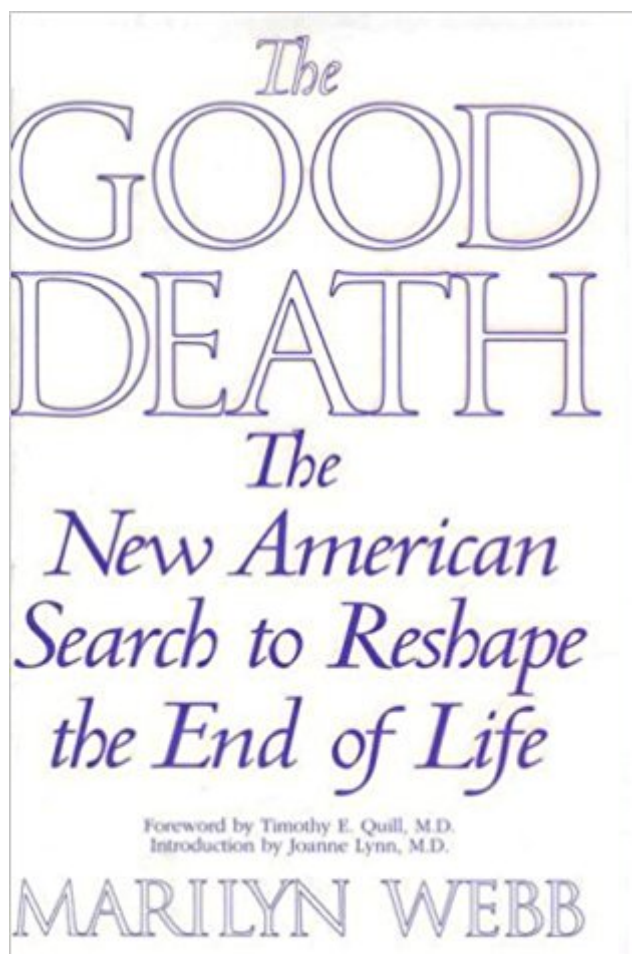


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The Good Death : The New American Search To Reshape The End Of Life



Synopsis

Modern medical technology has lengthened our lives and forever altered how we face our deaths--but it has also created painful dilemmas that lawyers, doctors, spiritual leaders, and, above all, patients and their families are struggling with every day. Now, in this sweeping yet intimate report on death in America, Marilyn Webb has written the one essential book we all need to understand and deal with these new realities. Drawing on more than four years of first-hand research and observation, Webb combines a journalist's objectivity with a passionate advocacy for people in pain. She has sat with dozens of dying patients--in high-tech teaching hospitals, in hospices, and in their homes. She has interviewed and worked with the leading legal experts and medical ethicists, pain specialists and psychologists, priests and spiritual counselors, as well as both advocates of assisted suicide and their determined opponents.

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Customer Reviews

Even as Marilyn Webb put the finishing touches on *The Good Death*, assisted suicide had come before the Supreme Court for legalization. In fact, as long ago as 1990, events had converged that led to cataclysmic changes in how Americans die. One such event was Dr. Jack Kevorkian's first assisted suicide. Since then the nation has struggled with myriad legal, physical, and ethical sides to the issue of assisted suicide. Recent technological and medical breakthroughs have--in a relatively short amount of time--extended the average age of death from 46 to 80 years of age. The lingering, debilitating diseases of old age have become the norm; technology and medicine continue to dazzle, prolonging life without considering the issue of its quality. That search for quality propelled

Marilyn Webb, editor in chief of *Psychology Today*, to travel the country for six years, collecting stories and information that reflect every angle of the subject. She examined the range of care and values in places ranging from tiny hospices to major metropolitan medical centers. She interviewed 300 physicians, nurses, and health care workers, even such luminaries as Elisabeth K  bler-Ross and Kervorkian himself. She let conflicting views air: theologians versus Christian clerics; those in the Hemlock Society against pro-life conservatives. She sought out compelling, personal stories--the good, the bad, and the ugly--and analyzed the pressing issues that had begun to reshape our thoughts about death, including the legacy of Karen Ann Quinlan. *The Good Death* can be read straight through or mined for the lessons taught by various aspects of the issue. Whatever your approach, you'll want to spend time with *The Good Death*, whether relishing or reeling from the stories or just pondering the values that shape the culture of death.

On the brink of the 21st century, the American way of death remains shrouded in secrecy. In a highly readable style, Webb, a former editor of *Psychology Today*, integrates case studies with analytical chapters on the legal, historical, and social aspects of dying. The latest Supreme Court decisions on physician-assisted suicide and the right-to-die movement are covered in this painstakingly researched survey, as are the field's prominent personalities, from Kubler-Ross to Kevorkian. Thorny issues surrounding death and managed care are also considered. Webb's message is clear: The modern way of dying involves excessive emphasis on exotic technology and too little reliance on palliative care. The book is richly textured with personal, international, and cross-cultural suggestions for remedying the imbalance. Important questions are raised in this book, which originated as an article in *New York* magazine, though the result is sometimes uncomfortable to read, and the author's reforms won't suit every perspective. This substantial overview is recommended for all public libraries. ?Antoinette Brinkman, Southwest Indiana Mental Health Ctr. Lib., Evansville Copyright 1997 Reed Business Information, Inc.

Everyone wants a good death; in 21st century America, far too few of us get that. After reading the terrifying outcomes of excessive medical intervention with the normal process of dying, I got my physician's signature on a Do Not Resuscitate form and proudly wear the tag warning well-meaning emergency techs to let me die in peace. Why wouldn't I want life at all costs? This book explains the all-important difference between living and simply postponing death for a short period of time -- at a terrible cost paid in pain and uncontrolled suffering, and leaving survivors financially destitute. The fear of lawsuits has driven the medical community to do "everything" to keep life in even the most

broken and damaged bodies -- when you find a pacemaker has just been implanted in a relative or friend with late-stage Alzheimers, you have attorneys and the medical equipment industry to thank. When an elderly ribcage has been crushed by EMTs desperate to restart a dying heart, gratitude goes to the same group of vultures profiting off the grief of survivors whose plea for doctors to "do anything to keep them alive" is often made from ignorance about the difference between a beating heart and the suffering that often comes with it. "Life at all costs" is fine for the individuals who make that choice for themselves. But all too often that same philosophy is applied to everyone in the clutches of the medical community. Yes, pain medication can control almost all physical suffering. But if the medical professional responsible for delivering it believes the doctor prescribed an excessive dose, he or she can refuse to administer the needed relief. A 10-hour delay in delivering and installing a morphine pump for a dying cancer patient who can't swallow pills can and often does cause soul-destroying agony. The religions that teach redemption in the next world can only be bought with suffering in this one also contribute to the denial of appropriate pain treatment for everyone, not just those of their faith. But punitive legislation directing activities by the Drug Enforcement Administration and fellow law enforcement agencies are the main reason most physicians refuse to appropriately treat the pain experienced by the chronically ill and the dying. No doctor or nurse will risk losing their license to practice (plus huge fines and time in prison) to alleviate someone else's suffering. Many doctors are refusing to accept patients in chronic pain for that reason -- nobody likes watching a person in agony begging for morphine and having to tell them "sorry, but no." Just like taxes, death is guaranteed for everyone, but virtually nobody knows in advance when and how they'll die. Hopefully, *The Good Death* will give at least some of us a better idea of how to manage the way we go out and reduce our chances of meaningless, needless suffering while bankrupting our families with medical bills in order to have one last, pain-filled week of life.

Marilyn Webb zeroed in on the subject of death and dying before the current radar picked it up with the phony "death Squads." Her discussion of the subject is insightful, sensitive and as pertinent today as it was when it was written. Her examples recording people's death experiences catapults the reader into the meaning of life as well as the ways one chooses to die, if one has such an opportunity. The book illuminates the fears and benefits of pain management that doctors as well as patients face. The subjects Ms. Webb's book raises and presents in such a readable, clear way is essential to our understanding of death and dying as an integral part of our life considerations. Do not close your minds to the subject: embrace this part of our humanity guided by Webb's *"The Good*

Death."

Though this is an old book (1997) and much of the national sentiment about death and dying has changed in the last twenty years, this is a great book for anyone dealing with folks in hospital settings who are considering end of life choices or goals of care discussions.

I believe this should be required reading for every caregiver especially doctors and nurses. It's time we put the comfort of the dying before our own outdated fears. I have been a practicing nurse for 50+ years and have seen almost no progress in pain control or comfortable deaths. 25 of those years were spent in oncology. SAD, SAD, SAD!

Very interesting book on the American way of death.

I can't read

The Good Death provided me with information that everyone should know! If you have a loved one facing a terminal illness this is the book that you should read. I was especially grateful for the information about pain management, about what to expect, and to learn why we fail so often in this country to make people comfortable in their final days, how our "war on drugs" has tied the hands of doctors and resulted in dying patients being under medicated, often times grossly under medicated even hospices, and what you can do to insure that your loved one will not suffer.

as described

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