

# REFLECTIONS

By Dr Ong Eng Koon

**M**dm Chan was first admitted to our department of palliative medicine in November last year, staying a total of five days.

“Why don’t you guys talk to the patients while you have the time now? Often, you realise there is more to them than the disease they have,” my chirpy consultant told us on Mdm Chan’s second day of admission.

So we did, my colleague and I, two young and impressionable first-posting Medical Officers. Full of enthusiasm in our first month in the department, we were definitely going to know her inside out after the session.

And boy, we sure thought we did. We spent about an hour talking to Mdm Chan. Actually, she did most of the talking. From her disease progression, to her hopes for herself, to her conflicts with her family, she told us everything. Yes, we thought, we were definitely going to become better doctors – with this patient at least.

Mdm Chan went home after five days. She was undergoing RT for her spinal metastases, and was relatively symptom-free.

Mdm Chan was readmitted to us a week later, totally different from what she was just barely two weeks ago. She was septic, delirious, and generally a “difficult” patient to treat. She could no longer talk to us coherently. She demanded lemon-flavoured lozenges like a child, and insisted on going home immediately to attend to her lawsuits. Her family was devastated.

We had a family conference with the family. “She is deteriorating rapidly. Prognosis might be days,” we told the young girl whose mother

was now drowsy and uncommunicative.

All patients have the ability to invoke various types of emotions in us doctors.

The frustration that the patient one knows best has become one’s most “irritating” patient; the helplessness at the fact that this most “irritating” patient is now a dying one; or the agony of having to tell a young child her mother is dying.

It is difficult to imagine a doctor having to go through such a spectrum of emotions on a daily basis, which so often happens in palliative care. But it is probably reasonable to say that it is also equally difficult to imagine being a doctor without going through such emotions.

We will probably never be able to avoid these emotional roller coaster rides, but what we can do is to learn:

1. How to be realistic in our daily management and interactions with patients: knowing our patient helps us manage her better, regardless of what the final outcome will be. We should not be upset if our patient deteriorates despite what we have done, as long as we know that we have done our best;
2. And how to help the patient’s family cope with their impending loss, ensure they get the support that they deserve, and that the patient’s passing can be a humane and dignified one even though it is inevitable.

My time in palliative medicine has shown me the importance of end of life care, as well as the importance of open and honest communication with the patient and his/her family members of both good and “bad” news.

Family conferences were elaborate affairs

where we ensured that adequate time and effort were put in to both arrange and conduct. Often, we shared the grief and tears of the many parties involved, providing comfort, and at the same time reassuring; reassuring that the patient would be as comfortable as possible, and this final journey though difficult, could still be a fruitful journey for both the patient and the family members.

At the same time, we learnt about our own vulnerabilities, that we were not immune to emotions and tears as a healthcare professional. But that it is normal to feel the way we do, and we learnt, slowly but surely, how to take care of ourselves as well in our daily work.

A common saying for doctors goes, “Try to make a difference in the life of a patient a day, and it will be a job well done.” In palliative care, this aim is probably very much achievable.

Palliative medicine need not be all “doom and gloom” as is popularly misconceived, even from a junior doctor’s point of view. My posting has taught me how to communicate, how to empathise, how to provide symptom relief and has provided immense satisfaction.

And it doesn’t hurt that the palliative team is always so supportive and cheerful. As my Facebook status rightly pointed out two months into my posting, “...kinda smiled when he realised the team that smiles/laughs most in the hospital is ironically the Palliative team.”

**SMA**



*Eng Koon is a currently a second year medical officer. He looks forward to completing his third ultra-marathon in half a years’ time, getting married in one years’ time, and passing exams in two years’ time.*