Glen E. Miller. *Living Thoughtfully, Dying Well*. Harrisonburg, Virginia: Herald Press, 2014. 170 pp.
Book review by Robert Martens

His first heart attack took place in Calcutta where his position as director of Mennonite Central Committee India put him in regular contact with Mother Teresa. Some years later, Dr. Glen Miller suffered a cardiac arrest while delivering a speech on the escalating costs of health care. His wife Marilyn later said, "I thought you were dead" (21). Luckily, a nurse was on hand to perform CPR on Miller, and an emergency team soon arrived with a defibrillator. Glen Miller would survive.

After he woke from his delirium in a hospital room, however, Miller realized that he was terminally ill, that heart failure would eventually take him from this world. At the same time, he was grateful to be alive, and especially glad that he would not be permanently disoriented. He could still make decisions on the remaining years of his life and his inevitable demise. Careful planning, he realized, is required for a "good death." *Living Thoughtfully, Dying Well* is Miller's guidebook to end-of-life care for the aged. "The way we die has changed," he writes; before the advent of life-prolonging technology, "death was a relatively simple thing" (17). Today, much more active participation is required by the patient when facing the end of life. Miller's book is not written for those who die young and tragically; catastrophic death, he writes, has been covered well elsewhere. It is written for the aged who need to foresee the possibility that they could die insensate and alone, connected to tubes that prolong a life which has become meaningless. The book is also written, it should be noted, for patients in both the American and Canadian health care systems.

The term, "good death," might initially seem an oxymoron. "Since we can't get out of this life alive anyhow," writes Miller, "it may be an advantage to know you are facing your terminal illness; it provides time and space to prepare for a good death which reflects the values and theology that have guided your life" (32). A good death is one that is well-prepared for: "What I wish for myself, I wish for all: a good death that allows us to leave this world as naturally and positively as possible" (18). Miller's book is based on interviews. One story he tells is that of Ezra, whose life was needlessly prolonged as he lay semi-conscious in a hospital room. Ezra's dying had happened badly, with increasing power handed over to specialists by his distraught family to keep him alive at any cost. Ezra and his wife had written an advance directive, or what is sometimes called a "living will," but had not discussed it with their children. The lack of proper preparation resulted in greater suffering for both family and patient.

Glen Miller has worked as a doctor as well as hospital administrator, and his experience has persuaded him that an important cause of "bad deaths" is the "overmedicalization" of North American society. Around the world, the poor suffer from a lack of health care, and frequently endure miserable deaths. Not so for prosperous North Americans: "On the contrary, in our time of dying we may suffer from *too much medical care*" (authors' italics 54). The health industry has convinced many of us that pills and tests can cure almost anything. "So, as consumers of health care we are convinced that many of the solutions to our life problems can be found in pills or treatment. ... Further we believe that more care is always better – if one test is good, two are better" (56). Useless medical tests are frequently the consequence. Moreover, the threat of litigation from patients, especially in the US, results in "defensive medicine." A study has shown that 20% of tests in the US are ordered by doctors in order to avoid lawsuits and that nearly all high-risk medical specialists are sued at some point in their career. (In Canada these figures are

much lower.) The resulting financial costs are staggering – and emotional costs are high as well, when the lives of dying patients are artificially and unreasonably prolonged.

"My nightmare scenario," writes Miller, "is to die in an ICU with tubes, catheters, and wires attached, a tube down my throat, my hands tied down, and speech impossible as I struggle for awareness through a haze of illness and sedation" (144). In simple practical terms, Miller suggests some avenues for avoiding the "nightmare scenario" and achieving a "good death." Be prepared: the family should ask themselves what the patient would want, and even *do nothing at all* if the situation calls for it; the patient's dying should be discussed well before a health crisis takes place; a family spokesperson should be appointed; and information should be gleaned from every source possible, including the Internet. Furthermore, bearing in mind that the doctor is a figure of power and influence, do not be unnecessarily swayed, writes Miller, by the physician's recommendations. Perhaps most important is the advance directive. Write it well before medical crisis; establish who will have power of attorney; be completely clear on any medical interventions; discuss the directive with family; ensure the directive is properly signed, distribute multiple copies, and review it at least annually; and finally, inform the doctor on the advance directive when the health crisis arrives. A key here is the patient's clarity of mind: keeping in mind that delirium can be triggered simply by hospitalization, if the dying person seems *permanently* confused, the advance directive should always trump "heroic measures" for resuscitation.

The final pages of Glen Miller's book are devoted to the spiritual aspects of dying. "I expect that my dying will be treated as the *spiritual* event that it is" (author's italics 137). He is grateful for his Anabaptist-Mennonite heritage and for the emphasis it places on community and service. A chapter, however, is allotted to differing religious points of view on death and dying: Catholic, Eastern Orthodox, Pentecostal, and finally Mennonite. Miller goes on to suggest that an "ethical will" might be written, a document that would pass on to younger generations the dying person's values, guideposts, and wishes. He cites a palliative doctor who says that four basic topics need to be covered in an ethical will: "Please forgive me; I forgive you; Thank you; and I love you" (105).

Glen Miller's book comes with appendices on abbreviations, role-playing, and resources, thus ending with that keen sense of practicality the writer has displayed throughout. Before that, though, the main body of the text concludes with a kind of "ethical will" for the reader, and it is eloquent: "When my pacemaker is turned off, the heart monitor will reveal the erratic beat of a too-often injured heart, a heart whose weakness from physical injuries was sublimated to a heart in love with life and made joyful by gratitude for a good life. To the sounds of a final lullaby from family members, the monitor will show the jagged lines of the QRS complex of the heart gradually lengthening to the straight line of a heart that has finally found its rest. I will then enter into the next great adventure that ushers me into the presence of the one who created me" (147).

Living Thoughtfully, Dying Well can be found in the MHSBC library in Abbotsford. It is also available for sale online.