

Small Group/Dyadic Discussion Format Questions

Consider the Conversation: A Documentary on a Taboo Subject

(Questions for audience members to discuss in small groups or with one other person)

In the film's opening chapter, called **Wishes**, people young and old, from a wide variety of backgrounds and faiths, answer a simple question: "When it's your time to die, where would you like to be and with whom?" *What is your answer to this question? What kind of end-of-life care would you want or not want?*

In **History**, several faith leaders and physicians talk about the historic shift in where and how Americans die and how we struggle with communication and preparation for end-of-life. *How has medicine's success at fighting disease and extending life made it hard for us to talk about dying?*

In **What's Next**, Peter Kaldhusdal, a 53-year old aerospace engineer dying from pancreatic cancer, laments the fact that, for the first time in his life, he doesn't know what lies ahead for him. That he is lacking role models for how to die well. *How should we interpret Peter's "What's Next" question? Do you think it's more of a medical one (e.g., about what he can expect as his disease progresses) or a spiritual one (e.g., about what's going to happen to him after he dies)?*

In **Hope**, four people – Dee Bennett, a hospice nurse dying from cancer; the Rev. Dale Susan Edmonds, a United Church of Christ minister; Cathy Labinski, a Roman Catholic hospice chaplain; and Bud Hammes, a clinical ethicist – help us explore the difference between hoping and planning. Rev. Edmonds, in particular, uses the Hurricane Katrina disaster as a powerful way to illustrate how most people respond after being diagnosed with a serious illness. *What are the benefits of simultaneously hoping for the best (a cure) and making plans for the worst (thinking about what you'd like to do if it becomes apparent a cure will not be possible)?*

Magic, featuring Doug Smith, is a story about the importance of listening and being heard, as well as knowing that unexplainable things are not uncommon when someone is actively dying. *Have you ever had the opportunity to be present with someone very near the end of life or actively dying? What was that experience like?*

In **Conflict**, several nurses and physicians express frustration over how poorly the medical system prepares and supports health care professionals to care for the dying well. Every one of the doctors the producers interviewed, for example, said, "Doctors need to hear this story because we're really good at curing people but not very good at treating people who can't be cured." *Knowing that most physicians mean well but may not have the skill or comfort level to guide us through the end-of-life conversation, what can we - as patients and families - do to make it easier for them to help us?*

In **100 Things**, Martin Welsh, a family practice doctor, shares his personal definition of quality of life, one shaped by many years of experience caring for terminally ill people as a physician, and now as a patient dying from Lou Gehrig's disease. *When push comes to shove, what would matter more to you, quality or quantity of life? If you were in Dr. Welsh's shoes, when would you say "stop" or "enough"?*

In the film's conclusion, a chapter called **Why?**, Stephen Kiernan, author of *Last Rights: Rescuing the End of Life from the Medical System*, teaches us that what matters most to many people at end-of-life has little to do with medicine and A LOT to do with being given an opportunity to achieve closure, whatever that might mean to them. *Please talk about some of the things you might want to say to your loved ones or do before you die. What would be necessary for you to achieve those goals?*