Living and Dying well

By Dr Chong Yeh Woei

I met our Editor the other day by chance, and was asked to write a piece on death or dying well in view of the bumper issue on palliative care. I must admit that I was quite at a loss as to how I would write on such a topic.

I spent some time thinking on how life and death were integral parts of our career. Resuscitation of collapsed patients, and subsequently breaking the news to relatives outside the screens that cordoned off our heroic efforts were the first lessons in housemanship that I recall vividly. Coming out from behind those flimsy blue mobile screens on squeaky castors; facing relatives who had heard all the commotion behind the screens and looked at you like a deer in headlights; often these loved ones were clutching rosaries or praying hard to their Gods whilst listening to the clockwork sequences of resuscitation with barking of orders at critical timings; these were indeed powerful memories for me.

I had to learn quickly how to break the news gently and with empathy; the younger the patient and the more disastrous the outcome; the harder it was to break the news. I remember a young man who was admitted with acute leukemia with a white count in six figures. He was transferred to my haematology ward and was accompanied by his young wife who was pregnant with two babies in arms.

We admitted him to intensive care and started chemotherapy. We were concerned with tumour lysis and sure enough he had a stormy course. On that fateful day when I was on call, the wife visited him and left late in the evening. She had left her home telephone number but had gone to stay with her brother for the night. The patient collapsed at 2 am and perished after an hour of continuous resuscitation. We tried contacting her to no avail; those were days prior to the advent of mobile phones. We even asked the police to go to her flat to look for her. In the morning, she came ambling into the ward in a very pregnant state with a baby in her arms, totally oblivious to what had happened the night before. I realised that I could not tell her the news, so I told her to call all her relatives, as her husband was dangerously ill. When they had all arrived and was by her side, I broke the news that he had died in the early hours of the morning. As expected, she took the news very badly; the wailing and beating of the chest started and I had to beat a hasty retreat.

I did my postings in the public sector in the late 80s and in those days, hospices for the terminally-ill were unheard of. We had patients who came into SGH and spent the rest of their days in the ward. In today's setting, this would not be possible as our hospitals are under tremendous pressure for beds.

Very often patients who are terminally-ill or moribund would be encouraged to go to hospices or be cared for at home. I remember a house call I did for this purpose. There was an elderly gentleman who had been bedridden for several years. He had a debilitating stroke and had a very poor quality of life. He was diagnosed by his GP during a house call that he had pneumonia and was very ill. I was asked by the daughter to go to the house as she had ten siblings and they were split down the middle as to whether to send the father to hospital or to let him pass on at home. I entered the house and all ten were there; the situation was quite charged. I asked some questions and gathered that the father had a very poor quality of life and had been cared after for many years by his wife. The wife had to bathe him, feed him and clean up after his bowel movements. The children were all well meaning and wanted him to go to hospital.

I managed to convince them that the main reason why we would admit him to hospital was because we could attain a reversal of a sudden drop in quality of life. In his case his quality of life was already very poor and he could not even hold a conversation with his wife. I then asked his wife who was the main caregiver for her opinion and she wanted him to stay at home and pass on. She did not see the point of admitting him to hospital. Finally all was at peace at home and I heard that he did perish a day later.

The truth is that the aim of admission to the hospital is to be able to achieve a reversal of a deteriorating situation and to restore a good quality of life to the patient, one that he enjoyed previously. For some, there is no point in going to the hospital and one should be at home with loved ones and pass

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on with dignity. For myself, I decided some years ago that I should prepare myself for the later part of my life. I embarked on losing the weight that I had accumulated during the first decade of private practice by running and dietary restriction. Having brought my body mass index down to 23 and below, I decided a year ago that I also needed to build and retain my muscle mass.

I always tell my patients that the molecular advances in the last ten years have found that the endothelium of the arteries is teeming with molecular activity. In a way, the endothelia if unfolded would be the biggest organ in our body. All the eight cardiovascular risk factors discovered in 1948 in Framingham plus the last risk factor of stress would all attack the endothelia lining in different ways. The resultant inflammation, as measured by the highly sensitive C reactive protein, would lead to plaque formation. I always tell my patients that all nine risk factors would descend on the final common pathway, in a sense all the nine roads lead to Rome and the final destination is the endothelia. Hence, everything that we do in terms of diet, exercise, cessation of smoking, treating chronic diseases and so on is to defend the lining.

In today's terms, our life expectancy is 78 years for males and 84 years for females. To me that is longevity. I would expect that by the time we hit our 70s we would have plaque everywhere in our arteries. I will wish for the best quality of life I can have till a "quick exit stage left" at the end. As for the issues on facing mortality, I have also previously written about mid-life crisis and embracing our mortality[1]. To that end and with my family's inclination to diabetes, I had to lose weight, improve my aerobic fitness, build and retain muscle mass, improve balance and posture by either dancing, Pilates or yoga.

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1 *SMA News March Issue, "Masters of the Universe", (http://news.sma.org.sg/4203/President.pdf)*

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