

Interview with Dr Deborah Watkinson



Hailing from England, Dr Watkinson is working as a Consultant in the Department of Palliative Medicine in the National Cancer Centre and Singapore General Hospital. She trained in University College London, England but her varied career includes working in a very rural Indian hospital. Later, remembering an encounter with a young dying cancer patient when doing oncology, she decided to work in palliative medicine. She has been practising in specialist palliative care for over 15 years and is an accredited UK specialist.

What brought you to Singapore's sunny shores?

There is a long story behind the decision to come to Singapore. One aspect was that I had a long interest in developing palliative care in countries with little or no facilities and staff, and had been involved in a programme in India for some years. While here, I am hoping for opportunities to carry this on within the region.

Also, my husband was already involved in training in the Asia Pacific region and so Singapore was an obvious base for him and in addition, there is an established Anglican church in which he could serve. *[Editor's note: Deborah's husband is an Anglican vicar and is based at St Georges Church near the Botanic Gardens.]*

Singapore is a relatively easy place for a foreigner to live, much more so than India, which is the only other overseas destination I have lived in for any length of time. However, there are things that need adapting to – the humidity, the housing, the driving, the abbreviations and the rules...

You have spent quite a bit of time in India. Can you share more about that?

In my first sojourn in India, I was just a general medical doctor in a very rural hospital where the commonest emergency was snake bite. However we didn't have a ventilator so if the patient had a neurotoxic snake bite and stopped breathing, we took turns to hand ventilate for as long as it took! The anti-venom was also non-specific in those days so it often

took a long time!

India got "under my skin" after that time and when I had the opportunity to go back and support the developing palliative care service in Bangalore – initially under a Rotary International Programme but later under my own steam – I jumped at the chance. The hospice that was built there was just starting up and needed a lot of input from trained palliative care doctors. At that time the figures suggested that at least 80% of Indians presented with advanced cancer and needed palliative care, but were simply sent away from hospitals and GPs, often in severe pain, being told there was nothing that could be done.

There was and still is a major problem with access to morphine and other opioids in India. Also, palliative care interventions are often very cheap, as are the drugs we use, especially in contrast to the cost of some of the chemotherapy or even traditional treatments that were offered. So, I had the chance to teach and train in the hospice and loved the opportunity to enthuse healthcare professionals about the possibilities of quite simple things that could be done for patients, as well as giving some more specialist pain and symptom control training. It was a creative challenge trying to work with the available drugs, facilities and culture there and I found that it was something I really enjoy. I went back at least once a year and made a lot of friends. India now has an enthusiastic group of doctors trying to promote and develop palliative care, but it is still very piecemeal.

What do you do when you're not at work?

I love to read and do so very fast. An ideal holiday involves a beach (but in the shade!) and a suitcase full of books! I most enjoy travel and historical literature but I read a wide range of different genres, including poetry. I have a huge collection of novels and nonfiction books about India and many other countries in this region. Leaving behind my books is a sadness, but also my cat and of course, most importantly, friends and family!

I do not watch much TV but have to confess to enjoying *24*, *X-files* and *Spooks*. I enjoy watching sports but definitely not football or motor racing. And unusually, I love Test match cricket having got into it in secondary school. I used to love to cook but unfortunately the heat here has dampened my passion for this.

I enjoy music – both listening and playing. I was brought up being taken to jazz clubs from an early age by my parents and so still love jazz but now have wide-ranging interests. I play the piano but wish I could do so better, and was a sometime sax and clarinet player (now lapsed!). I greatly enjoy choral singing and used to sing with the BBC in the UK, having the chance to sing new and old works in many interesting places, including the Last Night of the Proms.

Travel has always been a passion of both me and my husband and one joy of living in Singapore is the easy accessibility of many countries that I am slowly exploring. A few months to do this would be great!

(1) Neil and Debbie. (opposite page) (2) With the nurses. (3) Teaching. (4) Outside ward.



Can you suggest a book to read and learn more about palliative care or end-of-life issues? How about a movie? Dr Noreen Chan in an article elsewhere in this issue describes how *Wit* starring Emma Thompson is used to teach medical students about palliative care.

Regarding a good book or film, *Wit* as discussed by Noreen Chan really does give a good insight into what is faced by a cancer sufferer. For a simple read on palliative medicine, any of Robert Twycross' books give a very good introduction with palliative medicine reduced to helpful and simple explanations and approaches. Another fascinating book I read early in my career was *Intimate Death – How the Dying Teach Us to Live* by Marie Hennezel who is a French psychologist. I heard her speak and it was a very different approach focusing on the psychological dimension of palliative care. [Editor's note: Robert Twycross is a British physician and a pioneer of the hospice movement during the 1970s, when he helped palliative care gain recognition as an accepted field of modern medicine. He has authored numerous works on palliative care including the immensely popular "Introducing Palliative Care", Radcliffe Publishing Ltd; 4th Revised edition.]

How did you get interested in palliative care?

I got interested when doing an extremely busy MO level oncology job and a young patient I was looking after was clearly dying. She asked me to sit with her and I remember the difficulty of being torn between doing that and getting on with my job, which was hard enough to stay on top of anyway! That got me to thinking there needed to be a better approach to the end of life. It stuck with me and later I had a chance to rotate in palliative medicine for six months and loved it.

However, we were already planning to work overseas for a while and so off we went to India as we discussed earlier. When we returned I felt I couldn't go back to being a GP looking after, in the main, the "worried well" and decided to re-explore my earlier interest in palliative medicine and I have never left since! I found it to combine a good understanding of general medicine (and other specialties sometimes) with careful thinking about the patient's symptoms, a knowledge of mechanisms and

pharmacology as well as creativity in finding solutions, all without losing sight of the fact we are dealing with people who are often in the midst of existential crises and who are part of a family or network that is also struggling.

What continues to fascinate and inspire you in palliative care?

We are also often dealing with symptom problems that no other doctor is sure how to treat and we do often have to be very thoughtful and creative about the solutions, and that makes it very interesting. I think the speciality is poorly understood. In the UK, when some doctors came on attachment they would often say things like "We didn't know there would be so much medicine" or "We thought you just put the patient in a nice bed and cared for them rather than worrying about actually what was going on, what was reversible" and so on. The highest praise was when a senior pharmacist who had retrained as a doctor said to me, "I have never known a speciality that knew so much about the pharmacology of the drugs they use regularly!"

Palliative care is said to be "tough" and this may deter some younger doctors from pursuing a career in palliative care. What are your thoughts?

Is it tough? Of course, it can be but I am not sure it is any tougher than some other specialities, especially perhaps medical oncology. After all, the patients expect medical oncologists to make them better and when that is not possible, it is hard. Most patients come to palliative medicine with at least some expectation that things are going badly and we never set ourselves up to cure them. And there can be great satisfaction, for example, in relieving someone's pain or helping them and the family to gain some acceptance of what is happening. When you do this every day, it is important to somehow not forget that for each patient and family this is a unique experience, and learn how to maintain a balance between being a professional and not forgetting to "care". As long as it is possible to find ways of coping with a lot of dying and death, I think it can be a very rewarding specialty and perhaps should be considered by more young doctors as a possible career option. **SMA**