



The Way We Die Now

Seamus O'Mahony

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An Irish physician explores the ways in which society has lost the ability to deal with death in this short, beautifully written book.

We have lost the ability to deal with death. Most of our friends and beloved relations will die in a busy hospital in the care of strangers, doctors and nurses they have known at best for a couple of weeks. They may not even know they are dying, victims of the kindly lie that there is still hope. They are unlikely to see even their family doctor in their final hours, robbed of their dignity and fed through a tube after a long series of excessive and hopeless medical interventions.

This is the starting point of Seamus O'Mahony's thoughtful, moving and unforgettable book on the western way of death. Dying has never been more public, with celebrities writing detailed memoirs of their illness, but in private we have done our best to banish all thought of dying and made a good death increasingly difficult to achieve.

The Way We Die Now Details

Date : Published May 1st 2016 by Head of Zeus

ISBN :

Author : Seamus O'Mahony

Format : Kindle Edition 320 pages

Genre : Nonfiction, Death, Health, Medicine, Medical

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From Reader Review The Way We Die Now for online ebook

Nigel says

In brief - If the title/idea interests you then you'll probably enjoy it.

This book opens with a good introduction as to what the book is about and what the author intends to cover in it. It suggests that, while there is much in this that is medical, it is to be more personal than medical while covering some recent headline medical issues. For me it felt like a remarkably honest account of a number of interactions that this doctor has had with death and dying patients. I already realised before reading this book that the real taboo subject these days is death and this book has simply born out that feeling.

The book is actually remarkably wide ranging covering literature, culture & religion, celebrity deaths, enquiries into medical/hospital issues as well as the philosophy of death more widely. The initial chapter takes a look at how (& where) our lives usually end in current times. That is followed by a chapter looking at the views of 4 modern day (20C) writers on dying under the general heading of "Hidden death". The current approach of sanitising and hiding death is compared to earlier times when public acceptance was part of life. There is an Irish Catholic background here which influences the book to some degree and so the fact that the book looks into the rituals of death that are now becoming increasingly absent such as the Wake is no surprise. The book is peppered with stories about dying including those who are well known as well as those who are quite ordinary people. I certainly found many of these very interesting and often thought provoking.

The book looks at two of the high profile and widely publicised cases of the "Stafford hospital scandal" and the Liverpool Core Pathway. In both cases the author looks at issues that have been well understood in both these cases. However he also looks at aspects that have been less well publicised and understood even. There are critiques of both these issues as well.

Running through this book is an insight into dealing with seriously ill people within the NHS including health workers attitudes to dignity & dying and thoughts on empathy. Hospital and hospice deaths are looked at together, to some degree, with their outcomes. There are some thoughts on the time for syringe drivers, having the "difficult" conversation with patients coupled with the fact that palliative care should be part of most doctors duties. With noting in this that the author states that in his opinion "Our job should be the treatment of illness " and that dangers await if doctors go beyond that. Unsurprisingly advanced directives are considered as well as assisted dying. However the author makes the point that, whether satisfactory legality of actions can be established or not, such ideas cannot take into account the full range of possibilities that may face someone (& their doctors) towards the end of life.

The book ends with "some proposals" the author noting a caveat that, by the end of the work on this book he is "no wiser, but considerably better informed". I found his conclusions simple and worth reading personally. Indeed I found the whole book well worth reading. Some chapters did not interest me quite as much as others however those that did I found rewarding in many senses. Certainly I too am better informed now. Obviously this is not a book for everyone - despite that fact that we will all die at some stage. However for those either within a medical background or those outside with an interest should find this book a worthwhile read.

Note - I received an advance digital copy of this book from the publisher in exchange for a fair review

<http://viewson.org.uk/non-fiction/way...>

Julie says

I feel a bit awkward saying that I like this genre of book, but I think it is the type of book everybody should read and discuss with their friends and family. Seamus O'Mahony is a gastroenterologist who has worked hospitals in England and Ireland and is able to draw on his own personal experiences of dealing with many patients at the end of their lives. In this book, he looks at the way we die, and how there is a myth around the good death, the one we picture of dying peacefully in bed in white linens, holding a loved ones hand and quietly slipping away. In reality for many patients, death may be painful, and drawn out by unnecessary and expensive treatments that may not gain any additional time or benefit for the patient.

It did bring me close to tears on several occasions, after witnessing my dads death this year and made me think about what I would want for myself if I were able to any input. He describes how although now doctors are much better at discussing prognosis with patients and families there still needs to be a better system of being honest about risk benefits of undergoing further treatments/procedures and having honest discussions about facing death.

Ageena says

The book visits a lot of important points touching on things as varied as what medicine in the UK looks like from the inside to celebrity's embrace of their mortality. The author makes 3 very important points that cannot be said enough in today's world

1. Pain does not equal suffering. Pain is pain and you can find ways to deal with it, medicine, distractions, life, ignoring it, etc., suffering on the other hand is a mindset, it is a choice that people make and not one that doctor's or anyone else can relieve, albeit we can all help.
 2. Medicine needs to stop trying to conquer nature and go back to its main job of comfort and succor. No one can stop death forever, it can't be done, you will die, we all will die. What medicine can and should do is help alleviate physical pain and symptoms so that you can lead a life.
 3. An Advanced Directive does not replace a relationship with your doctor and your family. They need your help for them to understand who you are and what you want. You can't sit down one time in middle age or even old age and sign a paper that magically tells everyone what you want. Medical technology is evolving too fast and definitions mean different things to different people.
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Eileen says

How, Where, Why, When, - The way we die now today has always and seems a total morbid topic by itself. No one really dares to question the centurion idea when and where we are going to die.

I personally have encountered 4 family members and numerous others which related relatives and friends.

What made me read the book in total engrossment is that its true and factual that today we no longer choose the way we want to die. Perhaps, in some kind of dignity, with some kind of pride where I dare to say I lived a well-purposed life.

What's more that impressed me is that the author is situated in Cork, Ireland while I'm here in Asia, the topic does not drift very much further from his premise.

Throughout the book, its his plentiful warnings of how we as individuals, as families, as well-informed educated person, together with the system, together with the societal influences choose the way we want our families to be when the time comes. Usually, its always a 'code of practice' or a typical application on how we take treatment, not cure. We don't want to be cured; we want to be treated. Large parts of the book raved the human decision chaos in midst of "violence" and "atrocities" of the system and badly-informed ourselves.

Another part of me was applauding the recognition of how we humans 'define' ourselves as survivors, fighters where its purely dependent on one's sheer will to fight the disease. Also, with the acknowledgement that i actually had my own mother succumbed to cancer; i felt it too; that the treatment might just be another 'primitive shamanic ritual' just to make the rest of us feel better that the system is doing something 'right' in their treatments.

When my time comes, what should I be listening to? What should I be consulting to? Where do I go for answers. We want answers don't we? Where it started? How long has it been inside me? Why does this happened to me? Which way will I go?

"Denial, Anger, Bargaining, Depression, Acceptance."

Doctors, who are mere forms of another human being, driven by causes and costs, "experienced principles", 'I have seen many cases like these', responsibilities and inexperienced forms of negligence, stretched hours with no relations to you, nurses who are from various nationalities and different set of cultures, trained responses to follow a set of particular rules where the standard may not be belong. Do you really want to trust them? Have you tried instigating them? I don't believe that they truly owe anyone a true set of obligations after their work hours.

Then by what guiding principles should i set myself alight on?

I must rant cause basically I care and I am worried. Also as what the author has bled out, that "I must be wary, however, of mocking beliefs which we do not share" in my many faceted opinionated families. Then nothing I should say anymore, cos it has all been institutionalized.

The only way perhaps, is to keep on reading, make a conscious decision, and settle beautifully when the time comes.

Acts 13:36 (NIV)

36 "Now when David had served God's purpose in his own generation, he fell asleep; he was buried with his ancestors and his body decayed."

Rebecca says

O'Mahony is a gastroenterologist and surgeon at Cork University Hospital. He is well placed to survey

Western attitudes to death and medical intervention, and also gives personal anecdotes relating to his patients and family members. The main reason I can't rate this any higher is that I've read much more engaging books that cover a lot of the same material, especially *Being Mortal* by Atul Gawande and *The Violet Hour* by Katie Roiphe.

I also had trouble relating to the author's perspective at times. For instance, he dismisses both euthanasia and advanced directives as misguided attempts to maintain control (his reasoning behind the latter seems to be that death never goes how we expect it to). "Death may not be the inevitable conclusion to the broad narrative sweep of one's life. It is more commonly banal – just another episode." The cynicism grated on me. O'Mahony may well be right about all of this, but he doesn't really offer any concrete suggestions in this short book. He just concludes that medicine has its limitations when dealing with death, but so do any of the splinter movements.

[Food for thought, quoted in this book from *The Top Five Regrets of the Dying*: "(1) I wish I'd had the courage to live a life true to myself, not the life others expected of me; (2) I wish I hadn't worked so hard; (3) I wish I'd had the courage to express my feelings; (4) I wish I'd stayed in touch with my friends; (5) I wish I'd let myself be happier."]

Scott Johnson says

This was an uncomfortable read, which is precisely the author's point. This is a topic we avoid and sweep under the rug, and it leads to many problems with how we treat the elderly, for example.

I took issue with the author's obvious disdain for secularization. For the most part this was very low-key, but every so often there was a passage that made me bristle and want to argue with him. I disagree very much with his stance on physician-assisted suicide, but he did make some valid points that make me want to explore the issue more thoroughly.

I don't share his dismissal of modern trends in gene therapy, etc., nor of his obvious disdain for socialized medicine. I think the problem is exactly what he describes: the expectation at large that every patient should always get the maximum intervention possible, which results in tremendous unnecessary strain on what people don't often realize are limited resources.

This is where the big attacks on socialized healthcare come from: Denying your infant born without 90% of its brain pointless treatment so it dies in 4 months instead of today is seen as heartless, when in fact it's just rational. Even in a purely free market, the number of doctors, beds, etc. are still limited, even if you're paying yourself. You are using up a resource for a pointless endeavor that could actually benefit another patient, simply to meet your high expectations that everything be done regardless of its efficacy.

The author comes close to the point, but misses it, I think. It's not the fault of socialized medicine that the system is inefficient. It would run perfectly fine if we didn't have to tiptoe around every potential controversy for "killing grandma" and having "death panels".

It's simply a symptom of a larger societal issue that we think living in a democracy implies every topic is democratic, including our medical care. We need to relearn how to defer to experts, and allow doctors to deliver bad news and make tough decisions free of emotional entanglement. Similar to how colleges have morphed under pressure to treat students like customers, healthcare needs to recognize this troubling pattern and make corrections and stop catering to the unrealistic expectations of the uninformed.

So I guess we agree that socialized medicine isn't perfect, and that it has obvious flaws due to this trend of over-treatment. But I think the answer isn't in the American system, either, and instead lies in fixing a broken culture.

This was the most enjoyable read I've had where I've been distinctly uncomfortable throughout, for sure. It made me think, and it was a topic where I didn't have to agree with the author fully to listen to what he had to say. He made some very valid points that make me rethink some of my own opinions.

It pays to read something by someone you don't fully agree with, and it's very worthwhile to think about the topic of death that we try to avoid at all costs.

Chris says

A refreshing, if often repetitive, look at how and where we actually DO die (i.e., in hospital, under duress), as opposed to the literature about how and where we SHOULD die (i.e., at home, in comfort, in an atmosphere of reconciliation and moral uplift--in short, in a controlled setting and on a controlled timeline, in accordance with a vision of a so-called "good death"). O'Mahony is Irish and he writes from that point of view (I'd never heard of a syringe-driver before), but the UK and NHS do have their analogues to Terri Schiavo, the death with dignity movement, etc.

I particularly appreciated his discussion of famous thinkers/essayists (e.g., Montaigne, Sontag) who wrote about death but then did or did not die according to their own visions of a good death.

He describes hospital-based end-of-life measures (e.g., PEG feeding) as technical panaceas for existential problems (p. 14).

Useful as counterpoint to the "loftier" thinking and writing about the "good death" and rational approaches to death (e.g., advance directives). Unfortunately, his Epilogue, which supposedly contains some "modest proposals" for changing our approach to death, is only four pages long and offers only a few immodest, abstract proposals (e.g., we need to respect others; medicine needs to educate the public about its limitations, particularly at the end of life).

Mary Karpel-Jergic says

I enjoyed this book and found it to be a breath of fresh air breezing through the claustrophobic and taboo subject of death. Seamus O'Mahony is right; we have lost the ability to deal with death. He provides a personal perspective based on many years of medical experience and links this to his wider understanding gained from literature and religion.

Our modern understanding of death is impoverished and is different from how death was viewed in pre-industrial Europe where it was distinguished by acceptance and lack of evasion; what Ariès termed 'tame death'. For us now, death has replaced sex as a contemporary taboo and has been "so obliterated from our culture that it is hard for us to imagine or understand it."

The religious rituals associated with death offer some comfort but our atheism has created a flight from religion without providing any secular options of any depth. Added to this is the rise of the medical establishment and "the modern hospital where most of us are fated to end our days, (but) is ill equipped to

meet the needs of the dying".

Interestingly, Seamus, although a supporter of the hospice movement, believes that palliative care should be "at the centre of what ALL doctors do. It should not be something that we delegate to death-specialists when we, the technological doctors, have run out of ideas and potential treatments."

There is a good discussion around cancer and concludes that the "survival bell curve is not symmetrical, it is right-skewed, with a small minority of long term survivors." Unfortunately "our medical system is based around the assumption that everyone with cancer might, just might, be in that small tail of long term survivors. Treatment is aimed at that tiny minority, not the great majority".

I think his conclusion is accurate "modern medicine does not regard care of the dying as a core aspect of its mission" He ends by stating that he is no wiser from this investigation but considerably better informed and I feel much that way after reading the book.

Susan says

The author is a practicing physician in Ireland. He takes this opportunity to look at death and how we handle it. He makes some interesting points and some good advice about how to handle this difficult time in anyone's life. Having just gone through this process with my father, I disagree with some of his conclusions and am glad that my father died at home as he wished, no matter how difficult it was for us. It was well worth our effort to be with him through this whole process. It was still an interesting read.

Trea says

Surprising how educational and fascinating this book really was. Written by a medical professional and based on his real life experiences. Covers the full gamut of what's really involved. Medically, emotionally and legally. Highly recommend.

Graham says

3.5 but probably read too quickly

John says

The Way We Die Now is not the best book I've read this year but it may be the most important. In Seamus O'Mahony's opinion, modern society has forgotten how to deal with death. There are many reasons for this, the collapse of religious belief, the demolition of the extended family, the triumph of the scientific and rational worldview, even our delusions of curing death "real soon now" contribute to our collective denial. Yet death persists. Death remains absolute, sovereign, implacable, terrifying, "majestic and cruel." Even if we realize our singularity fantasies and greatly extend life death will never be banished. Even the gods die! We must face death, but must we turn it into a carnival of "medical excess?"

I have seen medical excess. My mother was diagnosed with Stage IV Glioblastoma: a form of brain cancer that is so deadly it's been nicknamed the terminator. Actually, the terminator is flattered by the comparison. Some survived their encounter with fictional terminators. Nobody survives stage IV Glioblastoma: "there is no stage V." When I heard mom's diagnosis I looked for actuarial survival statistics. Credible statistics for common fatal diseases are harder to track down than you might expect. I eventually found a paper that cast survival times in a useful form. Median survival was less than three months for younger and healthier patients than my mother. She died about two months after her diagnosis – right on statistical schedule. The universe does not make personal exemptions.

Her death was inevitable, but the expensive, futile, painful and isolating medical gauntlet she endured was not. She just wanted to go home, perhaps to "turn her head to the wall," perhaps to binge on *The Big Bang Theory* – she still enjoyed a few silly shows. It doesn't matter what the dying choose to do with their remaining hours, but it sure as hell matters that we honor their choices and the *Way We Die Now* makes a compelling case that we are failing "to be brave." I know I acquiesced to the medial default for my mother; I still feel I should have fought harder for what she wanted.

According to O'Mahony, the medical default is full intervention even when it's pointless and wasteful. He also notes that doctors are in a no-win situation. If they suggest doing nothing they're accused of euthanizing patients. If they go full interventionist Rambo they're inflicting needless suffering and profiting from the dying. Both extremes often end up in court, as if we could fix death with more litigation. Obviously, something in the middle is the best course and O'Mahony argues that doctors should not set the middle course.

Our infantile society needs to grow up and face death like adults. Nothing makes our magical thinking about death clearer than Somerset Maugham's observations about a "dog's death." Maugham hoped he was lucky enough to die a dog's death! A dog's death is meant to be a horrible thing but is it really worse than human medical excess? When it comes to sick animals we are clear-headed and compassionate. We don't subject them to futile treatments, we make them comfortable and take away their pain. I once had a cat that came down with pancreatitis. She wasted away on the top of our fridge until one day we took her to the vet. Her death was calm and without terror. My cat had a better death than my mother. I suspect many pets die with greater dignity than their owners. This is fundamentally wrong and we all know it.

There are no easy answers; it sucks to be mortal. We can't say until we face it ourselves how we should die so how can we dictate to others? I only hope that when my time comes I have it within me to follow the one bit of advice O'Mahony offers that may apply to all us – "be brave."

Cross posted to: analyzethedatanotthedrivel.org

Alice Chau-Ginguene says

Since my mother in law's passing a few years ago, I have read quite a few books on the subject of hospice and end of life. This book gives me another dimension to see that hospice might not be a be all end all answer. We shouldn't need a medical speciality to deal with death, every medical person should know how to deal with death.

Very interesting book and point of view.

The only thing is I can't give it 5 stars because even though the author mentioned his view is not restricted to the Irish situation, but the assumption is that Catholicism (in fact Irish Catholicism) is the answer to ritual

surrounding death and mourning. The author equals someone who are not religious as lack of ritual shows a lack of understanding to the world culture.

I am a Chinese person. The majority of us don't follow any organised religion and yet we have detailed ritual surrounding the death and mourning.

It's possible to have no religion and yet have tradition!

Maybe it's an editing problem. Otherwise it comes across as lack of understanding to other cultures. I wouldn't have been bothered by this if he didn't mention explicitly his book is not restricted to Irish situation.

Daphne Sharpe says

I found this book to be an honest, frank and open discussion about the difficulties surrounding death, and the fears and dilemmas that confront the Medical and Nursing professions on a daily basis. I have been nursing for over 30 years and I still wonder 'what is a good death'? My in laws both literally dropped down dead due to a heart attack(MI) and brain aneurysm that left us with no chance to say goodbye. My parents suffered long drawn out illnesses, cancer of the bowel that resulted in carcinomatosis and Parkinson's Disease, that left my Dad unable to eat, drink, speak and at risk of choking in his own secretions. I had plenty of time to say goodbye, but I would have willingly forgone that dubious pleasure as his illness progressed.

Milton Jones, an English comedian, has stated that being surrounded by family is a major cause of death, and that produces a wry smile, as most deaths occur in busy hospitals or hospices and very rarely do the dying get to die peacefully, at home , with loved ones around them. We are all so busy and scared of confronting the grim reaper. We want to live forever and as medical advances create new ways of extending life for so many groups of people, why should this not be so?

I knit outfits for my local neonatal group, for babies born so early, normal clothes don't fit them. Years ago such infants would not have survived, indeed, some are living from the same criteria that abortions are performed. That entails months of nursing, specialised equipment, and home adaptations in severe cases, special schools and the death of hopes and dreams of a 'normal' future but this is considered progress. The rise of the Swiss clinic Dignitas is an unexpected side effect of these illnesses that a life has been saved, but was it the right and kindest choice?

When I was confronted with a severely ill patient, it was always desirable to have a clear directive about DNAR orders, especially working on ICU wards. That meant you could give the best care, secure in the knowledge that you would not be called upon to perform CPR, crack a few ribs and make a dying persons last moments of life extremely painful. The Liverpool Care Pathway has been discredited, but ironically it gave the opportunity to give good personalised care, away from un necessary medications and fluids, indeed some patients rallied enough to be moved back onto normal wards and survived a poor prognosis.

Religion and rituals help the bereaved. I have always argued that communication is the most important thing you can do for the dying and their loved ones. Ask how they want to be treated, do they want the indignity of resuscitation, would they like an operation or just say, ' That's enough'. Do they want to be nursed at home, some prefer not to be a burden on family but in everything, choice should be available.

This book confronts a difficult situation that we will all experience. It shows that there is no right answer, we all have different expectations and many of us are unduly influenced by medical programmes on television that usually show successful outcomes. But death is not like that, and this book gives no easy answers but does make you think, and if it helps to create more honest conversations with loved ones, it will have done its job.

Stephen says

One of the most thought provoking books that I have ever read on the taboo subject of death and how

modern medicine (and often pressure from relatives and/or the law) makes doctors keep patients alive at all costs with almost no consideration of quality of life (or death). It's apparently very hard to die a "good death" these days, at home surrounded by family and friends. Depressing but a must read and one that I couldn't put down once I'd started it (read it in one evening plus a couple of hours the following morning).
