

PALLIATIVE MEDICINE: "The Road Less Travelled"

By Dr Mervyn Koh

It all started about 10 years ago. My nanny, a feisty elderly lady who had taken care of me for the first seven years of my life, lay dying in a hospital bed. She was eighty, and was frail from multiple strokes, a hip fracture and dementia. She could no longer speak intelligibly and was tube-fed. She was what everyone called "a prawn". But she was my nanny; someone who cooked and cared for me during my formative years. She whipped up the tastiest Maggi noodles with her own blend of soya sauce, ketchup and fried onions. She was someone I cared about.

She was admitted for aspiration pneumonia – often the terminal event in many patients with advanced dementia. She was dyspnoeic and frothing from secretions. It was obvious that she was struggling. Antibiotics were already on board and the suctioning didn't seem to help. It was quite obvious that she was dying. My wife, both an astute person and doctor, suggested that we ask the doctors-in-charge to start some morphine for comfort.

We spoke to the Medical Officer and Registrar on call about the morphine. They flatly rejected it. "You know it is going to make her go faster, right! It will suppress her respiration." Even at that point I knew it was not true. Morphine would only suppress respiration in very high doses and not at the small doses given for comfort.

I decided not to protest. I was a junior medical officer then, in the Army and very respectful of authority. That was what my nanny had taught me to be. I went back to the bed-side and took over the suctioning from the nurses. It was the only way I could help. She continued

to be breathless and died a few hours later.

It is a horrible feeling, not to be able to stand up for someone whom you love, someone you care about. It haunts me till this day. It was also one of the main reasons why I chose to do geriatrics and later on, palliative medicine.

Walking down this "road less travelled" has its benefits and drawbacks. Being a geriatrician helped me to think holistically and to prioritise the many issues, which a palliative care patient has. Likewise, being a palliative care physician has empowered me with the skills to manage my geriatric patient at the end of life. There was also the sacrifice of having to do another two years of Advanced Specialist Training (AST) and the calls that came along with it – something I did not relish, having a young family to care for. It was something I could not have achieved without the love and support of my wonderful wife.

Palliative medicine has allowed me the unique privilege of being able to practice in different settings – the acute hospital, the inpatient hospice and the homes of dying patients. It has also enabled me to experience the greatest heights of human kindness as well as exposing the darkness of human hearts. It has made me cry on many occasions and brought me "growth" in countless other situations. Somehow, knowing that death is near brings out the best and occasionally the worst in patients.

I remember the love of the elderly couple that went by bus to buy the best chili prawn bun for us when they knew we were coming for a home visit that day. I also recall fondly the daughter-in-law with a fear of needles

who willingly went through the many painful injections of in-vitro fertilisation (IVF) to try to get pregnant so that her ailing father-in-law could see a grandson before he died. There was also the unpleasantness of seeing families quarreling in front of a dying patient about his funeral rites while he was still alive.

I could barely keep my composure when a woman my age died and left her young children behind – they were of similar age to my own children. I am deeply saddened when these patients with whom I had developed a friendship, eventually die.

My patients have helped me to grow as a person. One of them, a tour guide, told me to take my parents on trips because during his work, he saw the happiness on the faces of the elderly when their children brought them on holidays. I have since brought my parents on holidays annually.

Working in palliative medicine has enriched me tremendously. While it is a demanding specialty in terms of time and emotions invested, it has also brought me immeasurable rewards in the process of helping patients and their families come to terms with terminal illness, understanding that comfort care is an option and finally seeing their loved one pass on in peace. **SMA**



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