

Death and dying

[Literature](#), [Books](#)



1. What does the author identify as the intended purpose of the book?

The terminally ill face countless challenges: motivation in the face of grief, sadness and loss, growing despite the realization that life (for them) is ending as they know it, remaining connected to friends, family and support people, ensuring their dignity remains intact and dealing with all sorts of ongoing medical concerns. According to the author of the book in question:

" To be terminally ill or elderly in America today is to be reminded frequently that you are a drain on the nation's resources." (p. 242).

Dr. Byock, an experienced hospice physician and former president elect of the American Academy of Hospice and Palliative Care, offers mental-health practitioners and consumers alike another option in his book: dying well (as the title states) as opposed to dying a " good death".

It is in this mindset of frustration and hopelessness that many choose the alternative of assisted suicide with the attempts to avoid any imposition to those who are to care for them in during their last days. This premise is one that the book works hard to fight, and Byock does an excellent job.

2. Provide a brief general overview of the content.

The book opens by explaining that the text is a series of stories garnered from his rural Montana practice – each of which is told with his undeniable yet surprising gift for expressing challenging situations with grace. As he states in the introduction:

" The stories I have chosen to tell in this book represent this wide range of experiences. Stories are the only way I know of exploring the paradox that

people can become stronger and more whole as physical weakness becomes overwhelming and life itself wanes.” (p. XIV, from the Introduction)

He begins with the fact that pain must be controlled in order to die well, making a strong case against physician-assisted suicide and for hospice-based care. This portion of the text was one of the most striking for the reader, although this was not the last.

Next, he discusses the aching loneliness and isolation that many dying patients feel, and how families and support personnel can cope. Using his own personal experiences as a guide throughout the text, the author doesn't hesitate to share with readers the fact that his father (also a physician) was ill and subsequently passed during Byock's medical training. It is obvious that the passing of his father strongly influenced the career path into palliative care, and Byock's twenty-year history in the field is shared openly, honestly and with compassion.

Each of Byock's twelve chapter-long case studies focuses on a different person's experience through the continuum of life and death. Pseudonyms are used throughout the book except for his father's passing and that of the Merseal family, whose son's story became an HBO documentary in 1996.

Throughout each chapter, the reader is reminded not of the morose or depressing aspects of death, but rather is given a full understanding of what it means to die from a humanistic perspective. Instead of looking at death from a medical perspective, where the management of pain is the primary focus, Byock provides the alternative viewpoint that the spiritual, social and psychological aspects of death are not merely present, but are more

challenging and require highly-specialized support systems to process and adequately prepare for.

3. What type of evidence does the author use to support the book's premise? (empirical, anecdotal, qualitative, quantitative)

As explained in the answer to question 2, Byock concentrates on his and his patients' anecdotal experiences of terminal illness and dying.

4. Does the author accomplish his intended purpose? How or how not?

Not only does Byock talk the talk, he also walks the walk. Chapters seven and eight detail the “ five things of relationship completion” (p. 140), which Byock contends are achievable goals for all dying patients and their families: asking for forgiveness, providing forgiveness, providing thanks, expressing love and saying good-bye.

5. Are there any particular strengths or weaknesses of the book?

One of the more difficult chapters to read was Terry's, a thirty-something woman who wasn't able to move through these five relationship exercises (Facing Unbearable Pain, Unspeakable Losses: Terry Matthews). If anything, her chapter resonated because it walked the line between the comfort of a dying person and assisted death.

When, how, why, does one choose release of pain over life? It is a challenging question that will remain unanswered for some time to come, yet families are facing these questions on a daily basis. Someone must have an answer, and as in Terry's story, some are to nudge the end gently. With this in mind, the book seems to be an extremely honest portrayal of events;

Byock makes it clear throughout that he is not a proponent of assisted suicide, yet as this specific story entailed, sometimes pain cannot be managed as well as we'd like it to be.

6. What do you come away knowing that you did not know before you read this book?

Several personal myths regarding death and dying were shattered, with this one occurring early on in the text: dying patients need not be concerned about an addiction to painkillers. Instead, Byock suggests, pain management is tantamount to a positive death experience, which should be likened to the birthing process.

7. What use is this book to a social worker?

Using the techniques mentioned in the case studies portrayed, both family members and professionals alike can move through the muddy waters of losing a loved one with focus and intention. As he states about his father's death, it:

"...was certainly not the happiest time in our family's life, but as a family we had never been more intimate, more open, or more openly loving. His illness allowed us, I could say forced us, to talk about the things that mattered: family, our relationships with one another, our shared past, and the unknown future.

8. Provide a summary of your review of the book?

Terminally ill patients do not have to die alone, or in pain, says Byock. This basic premise comes through loud and clear in the book: an emotionally-

driven yet logical series of anecdotal stories related to the care of terminally-ill patients, their impending deaths and how it affects everyone around them. Dying Well would suit the bookshelves of every person, professional or otherwise, to own.