The Journey Down the Green Mile---Living And Dying in the 21st Century
Anthony M. Costrini, M.D.

The Green Mile was an excellent book by Stephen King and movie describing life and death in an old Southern prison death row. Paul Edgecomb is the superintendent of "E" block of the Green Mile. His interaction with big John Coffey, a condemned prisoner, changed the arc of his life, so that he didn't know when he was going to die. At the end of the movie, he emphasizes a universal truth after losing everyone he loves: "We each owe a death- there are no exceptions- but, oh God, sometimes the Green Mile seems so long." He was 130 years old at that time. He recognized that we will all die and usually do not have a view of our own Green Mile. While medicine and society have combined to add over a decade to life expectancy during the past century, we have yet to find a way to avoid the unpleasant consequence of living i.e., death. It is worthwhile to consider ways to approach the medical certainty of death. Fortunately, we have plenty of help.

The Institute of Medicine, which consists of highly respected scientists not on the government payroll, recently published a committee report: "Dying in America–Improving Quality and Honoring Individual Preferences Near the End of Life." The Institute also sponsored a daylong seminar to consider the recommendations of the report. They discussed ways of improving end-of-life care, including discussions with various stakeholders, improvements in public and private payment systems as well as recognizing and integrating health and social services to optimize patient quality of life and care.

In addition, the keynote address was delivered by Dr. Atul Gawande, a surgeon at Harvard and the author of a very important book: Being Mortal: Medicine and What Matters in the End. The Institute of Medicine report, the conference, and keynote address may not be of interest to you now, particularly if you are like one of my patients who stated with confidence that death was of no concern to him because he wasn't going to die (to use current parlance: "Lots of luck with that"). Most of us, however, should be very interested in these topics. If you ask your doctor if he would be surprised if you died within the next year and he answers "no," then you should certainly be interested and concerned.

Dr. Gawande presented crucial points worthy of consideration by all of us:

- We recognize people simply live longer-more than 20 years in the 20th Century alone
- Despite our thoughts and expectations to the contrary, we are indeed mortal
- Through the medicalization of mortality, we can actually increase suffering
- There is more to well-being and living well than survival
- If we narrow the choices near death to heroic care or comfort care, we have severely truncated imagination (this is often the case when a critically ill patient in the hospital faces immediate decisions and tough choices, which may be left too often to surrogate decision-makers such as the family);
- It is key to know the patient's definition of a good life or an acceptable life. To this end, doctors must recognize the patient's demand to have a life worth living;
- Finally, we must optimize goal-directed care over disease-directed care.

These points, as well as the report of the Institute of Medicine, can lead to a healthcare plan notable for less suffering, less family or caregiver fatigue, less time in the intensive care unit extending death rather than life, less healthcare costs, less misunderstanding, and a proven survival advantage shown in at least two separate studies involving hospice or palliative care. These discussions should be held prior to any procedure attended by significant risk or any treatment plan involving advanced age or disease process. By seizing the opportunity to choose one's options - whether it be heroics, including mechanical ventilation, dialysis, cardiopulmonary resuscitation, feeding tubes, prolonged or repeated hospitalizations, as well as living in a nursing home, or the alternative of continued medical care with an emphasis on comfort through palliative care organizations - the patient remains in control and is the decision maker. Standing at the ready is Hospice to optimize comfort when cure is no longer a likelihood.

Common concerns with advance directives include the possibility that they are considered to be irrevocable. This is not so. Patients or families may withdraw advance directives rightly or wrongly at any time. The important point is that deliberations have occurred so that emotional shock is less likely to cloud critical considerations. The esteemed editorialist, Charles Krauthammer, registers concern that the push to consider end-of-life options is dollar driven. Certainly, the dollars are important, but not as important as the individual's choice and self-determination of how he or she values life, including the balance of survival, living will, and the possibility of being a burden physically, emotionally, and financially on others. It is imperative that patients consider these alternatives themselves.

These are discussions important to patients, their families, and their physicians. They are best held while options are available to protect patient choice, patient care, and patient dignity as he or she confronts end-of-life issues. This can make that "Green Mile" much more comfortable

The poem "Night" by Dylan Thomas, written while he was a young man, exhorts his ill father to "do not go gentle into that good night…rage, rage against the dying of the light." He states in the next stanza an equally important truth: "though wise men at their end know dark is right…." This poem offers both ways to approach our own "Green Mile" and its difficult uncertainties.