



By A/Prof Cheong Pak Yean

I first met the family doctor of my late mother-in-law at her wake. A wreath sent by her had arrived that morning. She came with her husband whom I learnt later to be running another clinic in the HDB heartlands. It was 5.30pm – a time when family doctors make quick dashes back to their homes for dinner before appearing in their clinics again for the night sessions. I received the couple.

My sister-in-law had told me earlier that my mother-in-law's doctor had periodically called her to enquire about her mother's hospitalisation. My mother-in-law was in her eighties, frail but did not have any chronic disease. On Chinese New Year eve, she suddenly developed breathlessness and went to the nearest hospital. The chest X-ray showed a 'white-out' lung. She was rushed into the intensive care unit (ICU). It was not the heart as was first suspected. The travails of six weeks in ICU were traumatic to both my mother-in-law and her loved ones. The experience is still too painful to record.

My mother-in-law's doctor apologised for not visiting her in hospital. A counter transference issue from the recent experience of a loved one in the ICU, she explained. She was anxious that a visit would flood her. After paying their respects, we chatted. I enquired about their practices and their family. Sensing that they had to go, I thanked her for the care she had given my mother-in-law through the years. Visibly moved, I told them I appreciated their attendance at the wake.

There was a surge of emotion as I said that. An unfinished business stirred within me. It was about D. He had been my patient for almost two decades. A few years my junior, the relationship

went beyond medicine. I attended his wedding – a bit late by Singapore's standard but two children quickly came along. I saw him struggle to build a business. He did smoke and drink heavily for a while but gave that up. I think it was more for his family's health than on my bidding. He had the usual minor ailments.

He came in one day with epigastric pain – the garden variety sort. Somehow I persuaded him to go for a gastroscopy and referred him to KG. On the appointed morning, D wanted to cancel it as he had some urgent business to attend to but I insisted. It is not very often that KG calls me right after scoping. "Your patient has an ulcerative mass in the stomach. I have taken biopsies, and I'm working him up."

Back to my mother-in-law, many relatives who visited her in hospital had expressed disbelief that she was suddenly so ill. Who is her family doctor? Did she see her doctor recently? And if it is the lung, could she have had some cough or fever to show that something is going amiss? "Our hospitals have state-of-the-art technology. Look at these impressive machines beeping away to stave off death," they may have mused quietly. Lay people do have unbridled confidence in modern medicine, sometimes misplaced. However, the ICU days turned to weeks. And she was still tethered to the machines, conscious but speechless. We could sense from her eyes that she was asking: "When can I go home? When can all these tubes be removed?"

The 'conversation' reminded me of my patient D. "When can all these tubes be removed?" D asked me when I visited him in hospital a few months after he was diagnosed. A pale shadow of the man he was. The tumour was undifferentiated adenocarcinoma



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◀ Page 13 – *The Wake*

of the stomach and had already spread to the bones. Rounds of chemotherapy did not seem to have any effect. D knew from the decades that I would not lie. I answered: “Soon.”

D’s wife sent me an email a few days later. “D went back to the Lord. Wake would be ...” I expected the news but it nevertheless unleashed a swell of discomfort. Should I go to the wake? His friends and relatives would know that I am his doctor. Would they ask me how a healthy man under my care for years could suddenly die of cancer? Or would they just look at me with these questions all the same? I wonder if my mother-in-law’s doctor had these same thoughts in her mind before she came to the wake.

George D Lundberg, MD, Editor-in-Chief, *Medscape General Medicine* recorded a webcast editorial dated 8 August 2007 titled “Why Don’t the Doctors Attend the Funerals of Their Patients Who Die?”¹ He cited two articles in *The New York Times* and another in the *Archives of Internal Medicine*, which corroborate the low attendance rate of physicians at the funerals of their patients and conjectured why. He quoted Sherwin Nuland, Clinical Professor of Surgery at the Yale School of Medicine who wrote “of all the professions, medicine is one of the most likely to attract people with high personal anxieties about dying.

We became doctors because our ability to cure gives us power over death of which we are so afraid.”

So if US doctors are not there after their patients die, what about doctors in Singapore? Dr Jerry Lim who chairs the Singapore Hospice Council told me that doctors from hospices often attend their patients’ wake to bring closure. But doctors in hospitals and ICUs are pretty busy people, hardly having time to relate to the persons who are their patients. I did not attend any wake in my ICU year while an IM trainee. So relatives would not expect doctors from hospitals to visit. But how about doctors, whether specialists or family doctors, who follow up on their patients for years and years, should they attend their patient’s wake to provide closures?

Well, at least one doctor in Singapore did. She was my mother-in-law’s family doctor.

“For dust you are and to dust you will return.”² ■

Reference:

- 1 George D. Lundberg, ‘Why Don’t the Doctors Attend the Funerals of Their Patients Who Die?’. *Medscape General Medicine*. 2007;9(2):54 <http://www.medscape.com/viewarticle/557500> accessed on 8 August 2007
- 2 *NIV Gen 3:19*