



Commission chair Professor Alan Merry. 'I would call it mandatory reading for everyone, because everyone will go through one or more of the experiences it examines - a terminal event or illness, growing old, and dying'

Atul Gawande

Dr Brian Ensor
Director Palliative Care
Mary Potter Hospice

Dr Geoff Green
Geriatrician Counties Manakau

Professor Allan Merry
Anaesthetist &
Head of the School
of Medicine at the
University of Auckland

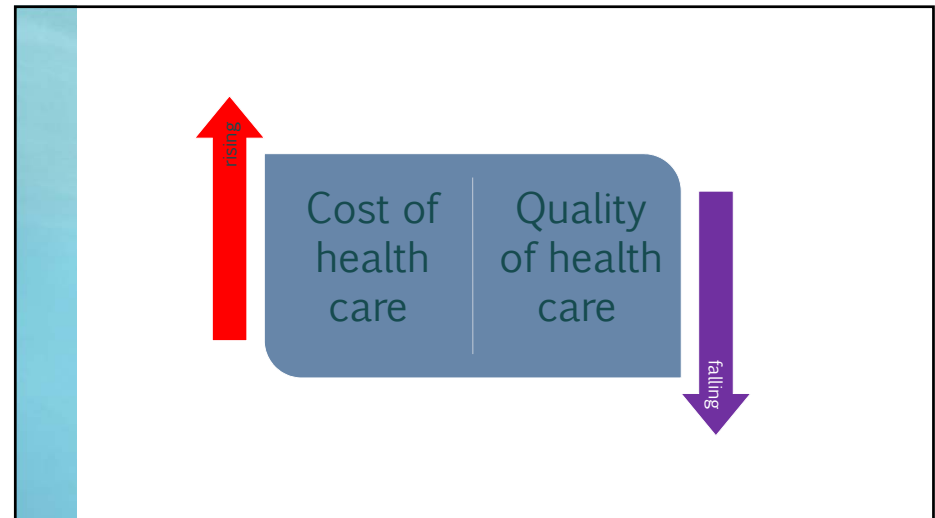
Professor Johnathon Gray
Director of the Ko Awatea
centre for health system
innovation and improvement;

Professor Ian Civil Chair,
HQSC Perioperative Harm Programme

Dr Barry Snow
Neurologist, Auckland City Hospital

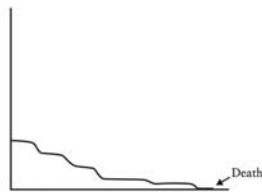
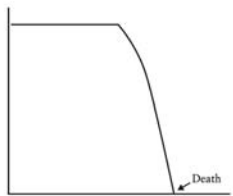
Atul Gawande

- is a surgeon at Brigham and Women's Hospital in Boston and professor in both the Department of Health Policy and Management at the Harvard School of Public Health and the Department of Surgery at Harvard Medical School. He gave last year's prestigious Reith Lectures for the BBC.
- writes about health for the New Yorker magazine and is the author of bestsellers such as *The Checklist Manifesto: How to Get Things Right*, has sparked much international discussion about the subject of his latest book, *Being Mortal: Illness, Medicine, and What Matters in the End*.





“Our reluctance to honestly examine our experiences of aging and dying has increased the harm we inflict on people and denied them the basic comforts they most need.” (Gawandi, 2014)



Key ideas from his talk

- ‘Cowboys’ and ‘pit crews’
- <http://www.bing.com/videos/search?q=Atul+Gawande+YouTube&FORM=VIREZ#view=detail&mid=752C6758F9CFF289CC20752C6758F9CFF289CC20>
- The value of advanced care planning
- <http://www.bing.com/videos/search?q=Atul+Gawande+YouTube&FORM=VIREZ#view=detail&mid=3024117529BBDE77C2FD3024117529BBDE77C2FD>
- Caring for the person not the disease
- <http://www.bing.com/videos/search?q=Atul+Gawande+YouTube&FORM=VIREZ#view=detail&mid=8561E37D29EA096C95988561E37D29EA096C9598>

“As medicine has delivered longevity, we – family members, doctors, society – have lost the ability to find out what really matters to those whose time is running out.”

Having the hard conversations:

- Do they know their prognosis?
- What are their fears about the future?
- What would they like to do with the time they have left?
- How much suffering are they prepared to go through to prolong their life?

"There's a study — and now there have been a bunch of these — but the most scientifically-done one randomized people at Mass General hospital with Stage 4 lung cancer to either get the usual oncology care, or get the usual oncology care plus a palliative-care specialist who discussed this thing that we don't want to discuss. The ones who had that discussion ended up stopping chemotherapy sooner. They ended up choosing hospice earlier. They had less suffering at the end of life. And the fascinating thing is they lived 25 percent longer."

“Give her the damn cookies”



Ombudsman Ron Patterson

Care at the end of life: A patient story



Last thoughts from the panel

- “LCP was a good system”
- Advanced care planning
- Boston ‘open notes’ system
 - Many docs in Auckland copy their notes and give to the patient
 - The letter is written to the patient and copied to the doctor
- The willingness & ability to discuss death & dying
 - The ability to cope with the consequences of discussions & to access help for the consequences