

The Hobbit's Guide to Dying

When the Editor of *SMA News* asked me to write something about palliative medicine and dying, I thought he was really out of touch with the ground. Let's face it; people are going to live longer and longer with advances in medical science and we may really delay death till we are 400 years old. Think about it, we have just lived through not one but three one-in-50-years thunderstorms and floods, so I gather I must be about 200 years old now with quite a few years left...

The subject of dying in Singapore is an interesting one. For one, you are cannot die from old age in Singapore. This is true. The Health Science Authority (HSA) will not permit a doctor to certify that a person has died from old age. Anyone who has inadvertently died from old age should resurrect themselves or face the wrath of civil servants who will hunt

the deceased down after they have passed on. Other disallowed causes of death include natural causes, congestive heart failure, aspiration pneumonia, and frustration with finding parking at restructured hospitals.

But fear not, palliative medicine is here to ease the dying process. For the uninitiated, dying is a complicated business and this can be seen by the fact that palliative medicine is a subspecialty in this country. One cannot be a palliative medicine specialist unless one becomes an internal medicine specialist, paediatrician, medical oncologist, or family physician first. Think about it, you only have a chance to begin training in palliative medicine *after* you get the opportunity to potentially earn a very tidy financial amount in the private sector as a medical oncologist. Please pause to take in the profoundness of this concept... And now you know why dying is so complicated. That's why palliative medicine is profound stuff and palliative medicine

specialists are so difficult to find...

The other thing you must know is that euthanasia is a possible way of dying. However, the alert reader of this column may notice the fact that no hospital worker has killed himself by lethal injection with the introduction of JCI accreditation in our acute hospitals in the last few years strongly suggests that euthanasia may be illegal in Singapore. Of course, the fact that JCI forbids the storage of concentrated electrolytes in the wards shows just how smart these guys are. They want to keep the hospital worker *alive*. There is no easy way out, I am afraid...

The next thing you have to know about dying is hospices. Hospices are where people can choose to die in a peaceful way with as little pain as possible. It's a great idea for folks who want to end their days in a serene way. However, it is important for hospice patients to note that serenity should not be unnecessarily prolonged because government funding for each hospice patient comes with a time limit. The dying



patient who fortunately or unfortunately lives beyond his hospice funding has the following choices:

- a) Move back to another facility and then come back to the hospice again to resume dying later (most folks need at the most two tries. If you fail to do so by the third attempt, check if you are elvish);
- b) Listen to Lady Gaga 24-hours a day to strengthen one's resolve to have a quick death (Note! Listening to National Day songs makes you think you are living an eternity. Do not, I repeat, do not ever broadcast these songs to the palliative medicine patients!!);
- c) The one thing the dying patient must never do is eat hospice food. Hospice food is usually very healthy and bland. As such, hospice food is often suspected to be a cause for delayed dying. If all hospice patients were fed with nice stuff like potato chips, fried chicken wings, beef rendang, tulang or braised belly pork, maybe we will have less hospice patients living beyond their funding.

Incidentally, while we are on this topic of hospices, there is the folklore that Dover Park Hospice was supposed to have been built in the Dover Road area. However, some of the folks in the area objected strongly on the grounds that they didn't want dying people around them. Since then dying has been banned in the Dover Road/Singapore Polytechnic area and the last person who accidentally died there was issued a SAF 100 and asked to report for in-camp training at the nearby Maju Camp without delay. The people who originally objected will hopefully turn into immortal orcs one day. Nonetheless, the fact that Dover Park Hospice is now located next to National Skin Centre shows that society's understanding and acceptance of death in the community is skin-deep and exfoliative at best.

Personally, I think dying should occur at home as much as possible even though hospices are doing great work. But somehow, this is not the case, especially with certain communities within our midst where family members do not want a death to happen at home. There are certain advantages to living out your final days at home rather than in a

hospital, such as:

- a) No one will ask you about your drug allergy 27 times a day;
- b) No one cares whether your cot side is up or down and you can actually roll off the bed and die peacefully in your sleep without generating an incident report;
- c) You get to eat unlimited tulang, beef rendang, fried chicken wings and potato chips;
- d) Hopefully you will experience another one-in-50-years thunderstorm, which will automatically lengthen your life by another half a century. This should occur once every two weeks and assuming you previously had a prognosis of three months or seven thunderstorms, you have just lengthened your life expectancy by possibly another 350 years. Awesome.

Finally, a word on events that take place after your demise. You should try your very best not to die under the care of an orthopaedic surgeon. There are better ways to die, like watching reruns of local TV productions such as *VR Man*, *Masters of the Sea* and any show starring *both* Fann Wong and Zoe Tay (such as *The Ultimatum*). Some of these orthopods have strange habits. They are known to make referrals to physicians when they fail to find your pulse or pupils reactive with the professional correspondence consisting of only the following words "Dear Colleague – Please resurrect". You must realise that insurance or Medisave will not make reimbursements for such resurrections. And for the avoidance of doubt, physicians, anaesthetists and intensivists please note – "orthopaedic surgeon" is NOT an acceptable cause of death to the HSA either.

It used to be that the only doctors who made a living out of the dead were the forensic pathologists. But now things have changed. I understand that there are several doctors out there who run a valuable service – signing death certificates. These are folks whom I call post-palliative medicine specialists. It is important that we should not make post-palliative medicine a subspecialty of the subspecialty of palliative medicine. Life is complex enough as it is. These doctors are valuable because they allow folks to die at home, after these folks

have eaten their full share of fried chicken wings, braised belly pork and listened to three months worth of Lady Gaga songs. In the future, I think as a valued-added service, aesthetic procedures can also be provided. But do remember that stuff like mesotherapy is still experimental and that liposuction on the dead should likewise be limited to one litre of fat if you are not a qualified plastic surgeon.

Death is really a complicated business in Singapore because palliative medicine is a subspecialty and like the elves, Singaporeans cannot die from natural causes or old age. But aside from that, death is still a pretty decent thing to happen here.

As for me, no sailing to some faraway place to keel over like those funny elves. I want to go out with a bang while eating chicken wings and potato chips. **SMA**

