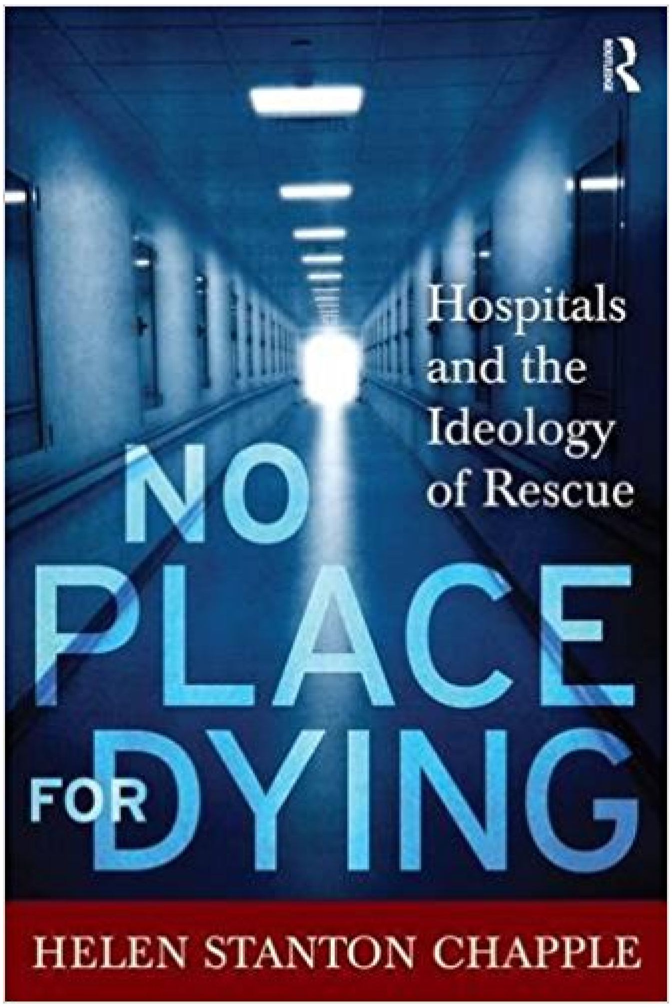
No Place For Dying: Hospitals And The Ideology Of Rescue



Synopsis

The U.S. hospital embodies societyÃ¢â ¬â„¢s hope for itselfÃ¢â ¬â ¢a technological bastion standing between us and death. What does the gold standard of rescue, as ideology and industry, mean for the dying patient in the hospital and for the status of dying in American culture? This book shows how dying is a management problem for hospitals, occupying space but few billable encounters and of little interest to medical practice or quality control. An anthropologist and bioethicist with two decades of professional nursing experience, Helen Chapple goes beyond current work on hospital care to present fine-grained accounts of the clinicians, patients, and families who navigate this uncharted, untidy, and unpredictable territory between the highly choreographed project of rescue and the clinical culmination of death. This book and its important social and policy implications make key contributions to the social science of medicine, nursing, hospital administration, and health care delivery fields.

Book Information

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Customer Reviews

"Helen Chapple provides a relentless look at the sequestration of dying in hospitals from ordinary human experiences and from the work that is valued in hospitals. She lets us in on the special language and codes that nurses and physicians use when discussing patientsand also the nuanced expressions that rank a dying patient's position down the ladder of importance at a hospital. It shakes our confidence that hospice and palliative care have changed society's perception of and response to dying markedly. We are let into a world with both explicit and tacit understandings that

’more time alive’ is all that matters, and into a world where consequences unfold because dying is not a reimbursable code. Thanatologists may conclude that a new Cicely Saunders is needed to face down the hospital culture of avoiding death and of sequestering dying from all else human. From Chapple’s book we know, however, that the typical hospital physicians, nurses, administrators, coders, and other staff members argue for the marginalization of dying and of death in order that the hospital may do the work of life prolonging medicine that makes possible more time alive." Ã¢â ¬â •David Balk, Brooklyn College, associate editor for Death Studies"What makes an American hospital No Place for Dying? Helen Chapple offers a complex, multilayered reply that extends well beyond her ethnographic research methods to implicate bioethics, the wider American culture, and health care economics. She explains how rescue becomes a ritual that eventually entraps both patients and staff. The ritual begins by affirming the social value of the patient, but only at the cost of withdrawing recognition and affirmation as soon as the patient is relegated to the category ’dying.’ She offers cogent observations on how the future hospital might continue the work of rescue where appropriate, while still affirming the full dignity and worth of those beyond rescue."Ã Â --Howard Brody, MD, PhD, Director, Institute for the Medical Humanities, University of Texas Medical Branch-Galveston; author of The Healer’s Power and The Future of Bioethics"Chapple’s focus on the organization rather than the case makes this book stand out. What she does with the institutional conditions of dying is something that only someone who has spent her life at the bedside, the hospice bedside, the ICU bedside, could possibly do. As an anthropologically trained insider, she uncovers the irresistible but invisible forces of ritual, ideology, power, and economics that condition dying in hospitals. Reading this book was a process of increasing understanding, like watching film develop before all cameras went digital. For me as a bioethicist, I actually become less frustrated with the frustrating situations, the deaths that one suffers to watch. It helps to understand why. It helps a lot. This is a rare book." --Mary Rorty, Center for Biomedical Ethics, Stanford University"The right to life is a hard right to refuse.Ã Â No Place for Dying: Hospitals and the Ideology of Rescue is a text that discusses the legal place of the rights of the dying, the thought process behind these laws, and the position of modern medical facilities. The first chapters discuss situations where death is gauged between unavoidable and where rescue is successful. It then discusses the place of profit, and the drive to save lives in American culture. Finally, it analyzes culture and its own attitudes towards death. A complete and comprehensive text on the role hospitals play in death and dying, No Place for Dying is a scholarly and thoughtful work that would do well in community and college anthropology collections." - Five Stars from Midwest Book Review"It is a thought provoking ethnography, which offers the argument that American hospitals are based on an imperative for heroic rescue and stabilization, leaving little room for dying in the space where rescue ends...The data collection effort appears to be extensive, including involvement with chaplains, physicians, nurses, therapists, and administrators, as well as observations on and offsite, including in-service activities, trainings, commemorations, retreats, and meetings on bereavement, ethics, policy, and planning...Chapple is clearly knowledgeable about death and dying in American hospitals and raises good questions and compelling points about hospital death."-Frances Norwood, Anthropological Quarterly"From time to time an author, speaker, teacher or advocate comes along who breaks through the rubble, denial, lack of leadership and unclear or non-existent values. This is one of those books and Helen Chapple is the right person to carry the message. The book is well organized and well written. Skip nothing in the book and, when you finish it, read it again. Like the author, you need to claim or reclaim your prophetic responsibilities. Tell others. Share the message. Most of all, live (and die) the message."-Richard B. Gilbert, PhD, CT, Galesburg, IL, for the journal Illness, Crisis, and Loss"Readers familiar with the inner workings of hospital care will instantly empathise with the Ã¢â ¬ËœritualÃ¢â ¬â„¢ described in all its guises in the text. ChappleÃ¢â ¬â„¢s skill is in deploying such a description that raises awareness of the tacit cultural agendas that influence cliniciansÃ¢â ¬â„¢ practice. The stark point being made by Chapple is that dying patients often undergo rescue needlessly and that even if the ritual permits their re-labelling as Ã¢â ¬ËœdyingÃ¢â ¬â„¢ (considered, by the author, as a Ã¢â ¬ËœsuccessfulÃ¢â ¬â„¢ outcome of the ritual), there follows a disappointing lack of co-ordinated clinical care to meet their and their loved oneÃ¢â ¬â„¢s particular needs at that crucial time. [Q]ualitative evidence of this sort must be welcomed. Given the equal-ninth ranking of the US and Canada on quality of death, according to the Economist Intelligence Unit [1], ChappleÃ¢â ¬â„¢s analysis provides compelling evidence as to why this might be the case. Whilst the academic reader will welcome the amount of wider referencing and research that Chapple has used to develop her thesis, it is to her credit that a non-clinical, lay reader will also pick up this book and understand her points easily, thanks to the skilful and coherent organisation and presentation of the complex material she has chosen to study."- Milind Arolker, Sociology of Health and Illness"[S]he combined her study results with extensive supporting material from relevant research to present a convincing case for her conclusions. This is an aspect of the book that I particularly enjoyedÃ¢â ¬â •Chapple thoroughly reviews the literature (references run to 20ÃƒÂ pages), provides a theoretical view and makes it Ã¢â ¬ËœÃ¢â ¬ËœrealÃ¢â ¬â„¢Ã¢â ¬â„¢ with case studies. She achieves a good mix of presenting hospital procedures with the human results of those procedures. I highly recommend it and hope it reaches a wide audience." -Jeanne Boland, Death

Studies"Helen Stanton Chapple does a masterful job of portraying the ways that rescue minimizes death and contributes to death denial in our culture. In hospitals where almost every aspect of care has a code or label, dying patients are uncategorized. Moreover, dying does not have an International Classification of Diseases Clinical Modification, Ninth Revision (ICD-9-CM) code. Clinicians in the acute care setting often feel helpless when a person is dying and see themselves as being held hostage to the dying instead of feeling a sense of honor. Acute and high tech care can support vital signs and delay death, but it also promotes the illusion that death can be infinitely postponed. Chapple argues that societyÃ¢â ¬â„¢s complacent confidence in its agentsÃ¢â ¬â„¢ ability to perform life-saving miracles distracts us from deathÃ¢â ¬â„¢s inevitability. When hospitalized dying patients are minimized, each member of society is shortchanged." -Gerontologist"While rooted in an ethnographic study of staff in two quite different hospitals, her analysis embraces insights into the roles of economics, bioethics, the hospice and palliative care movement, and iconic American cultural beliefs. This volume would be rewarding reading for any student of American health care, including hospital administrators and board members as well as clinicians and change agents frustrated by the epidemic of over-treatment of hospitalized patients at the end of life. This volume would be rewarding reading for any student of American health care, including hospital administrators and board members as well as clinicians and change agents frustrated by the epidemic of over-treatment of hospitalized patients at the end of life. Th[e] book is loaded with serious, intellectually strenuous material, making some popular books on dying in America seem downright breezy by contrast. Because Dr. Chapple is a good writer and her volume is well organized, the book is dense only in the best sense. Most importantly, clearly told patientsÃ¢â ¬â„¢ stories and direct quotations from interviews with those who cared for them keeps the analysis grounded in hospital realities." -Patricia A. Murphy and David M. Price, Journal of Palliative Medicine

--This text refers to the Hardcover edition.

Dr. Chapple’s No Place for Dying is an original and valuable contribution to the conversation Americans are beginning to have about how to spend their last days, months, weeks or years on this earth. As a political theorist who thinks and writes about citizenship, I read the book with great excitement and interest, and it has spurred some new work on my part about how Americans, as citizens, deal with the time of dying, the institutions of dying, and the event of death. Dr. Chapple writes as both a clinical participant, a concerned citizen, and a scholar, and does it very well indeed, bringing the reader into the world of the hospital with her, and then withdrawing to the position of observer who is familiar with the literature and the debates surrounding end of life care in the US. Although palliative care is making steady and impressive progress as a specialty, thanks to the tireless efforts of a handful of foundations and clinicians who have been promoting it, it remains an underfunded and under-utilized field of medicine. Its star can continue to rise as people realize its intrinsic value, and integrate palliative medicine into mainstream medicine. Only then can the "rescue medicine" theorized and described by Dr. Chapple be appropriately balanced by a holistic approach to suffering, and offer American citizens a true choice about how they would prefer to end their days.

An awesome book.

No Place for Dying is a stimulating and provocative contribution to our understanding of care for the dying in the United States today. Riveting, with the sweep, pacing, and complexity of a Russian novel, Chapple's book is scholarly but also accessible to the non-academic reader. It is a call to action for any of us who are concerned about true equality of access to quality healthcare at any stage of life. Chapple's penetrating expose of the rescue imperative of the medical industrial complex should be deeply troubling for all of us who would like to see us move toward a healthcare system that values quality of life, not just quantity. Chapple presents the growing palliative care movement as a step in the right direction, but there are clearly many miles to go before palliative care gains the status it needs in the healthcare complex. As it should be, she leaves us with more questions than answers, as she challenges us to take up the charge to find a way to create--and finance--a truly humane healthcare system that supports a dignified dying. I assigned No Place for Dying to my graduate students in my Sociology of Death course, and they couldn't stop talking about it.

The right to life is a hard right to refuse. "No Place for Dying: Hospitals and the Ideology of Rescue" is a text that discusses the legal place of the rights of the dying, the thought process behind these laws, and the position of modern medical facilities. The first chapters discuss situations where death is gauged between unavoidable and where rescue is successful. It then discusses the place of profit, and the drive to save lives in American culture. Finally, it analyzes culture and its own attitudes towards death. A complete and comprehensive text on the role hospitals play in death and dying, "No Place for Dying" is a scholarly and thoughtful work that would do well in community and college anthropology collections.

Amid the flurry of books on end of life care and hospital culture, this one stands out as being poorly written. Statistics clearly show that in every state and in hospitals of all types, palliative care and hospice care are experiencing phenomenal growth in American medicine, and that far from being peripheral, they are taking center stage. Part of the problem with Chapelle’s book is her methodology, she surveys four small hospitals in on geographic region, claiming that this small sample, which is geographically limited, allows her to make claims about American medicine in general. While she is right in pointing out that there is often a "culture of cure" that often causes overly-aggressive treatment, the reasons for that treatments often have to do with family dynamics rather then physicians. As a clinician, I found her descriptions of cases to be overly simplistic, and not reflective of clinical decision-making. While some medical libraries might find this a useful edition for students to ponder, more general libraries will want to look to other works on end of life care.

No Place For Dying: Hospitals and the Ideology of Rescue Hospitals: What They Are And How They Work (Griffin, Hospitals) 2010 ICD-9-CM for Hospitals, Volumes 1, 2 and 3, Standard Edition, 1e (AMA ICD-9-CM for Hospitals (Standard Edition)) 2013 ICD-9-CM for Hospitals, Volumes 1, 2 and 3 Professional Edition, 1e (AMA ICD-9-CM for Hospitals (Professional Edition)) 2012 ICD-9-CM for Hospitals, Volumes 1, 2 and 3 Professional Edition (Spiral bound), 1e (AMA ICD-9-CM for Hospitals (Professional Edition)) On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families Pararescue: The Skill and Courage of the Elite 106th Rescue Wing--The True Story of an Incredible Rescue at Sea and the Heroes Who Pulled It Off That Others May Live: USAF Air Rescue In Korea - Dumbos, Stinson L-5B Sentinel, H-5 and H-19 Helicopters, SA-16 Albatross Amphibians, Daring Rescues, Air Rescue Helicopter Combat Operations Mountain Travel & Rescue: National Ski Patrol’s Manual for Mountain Rescue Mountain Travel & Rescue: National Ski Patrol’s Manual for Mountain Rescue, 2nd Edition The Rescue Man: A "Snafu Snatching" Rescue Pilot’s Extraordinary Journey through World War II Planes: Fire & Rescue (Disney Planes: Fire & Rescue) (Little Golden Book) Transformers Rescue Bots: Race to the Rescue (Transformers 8x8) Transformers Rescue Bots: Meet Griffin Rock Rescue: Character Guide PokÃƒÂ©mon Mystery Dungeon: Blue Rescue Team • Red Rescue Team - The Official PokÃƒÂ©mon Strategy Guide Rescue Technician: Operational Readiness for Rescue Providers, 1e (Lifeline) Cancer Registry Management: Principles AND Practices for Hospitals and Central Registries Lean Hospitals: Improving Quality, Patient Safety, and Employee Engagement, Third Edition Lean

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