Many doctors are uncomfortable in dealing with dying, death and bereavement. Some of the complex feelings that are generated within doctors and people who are caring for terminally ill patients and their families are alluded to in this remarkable piece of reflection by A/Prof Cheong. Generally speaking, dealing with death, dying and bereavement may generate inner conflicts, discordance and disequilibria in three ways.

Firstly, it is about facing the patient’s and the relatives’ expectations. Doctors are often perceived as people who can “fix the broken part” and return patients to health. This is in contrast to healers and shamans, who may talk of acceptance of destiny, fate or just sheer bad luck. Too often, the media contains news of the latest curative therapies, procedures and medical technologies. It should therefore not surprise anyone when we hear “Our hospitals have state-of-the-art technology. Look at these impressive machines beeping away to stave off death”. And if we were to conclude that “lay people do have unbridled confidence in modern medicine, sometimes misplaced”, then it is perhaps that they have been misinformed by the glamorous news about the sensational marvels of medical technology that we reveal to the lay public, often without qualifying with the necessary perspectives.

The truth is, for all the new found gadgets and medical technology that we have devised to cure specific diseases (preventive measures aside), the impact generally affects only a select patient group. And even when they can transiently “stave off death”, what kind of life do they promise? And what impact do they have on death and dying, which affects all people? Then again, should death and dying, which is an inevitable part of life be “medicalised”, that is, viewed as a disease that we must desperately seek a cure for? Have we inadvertently undermined our capacity to relate to the dying and bereaved in order to promote ourselves as “fix-it” men and women?

Moreover, even when we attempt to engage the patient and their relatives, which part of our training to become doctors specifically prepared us for this task? While there has been more emphasis in such communications modules in family medicine and palliative medicine programmes recently, it is important to realise that patients, young and old, die in the hospital wards across the disciplines.

Secondly, it is about facing our own sense of identity and purpose. To many, being a doctor is more than a vocation. Together with our values, beliefs and life experiences, it defines who we are; it is an identity of the self. Therefore, if we were to validate ourselves and our self-worth based on our abilities to treat and cure diseases, we can then understand the professional and personal disenchantment when it comes to managing conditions for which there is no cure; where

"You are missing something, as well as the patient is missing something unless you come not merely in a professional role but in the role of one human being meeting another.”

Commentary on the Wake

Dr Tan Yew Seng is the Medical Director of Assisi Hospice. He obtained the Diploma in Geriatric Medicine in 1998, Diploma in Psychotherapy in 2000, Masters in Family Medicine in 2004 and PGDipMed (Palliative care) in 2006.
Q: My cough is mainly at night. So is it “cold cough” or “hot cough”?
A: In Western medicine, we do not classify coughs that way. But from hearsay, night coughs are equivalent to “cold cough”.
Q: But then “cold cough” produces white phlegm, but my phlegm is green! Why like that?
UA: I don’t know… Maybe global warming’s got something to do with it?

Q: Doctor, can I have 30 tablets of my diabetes medicine, but I only want 20 tablets for my high blood because I still got leftover. My cholesterol one 10 tablets enough already because I don’t take everyday even though you advised me to. And don’t forget my vitamins and calcium – those very important. I take everyday. And don’t forget my cough mixture – one red, one black.
UA: Why don’t I pass you my pen and then you can write down the orders yourself? I’ll just sign at the bottom corner when you have finished…

Q: How come you doctors take char kuay teow complete with the lard bits when you always advise your patients to cut down on fatty foods?
UA: That’s because as doctors, we get free samples of lipid-lowering drugs which we pop prn…

Q: Can I have some more of the painkiller that you gave the last time? It was really effective!
A: I’m sorry but that drug’s been withdrawn from the market.
Q: Oh dear! Any idea how I can get hold of some?
UA: Actually I still have some at home which I am keeping for my private consumption. No way I’m going to share them with you…

Mother to child patient in consultation room: Quick, greet the doctor!
Child, obligingly: Good morning Uncle!
Mother, embarrassment: This one Auntie, not Uncle!
Politically correct response: Never mind, it’s because my hair very short, that’s why.
UA: Maybe you should get the kid’s eyes checked…

References