1. The author points out that a medical student’s education has not traditionally included training on helping a patient cope with grief. Why has this been the case? How could such training change our experience with regards to end of life issues?

2. Gawande illustrates his perspective using several stories from his personal experience. Which of these scenarios resonated strongest with you? Why?

3. *Being Mortal* begins with an overview of aging in our culture and abroad. How might our society’s approach to aging differ from that of other cultures? How has the evolution of nursing homes and assisted care facilities changed the way we approach end of life issues?

4. How does Dr. Gawande’s story of his own father figure into *Being Mortal*? What might have been some of the author’s regrets in looking back at the experience? What might have been some of the regrets or disappointments for Gawande’s father?

5. In our society, we generally consider discussions of mortality to be “depressing”. How has reading *Being Mortal* changed those feelings for you? What might you do differently in light of your reading?

6. “People with serious illness have priorities besides simply prolonging their lives,” he writes. “If your problem is fixable, we know just what to do. But if it’s not? The fact that we have had no adequate answers to this question is troubling and has caused callousness, inhumanity and extraordinary suffering.” What is the author’s argument? What experience do you have with medical treatment options for terminal illness?

7. The author poses four questions that may provide guidance in decided upon the right care and treatment for a terminal situation:
   a. What is your understanding of the situation and its potential outcomes?
   b. What are your fears and what are your hopes?
   c. What trade-offs are you willing to make and not willing to make?
   d. What is the course of action that best serves this understanding?
How could discussing these questions ease a difficult decision? What are your feelings and possible responses to these questions?

8. Cicely Saunders, the founder of contemporary hospice care, is quoted as saying that, “Last days need not be lost days.” What does it mean to live in the light of our own mortality? What is involved in a “good death”?

9. Atul Gawande proposes a significant overhaul of our current approach to aging, care and dying. How realistic a vision is this in light of our present day outlook? How might we be able to exercise more control in our own personal decision making process as we consider our own mortality?

10. *Being Mortal* has been praised as a book that inspires sharing and discussion. Given its subject matter, how would you recommend Gawande’s book to a friend, loved one or acquaintance?