accept. Then it is important for us to pay attention to the facts of aging and death and to discover ways to make the experience with less suffering.

Chapter 2 - There is an acceleratingly number of aging and dying in hospitals and other medical institutions.

Nowadays, modern medicine provides us to have a life longer than ever used. In the past centuries, illnesses that have restricted after the age of 50 have often resulted in rapid death. However, nowadays, we can protect our wellness longer, slow down impairment and delay death thanks to doctors.

The ratio of Americans over 65 has increased from 2 percent to 14 as a result of these medical improvements, in the past 200 years. Seniors in Germany, Italy, and Japan now occur 20 percent of the population. Even if it may be strange, these demographic changes meant changes in how being in death.

Throughout human history, generations of families often stayed under one home or somewhere nearby. When parents get older and weaker, the kids would concern with them.

With this system, older people were allowed to stay and die where they could continue their daily life at home.

On the opposite side of the coin, a family's deprivation often stayed their last days in dirty poor homes.

Nowadays, care that was once ensured by the elderly or family of sick is given by doctors and nurses.

Imagine that most of the US deaths occurred in 1945 at home. But in the 1980s, this number dropped significantly - the ratio of death at home was only 17 percent of the population. Currently, most deaths occur in hospitals or nursing homes. Why did it switch?

Because of the prevalence of families today. Grown-up kids often stay far from their parents and, frankly, they do not want to open their doors and offer full-time care.

Fortunately, enough medical care is provided by today's hospitals and homes for old ages. Different from the poor houses of the past in hell, they ensure a magnificently safe and hygienic environment for its calm.

Although these institutions ensure enough care, they still do not understand what we need and yearn at the end of our lives.

Chapter 3 - Even if we are elderly and ill, we desire to have at least some power over our lives.

You own all the independence you could desire, as you're young. You can live on own and play with your rules without the hassle of your own business.

Whereas independence is among our core values, the reality is that when full independence is now untenable, a point is going to come alive. As you age or get sick, you should admit the new boundaries imposed by your body and mind. However, this does not mean that you desire to leave values that guide your whole life.

We desire to protect our autonomy while we feel that our lives have an aim and value in old age as in youth. Even though old age defines we can't do everything we've done before, we still desire to protect our little freedom.

For example, imagine you are always an enthusiastic chef, but if old age problems make the grocery shopping increasingly difficult, you prefer to shop with aid from someone else instead of stopping cooking completely.

When we notice that our time in the world is over, our perspective on life switches.

Instead of following new experiences, we start to savor daily enjoyments such as cooking. Our connections with family and friends are getting more and significant.

According to a study by Stanford psychologist Laura Carsten, a deck of cards that identifies people (mothers, favorite writers, etc.) they might know, were given to participants. Subsequently, participants were asked to evaluate how much time they willing to expend with each person on the cards.

While young subscribers were willing to spend time with new and thrilling characters, older and HIV-positive people preferred to spend time with their close relatives and friends.

Although aging usually makes you more comfortable and satisfied, most people are still afraid of old age. As will be explained in the next sections, this event is partly caused by the fact that medical institutions do not meet the psychological and emotional needs of the older.

Chapter 4 - The requirements of the older and the dying cannot be met by medical institutions and physicians and often undermine their independence.

As thinking about their old age home, boring rooms filled with dullness and depression are imagined by most people - and this cliché is not far from the sign. Unfortunately, boredom and loneliness count like a standard for the older.

Older age homes and intensive care units often work in teased routines that violate people's autonomy. People who previously lived in relative freedom suddenly get themselves attached to a program and are forced to give up all personal privacy.

For carers, deciding on the elderly is easier than helping them decide on their own. Though a sick person is dressed on her own with a little aid, letting the nurse do it just for them is faster. However, it must be escaped from such time-saving techniques. But it's only easier for the nurse, also it makes residents useless, small and helpless.

Whereas nursing homes are magnificent in ensuring care and safety, they usually cannot make residents appreciate or feel at home.

Really, by physicians and caregivers, a great job of providing basic medical care is done. The residents are washed, fed and dressed, and they are made sure that everyone gets the proper dose of their medication by these doctors and caregivers.

However, this is not enough! We desire to sense appreciation and understanding of our elderly age in every step of life.

Often a lack of this temperature is felt in old age homes, due to inadequate personnel. Nursing homes suffer chronically from physicians which called geriatricians specializing in medicine and care for the elderly.

Due to so many missions, to make their patients more valued, doctors and nurses have not a lot of time to spend.

In its current form, families are the only choice of institutional neglect. Still, it is extremely difficult to manage the care requirements of the older or patients, and even our families can always have a hard time making the best judgments for us.

Chapter 5 - Though it makes the rest of our lives miserable, we usually research a cure that will get us to live longer.

The cure of people who are in the last year of their lives is met by twenty-five percent of the US healthcare costs, and yet it accounts for only five percent of whole sick people. Even though some of these cures are significant and useful, most are desperate attempts to prolong the life of fading. Attempts to prevent death generally do more harm than good.

When selecting a cure, it is often succumbed by promising illusions by both patients and doctors. Although the whole of the possibilities is against them, by the patient and his family, almost anxiously there is a tendency to expect a marvelous treatment that will never come.

Very little work is usually done by doctors to ensure that people understand how fatal diseases are deadly. Doctors are encouraged by unrealistic hopes because their patients or patients do not want to crush their families' hopes. It is admitted by over 40 percent of oncologists that at some point they offer cures that they believe are unlikely to be thriving.

Consequently, fatal patients often select perilous cures that disrupt their current well-being, such as relieving nausea or excessive fatigue - for a chance to spend less time later.

Because of us, our time in the world is more valuable than our quality of life. Consequently, it is better to have more impressive and entertaining days instead of suffering from the anxiety of extending our last days desperately.

According to a study conducted by the American Cancer Control project, the quality of life of those who agreed to stay in intensive care in the last weeks of their lives is lower than people who were chosen to stopping intensive care and chose to spend their last time with their families at home or in a nursing home.

Topics such as fatal diseases such as cancer and natural diseases of old age raise difficult questions to be asked by doctors, patients, and relatives. When should we wage a battle? When should we abandon it? How does he/she die better?

Chapter 6 - Cases of aging and death should be managed by the community. Thus, both our independence and sense of meaning are preserved.

The medical care version of modern society is unable to meet the requirements and wishes of those living with death. To age well and die well, services that esteem people's autonomy should be encouraged while providing compassionate help and guidance when necessary.

Such type that does this is essentially assisted living, as it helps to stay away from the tight control of old age homes while ensuring the exact services.

Patients in aided living institutions are allocated their own space where they can occur a real "home" for them. They have the right to decide on some issues, such questions; how they waste their time, the risks they want to take, and how much help they need.

Although the writer defends aided life, another worth looking at is the completely alternative understanding of the old-aged housing.

Let's take a look at an example of facilities in New York that try to remove the souls of its inhabitants by occurring a garden for them, like a nursing home. They also arranged the kids in the local kindergarten to visit this facility regularly and even two dogs, four cats, and 100 birds were bought!

Surprisingly, when checked two years later, it was seen that the number of prescriptions per person fell to half of the other regular nursing homes, and deaths fell 15 percent per year. But how could this happen?

Thanks to caring for children, animals, and plants, residents have a new sense of joy and filled their lives with meaning. So, they were given a reason to continue living with them.

In the same way, the hospice service should be enlarged and developed. Their last experience in life for fatal diseases is meant by the quality of their care home. Instead of focusing on medical treatment, people should be assisted by physicians, nurses and social workers to ensure having the fullest and best possible life before they die.

While we improve new ways to assist aging and disease, what is even more important is that we can honestly talk about our wishes and requirements to our physicians and relatives.

Chapter 7 - Doctors should ensure better guidance to people that come up against death.

The difficult thing is the connection between the doctor and the sick person, and especially, if the sick person has a malignant disease, this is valid. Doctors cannot count as less human than their patients and are all the time torn between professional reliance and natural benignity.

However, because of obliged to help the sick people make the most of their lives, physicians should not be one way or another.

On the contrary, physicians should be guided gently and consciously to severe patients. They should not take the role of authoritarians, nor dictate exactly what cures their patients will follow, nor should they be completely elucidative and leave the hard-pressed ill person to their appliance.

The middle place should be found by doctors. Physicians should ensure all the necessary knowledge, speak elucidative about the appropriate sections, find out what is most significant to the sick person, and finally, present their perspective.

For instance, physicians should inquire of dying patients what activities are most meaningful to them - perhaps playing tennis, perhaps being with their kids - and even if it means shortening the sick person's life, it should ensure information about the cure procedures that will allow the patient to continue these activities for as long as possible.

In extreme cases, physicians should be allowed to help their sick persons die. Even if the subject is extremely contentious, doctors must still be willing to speak about the issue of assisted death for people suffering from excruciating pain.

Whereas active aid is illegal in most countries, but medical advice can help patients precede what they desire and sense.

Since the aging and dying processes include not only the family but also the doctors, it is of the essence for medical professionals to raise their listening and communication talents. In this way, they are going to be able to better meet the needs of their sick persons.

Chapter 8 - Families must find out to speak about age, disease, and death with literal terms before it is too late.

We often don't desire to speak or think about matters such as old age and mortality - neither for ourselves nor for our loved ones. We often force ourselves to make a hasty judgment and deprive ourselves of an honorable goodbye, as we begin to think about death and disease when it is too late.

The significant thing is to argue the questions that come with age and illness openly with your family and friends, for example, by keeping in mind the "exchange" you want to get in your illness or death bed. This event can also be done live by searching the answers to the following questions: What is most meaningful in your last hours? What makes life worth living?

You don't need to answer these questions right away; However, in the process of seeking answers to answer questions, it will make it clearer what you want from old age and how you

want to leave this life. These interviews are particularly significant when you are not dependent on what to do with your life; for instance, that is when others have to decide for you.

Besides, if you take an early view at the end of your life, it can have a strengthening effect on your life. Even when you face your hopes and fears and embrace your death, this event can make you feel like the writer of your own life to the fullest.

Admitting the trueness of death permits you to select your "dying role", thus permitting you to check what you are transferring and what you will remember.

For instance, the writer's daughter's piano teacher, who was during the final stages of terminal cancer, collected the remaining power to teach her students the last piano course. In this way, she ensured that her recommendation as a teacher would live in his students' music.

By explicitly facing old age, illness, and death, we, as individuals, families, and societies, can make our mortality a less painful experience and even find meaning and aim.

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

Take it or leave it, we will all die. Fortunately, we have the opportunity to use all our lives to prepare for our inevitable final. This preparation has needed us to take seriously the most significant thing in life and share these values with our friends, family, and doctors, and at the same time do our best to make life in the homes for the aged more rewarding.

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