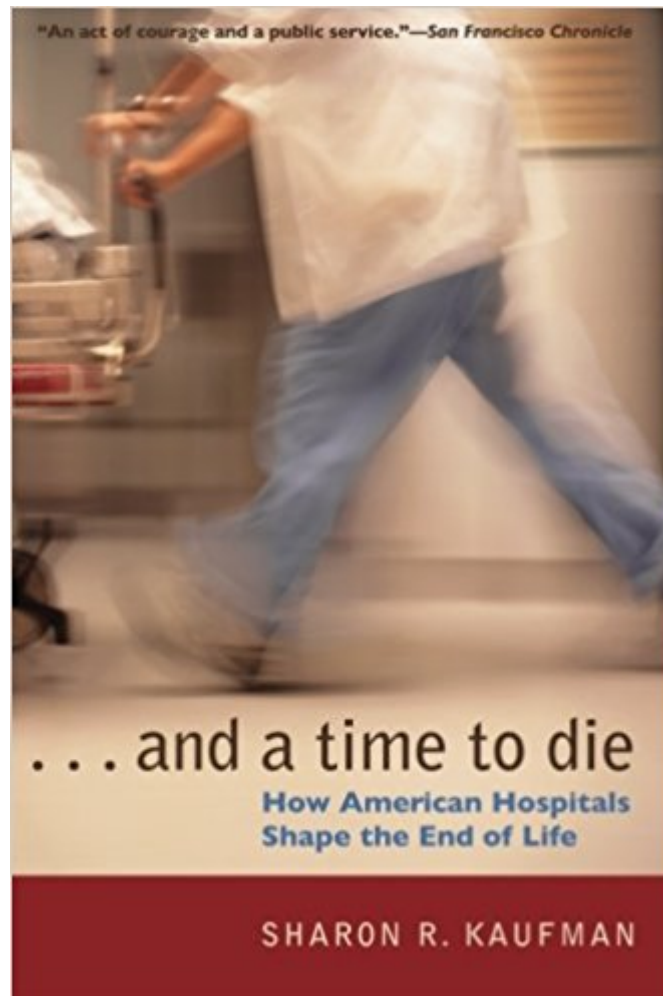




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And A Time To Die: How American Hospitals Shape The End Of Life



Synopsis

Over the past thirty years, the way Americans experience death has been dramatically altered. The advent of medical technology capable of sustaining life without restoring health has changed where, when, and how we die. In this revelatory study, medical anthropologist Sharon R. Kaufman examines the powerful center of those changes: the hospital, where most Americans die today. She deftly links the experiences of patients and families, the work of hospital staff, and the ramifications of institutional bureaucracy to show the invisible power of the hospital system in shaping death and our individual experience of it. In doing so, Kaufman also speaks to the ways we understand what it means to be human and to be alive.

“An act of courage and a public service.”
—San Francisco Chronicle
“This beautifully synthesized and disquieting account of how hospital patients die melds disciplined description with acute analysis, incorporating the voices of doctors, nurses, social workers, and patients in a provocative analysis of the modern American quest for a good death.”
—Publishers Weekly
“Kaufman exposes the bureaucratic and ethical quandaries that hover over the modern deathbed.”
—Psychology Today
“Kaufman’s analysis illuminates the complexity of the care of critically ill and dying patients [and] the ambiguity of slogans such as death with dignity, equality of life, and stopping life support. . . . Thought-provoking reading for everyone contemplating the fate of us all.”
—New England Journal of Medicine

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Customer Reviews

Starred Review. This beautifully synthesized and disquieting account of how hospital patients die melds disciplined description with acute analysis, incorporating the voices of doctors, nurses, social workers and patients in a provocative analysis of the modern American quest for "a good death." In a series of case studies, Kaufman (*The Ageless Self: Sources of Meaning in Life*), a professor of medical anthropology at UCÂœSan Francisco, shows how hospitals, by focusing on life-saving treatments, can indefinitely prolong the life of the critically ill patient, who may drift into an indeterminate zone, suspended between life and death. "[D]ying has become a technical endeavor, a negotiated decision and a murky matter biologically," she notes. Writing with penetrating clarity and detached compassion, and with respect for hospital staff and families alike, Kaufman reveals the dilemmas of hospital death in America today: the shift to patients' control of decision making despite the doctors' greater knowledge; the ethics and practical effects of resuscitation versus pain relief; the complexities of assessing "quality of life" while guessing at the desires of an unconscious patient. Kaufman's unwavering account reveals a culture of clinical practice that seems to have trouble acknowledging the inevitability of death, and that moves awkwardly from curative to palliative treatment. This deeply probing study lays bare the cultural and institutional assumptions and rhetoric that frame our search for "a good death." Copyright Â© Reed Business Information, a division of Reed Elsevier Inc. All rights reserved. --This text refers to an out of print or unavailable edition of this title.

Medical anthropologist Kaufman says that only within the last few hundred years has death become a medical concern. Previously, people looked upon death as a private, personal rite of passage that took place within the confines of the home and surrounded by one's loved ones: a spiritual journey. Enter the medical professional, who takes prolonging life--hence, delaying death--as a mission, and dying is transformed into a last gasp for hope, a medical failure. It gets worse. Only within the last half-century has the number of people who die in hospitals come to vastly outnumber that of those dying at home. Moreover, recent scientific research has only served to broaden and more often blur the definition of death and life. Death as a personal experience has pretty much been erased and instead has become an institutional nightmare, one contorted by hospital politics, "bureaucratic logic without logical purpose," and the law. Kaufman exposes, with all its complexities, the clash of dying patients and their families with the only institutional resources available to them. Donna ChavezCopyright Â© American Library Association. All rights reserved --This text refers to an out of print or unavailable edition of this title.

I bought this book for a class I'm going to take (I'm a psych undergrad major/human services minor focusing in thanatology). This book is so revealing. Even if you aren't going to take a class on death and dying, thanatology, or something like it, buy this book. We are all affected by the way hospitals shape the end of our lives, whether it be our own or one of our family members, and this book really sheds some light on it. I recommend this book to anyone. It's incredible.

I read this for my Medical Anthropology class in college, and I got lost in the topic. It is a very powerful book, and you find yourself asking questions about hospital/caretaker/hospice care and the ethics and politics of medicine. I really recommend this for college courses, but it's also a good read if you want to immerse yourself in this deep (and sometimes disturbing) reality of death. It made me think about my life (and of course death) planning and how I would want to leave this world and what responsibilities I would pass onto my friends and family at the end of life.

This was an assigned reading for my college medical anthropology class but I was glad I had to read it. Kaufman filled this book with real life situations she encountered during her research. You'll read about men and women (not always elderly) who are dying of one thing or another and see how the patients themselves, their families, and the medical staff deal with (or don't deal with) their situations. Kaufman uses these true stories to show how patients need to make their wishes clear but how they often don't, and how families can choose to respect or not respect those wishes. She shows that the way the medical community operates is often not very "user friendly", but alternately how the choices people make for themselves and their loved ones basically "tie" the hands of doctors and can prevent them from doing what they think is best. The chapters are basically set up that she briefly tells the reader what examples she will be using, spends the majority of the body of each chapter recounting conversations between patients, families and medical staff before she concludes the chapter with some analysis. She does say what she wants her readers to get out of each part but the majority of the impact I think readers will get from this book is from reading the individual examples. My fellow students and I agreed that this book would be a useful read for just about everyone starting at perhaps late high school age depending on maturity levels. At some point in our lives we all will probably know/have direct interaction with someone who is at the end of life, and unless we experience a fatal accident, will likely have to make or plan our own end of life choices. This book will help readers understand the complexity involved and hopefully help make them more prepared for when it's their turn to make decisions (as much as anyone can actually be

prepared for death....).

Death by hospital is not a good one and you need to know what to decide ahead of an illness for you or a loved one.

I have been reading many books lately on death with dignity from many different aspects. This book was very broad, and being written by an anthropologist covered many areas of "being there" as people were at the end. I learned more from this book than those written by doctors.

Great purchase! thanks!

Well crafted and thoughtfully researched book on an urgent but morally, ethically sensitive topic. Highly recommended read for persons not rested in what is current in today's healthcare culture.

text book..great price..excellent shipping

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