Talking about death and end-of-life care is too often an uncomfortable and taboo subject for physicians and their patients. The American Academy of Family Physicians (AAFP), however, strongly recommends end-of-life training for physicians. The AAFP published Recommended Core Educational Guidelines for Family Practice Residents in End-of-life Care in 1998. A comprehensive medical education program of palliative and end-of-life care must address physician comfort level, self-awareness, and communication skills, such as in the American Medical Association’s Education for Physicians on End-of-life Care (EPEC) curriculum. This article describes a humanities-based component of our family medicine end-of-life training curriculum. It facilitates discussions among our learners of issues emphasized by EPEC with sensitivity, enthusiasm, and creativity. The specific teaching tool we use is a book club discussion generated by the reading of the text Tuesdays With Morrie.

Tuesdays With Morrie is a remarkable book with powerful lessons for patients and doctors alike about living and dying. First published in 1997, it quickly jumped to the New York Times Bestseller List for a lengthy stay. The text recounts the intimate conversations between retired professor Morrie Schwartz and a past student, Mitch Albom. Their discussions revolve around Morrie’s increasing infirmity and weakness as he approaches death. Morrie has amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig’s disease.

For the past 5 years, we have mailed a copy of Tuesdays With Morrie to our incoming class of family medicine interns with a cover letter welcoming them to our program. We instruct them that the book is a gift and ask them to read the text and bring their thoughts, reflections, and impressions to a book club meeting we will hold during orientation. During our approximately 60-minute conversation over lunch, the residents are encouraged to share their reactions and to read aloud from the text those passages that have touched them in some way. As instructors, we allow the discussion to develop its own course and momentum. Our interventions are mostly to underscore consideration of the themes of love, family, and endings and to explore implications of the text for residents’ training and work with patients.

We have found our residents to be enthusiastic about sharing their reactions to the book. Many of them bring the books dog-eared and highlighted with passages that they found especially moving or thought-provoking.
If you hold back on the emotions—if you don’t allow yourself to go all the way through them—you can never get to being detached, you’re too busy being afraid. You’re afraid of the pain, you’re afraid of the grief. You’re afraid of the vulnerability that loving entails. (p. 104)

As long as we can love each other, and remember the feeling of love we had, we can die without ever really going away. All the love you created is still there. All the memories are still there. You live on—in the hearts of everyone you have touched and nurtured while you were here. (p. 174)

The themes raised in our discussion range from an appreciation of Morrie’s joy for life to comments on the role of spirituality and religion at the end of life to observations of his striking mindfulness as he faces his impending death (Table 1). Our residents have raised the question of cultural privilege, wondering whether Morrie is especially able to be so mindful, present, and at peace with his death because of his wealth and comfortable socioeconomic level. Additionally, the text opens discussions of hospice care, including the appropriateness of hospice referrals and potential cultural and social barriers to accessing hospice care. We feel that the exercise gives our learners increased comfort with and access to breaking the social taboo of talking about death, even when it is so often at the forefront of patients’ and doctors’ minds. It provides learners with a personal and collegial opportunity to reflect on the meaning of their own life, consider their humanity, and explore pathways to compassion as a physician.

With great consistency over the years, the discussion moves to a theme we did not initially anticipate as part of the activity objectives. Our residents comment on the juxtaposition of reading a book that inspires them to live life fully just as they begin an intensive residency training program that will severely interfere with life, sleep, and relationships. This provides a forum for dialogue on physician well-being, stress reduction techniques, and support systems. We believe that this activity, held during orientation, sets a precedent for reading literature outside of medicine. It indicates our eagerness to directly, albeit creatively, address the challenges faced by physicians (both personal and professional) in providing excellent end-of-life care. Further, it sets this tone and priority very early in their training.

We always ask our residents about their experience of receiving the book and assignment (Table 2). They have told us of the pleasant surprise of “receiving a gift” in the mail from the place they will soon begin training (“and it was hard-cover!”). Others have added that they appreciate that we “did not select a book that was fat with small print!” Over the years, several residents have told us that the book had been previously recommended to them, but they never had the time or motivation to actually sit down and read it. Some have commented that they enjoyed the uplifting and “fast-paced reading.” Others have told us that it was the first “non-medical text” they had read in several years and appreciated the opportunity and creativity of the assignment. Some are motivated to read other literature that they had been meaning to get to for a while.

Palliative care remains an important and often unrecognized component in medical education and training. Further, it is a challenging topic to teach compassionately and creatively. We have found that, as a teaching tool, a book club discussion of Tuesdays With Morrie is

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**Table 1**

Examples of Discussion Themes From *Tuesdays With Morrie*

- Finding joy in life, even in the face of pending mortality
- Mindfulness and fearlessness in the face of death
- Privilege, attitudes, and disparities in end-of-life care
- Spiritual issues at the end of life
- Roles of family, love, and social support when facing a chronic, debilitating illness
- Potential benefits of hospice care
- Physician self-awareness of mortality
- Personal anecdotes of challenges facing residents as they have discussed death with their patients and/or faced death in their own lives

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**Table 2**

Resident Reactions to the *Tuesdays With Morrie* Exercise

- Pleasure and surprise at receiving a book in the mail
- Appreciation of the creativity of the assignment
- Increased compassion in working with severely and terminally ill patients
- Increased awareness of the challenges that physicians and family members have in caring for the terminally ill
- Eagerness to share their thoughts, feelings, and experiences with their peer and faculty colleagues
- Openness to the marriage of art and humanities in medicine
simple to prepare and facilitate. Moreover, it is a positive and humane way to teach end-of-life care.

Our residents report that the experience of reading and discussing the book has made an important positive impact on their ability to develop compassionate doctor-patient relationships. They also tell us that their parallel reading of the same text is a rich aspect of their bonding as a class. As instructors, we look forward to our annual book club gathering and encourage you to adopt this learning format with this or other appropriate texts that bring the richness of the humanities to the field of medical education.

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**References**

A condition where irreversible brain damage is so extensive that conscious life is forever impossible. Coma, a state of prolonged unconsciousness; one can recover from this and often does; is not brain-dead. Brain-dead. A condition in which significant portions of the brain have died and will not be regenerated. Palliative care. Relief of pain through analgesic medicine; often neglected for a variety of reasons. Hippocratic Oath. Sworn by physicians in which they promise not to harm life in any war and refuse to assist in assisted suicide. Principle of Double Effect. A good action may have a double effect; one effect is intended and the other is not intended.