

By Dr Tan Poh Kiang, Editorial Board Member

Compassion

Mei Ting was a patient I had seen only for the second time. I didn't have much of an impression of our last encounter from reading my own notes in her record. But one thing I had noted in the previous entry was – “felt stressed because of having to care for her elderly mother due to stroke.” So since it was a relatively quiet night session at the clinic, I decided to check on her mother's status after I had told her what I had prescribed for her mild influenza this round. An innocuous question – “How's your mom?” – led to a long sad tale of how the health system had failed her and her family.

Mei Ting's mother had suffered a massive stroke early in 2008 and became bed-bound and uncommunicative. Typical of many families I have served, the daily burden of care fell to Mei Ting's lot because she was the unmarried child. The other five married siblings contributed to the mother's care by giving their share of money and visiting once in week or a fortnight. Also typical of the difficulty involved in the care of a post-stroke individual with multiple morbidities was that despite her best efforts, her mother developed pressure sores and was soon admitted for fever. Mei Ting related that in those four weeks of admission to one of our public hospitals, her family had been told bits and pieces of information that made little sense except that the old lady had various types of infections and required multiple courses of antibiotics. The patient's condition finally stabilised sufficiently for the medical team to anxiously press for discharge to a community hospital. The only problem was on the morning of the planned discharge, Mei Ting noticed her mother gasping. She alerted the staff nurse to the laboured respiration but the nurse said she was not allowed to decide on any intervention without first consulting a doctor. Another hour passed before a doctor arrived to see the patient. He took a cursory look and told Mei Ting, “Oh, don't worry. I'll give her a nebulization and she will be ready to be discharged.” Despite Mei Ting's plea for her mom to be observed for another day, the young doctor proceeded with the discharge procedure and paperwork.

The journey from the tertiary hospital to the community hospital seemed to turn laboured breathing into obviously distressed respiratory

pattern that even a lay person could recognise as being pathological. The nurse who received the patient did not hide her displeasure the moment she saw the state the old lady was in.

“How can you send your mother here in this condition? Don't you know she is very sick? Look at how she is breathing!”

Mei Ting contained her anger and tried to explain how despite her best effort, she had failed to convince the previous hospital's doctor to cancel the transfer. The attending nurse called for their in-house doctor to assess the new case. Another hour ensued and when he arrived, the deterioration was obvious enough for him to arrange for the ambulance to take Mei Ting's mom right back to the doorstep of the hospital they had just left earlier in the day. She was admitted for severe bronchopneumonia. Two weeks after the re-admission, the old lady finally perished.

By this point in her recounting of her ordeal, she was in tears. She said through quivering lips how aloof the medical team became over time; ward round was a mere three minutes when someone made a perfunctory entry in the case notes. Rarely if any medical staff member spoke with the family, it was always with a cold reminder that this case would not be resuscitated. The DNR (Do Not Resuscitate) mantra was repeated ad nauseum until one day, Mei Ting's eldest brother lost his temper and confronted one of the medical officers.

“What exactly is DNR? Are you saying that when a patient is DNR, she will be left to die with no care on your part?”

Mei Ting said it was disappointing that it felt that it was a DIY (Do It Yourself) situation where she had to constantly request for a change of adult diaper, continuation of the next intravenous bottle and demand of oxygen when her mother was having difficulty breathing. One morning, Mei Ting thought her mother had ceased breathing and shouted for assistance. The next thing she knew was a rush of at least six medical personnel attending to her mom. After she was revived, she saw tubes running in and out of every orifice. She managed to find humour in this part of her recall.

“It's funny how they could ignore my mom in one moment and the next she had the entire ward team attending to her. One minute she did not even



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have a nose prong supplying oxygen and the next she had tubes and tubes all over her body!”

Her friends had advised her to write to the relevant authority to complain. Mei Ting said she was not the bitter sort who demanded for retributive compensation. Then she popped the question, “What do you think I should do, Dr Tan?”

Whenever a patient mentions about complaining against doctors or hospitals, I have been trained enough to have my antenna up so as not to breach an ethical code about speaking ill of a medical colleague. Before I could muster an appropriate response, Mei Ting sighed deeply and uttered, “I just wanted them to show more compassion. Of course we knew that our mom was not going to make it. But it was just so heart-breaking to see that we could not provide more care in her last days.”

It is ironic that we live in an age with so much advanced technology but with diminishing compassion. We have the potential to reverse so many disorders but so little time to listen to the needs of our patients and their family members. Compassion, it seems to me, is becoming like the

endangered species listed by WWF. It was Henri Nouwen (Dutch Catholic priest and author, 1932 – 1996) who helped me appreciate the nature of human compassion. He wrote in his book, *The Way of the Heart* [Ballantine Books December 2, 2003]: “*Let us not underestimate how hard it is to be compassionate. Compassion is hard because it requires the inner disposition to go with others to the place where they are weak, vulnerable, lonely and broken. But it is not our spontaneous response to suffering. What we desire most is to do away with suffering by fleeing from it or finding a quick cure for it.*”

I decided to advise Mei Ting to write to the hospital CEO to let him know the sequence of events during her mother’s admission and how the family had been affected by the medical services they had encountered. I told Mei Ting that I have confidence that a good leader may not be aware of some of the things that happen in his organisation but when he does, he will influence it to be better. I also concurred with her that I would like to see the medical people demonstrate more compassion. Even the dying and moribund deserve all the compassion we can give. ■