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Terminal care

Go gentle into that good night

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A prayer for the dying

The Best Care Possible: A Physician's Quest to Transform Care Through the End of Life.

By Ira Byock. *Avery; 320 pages; $26.* Buy from Amazon.com

ASKED where they would like to spend their last days, Americans almost always say at home, surrounded by people they love. In real life, though, only one in five achieves that. More than 30% die in a nursing home, where almost no one wants to be, and over half end up in a hospital, often in an intensive-care unit, heavily sedated and attached to life-saving equipment until their doctors give up the battle.

Death is a difficult subject for anyone, but Americans want to talk about it less than most. They have a cultural expectation that whatever may be wrong with them, it can be fixed with the right treatment, and if the first doctor does not offer it they may seek a second, third or fourth opinion. Litigation is a constant threat, so even if a patient is very ill and likely to die, doctors and hospitals will still persist with aggressive treatment, paid for by the insurer or, for the elderly, by Medicare. That is one reason why America spends 18% of its GDP on health care, the highest proportion in the world.

That does not mean that Americans are getting the world's best health care. For the past 20 years doctors at the Dartmouth Institute for Health Policy and Clinical Practice in New Hampshire have been compiling the "Dartmouth Atlas of Health Care", using Medicare data to compare health-spending patterns in different regions and institutions. They find that average costs per patient during the last two years of life (when health spending is heaviest) in some regions can be almost twice as high as in others, yet patients in the high-spending areas do not survive any longer or enjoy better health as a result.

Ira Byock is the director of palliative medicine at Dartmouth-Hitchcock Medical Centre and a professor at Dartmouth Medical School. His book is a plea for those near the end of their life to be treated more like individuals and less like medical cases on which all available technology must be let loose. **With two decades' experience in the field, he makes a good case for sometimes leaving well alone and helping people to die gently if that is what they want.**

That does not include assisted suicide, which he opposes. But it does include providing enough pain relief to make patients comfortable, co-ordinating their treatment among the different specialists, keeping them informed, having enough staff on hand to see to their needs, making arrangements for them to be cared for at home where possible—and not officiously keeping them alive when there is no hope.

This is slippery territory. The Medicare Hospice Benefit act, passed by Congress 30 years ago, offers palliative care to those expected to die within six months, but requires that once they take it up, treatment for their condition must stop. That puts many patients off. And when they hear "palliative care" and "hospice", their usual reaction is, "I'm not that far gone yet." Yet hospice patients typically last only two or three weeks. As Dr Byock says, this has become "brink-of-death care".

Nor is it easy to decide when to stop making every effort to save someone's life and allow them to die gently. The book quotes the case of one HIV-positive young man who was acutely ill with multiple infections. He spent over four months in hospital, much of the time on a ventilator, and had countless tests, scans and other interventions. The total bill came to over $1m. He came close to death many times, but eventually pulled through and has now returned to a normal life. It is an uplifting story, but such an outcome is very rare.

Dr Byock's writing style is not everybody's cup of tea. The patients' personal stories are told in minute detail, leaving the reader gagging at the degree of physical and psychological suffering that is most people's lot towards the end of their lives. And the author gets rather messianic, advocating a more caring society that shows no sign of materialising. But **he is surely right to suggest better management of a problem that can only get worse.** As life expectancy keeps on rising, so will the proportion of old people in the population. And with 75m American baby-boomers now on the threshold of retirement, there is a limit to what the country can afford to spend to keep them going on and on.