

Johanna Shapiro, PhD
Feature Editor

Editor's Note: I'm always surprised when residents or medical students object, "But I've already read this poem [or story]," as though there could be no value in revisiting a particular piece of literature. Yet, rereading a text often provides additional insight and understanding. Last month, Jeff Ring, PhD, and Jo Marie Reilly, MD, described how they give *Tuesdays With Morrie* as a gift to their incoming resident class, then facilitate a group discussion that not only identifies wide-ranging themes of "love, family, and endings" but also touches on residents' strong sense of the personal significance of the text as well as their appreciation for its "parallel reading" as a bonding experience with other residents. In this issue, Robin Winter, MD, MMM, and Bruce Birnberg, MSW, also consider the same text, this time from a multimedia perspective that includes Nightline interviews with Morrie and a videotape of Stephen Hawking. The focus in this case is a rich process that helps residents explore the meanings we attach to life and death and the choices we make regarding them. The book, like our patients, turns out to be worth a second look!

In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

Tuesdays With Morrie Versus Stephen Hawking: Living or Dying With ALS

Robin O. Winter, MD, MMM; Bruce A. Birnberg, MSW

The last class of my old professor's life took place once a week, in his home, by a window in his study where he could watch a small hibiscus plant shed its pink flowers. The class met on Tuesdays. No books were required. The subject was the meaning of life. It was taught from experience. The teaching goes on.¹ (p. 192)

Rather than teaching his last class at Brandeis University where he was a professor of sociology, Morris Schwartz, PhD, taught this

(Fam Med 2003;35(9):629-31.)

course at home to just one student, Mitch Albom. The course began when Morrie, who was 77 years old, was diagnosed with amyotrophic lateral sclerosis (ALS), a fatal degenerative neurological disease. Faced with a terminal illness, Morrie decided that:

He would not wither. He would make death his final project, the center point of his days . . . Morrie would walk that final bridge between life and death and narrate the trip.¹ (p. 10)

Tuesdays With Morrie by Mitch Albom¹ shares with us the wisdom of Morrie Schwartz as he faces death and ultimately succumbs to ALS. After seeing his former professor interviewed by Ted Koppel

on "Nightline," Mitch reconnects with him and travels every week from Detroit to Boston to visit Morrie on Tuesdays. During these visits, they decide to chronicle Morrie's slow but progressive deterioration along with his thoughts and feelings on a wide range of topics, including family, aging, and forgiveness. The book profoundly conveys how through Morrie's death, Mitch discovers what is important in life beyond his professional and financial success.

We ask the residents to read selected passages of *Tuesdays With Morrie* (pp 1-17, 55-61, 80-89, 114-129, 171-178, 187-192) and show a biographical video of the renowned physicist Stephen Hawking for the final portion of a three-part seminar on death and dying. This

third segment focuses on the distinction between preserving a meaningful life versus prolonging life in the face of inevitable death.

We explore this distinction by first concentrating on the death of Morrie Schwartz, asking residents to react to his thoughts on life and death, as well as to his end-of-life decisions. Selected quotes from the readings are presented at the seminar for discussion. The first quote involves a dramatic event organized by Morrie: his "living funeral." The idea came to him following a friend's sudden death, when Morrie was struck by the fact that his friend never had the opportunity to hear any of the nice things people said about him.

Morrie had a better idea . . . on a cold Sunday afternoon, he was joined in his home by a small group of friends and family for a 'living funeral.' Each of them spoke and paid tribute to my old professor . . . And all the heartfelt things one never gets to say to those we love, Morrie said that day. His 'living funeral' was a rousing success." (pp 12-13)

Some residents felt the living funeral was very egocentric or "too real" and could easily have turned into a "roast." We point out that it helped Morrie bring closure to his important relationships and avoid the social isolation so common to those with a fatal illness. This symbolic living funeral let Morrie's close friends and family know that he was willing to talk about his illness and death and that they did not have to be afraid to visit him.

To give residents a more poignant and captivating illustration of Morrie, we intersperse our discussion with video clips from the three interviews that Ted Koppel did with him on "Nightline."² In the first interview, Morrie is still relatively strong and talks openly about his disease and the importance of accepting it. He advises people to

keep an open heart even in the face of illness and to be involved, compassionate, and kind to others and oneself. To illustrate how he feels about his impending death, Morrie tells Ted Koppel the following story that also appears in the book:

The story is about a little wave, bobbing along in the ocean, having a grand old time. He's enjoying the wind and the fresh air—until he notices the other waves in front of him, crashing against the shore. 'My God, this is terrible,' the wave says. 'Look what's going to happen to me!' Then along comes another wave. It sees the first wave, looking grim, and it says to him, 'Why do you look so sad?' The first wave says, 'You don't understand! We're all going to crash! All of us waves are going to be nothing! Isn't it terrible?' The second wave says, 'No, you don't understand. You're not a wave, you're part of the ocean.'" (pp. 179-80)

In the second "Nightline" interview, Morrie expresses the emotional distress he still feels about the death of his mother when he was only 8 years old. Ted Koppel is taken aback by how fresh the sense of loss is for Morrie. We point out to the residents that Morrie is not unique in continuing to feel the loss of a loved one for many years after the person's death. In the book, Morrie says, "Death ends a life, not a relationship." (p. 174)

In the third interview, Morrie is so weak that just talking has become difficult. He makes it clear that life will have no meaning for him once he loses the capacity to respond to and interact with others. When Morrie reaches that point, he says he would prefer to die. He summarizes his feelings with the saying "Don't let go too soon, but don't hang on too long; find the balance."

We contrast Morrie's acceptance of death and refusal of life-sustaining technology with clips from a

video documentary based on Stephen Hawking's book *A Brief History of Time*.³ The video segments give a biography of Hawking and show him in his wheelchair, on a ventilator, completely paralyzed, speaking with a speech synthesizer in a computerized voice. Hawking appears as the complete opposite of what Morrie wanted, according to Mitch Albom:

There were other people who suffered from ALS, Morrie knew, some of them famous, such as Stephen Hawking, the brilliant physicist . . . He lived with a hole in his throat . . . This was admirable, but it was not the way Morrie wanted to live." (p. 161)

However, this life-sustaining technology enabled Hawking to continue his research, write books, and maintain his family relationships.

We challenge the residents to think about what choices they would make if faced with ALS. Most of the residents felt that their decision would depend on their age. If they were older and accomplished, they said they would allow themselves to die like Morrie. If they were young with ALS, they thought they would choose to live like Stephen Hawking. We point out that feeling accomplished and satisfied with life is not necessarily age dependent. One can be young with a sense of accomplishment, connected to loved ones, and accepting of an impending death or old, isolated, unfulfilled, and not ready to die. While Morrie Schwartz and Stephen Hawking provide a stark contrast in their choices, there are obviously many different points along the continuum that influence people's choices concerning life and impending death. This discussion helps residents appreciate how important these issues are not only for patients making end-of-life decisions but for themselves as well.

In the last portion of the seminar, we talk about palliative care for terminally ill patients such as Morrie and withdrawing life-sustaining treatment from patients like Stephen Hawking. We present medical protocols on withdrawing ventilators, dialysis, and artificial nutrition in order to incorporate these clinical practicalities into the discussion.⁴

Juxtaposing Morrie Schwartz with Stephen Hawking serves to highlight many of the issues and decisions that patients have to make when facing a terminal illness that

must be taken into account when providing either supportive or palliative care. It also challenges residents to think about their own values and the choices they would make if they developed a similar life-threatening disease. Finally, the seminar enables residents to distinguish between their own personal values and needs and those of their patients, sensitizing them to fully respect and implement their patients' wishes.

Acknowledgments: We would like to acknowledge the work of Nanette Soffen, Nancy Violette, and Rebecca Aguas in the preparation of this paper.

Corresponding Author: Address correspondence to Dr Winter, Family Practice Center, 65 James Street, Edison, NJ 08818.732-321-7493. Fax: 732-906-4986. RWinter@SolarisHS.org.

REFERENCES

1. Albon M. Tuesdays with Morrie: an old man, a young man, and life's greatest lesson. New York: Broadway Books, 1997.
2. Nightline. Conversations with Morrie Schwartz: Lessons on Living. ABC News: Reference #S961101, November 1, 1996.
3. A Brief History of Time. Director: Errol Morris. Paramount Studio, 1992.
4. Brody H, Campbell ML, Faber-Langendoen K, et al. Withdrawing intensive life-sustaining treatment—recommendations for compassionate clinical management. N Engl J Med 1997;336(9):652-7.

scientific article published on 01 October 2003. edit. instance of. scholarly article. 1 reference. stated in. Europe PubMed Central.

PubMed ID. 14523659. reference URL. [https://www.ebi.ac.uk/europepmc/webservices/rest/search?](https://www.ebi.ac.uk/europepmc/webservices/rest/search?query=EXT_ID:14523659%20AND%20SRC:MED&resulttype=core&format=json)

query=EXT_ID:14523659%20AND%20SRC:MED&resulttype=core&format=json. retrieved. 19 December 2019. title. Tuesdays with Morrie versus Stephen Hawking: living or dying with ALS (English). Top Keywords. versus stephen. 4. living dying. 4. stephen hawking. 4. hawking living. 4. morrie versus. 4. tuesdays morrie. 4. dying als. 4. dying. 1. als. 1. hawking. 1. versus. 1. stephen. 1. tuesdays. 1. living. 1. Member Articles. CHD3 helicase domain mutations cause a neurodevelopmental syndrome with macrocephaly and impaired speech and language. Tuesdays with Morrie versus Stephen Hawking: Living or dying with ALS. Article. Nov 2003.Â Reference: Using an ACTIVE teaching format versus a standard lecture format for increasing resident interaction and knowledge achievement during noon conference: A prospective, controlled study. Resident acquisition of knowledge during a noontime conference series. Citing article.