

The Story of Life

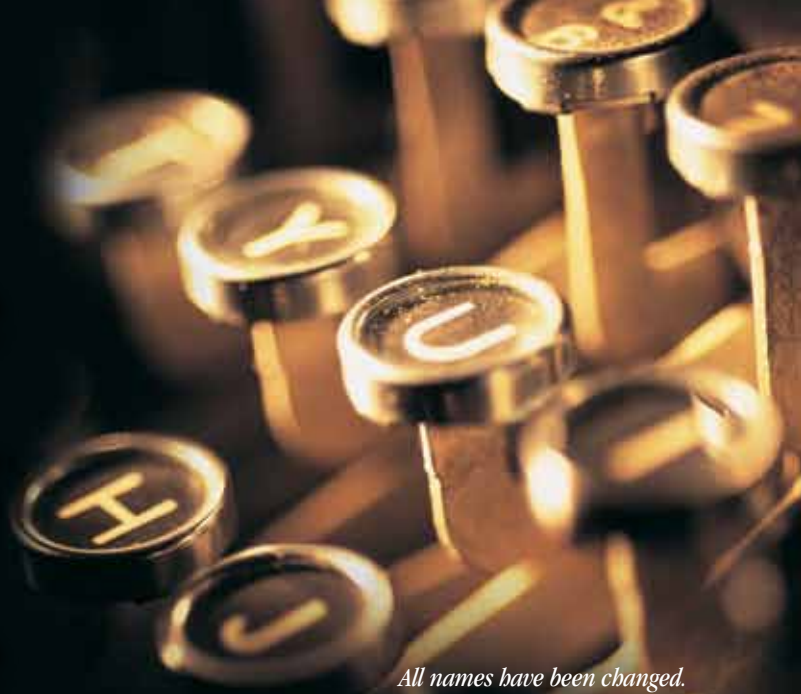
By Benjamin Tan

This was my first palliative care home visit. I had never actually been into a patient's home before, so I was enthused by the thought, thinking of how it would be a unique experience to witness a patient in his home environment, playing not just the role of a patient, but also the head of a family unit, and a host to us, the guests. I was briefed beforehand that John was a middle-aged man who was suffering from terminal lung cancer, with metastases to bone and liver. What was peculiar about John was that he would rather endure pain from the cancer than take any pain medication.

It did not take long for us to find the flat, as the nurse had already made five visits before today. Irene, the nurse, had wanted to bring in a social worker to meet John, who had been apprehensive about this. She thought that going as a larger group of four would make it less conspicuous that she had intentionally brought the social worker in.

Meanwhile, my friend and I were just there to learn what palliative care was like. Deep inside, I grappled with the fact that Irene was bringing in the social worker against John's wishes. In school, we had learnt about the importance of patient autonomy and the need to respect the patient's wishes, especially at his end of life. Irene had her reasons – she had witnessed the suffering John was in because of the pain and his refusal to take analgesics; she had hoped that the social worker would be able to understand his reasons and perhaps even change his mind. Even John's wife had remarked that he could not get out of bed to interact with his family in the living room because of the excruciating pain experienced at the slightest movement.

When I entered the living room, I was greeted by a cheerful domestic worker, John's main caregiver. The first thing that struck me when I entered was a fancy old typewriter lying next to the dining table. John was a journalist and a very smart man. The caregiver had informed us that John was in the room and he was ready to see us. Irene had obviously built a strong rapport with John over time, as he appeared overjoyed to see her. As she introduced us one by one, I bent over John's bed, where he lay, and wanted to shake his hand. Out of the corner of my eye, I saw Irene frantically signalling to me. I had not realised that John was blind. Yet despite this, Irene took the effort to introduce each of us by our name and role. When it came to introducing the social worker, John did not look affected; in fact, he was excited and eager to strike a conversation with us.



All names have been changed.

Then we talked about everything under the sun... we talked about old songs, politics, entertainment, his family, everything except his illness and the pain that he was experiencing. John even took out copies of books that he had written and gave them to us as presents. Irene finally asked John if he had any wishes that he wanted to fulfill or any worries he was harbouring. John then smiled, and he said that he did not have anything to worry about, because everything was in the hands of the Creator. Irene proceeded to check the condition of John's bedsores, and also performed a routine physical examination. We understood from the caregiver that John had been experiencing worsening pain, yet he was adamant about not wanting to take his medications.

I will remember John not as the patient with terminal lung cancer, but rather as the cheerful man who shared the story of his life with me. He was a journalist and a writer. He loved his daughter dearly and was a Roman Catholic who believed strongly in Christ. Most of all, he was a man of dignity who wanted to face death with courage.

John taught me that every patient has his own life story. He taught me to approach a patient not just as a medical condition, but rather to empathise with him and understand what he truly needs. Irene, the nurse, showed me the importance of communication, the importance of trust in a doctor-patient relationship and how multiple visits are sometimes necessary to tackle a patient's problem. In this case, there is conflict between autonomy and beneficence, as both Irene and his family thought that it would be good for John to take his analgesics. John, on the other hand, was clear and lucid about what he wanted. He had made the decision that he thought would be best for himself. We should do our best to encourage a patient like John to take his medications and explore his concerns. However, the choice should ultimately lie with the patient and we ought to recognise his reasons that we may not truly understand, especially if they are individual beliefs and values that he carries. **SMA**



Benjamin Tan, from the Class of 2013, is a fourth year medical student at the Yong Loo Lin School of Medicine, National University of Singapore.