

old and the young. Other trends in contemporary literary criticism, equally informed by cultural studies, are exemplified in the essays by Domínguez-Rué and by Zilles, which deal with age-related disabilities from the point of view of disability studies, as well as from feminist and gender studies. These latter two studies resort to some of the style and jargon of their respective fields, which may make them difficult to follow for the uninitiated reader.

A possible complaint about this otherwise diverse volume is that most contributors are from Europe, especially from German-speaking countries, which reflects

the geographical location of the annual encounters from which the collection originates. With three exceptions – authors largely from German-speaking countries, the volume's non-descriptive title, and the occasional use of jargon – this collection is a varied yet unified volume exemplifying how a cultural studies approach is especially appropriate to reveal how words and images conjure up constructions of aging. Besides those interested in aging studies, the volume offers a good starting point for researchers in social sciences and humanities interested in how their respective fields are expanding to cover new topics, such as aging studies.

Atul Gawande. *Being Mortal: Medicine and What Matters in the End*. Toronto, ON: Doubleday Canada, 2014

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*Being Mortal* is about the struggle to cope with the constraints of our biology. It is a book about the modern experience of mortality – about what it's like to be creatures who age and die and how medicine has and hasn't changed this experience. Atul Gawande dissects the shortcomings of the medical system when it comes to aging and the elderly adult. He posits that the medical community's reluctance to honestly examine the experience of aging and dying has increased the harm inflicted on people and denied the basic comforts that most require. Specifically, when a doctor or system fails to acknowledge that the power to push against the limits of aging is, and always will be, finite, the potential for harm and damage is great.

Gawande, a surgeon and professor at Harvard Medical School, notes that the modern scientific capability has profoundly altered the course of human life: people are living longer and better than at any other time in history. These scientific advances, however, have turned the processes of aging and dying into medical rather than natural experiences – matters that, today, are mainly managed by health care professionals. As recently as 1945, most deaths occurred in the home. By the 1980s, however, only 17 percent did. Despite these statistics, medical professionals often prove to be alarmingly unprepared for the experience of death. Gawande himself reports a lack of preparedness in regards to aging and dying. His only experience with "death" in medical school occurred when he was given a dry, leathery corpse to dissect; a "death" experience that was solely a way for him to learn about human anatomy. What's more, Gawande's medical textbooks

featured almost nothing on aging, frailty, or dying. As a medical student, for Gawande to understand how the dying process unfolds, how people experience the end of their lives, and how this affects those around them seemed to him beside the point. Instead, the purpose of medical school was to teach how to save lives, not how to tend to one's demise. In fact, Gawande reports that 97 per cent of medical students in the United States take no courses in geriatrics. Yet, within a few years of his medical career's beginning, Gawande encountered patients forced to confront the realities of decline and mortality, and he quickly realized how ill-equipped he was to help them.

Based on his experience, the author suggests that often, doctors are pursuing delusions in the hopes of circumventing what they see as failure: death. Frequently, doctors treat death as if it were yet another medical problem to overcome, offering treatments that they believe are unlikely to work. Uncomfortable discussing patients' anxieties about death, doctors habitually fall back on false hopes and treatments that are actually shortening lives instead of improving them. Specifically, Gawande tells of a determined young woman with terminal cancer with whom he felt ill prepared to confront the mortality of her illness. His solution was to avoid the subject altogether. Ready to try anything, the woman went through multiple rounds of chemotherapy, radiation, and experimental drugs, experiencing numerous side effects while steadily getting sicker. When her body could take no more, she and her family realized how unprepared for death they were. This account, like many others, illustrates how

even when the best course of action is to do nothing, treatments and interventions that may worsen or even shorten the time one has left are often used.

Notably, Gawande draws attention to the irony that when death can no longer be circumvented, most doctors, cognizant of the limits of modern medicine, choose to forego treatment and prioritize spending time with loved ones in the comfort of their own homes. Importantly, Gawande reminds us that death is not a failure; it is entirely natural. Although death may be the enemy, so to speak, it is also the natural order of things. As such, in a profession where one succeeds because of one's ability to fix a problem, when a problem is not fixable, physicians often do not know what to do. Gawande suggests, however, that the job of doctors is not merely to fix problems and enable longer life but, instead, to support the *quality* of life; to enable as much freedom from the ravages of disease as possible while enabling the retention of enough function for active engagement in the world. Gawande states that the problem with medicine is not that its practitioners have had an incorrect view of what makes life significant. The problem is that they have had almost no view at all: medicine's focus has been on the repair of health, not sustenance of the soul. Simply put, doctors need to know when to try to fix a problem and when not to, because aging, frail, and seriously ill people have priorities besides simply prolonging their lives. Thus, the world of medicine has been wrong about its job – instead of prioritizing survival, doctors should be enabling the reasons one wishes to be alive. Furthermore, although most people will eventually spend time in some sort of long-term care home, these facilities do not always address the goal that matters to the people who reside in them: how to make life worth living when one is weak and frail and unable to care for oneself.

We all know that serious illness or infirmity will strike; it is as inevitable as the sunset. With luck and diligence – eating well, exercising, getting medical help when needed – people can often live, and manage,

a very long time. Eventually, however, the losses accumulate to the point where life's daily requirements become more than one can physically or mentally manage on one's own. The enemy – death – has superior forces; eventually, it wins. Because this is hard to think about, many people are unprepared for it. Therefore, in a battle that cannot be won, Gawande cautions that we should not fight endlessly. Accordingly, we learn that whatever can be offered by caring professionals and medicine should be justified only if it serves the larger aims of a person's life.

*Being Mortal* is eloquently written and employs a pragmatic approach to research, flowing seamlessly between qualitative and quantitative research, which is also paired with empirical and anecdotal accounts. Statistical facts and figures are effortlessly woven into first-hand accounts and historical context, strengthening the evidence in support of a medical revolution. One of the key messages of Gawande's book is that because there is much room for the lives of older people to be better than they are today, something needs to be done. He has tasked himself with figuring out how we can do better; he shadows geriatricians, nurses, and health care activists who are turning Western views on aging and death upside down. He has learned from people who have had the hard conversations in order to ensure that what people really care about is never surrendered. Notably, Gawande informs us that medicine is not all that is required in one's declining years. When that verity is forgotten, medical practitioners might inflict unneeded suffering on an aging person to achieve *quantity* and not *quality* of life. Thus, *Being Mortal* is a powerful and stirring book essential to our time; it is an eye-opening read for all of us. We will all be faced with the need to make decisions for our loved ones, and – ultimately – for ourselves. *Being Mortal* is an invaluable contribution to the field of medicine and aging research, helping to initiate important discussion about aspects often overlooked by physicians and researchers while leaving the reader to ponder: "What matters in the end?"