

# What should medicine do when it cant save your life

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Letting Go: What should medicine do when it can't save your life?

1. How does the narrative about Sarah Monopoli set the tone for the essay?

The narrative about Sarah conveys a sad fact on the condition that terminal patients are at hand. No matter what efforts, love, time and money the family put in to combat the degenerative effects of the terminal disease, there is just little that can do.

2. How does it support the argument that Atul Gawande is arguing?

I think that this condition supports the argument of Atul Gawande on the importance of Hospice care for patients with terminal illnesses. Due to the nature of the illness, there is an immense need to distress the patient, as well as their families of the anxiety brought about the notion that there is a sad ending to such condition.

3. What was Atul Gawande's preconceived notion of Hospice?

Atul Gawande sees hospice as a morphine drip. It serves as a way to minimize the terminally ill patient's anxiety on death and provides the family with opportunities to accept and seize every important moment that can make it easier for the patient and family to accept the natural course of faith resulting from the disease.

4. Do you share this believe?

I do believe that hospice care has relatively high importance with the families of patients suffering from terminal illnesses, not only that it addresses the sufferings that are bound to be experienced by the patient but also some observations indicate that hospice care prolongs the survivability.

5. Who says, " A nurse has five seconds to make a patient like you and trust

you”?

Sarah Creed, a hospice nurse.

6. What type of patients is she referencing?

Creed refers to patients that are in a situation in their life wherein they have already understood that they have a fatal illness however they do not fully consider it as a condition which will end up in their demise.

7. Is this applicable to other patients?

There are various approaches, some of which may not be applicable to other patients. This is primarily due the differences in the character of each individual. However, Dr Creed is able to effective apply this approach to patients.

8. What does she say instead of “ I’m sorry”?

Instead of explicitly conveying a notion of being sorry for the condition of the patient, Creed says to her patients that she there to make their life better and that they have a lot of time to waste, given such condition.

9. What are two problems that cause doctor’s to avoid talking about end of life decisions?

10. What advice does Dr Susan Block give about talking to terminally ill patients?

Dr Block focuses more on helping the patients identify what is most important to them and provide them with information and advice on the best approach that could help them address the salient activities that would the most impact on those important matters that the patient pointed out.