

How We Die, Reflections on Life's Final Chapter Study Guide

How We Die, Reflections on Life's Final Chapter by Sherwin B. Nuland

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Plot Summary

How We Die is the story that identifies the characteristics, technically correct medical processes, and personal accounts of the seven terminus events that will result in being dealt the final hand. For the casual reader, these "Reflections on Life's Final Chapter" are understandably moving and emotional accounts of case studies on how we die. To the educated and aware, it is in Nuland's way an unsentimental journey through the methods and means by which people, young and old, will meet their end.

From the Acknowledgements to the Epilogue, *How We Die*, by Sherwin B. Nuland, demonstrates the intent of the author to converse with a reader who desires to know what it is like to die. The Acknowledgements read like a *Who's Who* of modern medicine. While Dr. Nuland acknowledges and credits his family, friends, coworkers, and those families and individuals whose accounts he tells here, he declares that this is his work. Drawn from almost half a century of personal and professional experience, *How We Die* is the book Sherwin B. Nuland claims comes from his soul.

There are six events are those required by law to be listed on a certificate of death. The seventh, old age, a felonious certificate entry in every state, is also included. Of the six primary causes of death, heart disease, murder, AIDS, and cancer are to be expected, self-inflicted death perhaps less so. Who would have suspected, though, that Alzheimer's is one of the major causes of death?

Beginning in Chapter 1 with "The Strangled Heart," Dr. Nuland gives considerable descriptive evidence to the cause and effect of these primary causes of death. For the unaware and inexperienced, the detailed characteristics of each disease and the pain of each dying process lend veracity to the words of Dr. Nuland. The accounts in each case study are derivations of personal experience. Personal observations are used to describe the events, as well as interviews of colleagues, friends, the individual being studied, or family members of the deceased.

A chapter entitles "Accidents, Suicide, and Euthanasia" provides the cumulative observations of death that is not the result of disease or over indulgence. Accidents leading to death, and suicide are similarly self-inflicted. Euthanasia requires the assistance of someone else to reach terminus. It is here the religious implications of how a person meets his end and the process of dying itself is first mentioned. Dr. Nuland does not propose or advocate any particular norm or expectation in the religious arena. He merely suggests that a person's religious beliefs may play a role in that person's final chapter. Accidents, suicide, and euthanasia are evidence of the critically ill or the mentally impaired individual taking control of his or her own end.

Chapters on AIDS and Cancer discuss the characteristics of each, the research, and the progress. Both are described as cataclysmic. Cancer is referred to as "The Enemy." Largely attributable to patient advocacy groups and very determined Doctors, tremendous gains have been made in the treatment of these two invasive diseases. Like Cancer, AIDS is an affliction that is not specific or predominant in an age group.



Whether young or old, father or son or daughter, these devastating killers leave no exposed person immune.

In the chapter entitled "Hope and the Cancer Patient," the author describes the influence a physician's hope might have in the treatment, care, and candor displayed towards a patient. Dr. Nuland acknowledges his own weakness in the treatment of his brother.

It is in "Lessons Learned" and the Epilogue, Dr. Nuland reinforces his determination to be candid and upfront with the reader. He declares his intention to provide one with the knowledge to make educated and informed decisions regarding disease awareness and care.

The Dr. beseeches the reader to take control of his destiny and offers suggestions on how best to accomplish this by sharing with, or confronting the family physician. Use the knowledge gained from reading this tale on How We Die, Reflections on Life's Final Chapter, to renew an interest in the quality of one's life and demonstrate the wisdom to live every day to its fullest.



The Introduction

The Introduction Summary

In his introduction, Dr. Nuland presents the idea of the modern death. It is here that he explains there are six primary avenues leading to death. Dr. Nuland expounds that each of these six avenues exhibit similar characteristics and result in processes he considers universal to dying. With his mother's death, Dr. Nuland believes that his life course was set. It was four decades later, and after the passing of his brother when he attempted to put these reflections to pen and paper. In this introduction the author beseeches the reader to cast aside the doubt or denial one might have regarding death and the dying process. While one's end might be imagined or even dreamed it is the reality of death that this book presents to the reader. As Dr. Nuland relates his case studies, patient accounts, and the dying processes he questions only what dignity is evident in each death.

The Introduction Analysis

Dr. Nuland presents *How We Die, Reflections on Life's Final Chapter*. *How We Die* is copyrighted in 1993, published in 1994, and is compilation of Dr. Nuland's experiences in working with patients suffering from lethal diseases. These are his reflections compiled over the forty-odd years he has spent in the medical profession. His approach offers the non-sentimental value of death and dying to anyone - young or old, male and female. Dr. Nuland suggests that the mysteries of death are just that, mysteries and myths built up in the reader's own mind. *How We Die* is this author's attempt to demystify death and the dying process. It is intended for those who are willing to examine what death is and what dying means to the reader, from the comfort of home or the confines of a hospital bed whether the reader is whole and hearty or living out his last days.



Chapter 1

Chapter 1 Summary

In Chapter 1, "A Strangled Heart," Dr. Nuland relates his personal experience of an individual he chooses to call James McCarty. As noted in the Author's Note before Chapter 1, all but one name was changed in the stories the author will share. Dr. Nuland was in his third year of medical school and working an evening shift at a university hospital. Mr. McCarty had been admitted to the hospital after he experienced pressure in his chest and left side. James McCarty was the picture of an overweight workaholic who gave every indication of enjoying the good life in excess. He was admitted after experiencing severe pains and pressure in his chest and left side. His condition was evaluated as "recovering" and he was moved to a room for observation. Medical student Nuland was asked to do Mr. McCarty's admission paperwork. In the midst of doing the man's paperwork, Nuland observed the man convulse and shout. Even with his limited experience, and the autonomy given students forty years ago, Nuland responded with the medical procedure acceptable to the time for cardiac arrest. Performing a thoracotomy, Nuland opened the man's chest and attempted to massage the heart back to life. Remembering his lack of success, Dr. Nuland recalls what it felt like to lose his first patient on his very first day.

Dr. Nuland expresses his feelings on the mythology of death. Citing historical references and defining medical terminology from Latin and Greek, he explains the traditions surrounding the process of dying. Acknowledging the progress of the medical profession in his forty-odd years of practice, Dr. Nuland tells the reader that cardiac events are "eminently treatable" if discovered soon enough. This being the case, he qualifies that ischemic heart disease, also called coronary artery or coronary heart disease, remains the number one cause of death in the leading nations of the world.

The case of Irv Lipsiner is offered by Dr. Nuland to express the situation in which a person has been revived after suffering a cardiac death. Mr. Lipsiner was a physically active man who had suffered, and survived, a small heart attack when he was only forty-seven years old. Eleven years later, Lipsiner collapsed on a tennis court and had no heartbeat. Due to the quick response of individuals who provided cardiopulmonary resuscitation (CPR), Lipsiner's heart began to beat again and several hours later, at the hospital, was completely awake and responsive.

Dr. Nuland's tale explains the technicalities of Irv Lipsiner's cardiac event. He even goes so far as to explain why the event was unusual and what might have occurred had it been a more common form of the ischemic heart attack.

Dr. Nuland elaborates on the cases of ischemic heart disease in the United States. He cites that of the 20 to 25 percent of Americans who die immediately, up to 90 percent are due to a cardiac event. At the time of this book, Dr. Nuland claims nearly fifteen hundred Americans will die every day of ischemia.



Chapter 1 Analysis

Through Dr. Nuland's words, the reader is introduced to the process of dying in detail rarely seen outside medical school textbooks and graphic novels. He uses medical etymology to explain the medical terminology bandied about by physicians. There are literary references throughout that demonstrate the physician's methodology and the extent of medical progress from the time of Hippocrates. Dr. Nuland is successful in taking a rare look at a troubling topic and making it an opportunity for the reader to explore personal perceptions of how we die.

In "A Strangled Heart," Dr. Nuland explains the cardiac event in its varied forms. Descriptions are provided from the onset of terrible chest pains to the immediate and final stopping of the heart. With his words, Dr. Nuland reminds the reader that the frequency of these events indicates this disease will affect everyone at some time in his or her life. The reader can be the victim or the survivor. Cardiac events kill thousands every year.

Chapter 2

Chapter 2 Summary

In Chapter 2, "A Valentine - and How it Fails," Dr. Nuland expands upon the reader's knowledge of the heart and its ability to work properly. As the chapter begins, as detailed a description of the heart as can be found in tomes of medical knowledge is provided. Pictures of the heart's chambers and large connectors are added to assist in his explanation. Incorporated into his explanation of the heart's inner workings, Dr. Nuland adds medical statistics and etymology.

The first correctly diagnosed myocardial infarction, occurring in 1878, is detailed as well as a mention of the invention of the electrocardiogram in 1903. As Dr. Nuland describes, in great detail, the processes by which the heart operates, he also adds the symptoms observed when it fails. It is in this manner that Dr. Nuland offers his knowledge and understanding of the principles on how we die from ischemic heart disease.

Dr. Nuland calls Horace Giddens 'the Everyman.'" Viewing a revival of the play *The Little Foxes* by Lillian Hellman, he describes the author's fictional character Horace Giddens, a man suffering from chronic heart disease. Mr. Giddens had undergone numerous failed treatments and would eventually die of either ventricular fibrillation or acute pulmonary edema. Possibly, Horace Giddens would die of cardiogenic shock. Each of these is a terminal condition and together they account for most of the deaths involving cardiac events. Dr. Nuland, and Lillian Hellman, present symptoms in Mr. Giddens which are indicative of all three.

There are descriptions of the tests used to identify a person's current condition as well as that person's predilection towards heart disease. The tests are enumerated, as are the conditions of the patient's history and habits that might place him on the path leading to future cardiac events. Dr. Nuland insists that all of these things must be considered to correctly identify the patient's condition and recommend appropriate treatment. Exercise, medication, and electrical devices are described by Dr. Nuland to represent the progress in cardiac care achieved during his forty years of medical practice. When he depicts the methods of resuscitation commonly used, he also introduces the two most common medical dilemmas faced by doctors and nurses alike. The heart, blood, and oxygen are all affected by the trauma. Dr. Nuland explains that the longer the oxygen is kept from other vital organs, for example the brain, the more critical the patient's condition becomes. The longer the brain is without oxygen, the greater the injury and damage. Here Dr. Nuland presents the process that is dying. In another era, death was determined by the lack of a heartbeat. Today death is equated with the loss of brain function. Dr. Nuland concludes that dying is a process that requires the summation of events and is not attributable to a single organ, cell, or artery.



Chapter 2 Analysis

With these first two chapters, Dr. Nuland provides insight into the process of dying. He uses the object which most would view with the greatest familiarity - the heart. A tremendous amount of detail is offered in the author's attempt to explain the heart and its work. It is with the story of Horace Giddens that the need for the details becomes clear. In his explanation of the heart and its work, and the story of Horace Giddens, Dr. Nuland introduces important concepts to the reader; he shows us the beginning so we can fully understand the end, illustrating through cause and affect. Dr. Nuland is not writing a fictional story of death and dying; he is presenting facts and doing so in a straightforward and engaging manner. He is attempting to instruct and advise on a topic that, viewing the statistics, will affect either the reader, or someone known to the reader, at some point in his or her life.



Chapter 3

Chapter 3 Summary

Dr. Nuland explains the bureaucracy that dying has become. To accurately account for all deaths, dying must be classified appropriately as a death by a known entity. So says the Department of Health and Human Services in the United States as well as the World Health Organization. Dr. Sherwin B. Nuland offers the account of his grandmother and her death as evidence to elicit that old age is a fact of life and a cause of death.

Through the tale of 'Bubbeh,' as his grandmother was known, he relates the loss of her eyesight, her decreasing mobility, incontinence, and loss of short-term memory. He describes how she finally stopped praying and that travel to and from the church became physically impossible. While Dr. Nuland claims that there are clinical explanations for all of these, he says it is not in him to assume the clinical detachment these descriptions would bring to his grandmother's ailing health.

He compares the metabolic changes to the parts-replacement capability in a machine. Heart muscle and brain cells are unable to reproduce. Molecules in a living organism are finite. Cellular aging is the process by which the ability to grow new cells or perform exchanges in muscle, cells, or molecules becomes impossible. Dr. Nuland cites specific numbers in the changes of a brain's weight over time, as well as the decrease in a person's heart rate that occurs annually. Until some process or series of events interrupts the blood flow, survival is only a matter of waiting for old age, and cellular aging to take over. Interruption of blood flow is a critical event that starts a chain reaction among the cells, organs, and muscles. Dr. Nuland explains that a stroke patient is the victim of the interruption of blood flow to the brain. It was this to which "Bubbeh" finally succumbed. Dr. Nuland insists that old age is not a disease to be thwarted. It is necessary for the natural progression, and perpetuation, of the species.

Chapter 3 Analysis

That life is finite is the lesson Dr. Nuland imparts in this chapter. Everyone will die. If not from an infection or disease, old age eventually will overtake every person's body. Whether the United States government or the World Health Organization will categorize a deal as old age is unlikely. In the United States, and everywhere else in the world, dying of old age is illegal. The author explains why and how death will occur if a person survives to old age. Throughout this story, Dr. Nuland continues to repeat this theme: death is inescapable; it is why we were born.

The story of the author's grandmother is a tale most can relate to and represents a case of why old age will not be seen as the final explanation. Old age that might be the primary cause of death, but the immediate cause will be the result of the aging process on the body's cells, organs, and tissues.



Chapter 4

Chapter 4 Summary

In this chapter, "Doors to Death of the Aged," Dr. Nuland offers details and case studies on death of the elderly. Medical prognoses of stroke patients, the number three killer of the elderly in the United States, are provided. In the case studies offered, Dr. Nuland acknowledges the assistance of Dr. G. J. Walker Smith, the director of the autopsy service of the Yale-New Haven Hospital.

It is in these case studies that Dr. Nuland provides the evidence that will back his philosophy that 85 percent of the aging population will die from at least one of seven primary causes. These seven, what he refers to as the horsemen of death, are discussed in this chapter on aging and the death of the elderly. The horseman who will claim the elder's life will be identified by the manner in which his or her body begins the dying process. At the time of death, it is often determined that several factors may have been involved.

Where a young person might have been able to fight off or change the course of these events, the elderly are attacked when the body's parts-replacement process is at its weakest. Dr. Nuland elaborates further on the expected life span of the species as affected by genetic programming. He offers historical context to explain how elderly, through the ages, have attempted to prolong their life spans. Believing in the patterns of nature, Dr. Nuland expounds on living life to its fullest while accepting that life is finite.

Chapter 4 Analysis

This chapter is the detailed explanation of the affects of old age on a person's body. The seven horsemen is a critical view of the seven traits by which the elderly can expect to die, if death is not from a lethal disease. Our species is explained particularly well, as is the life span that one can hope for. It should be a hope that one will live to old age, not an expectation. When reviewed, it is the evidence of the horsemen, visible in the youth of today, which should caution the reader to be aware of one's mortality and take care in personal indulgences.



Chapter 5

Chapter 5 Summary

In previous chapters, Dr. Nuland has provided a great detail of information and medical etymology on the cause and affects of disease. As he explains, it is a necessary endeavor to properly diagnose and affect treatment. The purpose of the pathophysiolgist is described as a physician who will investigate a disease by evaluating its origins and symptoms. It is in this, Dr. Nuland's chapter on Alzheimer's, that he explains the scourge that is this disease and the frustration of doctors and researchers alike in their inability to find its cause.

Since being properly identified in 1907, Alzheimer's is one of America's leading killers.

Being unable to relate the cause and effect of this disease, Dr. Nuland offers what is known and what can be predicted. Dr. Nuland relates the tale of Janet Whiting and her husband Phil. Phil Whiting will demonstrate the known symptoms of Alzheimer's. His wife, Janet, will first deny, then accept, and then resign herself to her husband's condition. Alzheimer's, as Dr. Nuland's tale explains, is a disease that will affect the entire family and support unit of the victim. Before confinement is required, Phil Whiting will experience confusion and memory loss. As Dr. Nuland describes Mr. Whiting's experience, it becomes clear the victim will remain unaware or deny the existence of the affects for some time. As the parts of the brain affected by Alzheimer's increase, eventually the awareness of one's surrounding will be lost, as will gross motor skills. Confinement will become necessary to prevent danger to oneself and others. When the gross motor skills are lost, that loss of higher brain functions will attribute to the body losing its awareness of what is required to keep it alive. If a stroke or myocardial infarction is not responsible for the ultimate demise, the patient may lapse into what the author refers to as a vegetative state. The family will, of necessity, be required to make very difficult decisions relating to the Alzheimer patient's care. Dr. Nuland indicates that a thorough understanding of the decisions to be made and the mental wellness of the un-afflicted family members can be given by organizations established for that purpose.

Dementia is defined, as is the historical connotations of mental illness. The origin of Alzheimer's classification is explained, as it is a known entity in the history of the illness. From autopsy reports, the affects of the disease on the brain are described. The progress of medical care is used to explain why almost 85 percent of Alzheimer's cases are properly diagnosed without intrusive surgery of the brain. That the patient will die not knowing that his demise is imminent, not knowing even who he is, or who he was, is possibly why Dr. Nuland calls Alzheimer's a "cataclysm...designed to test the human spirit."



Chapter 5 Analysis

Alzheimer's is a disease and death of the unknowing. This in particular is what frightens most, the not knowing. It is a symptom of the disease itself that those afflicted won't remember who they are, let alone the fact that they are dying. Dr. Nuland provides a thorough insight into what is known and what can be predicted about the disease. He gives considerable credit to the families and friends of Alzheimer patients. It is to the survivor's credit that the progress in the area of Alzheimer's can best be seen in the patient advocacy groups. Since it was first correctly diagnosed in 1907, there has been no progress in finding a cause. More distressing is that there has been little progress in determining a cure. The best that can be hoped for is a comfortable confinement at the end.



Chapter 6

Chapter 6 Summary

Murder is another primary cause of death throughout the world. In Chapter 6, "Murder and Serenity," Dr. Nuland describes the requirement of man to have air. He goes into great detail to explain why man needs air and how hospital units have changed to ensure a ready supply. The lack of oxygen to any major organ can induce shock. This shock, with its duration is one of Dr. Nuland's dying processes. The author discusses the term "clinical death" and its relation to the heart's function. Explaining how death appears in the face of the dying, the visual clues are described by the doctor as one who recognizes the face of death after witnessing the death of so many. Legal death is defined as the permanent cessation of brain function. Blood loss is considered a determining factor in the length of time one is to live after injury.

The author relates the tale of Katie Mason, a nine-year-old girl stabbed to death on a busy street in front of numerous witnesses, including her mother, by a paranoid schizophrenic on self-release from a nearby mental institution. Katie Mason died of shock resulting from blood loss. The serenity of this event, as Dr. Nuland explains, is viewed from the facial appearance of Katie Mason as described by her mother immediately after the events of that fateful encounter. Dr. Nuland compares the wonderment seen on the face of this child with the expressions documented or witnessed on the faces of soldiers and other trauma victims for hundreds of years. It is suggested that in the last moment of severe trauma, the affects of endorphins, self-generated by the traumatized person, play a role in affecting pain thresholds and emotional responses. Although proposed, it has been difficult to provide sufficient evidence. The immediate death of the victim changes the biological fingerprints before medical examination can prove or disprove the theory.

Dr. Nuland presents personal experience and literary accounts of similar instances when this emotional tranquility was present in the face of great physical or emotional turmoil. In seeking evidence to expound upon the theory of the endorphins, Dr. Nuland entertains the topic of the "Near-Death Experience." In addition, he presents the statistics of these experiences from the case studies of psychologist Kenneth Ring. At the conclusion of this chapter, Dr. Nuland describes the pathophysiology, cause and affect, of the Near-Death Experience.

Chapter 6 Analysis

Dr. Nuland's discussion of clinical death and its visual clues is comprehensive, as is his explanation of shock. The body's need for air is assumed, yet the literary reference, "Man is an obligate aerobe," from Hippocrates, is a generous explanation of the cause and affect of oxygen, or the lack of oxygen, on the body. Hippocrates is often cited when referring to medical matters and is entirely appropriate here. In this chapter on murder,



comes the understanding that violent death will involve different degrees of the loss of oxygen, shock, and clinical death. While discussing murder, and expressing no opinion on the use of weapons, Dr. Nuland cites the statistics available at the time of this publication. Added is a heartrending story about Katie Mason. The tale reminds the reader that this type of death can be inflicted upon any age and either gender. It should be noted that the perpetrator is at fault, not the tool or weapon of choice. It is the availability of such choices that make such alarming statistics possible. Dr. Nuland goes on to offers an opinion of the near death experience. The reader might question, as does the author, whether it is a false expectation or hope to end with the same tranquility as Katie Mason.



Chapter 7

Chapter 7 Summary

References to William Osler's *Ingersoll Lecture on the Immortality of Man*, 1904, begin this chapter entitled "Accidents, Suicide, and Euthanasia." Lewis Thomas, another whom Dr. Nuland considers a medical savant, is cited. Dr. Nuland suggests that these esteemed medical professionals may have idealized death, giving in to pressure and human nature, when they stated that they had witnessed a minimal number of deaths that were preceded by agony. This author explained early in this book his opinion of the mythologies surrounding death and dying. It is in this chapter when the patient is most often a victim of his own circumstance. Not falling ill to the vagaries that are disease, the victims of accidents, suicide or euthanasia are well aware of their situation and their desired final outcome. Dr. Nuland cites the medical statistics that make the combination of these three events one of the foremost causes of death in those under the age of forty-four. A brief acknowledgement is made of the first documented automotive fatality, Harold Bliss, in 1899.

Having been a medical practitioner for more than forty years, Dr. Nuland believes in the natural aspects of our species and, in death, nature doesn't need any help. The author elaborates that injuries are only recently being evaluated for preventative measures. He uses the trimodal scale to relate the causes, and severity, of injuries to death. The term trimodal is defined in this chapter as a way to apply time to the process of dying. In response to injury, events in hospital intensive care units are presented. Also described are the emotions of medical personnel, in so far as each event along the trimodal scale will impact those in attendance, particularly in the case of suicide.

Euthanasia is included. There are, described as "eminently sensible," two instances where suicide involves the elderly. The determination of sensibility is to be influenced by the doctor and patient relationship. Dr. Nuland discusses this relationship as a contemporary topic. As suicide is presently the number one cause of death among our children, euthanasia is a consideration given to the very old or a person in the final critical stages of a devastating disease. The methods of several types of suicide are detailed in the presentation of their process and the resulting affect on the body. This chapter concludes as the author proposes the areas covered here are in need of a greater clinical and moral scrutiny.

Chapter 7 Analysis

Accidents occur daily. Injuries resulting in death are given closer scrutiny and often, people other than the victim are involved in the accident. The question of immediacy comes to mind and will determine the extent of treatment. Hospitals are intended to care for the ill and the dying, not the injured. If medical treatment of an injury is necessary, then a visit to the emergency room is required. Infections resulting from injuries can



cause death. At the onset of infection medical care is increased, otherwise injuries are given remedial attention at best. The author acknowledges that care of injuries is not what should be expected and often much less than required.

Incidents of suicide are on the rise and have the highest mortality rate among this nation's children. It is a deplorable statistic. Personal opinion must weigh in here and the reader's judgment will affect the perceptions of the topics covered in this chapter. Religious, moral, and personal values may each play a part in the interpretation. While suicide is illegal in this country, physicians recognize that cases may arise that the intrepid might use to justify the choice. An illustration of this might be the situations involving euthanasia.

Dr. Nuland tries to remain unbiased in his discussion of these methods of dying. None of them are illnesses and, discounting injuries: accidents, suicide, and euthanasia are terminal ways in which one is affected by events. It is in this chapter that Dr. Nuland first proposes the care and treatment a patient receives towards the end of illness may be of questionable benefit. The reader must decide in which cases more extreme measures may be warranted, and who will be the beneficiary.



Chapter 8

Chapter 8 Summary

Dr. Nuland presents "A Story of AIDS." Recounting the tale of Ishmael Garcia, the doctor relates the short history of AIDS and HIV and the devastation the two have wrought on the world. Having reached a moment in medical science where doctors had begun to believe in the end of infectious disease, the year 1981 introduced a plague of death. The scourge that is AIDS knows not the difference between young or old, male and female. Two reports containing indications of an unknown disease were published in 1981. As more cases became public, experts began to share knowledge and develop case studies. In the short amount of time since 1981, as medical progress is measured, amazing things were reported in the diagnoses, evaluation, and treatment of the disease. Although it is still incurable, treatments for AIDS have been developed that increase the patient's expected life span and their ability to enjoy what is left of that life. AIDS is a worldwide pandemic.

As a result of patient advocacy groups and persistent doctors, nearly 10 percent of the National Institutes of Health approximately \$9 billion budget goes to the study of HIV.. Dr. Nuland describes in this chapter the characteristics of HIV and of AIDS. Examination of genetic material showed the mutation of HIV and medications were developed. Others medications, used in cancer treatments and elsewhere, were found to work on certain characteristics exhibited by HIV and AIDS. In the later stages, patients are described as requiring multiple kinds of medications to stave off infections or improve the quality of life.

The author cites evidence of the perceived cause and spread of AIDS in the United States. It is unclear what the exact cause of AIDS was worldwide, yet Dr. Nuland offers suggestions based on the disease's ability to spread.

Chapter 8 Analysis

In this chapter, Dr. Nuland offers detailed accounts of how HIV and AIDS affect the patient and the patient's family. The lack of knowledge as to the cause, and the inability to find a cure, are troubling. The patient advocacy groups and medical organizations provide tremendous amounts of money and information on the subjects of HIV and AIDS. However, the infected are faced with an additional affliction; because of public opinion, a stigma is carried with these diseases. With no cure in sight, these patients are faced with public withdrawal of past friends and associates. It is the strongest family and support units that can comfort the AIDS patient. Dr. Nuland suggests that this illness can rebuild the support that was broken by the life-style changes many of the patients had chosen. The story of Ishmael Garcia is more common than the media reports. As was the choice of weapon in the chapter on murder, AIDS is often the result of personal choices that the patient had made. As the author relates the tale of Ishmael

Garcia, there is presented the value in a family's support to the dying. Also presented is the phobia with which some physicians still view this disease.



Chapter 9

Chapter 9 Summary

The human immunodeficiency virus is exactly that, a virus. In this chapter, "The Life of a Virus and the Death of a Man," the composition of a virus and the methods by which physicians find ways to defeat it are examined. Considerable detail is used to explain the genetics involved in finding, isolating, and developing a treatment for a virus. Viruses carry very little genetic material themselves and cannot replicate on their own. They rely on others to do their dirty work. The HIV-infected lymphocyte is used to explain how this happens and the resulting devastation to the body's immune system.

AIDS is contagious, yet possesses a short-term life expectancy once removed from the body; it is understood that once the virus is contracted the infected will most certainly die as a result. Symptoms become apparent within weeks of the infected receiving the virus. Years may go by while the virus infiltrates and destroys the immune system. It is then the characteristic infections associated with AIDS attack and the body can no longer fight. AIDS dementia and toxoplasmosis are the most common neurological problems associated with the disease. Incidents of tuberculosis in AIDS patients are said to be five hundred times greater than non-AIDS related cases. It only takes time before AIDS has insinuated itself into all the major organs even the skin, blood, and bones. After death, the autopsy will reveal AIDS as the primary cause of death (PCOD). An immediate cause (ICOD) will most likely be attributed to whatever organ failed first and in the scheme of things, is largely unimportant.

It is the story of John Seidman that Dr. Nuland recounts in this chapter's tale of death, AIDS, love, and family. The question of dignity in death arises and is responded to by John, who in a few short years, lost several friends, colleagues, and a lover to cancer and AIDS. John Seidman was said to have observed the changes in attitudes demonstrated toward the ill: parents to children, siblings to each other, and friend to friend. Even though rifts may have existed, in the face of imminent death, most trivialities are forgotten and the bonds formed by love are forged anew.

Chapter 9 Analysis

There are many biblical references to scourges placed upon mankind as a means to exterminate a species. As a method, AIDS is quite capable of decimating a populace. There is no certain cause and certainly no cure in sight for HIV or AIDS. Treatment is complicated by the fact that many physicians experience a phobic reaction in the presence of HIV and AIDS infected persons. The number of those infected is rising. The number of people who are infected without their knowledge is increasing, including individuals who contracted the virus through blood transfusion, unprotected sex with an untruthful partner, or some other method, and fear of infection is present in even the most committed of physicians. Medications are now available that offer patients a

chance for an improved quality of life. It is a reality for the patients and the families that there is no cure and they will die of the affliction.



Chapter 10

Chapter 10 Summary

It is with an excerpt from Charles Kingsley's 1863 tale, *The Water Babies*, that Dr. Nuland begins this chapter, "The Malevolence of Cancer." The chimney sweeps of the nineteenth century were perfect candidates for all sorts of ailments arising from their dirty, laborious work and the generally poor personal hygiene of the era. Children were needed to work in the small, soot encrusted space, compounding the outrage being committed. In an article published in 1775, nearly a hundred years before Kingsley's tale, the British surgeon, Percival Pott, documented the first occupational malignancy. As the author relates the tale, he questions whether the treatment was worth the agony it caused. Medical treatment being what it was, the chance of success was limited. By 1842, child labor laws were passed, and broken, often for expediency's sake.

The medical etymology of the term cancer can be traced back to the days of Hippocrates. Contemporary medicine has proven that cancer kills not by stealth but by overt abandon. Cancer's destruction to the body's cell, tissues, and organs is indiscriminate. *How We Die* offers a layman's look at the process cancer uses to infiltrate, mature, and decimate. Its metastatic ability makes it more difficult to defeat. Cancer, by its very definition, seeks out and destroys. Cancer breaks down the body's ability to protect and repair itself and early treatments often finish the job. Patients die primarily from the infections the body cannot fight off. The older the individual with the cancer, the more likely the patient is to die of stroke or a cardiac event.

Medical progress in the latter part of the twenty-first century is responsible for the physician's ability to cure most of the lymphomas, like Hodgkin's disease. Childhood leukemia is another example of the amazing progress made in this field. In the past, 80 percent or more of children diagnosed with leukemia died; contemporary medicine is responsible for the five-year remission rate now being nearly 60 percent. This chapter gives statistics from the astounding medical progress in this area.

Chapter 10 Analysis

It is in Chapter 10 that Dr. Nuland presents the most significant progress made in medical science in the latter twentieth century. The treatments and cures of several types of cancer are noteworthy. The author begins this chapter with horrific tales of child labor that lead to terrible diseases and treatments. It is with relief and comfort that the reader is able to discover that several forms of cancer, including childhood leukemia can be cured. If discovered early enough, the success rate for curing children of these cancers is phenomenal.

The etymology of cancer proves the longevity of the disease. Cancer is called "The Enemy" for a reason. It attacks indiscriminately. Preventative measures must be taken



by individuals to assess risk and ensure prevention of mass infection. Only with a thorough screening of an individual's medical history and habits, in addition to regular checkups, can any hope of heading off a full-scale attack be held. Cancer, once it is in the body, will aggressively seek and destroy healthy living tissue. With the body's ability to enact a parts/replacement process in its tissues and cells, until physical symptoms become apparent the afflicted individual is in terrible jeopardy. The longer a person goes without knowledge of the cancer in his body the more opportunity for damage the cancer has and the less opportunity for a complete cure.



Chapter 11

Chapter 11 Summary

"Hope and the Cancer Patient" defines hope and introduces Harvey Nuland, Dr. Sherwin Nuland's brother. The literary definitions are offered from the Webster's Unabridged and the Oxford English Dictionary. In *How We Die*, hope is presented from the viewpoint of both the doctor and the patient.

"Because I didn't want to take away his only hope," is a common refrain of doctors and nurses in the treatment of the terminally ill. Dr. Nuland explains that after the diagnoses, recommendations for treatment are largely impacted by that one perception. Whether it is the doctor's or the patient's, the perception of hope may be responsible for the path one takes toward the end of life. Is one more treatment, one more combination of medications, or one more theory going to change the course of the patient's last days, weeks, or months of life? It is the desire for continued life that largely influences the person's capacity for hope; sometimes to the extent that radical, and often painful, methods are attempted during the final days.

The care of Harvey Nuland and quality of his last days, following a diagnosis of the advanced stages of cancer that would be terminal, are detailed. In the care of his much-loved older brother, Dr. Nuland proposes that hope, his hope for a miracle, influenced the medical decisions he made in his brother's care. In the case of Mr. Robert DeMatteis, Dr. Nuland discovered a patient afflicted with an aggressive form of cancer and a man with a rare kind of hope. A great fear of all things medical and a deep personal faith made the care of Robert DeMatteis memorable. In Harvey Nuland, the author explains the expansive medical treatments attempted to sustain hope. In DeMatteis, the single hope that sustained the patient made a doctor's recommendation for radical or questionable treatments unwelcome.

Chapter 11 Analysis

Hope is presented in this chapter as a very personal thing, independent of all other feelings and emotions. The reader might find that in hope lies the true dignity of a death. It is in his medical treatment of his older brother that Dr. Nuland introduces his personal shortcomings. In his chosen treatment of Harvey, he reached beyond a reasonable expectation for one that was infeasible if not unreasonable. He knew and understood that the cancer was terminal and time was short, yet Dr. Nuland chose to prescribe experimental medications. The effort wasn't to increase the quality of his brother's remaining life; it was to prolong it. The loss of his brother was at first inconceivable. He exhibited not the shortcomings of a physician but grief of a loving younger brother. Dr. Nuland's personal perception of hope is that most commonly seen in hospitals.



It is in Robert DeMatteis that the reader witnesses the hope that is true dignity. Mr. DeMatteis was very aware of his own finite existence. It is with that knowledge he lived the life he wanted and chose the perception he wanted to leave with those he left behind. The reader can determine from these two case studies the conditions of hope from both the physician's and the patient's point of view.



Chapter 12

Chapter 12 Summary

In Chapter 12, "The Lessons Learned," we are provided with a synopsis of hope, futility, philosophy, and learning. Dr. Nuland explains the lessons he has learned from his grandmother's bedside through the halls of medicine. Using literary support, he shares the words of Tolstoy and his understanding of the loneliness when truth is withheld. It was his desire to share the many avenues of death and dying. He conversed in a manner he hoped would encourage the reader to have reasonable expectations of themselves and their physicians. He calls upon the family doctor to help every person make the choices befitting the individual situation.

Chapter 12 Analysis

In "The Lessons Learned," the message is that the hope a person has will demonstrate the individual's level of self-awareness. Whether a cure is hoped for, an objective reached, or a good deed done, hope will be what determines the quality of life one is to lead. The author cautions against a hidden or secluded death, the death that occurs behind closed doors in a hospital with no one near enough to care. The lesson the author learned from his personal experience during Bubbeh's illness was that one's last days should not be spent in loneliness. No one is saved or comforted by that martyrdom.



Epilogue

Epilogue Summary

There is dignity to be had in life just as it is to be had in death. Dr. Nuland reiterates that life is finite. The quantity can, and will, be adjusted by circumstance; however, recognition of the inevitable ending may encourage an increase in the quality of life. If there is any dignity to be found in death, it will not be discovered on the last day. Events of one's life will be summarized into the memories of those left behind. It is in the memories of the living that true dignity can be realized. How do you want to be remembered? Accept that life is finite. Acknowledge that living comes with a price and that price is death.

Epilogue Analysis

Dr. Nuland encourages the reader to take control of his life. Using the knowledge, advice, and wisdom imparted in the pages in *How We Die*, the author pleads with the reader to live a full life. The dignity is not determined by the last days of one's life but the decades that have come before. Being honest with yourself and others is the first step in your medical treatment, whether preventive maintenance or terminal care.



Characters

Sherwin B. Nuland, M.D.

Born in 1930, Sherwin B. Nuland grew to adulthood in New York's Lower East Side. At age eleven, his grandmother became the matriarchal figure with his mother's death. He had one sibling, a brother named Harvey. After studying medicine at New York University and the Yale School of Medicine, he became a physician of the Yale-New Haven Hospital in Connecticut. From 1962 - 1992, Sherwin B. Nuland worked in the hospital, taught at the Yale School of Medicine, and was a contributing author to many well-known publications on such topics as medicine and bioethics. A father of four and married to Sarah Peterson, Dr. Nuland is Clinical Professor of Surgery at Yale-New Haven Hospital. He is a medical savant and now an award-winning novelist. His novel, *How We Die, Reflections on Life's Final Chapter*, won the 1994 National Book Award and was nominated for the 1995 Pulitzer Prize.

James McCarty

James McCarty was fifty-two and a construction executive when he was admitted to the Yale-New Haven Hospital. Sherwin B. Nuland was a third year medical student at that time. McCarty was Nuland's first patient and first professional experience with the dying.

Rudolf Virchow, MD

A professor at the University of Berlin, Dr. Virchow was a recognized expert of pathology, anthropology, and German politics. He lived from 1821 - 1902, was a noted author and is recognized in medical circles as the "the Pope of German Medicine." Dr. Virchow is cited as being the first to name, and define the terms and conditions of embolism, thrombosis, and leukemia. A particular area of interest to him was the study of the effects of disease on arteries, veins, and blood. Dr. Virchow is credited with naming and identifying symptoms to explain the ways in which vital cells and tissues of the body are denied access to the body's blood supply - ischemic heart disease.

Irv Lipsiner

Irv Lipsiner is described as an athlete and stockbroker. He had a medical history that included a small heart attack at forty-seven and no further symptoms until age fifty-eight when he experienced complete cardiac heart failure. His story is unusual in that he exhibited no outward symptoms of a cardiac event before he collapsed on a tennis court. His heart just stopped. Irv Lipsiner was revived by cardiopulmonary resuscitation, CPR, and within a couple of hours demonstrated little evidence of the trauma he had experienced except for the minor loss of short-term memory.



William Osler

Dr. Nuland considers William Osler to be the author of America's first great textbook on medicine which was written in 1892. It is William Osler who Dr. Nuland quotes and refers to throughout his reflections on life's final chapter in *How We Die*.

Adam Hammer, MD

In 1878, Dr. Hammer was the first physician to correctly diagnose myocardial infarction, a heart attack. Electrocardiograms were not invented until 1903, and doctors of Dr. Hammer's era were required to perform their own autopsies. After helplessly watching the death of one of his patients from what he believed was a constriction of the arteries, Dr. Hammer found evidence to support his belief during the postmortem examination. His findings were written of in his case report, translated from German, "A Case of Thrombotic Occlusion of One of the Coronary Arteries of the Heart."

Bubbeh

"Bubbeh" is the Yiddish equivalent of "Grandmother." It is the name by which Sherwin and Harvey Nuland lovingly called their grandmother. At fifty-four, she emigrated from Europe to the United States. Preceded in death by her husband, two sons, and two daughters, she lived in a tenement house in the Bronx with her daughter Rose, Sherwin Nuland, his brother Harvey, and their parents. She was seventy-eight when Sherwin B. Nuland was born. It is her life, and its affect on the first eighteen years of his, which Dr. Nuland conveys in Chapter 3 of *How We Die*.

Katie Mason

Katie Mason was nine years old when she died. Living in a small Connecticut town, she was on an outing to a local fair with her mother and younger sister when she is murdered. Her murder is very violent and very public. It is the serenity viewed on the face of this nine-year old at the time of her death, that the author chooses make the focus of his example of tranquility in death.

Ishmael Garcia

A drug user, Ishmael Garcia was diagnosed with HIV in 1990. Married, but separated from his wife, and a father of three, he is a man who is dying. By 1991, his symptoms indicated his lungs had been infected. He was evaluated in 1992 and discovered to have contracted meningitis and several bacterial infections. By mid-year, Ishmael Garcia was in a severe state, and had lapsed into a coma from which he would not awaken. He died with his wife by his side.



John Seidman

John Seidman is a survivor. Shortly before this book was written, the author sat with John Seidman and discussed mutual friends and John's family members who had died of cancer or AIDS. There had been many in just a few short years. It is in the story of John Seidman which the author uses to explain his feelings on death taking the young. Also, Seidman's tale explains the essence of dignity that is felt by the dying and by those who are left behind.

Harry Bliss

At sixty-eight, this New York City real estate broker is the first documented automotive fatality. Stepping from a trolley car, he was killed by a passing automobile in 1899.

Robert DeMatteis

At forty-nine, Robert DeMatteis was an attorney, a political force, and a well-respected man about town. He was obese at 5 foot 8 inches tall and 320 pounds. When symptoms of a greater problem became evident, medical evaluations and surgery were performed. After an aggressive form of cancer was discovered, treatments were proposed. Robert DeMatteis was desperately afraid of medical personnel, he only accepted chemotherapy at the urging of his wife. It was a personal faith that gave Robert DeMatteis the hope that he would be the person he believed himself to be until the end. Changing courses of medications, experimental treatments and procedures would not be considered. His determination not to lose the best part of himself made Robert DeMatteis stand out in Dr. Nuland's mind. Robert DeMatteis acknowledged that life is finite and his self-awareness of his place in the scheme of things. He was determined to be remembered well for the things that he had done and not leave in the memories of his friends and families a broken man struggling to live beyond all hope. If only we could all be so comfortable in our own shoes. Famous in his little Connecticut town for the Christmas festivities in his home, Robert DeMatteis' epitaph read: "And it was always said of him that he knew how to keep Christmas well."



Objects/Places

Yale-New Haven Hospital

Located in Connecticut, Dr. Nuland completed his surgical training in this hospital. It is where he taught and worked from 1962 - 1992. The Yale-New Haven Hospital is the place where most of Dr. Nuland's encounters in *How We Die, Reflections on Life's Final Chapter* are related or where they originated.

Rivington Street, New York's Lower East Side

It is on Rivington Street in New York's Lower East Side that Sherwin B. Nuland was raised in a tenement residence with his brother, parents, Aunt Rose, and Bubbeh. His earliest memories are here. His tale on old age is primarily centered here, as it was his Bubbeh's story that he relates.

Electrocardiogram

The invention of the electrocardiogram in 1903 made possible the physician's ability to determine the affect on the heart the various maladies.

Stethoscope

It is the author's perception of the stethoscope, and not its use, that is valuable to the story. Dr. Nuland notes that the physician's possession of the stethoscope was a representation of the distance between doctors and patients. For the physician, it also represented the vast store of knowledge the doctor was to possess in his chosen field while acting as an invisible barrier.

The Heart

Given almost two full chapters, the human heart is a critical object to the story of *How We Die, Reflections on Life's Final Chapter*. The heart represents an organ with a critical function in life. The affects of disease and trauma to this organ are discussed in the earliest chapters. Later in the story, the heart is representative of the soul, dignity, and hope a person possesses.



Ischemia

A leading cause of death, ischemia is a principle concern in cardiac events. Caused by blockages to the blood flow through major blood pathways in the body, ischemia may result in myocardial infarction and cardiac arrest.

A Virus

Microscopic and potentially lethal, a virus attacks the body by attaching itself to host cells. The body's reaction to the virus infection is a human disease. Cancer is the affect of the virus' infection on the cells of the body as it mutates them. Viruses are normally classified by their grouping according to structural and immunological characteristics.

Sepsis

Sepsis is an infection. The presence of sepsis and the degree to which it has poisoned the cells, organs, or tissues in a person's body can be fatal.

Euthanasia

Euthanasia is helping someone to die. It is the practice of aiding in the death of an individual who suffers from a lethal disease, or some other incurable disease that drastically reduces the victim's quality of life.

HIV / AIDS

Human Immunodeficiency Virus (HIV) is the cause of Acquired Immune Deficiency Virus (AIDS). HIV is a retrovirus. Whereas a virus is incapable of replicating, a retrovirus is capable of replicating and living separate from its host cell. AIDS leaves the victim susceptible to infection and some cancers.



Themes

Death as a Mystery

Many of the mysteries surrounding the leading causes of death are dispelled in *How We Die, Reflections on Life's Final Chapter*. With candor and the unsentimental attitude uncommon to the species, Dr. Nuland presents in graphic detail the facts surrounding death by lethal disease. The medical terminology is dissected to its roots, the body explained to its individual parts and pieces. Each individual in every tale that is related is introduced in such a way as to make it personal to the reader; often reminding the reader of someone he knows. The statistics of death are more often found on the nightly news than on the reader's nightstand. Dr. Nuland presents them here and these facts and figures are just as real as the stories being related. There is a way in which *How We Die* defines the patterns of life and their affect on death that are not found in a fiction novel. The author shared the nature and opportunity of the perpetrator in the study of Katie Mason. In his sharing he implies that murder is more real and more personal than either is a mystery. Death is not the mystery it was before reading *How We Die, Reflections on Life's Final Chapter*.

Life is for Living

Life is for living and not for worrying about what could have been. The life one chooses to lead can influence the dignity that is possessed when facing death up close. *How We Die*, in all of its tales of disease, death, and the dying, does more than present the case studies of those who are now departed. *How We Die, Reflections on Life's Final Chapter* demonstrates how each chose to live out his life and the influence that life had on that person's final days. In the case of the chapter entitled "The Strangled Heart," *How We Die* explains how a person's family history and personal indulgences play a part in the deterioration of the heart and surrounding mechanisms. A popular saying among teens points to fear and extreme living, "It isn't the pace, it is the sudden stop." Is regret a possibility when at the end of life's journey one finds himself wondering what could have been? Certainly. Striving to improve the quality of life is a lifelong goal. It can't be accomplished in one day, and definitely not on the very last day. Choices are that which makes life interesting.

Life is Finite

That life is finite is a recurrent theme throughout *How We Die*. The author believes that this fact is the one most avoided. Dr. Nuland suggests that the acceptance of this reality can affect the total quality of a person's life. In the tale of Robert DeMatteis the author demonstrated the quality of life that can be found even after the diagnoses of a terminal disease. Mr. DeMatteis had a deep and abiding personal faith and had determined the way in which he wanted to be remembered.



Dignity in Death

The author proposes that there exists a dignity in death. Where that dignity lies, and how it can be found, is to be determined by the victims and the survivors. Through the story of John Seidman, Dr. Nuland presented the dignity found in the survivor; in Robert DeMatteis the author demonstrates the dignity found in the victim. Dignity is not found on the deathbed; it is found in the life a person leads until that final breath. The respect and admiration one feels and have felt are often the precursors to a death with dignity. The comfortable feeling in knowing that one will be missed might be another. To experience dignity in death, or not, will be a personal determination and a summation of events, not a single instant in the refrain of one's life.

There is Always Hope

Houghton Mifflin defines hope as, "A wish or desire accompanied by confident expectation of its fulfillment." *How We Die* expresses throughout that there is hope in that death will have dignity. What is the hope that one might feel when told by the physician that there are months, or mere days, left to feel anything at all? There is the hope of the physician. It is this hope that drives the physician. Finding a cure for the terminally ill patient or striving to improve the quality of life when a cure is beyond hope are evidence of the physician's hope. He who desires a comfortable closure or perhaps the hope not to terminate at all demonstrates a patient's hope. The families and friends have hope, too. It is in the nature of the human species to feel hope even against all odds, and maybe in spite of them.



Style

Point of View

In the Acknowledgements and the Introduction of *How We Die*, Sherwin B. Nuland introduces himself. He announces his intent to converse openly and honestly with the reader. It is in this first person narrative that Sherwin B. Nuland tells his tale.

The first person narrative is intended to show the narrator's direct, or indirect, involvement in the story being told. The author can convey his own emotions, interest, and opinions in this manner. By using the first person narrative there is an intensity added to a story that can be shared by the author with the reader. Sharing his patients' accounts, personal expectations, and professional experiences Dr. Nuland demystifies death and the dying process. He advises and instructs; he offers wit and wisdom. This novel presents death and the dying process from the point of view the author has achieved working in excess of forty years in the medical profession.

Setting

How We Die is written in the latter part of the twentieth century. From that vantage, Dr. Nuland shares almost five decades of experience and relates his personal knowledge from case studies and patient accounts. The author does not attempt to impart the information from the perspective of the era being recounted; he is merely restating his facts and the physician's impressions of what occurred. In "The Strangled Heart," the reader is introduced to the author in his third year of medical school, more than thirty years before the book was written. In "Hope and the Cancer Patient," Sherwin Nuland relates the story of his brother's death that occurred a short year before the author began to pen this tale. *How We Die* includes the etymology and literary references of past eras in medicine to demonstrate medical successes, treatments, and diagnoses. The pathophysiology of each disease is defined as it is reflected upon.

The Yale-New Haven Hospital in Connecticut is the primary locale of the story. Most of the activity is centered here. Those tales that are related to the reader that are not set in the hospital either originated there or in nearby Connecticut towns. As most deaths occur in hospital facilities, many of the stories conclude with the patient's demise in a hospital setting.

Language and Meaning

How We Die is told in the language of an esteemed Clinical Professor of Surgery at the Yale School of Medicine. Medical etymology is provided to guide the reader through the more difficult Greek and Latin messages in pathophysiology. A guide to the heart is offered in as detailed a manner as might be expected from a layman's research or medical tome. A true savant, Sherwin B. Nuland expresses his desire to be open and



honest in the relating of his experiences to the reader. These accounts are graphic in their detail of disease and dying, cause and affect. This author chooses to express his opinion that the reader should be armed with the knowledge of death and the dying process. Only with knowledge can the reader make good decisions in life, and in death.

Structure

How We Die is comprised of the Acknowledgments, The Introduction, twelve chapters, an Epilogue and Index. The Acknowledgements read as though taken from a *Who's Who* is contemporary medicine. Publishers and family are also mentioned. The Introduction details the author's intentions in writing this informative and thought-provoking novel. The chapters are titled and arranged to introduce the reader to the individual being studied, the details of the illness: both cause and affect, and the medical prognoses and statistics. Chapters One and Two cover the working heart and heart disease. Chapter 3 and Chapter 4 introduce Dr. Nuland's grandmother and the affects of old age on the dying. Chapter 5 explains what little is known about Alzheimer's, cause and cure. Chapter 6 tells of the tragedy of murder and the serenity of a nine-year-old girl. Chapter 7 is a compilation of case studies and opinions involving accidents, suicides, and euthanasia. Chapter 8 and Chapter 9 express the cataclysm of AIDS. Cancer is covered in Chapter 10. In Chapter 11 is the story of Harvey Nuland and details of a physician's hope. *How We Die* is wrapped up from the author's viewpoint in "Lessons Learned" written by Sherwin B. Nuland in Chapter 12. The Epilogue is a summary of what the author hopes for the reader to take from the story on *How We Die*, *Reflections on Life's Final Chapter*.



Quotes

"An entire mythology has grown up around the process of dying. Like most mythologies, it is based on the inborn psychological need that all human kind shares. The mythologies of death are meant to combat fear on the one hand and its opposite - wishes - on the other." Chapter 1, page 8.

"Death with dignity is our society's expression of the universal yearning to achieve a graceful triumph over the stark and often repugnant finality of life's last sputterings." Chapter 1, page 10.

"So commonly do the coronary arteries betray the heart whose muscle they are meant to sustain, that their treachery is the cause of at least half of all deaths in the United States." Chapter 2, page 22.

"Everybody is required to die of a named entity." Chapter 3, page 43.

"Like the face of a weather-beaten old man, a heart looks its age. It acts its age as well. There is no need to invoke a disease to explain its failure." Chapter 3, page 53.

"To call a natural process by the name of a disease is the first step in the attempt to cure it and thereby thwart it." Chapter 3, page 58.

"That day would surely have been a lot easier for me, and its memory less painful, had I but known that not only my own grandmother but indeed everyone becomes littler with death - when the human spirit departs, it takes with it the vital stuffing of life. Then, only the inanimate corpus remains, which is the least of all the things that make us human." Chapter 3, page 63.

"There is no way to deter old age from its grim duty, but a life of accomplishment makes up in quality for what it cannot add in quantity." Chapter 3, page 70.

"There is a vanity in all of this, and it demeans us. At the very least, it brings us no honor. Far from being irreplaceable, we *should* be replaced." Chapter 4, page 86.

"Persistence can only break the hearts of those we love and of ourselves as well, not to mention the purse of society that should be spent for the care of others who have not yet lived their allotted time." Chapter 4, page 87.

"Alzheimer's is one of those cataclysms that seems designed specifically to test the human spirit." Chapter 5, page 104.

"As a confirmed skeptic, I am bound by the conviction that we must not only question all things but be willing to believe that all things are possible." Chapter 6, page 138.

"There is a nice Victorian reticence in denying the probability of a miserable prelude to mortality, and it is what everyone wants to hear." Chapter 7, page 141.



"The decision to end life must be as defensible to those whose respect we seek as it is to ourselves." Chapter 7, page 152.

"The Dutch Reformed Church have not hesitated to deal quite specifically with the age-old question of divine involvement in unexplained human suffering: "The natural order of things is not necessarily to be equated with the will of God." Chapter 8, page 166.

"The vigor, the talent, and undoubtedly the genius of a generation are diminished, and so is our society." Chapter 9, page 194.

"What dignity or meaning can be snatched from such a death will never be known, except by those whose lives have embraced the life just lost." Chapter 9, page 200.

"Cancer, far from being a clandestine foe, is in fact berserk with the malicious exuberance of killing." Chapter 10, page 207.

"Knowing no rules, cancer is amoral. Knowing no purpose other than to destroy life, cancer is immoral." Chapter 10, page 210.

"Of all the diseases they treat, cancer is the one that surgeons have given the specific designation of 'The Enemy.'" Chapter 10, page 213.

"Improved treatment and the possibility of success of the constantly appearing innovative approaches to advanced disease bring hope to today's cancer patient." Chapter 10, page 220.

"All of the definitions of hope have one thing in common: They deal with the expectation of a good that is yet to be, a perception of a future condition in which a desired goal will be achieved." Chapter 11, page 223.

"The Hippocratic philosophy of medicine declares that nothing should be more important to a physician than the best interests of the patient who comes to him for care." Chapter 12, page 246.

"Death belongs to the dying and those who love them." Chapter 12, page 265.



Topics for Discussion

Discuss the perception of death as a myth.

Discuss the perception of dignity in death.

Discuss the death of Katie Mason. Was there dignity in her death?

Discuss the two methods of suicide mentioned in *How We Die* that were described as "eminently sensible." Why are they sensible? Why not?

Discuss the physician's responsibility to the patient.

Discuss the role of the family doctor.

Discuss how hope plays a part in death from the viewpoint of the physician and that of a patient.

Where do you believe the next biggest step in medical progress will be, and why.

Remember someone you had witnessed die from a lethal disease: personally or in a movie. Were any of the discussions of the lethal diseases in *How We Die* similar to the situation you remember?

The author declared his purpose in writing and publishing *How We Die, Reflection's on Life's Final Chapter* in both the introduction and "Lessons Learned." In your opinion, was the author successful?

Discuss what you have learned from reading *How We Die*. Did the author accomplish what he intended? Why or why not?

Discuss how your perceptions about death changed from reading *How We Die*?
Discuss how they did not.

Discuss how you would like to be remembered?