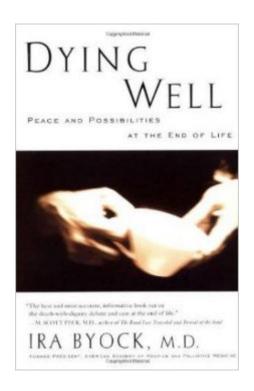
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Dying Well: Peace And Possibilities At The End Of Life





Synopsis

From Ira Byock, prominent palliative care physician and expert in end of life decisions, a lesson in Dying Well. Nobody should have to die in pain. Nobody should have to die alone. This is Ira Byock's dream, and he is dedicating his life to making it come true. Dying Well brings us to the homes and bedsides of families with whom Dr. Byock has worked, telling stories of love and reconciliation in the face of tragedy, pain, medical drama, and conflict. Through the true stories of patients, he shows us that a lot of important emotional work can be accomplished in the final months, weeks, and even days of life. It is a companion for families, showing them how to deal with doctors, how to talk to loved onesâ "and how to make the end of life as meaningful and enriching as the beginning. Ira Byock is also the author of The Best Care Possible: A Physician's Quest to Transform Care Through the End of Life.

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Customer Reviews

This book is one of those rare works that combines passionate engagement with a universal issue, artful storytelling, and clinical expertise. The author allows each of the patients he describes to bless him, and thereby to bless the reader. Dying, the author argues, is not simply a holding pattern between life and death. It is a vital developmental time that holds infinite possibilities for deepening, learning to love, serving one another both as caregiver and receiver of care, and simply learning to "be" after what often has been a lifetime of mechanistic "doing." Such possibility is created when simple principles of Hospice are honored. Pain must be absolutely controlled. The patient (and the family) must be tenderly companioned. Such care, the author convinces us, is a privilege, a holy

time in which human beings gather together in the face of Mystery in all of its agony and joy and wonder and transcendent meaning. We can only create human community, the author suggests, when we are willing to simultaneously look death in the face and to remain open to the gift of healing. I closed the book more alive, more thankful, less fearful, and more curious about the prospect of the adventures ahead.

I'm the kind of person whose eyes start to glaze over if I try to absorb more than a few pages of social science/self help type writing. I was steered to this book when I was helping my mother as she died. I had so little experience with death that I worried about doing the wrong thing. As I read the stories I was drawn in, absorbing each small "message" with each story. One, about a man whose final gift to his family was to allow them to help him as he died, touched me so deeply I read it to my mother in her last days. I wish I'd read this book earlier but I don't think it could ever be too late.

When I was quite young, with a pre-teen stepdaughter, my husband was diagnosed with terminal cancer. He was ill for the duration of my stepdaughter's adolescence. I sought vainly for guidance about caring for a loved one whose life is ebbing slowly away. Nobody ever told me a dying person might be angry or might lash out at those with whom he was most close. Now that I've read Dr. Ira Byock's "Dying Well," I understand. According to Dr. Byock, founding member of one of the most extensive hospice and palliative care groups in the United States, those with serious illnesses may lash out from pain, or from a sense that they have lost their dignity, the ability to *do.* Men and women who have devoted their healthy lives to caring more about others than about themselves feel equally angry and often humiliated. Caregivers and patients alike lack vocabulary for the entirely new language--verbal and non-verbal--of dying. Indeed, it may be a language we don't want to learn any more than the seriously ill person wants to face the unknown ahead. From his decades of hospice and palliative care, Ira Byock selects specific family groups to illuminate responses to illness, pain, and death. He details the attitudes, behaviors, and methods to preserve dignity through accurate assessment of discomfort and pain. He shows us how to listen. "Dying well" provides a narrative and vocabulary to ease our linguistic and emotional awkwardness. Byock's book belongs in every medical and home health care facility, counseling office, and home library.

I was overwhelmed with the task of helping my dear friend in the last 11 months of her life. She was diagnosed with terminal cancer and asked me for help to die "a good death." I had no experience in

end-of-life issues but wanted to help her in any way I could. I was frequently overwhelmed by it all. Most of the books I found on the topic were too long or too difficult to read during this emotional time. When I found Dr. Ira Byock's book, Dying Well, I finally felt like I had a friend to support me. Each of his stories helped me in a different way. Having this book in my library has served as a valuable resource many times. If you're not up to reading the whole thing, the Question and Answer Section at the end is worth the price of the book.Judy K. Underwood, Ph.D., Author, Dying: Finding Comfort and Guidance in a Story of a Peaceful Passing, [...]

Anyone who is or could be a caregiver or patient needs to read this book. A good death is indeed an achievable goal but it is one that requires the active assistance of patient and family if it is to be achieved in this day and age. The medical community does not take the time to present the required information that people need to make informed decisions. This book does the job for them.

I first heard Dr. Byock interviewed on the Diane Ream(?sp) show on NPR when his book was just out. I knew I had to read it for myself and I was not disappointed. The way the information about how things can be handled in a supportive respectful way for all of those involved at the end of life is the best written guide for many of the difficult situations out in the real world that I have found. If we would take advantage of this kind of informed material and spread the good news that death and dying are not to be feared but that we can be helped through it to the benefit of our own well-being and at the same time relieving the suffering of those who are in the last stages of this life, the support for "assisted suicide" would be revealed as the feeble sham that it is. Hospice is a poorly understood and underutilized organization which deserves a second look as well as our support both in time and resources. I had to read this book in small "doses" to take it all in and it was well worth the effort! CF

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