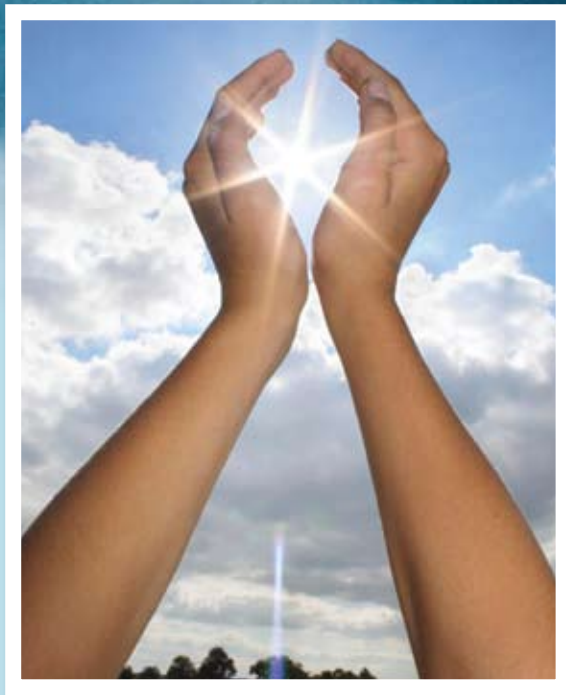


By Dr Tan Poh Kiang, Editorial Board Member



Speaking the truth in love

When my relative was diagnosed with Stage 3 lung carcinoma recently, I heard that his family wanted to conceal the diagnosis from him because they were afraid he would not be able to accept the reality. I was horrified that once again it has happened – everyone but the one who is dying gets to know about the diagnosis. As a practitioner, I am constantly dismayed by the frequency with which this phenomenon occurs whereby a family tries – often in elaborate ways – to shield the patient from the harsh fact that her days are numbered.

The reality has two faces – a dichotomy between the dying person's expectation and that of his family members. Most people I have casually surveyed want to be told if and when they have a terminal illness. Unfortunately, most of the time, the family involved will assume it is bad to disclose fully or partially the diagnosis that connotes the end of life. This tension is so prevalent that I recall the standard procedure taught to me while I was training in the hospital – to first inform the family of the dying patient and let them decide what and how we ought to communicate the medical picture to the patient. Often, the scenario involved the loved ones being concerned that the patient was too feeble physically and mentally to bear the shock of a "death sentence". Therefore what ensued would be a conspiracy to maintain an optimistic facade and "beat around the bush" so that the subject of prognosis and end of life stage is avoided.

The tragedy begins with the misunderstanding that communicating a terminal illness is equal to pronouncing a death sentence. As the common saying goes, the two absolutely certain things in life are taxes and death. Hence, we are all terminal (with no assurance of our end-date unlike electronic gadgets with battery life indicators). If doctors mindlessly go with the family's natural wish to conceal the truth, we may be disrespecting the patient's desire to know the facts. We hinder the process of the patient coming to terms of the impending end and possibly achieving a sense of peace. Even worse, we prevent the patient from dealing with necessary legal and financial matters, especially if a will is not already worked out.

I recall a recent patient of mine, Mdm Wong, who came for review a week after her laparotomy. She was accompanied by two of her daughters. My first question triggered a series of strange facial contortions and hand gestures from both daughters (who stood behind Mdm Wong):

"How are you feeling, Mdm Wong? What was the operation for?"

I interpreted right away that it must be a case of malignancy that the daughters were hoping to avoid in the discussion.

"I don't really know. My doctor said it was a lump obstructing my large intestine and if it were not removed, I would have difficulty passing motion," Mdm Wong stated calmly with no visible emotion.



Dr Tan Poh Kiang is a GP who is glad to be serving in the HDB heartland. He is blessed with a wonderful family – a loving wife and two adorable daughters.

After settling her usual hypertension evaluation, Mdm Wong left the consultation room to collect her medication. Her two daughters then returned to provide me with the details. Mdm Wong's constipation and abdominal pain were caused by Duke's C colon cancer and she had undergone resection. Chemotherapy and radiotherapy had been scheduled for the next few weeks but the family was undecided if they would subject their mother to the adjuvant therapies. Their decision was based on the assumption that if Mdm Wong had to undergo additional treatment, she would surely suspect that it was cancerous in nature.

Did Mdm Wong have a clue of what was going on with regards to her health? Although she is an unschooled 76-year-old Bibik, she is not insensitive to the unusual behaviour of her children and would have some idea that she had been dealt the card of malignancy. How do I know that even though she never once brought up the subject?

The clues that she already knew the secret, which her children were trying to hide, began with her more stoical demeanour at subsequent visits to me. Where she used to be really upset about her physical symptoms, especially if they came altogether, – backache, indigestion and skin itch from dryness – these days, she would just focus on the most disturbing symptom and request for relief. Then she would quickly move on to “more important things”. For an elderly Bibik, she did appear to be busy with all kinds of errands. One of the “more important things” had me as the beneficiary. One day, she asked if I liked Nonya food.

“Of course! I grew up in a Peranakan church in Katong area, the mecca of Peranakan culture. I love *udang sambal*, *babi pong tay*, *ayam buah keluak*, *beef rendang*, *itek sio*. Not forgetting the *ngoh hiang*, *chap chye* and the meal ending with *onde onde* and *gula melaka*! Boy, now I feel really hungry!”

My enthusiastic reply caused a wide smile to break out across her usual serious look. Mdm Wong made me promise to eat her food if she cooked. She warned: “Who knows how much longer I'm going to be around? You better taste my cooking before I become too sick to cook in the future!” And she cooked with a vengeance. Two days before her intended delivery, she came to the clinic counter to “order” that the doctor and his two clinic assistants were not to consume our own lunch on the appointed day. And then she came. Three sets of *udang sambal*, *babi pong tay* and *chap chye* with steaming rice. Not unexpectedly, my portion could feed another three human stomachs. And she

repeated this spectacular culinary performance a month later. An encore, you might say.

Another time, she mentioned that her friend told her she could get a “government form” from the doctor to sign so that if ever she became very ill and unconscious, it would be easy to let her go.

“Do you keep such a form? I want to sign it now.”

“I do. It's called the Advanced Medical Directive (AMD). Wouldn't it be better if I gave you a set and you discuss this with your children since they can explain the notes written in English?” I tried counselling her.

“No need. I don't want to worry them unnecessarily.” She signed the form on the spot, thanked me and left. That was the fastest AMD application I had processed!

I have no doubt that Mdm Wong was able to discern quickly enough through the course of events during her illness and subsequent surgery to know the nature of things. She went on to grapple with the end of life issues independent of her family since she was not able to obtain their support. Her case may not represent the possibility for the less fortunate patient who is less insightful and whose time may be shortened by a more aggressive deterioration.

Interestingly, there have been two other AMD applicants who had used the process of applying to discuss with me their desire if ever such a scenario comes upon their lives. Both wisely communicated something to the effect: “I know if ever I contract a terminal illness, my children would shield me from the diagnosis out of love. You are my personal doctor and I want you to promise that I can trust you enough not to hide the truth from me. You don't have to worry what my family thinks. You just need to know that I want to know.”

I agree that even though most people desire to know about their end of life when they arrive at that stage, not everyone is in the same readiness state. I have learned from my readings that it is important to listen well and look out for opportunities to communicate more only when the patient is ready. I have often used the question “Are you afraid of dying?” to gently lead the patient toward the appropriate subject and its necessary discussion. Where readiness is not apparent, I believe that the patient would have begun the journey of soul searching and grappled with that question in the comfort of home. It is terribly sad for anyone whose end is here, and yet he is unprepared and has to leave this world with fear or bitterness. For the sake of all whom I have the privilege to serve, I choose to speak the truth in love. ■