

Once as a medical student yonks ago, I was on the London Underground train one evening returning to my hostel from a full day of medical school overload, when I overslept and overshot my King's Cross stop and ended up at the last stop on the Northern Line in a strangely still, surreal, subterranean place with shimmering lights and a smell of stale fish and chips and beer puke. Many terminal patients might feel a deep uncertainty and fear of the unknown as they reach their last stop. In many cases, it is not the fear of death, but the fear of dying. They may ask, "Will I be in pain or discomfort at the end?" Many more will wonder what lies beyond the final breath, that final pulse.

Quick deaths are common enough, where a loved one says goodbye in the morning, goes off to work and never returns after a fatal heart attack. Famous sudden passings include that of Louis Kahn, one of America's greatest architects, who died of a heart attack in the Men's room of Pennsylvania Station, New York City. Another of the world's greatest architects, Antonio Gaudi, was hit by a tram and left unrecognised and unattended to on the streets of Barcelona. Both were only identified days later. Julius Caesar said (prophetically) that the best death was "the kind that comes unexpectedly". But such events can be tragically swift with no final goodbyes, like that of the Singapore medical student who was victim of a savage hit-and-run in north London. Other deaths are a study in courage and martyrdom. Many more have time to contemplate their end during chronic and terminal illness.

A good death is free of pain, free in spirit, a journey in personal growth, surrounded by love and loved ones, having reconciled the dying process and overcome fear, possessed of an inner peace, and having settled unresolved affairs. Yet the fundamental right of dying without pain or discomfort is experienced by only 8%. Five billion people worldwide still do not have access to opioid pain relief.

The hospice fills a gap as the last stop for many patients' end-of-life journey. Yet here in Singapore and in many societies, the hospice is seen as the reluctant last stop, sometimes still a taboo topic, the end of Hope. In the film *Invention of Lying*, the story revolves around British comedian-actor Ricky Gervais who plays an unsuccessful Hollywood screenwriter living in a parallel universe where lying simply does not exist and absolute truths are blunt and forthright, leading to some wry in-your-face moments. For example, Ricky Gervais' mother is dying and is sent to

a hospice, which is instead called "A Sad Place for Hopeless Old People". Many people view the hospice as a place where one would die faster. Atul Gawande's August 2010 New York Times article *Letting Go* featuring a 34-year-old non-smoking new mother with incurable advanced lung cancer, recounts a study of 4493 Medicare patients with either terminal cancer or congestive heart failure that found no difference in survival time between the hospice and non-hospice patients with breast, prostate and colon cancer. In fact, pancreatic and lung cancer patients who stayed in the hospice lived longer.

Still, if all terminal cancer patients with less than three estimated months to live were to move to a hospice, our nation's hospices would be paralysed. I bring my sons to get their haircut at the QB House in Holland Village. On scorching hot crowded weekends, cars attempting to come in to the surrounding Holland Village carparks overwhelm the number of cars exiting, making for the long wait for a lot, and QB House itself overflows with males of all ages. Our busy hospital A and E departments often wait "constipatedly" for discharges, and a large number of these long staying inpatients are chronic sick and terminally-ill. QB House has a nice workflow going – 10 minutes, a good \$10 haircut, and the customer is out. No hippie hobos with rapid-growing hair coming in and slumming on the floor for sure. But the holistic comprehensive multidisciplinary care of chronic patients in an ageing land-scarce country is more complex and challenging than cutting hair. In the United States, 20% of Medicare patients who are hospitalised get readmitted within 30 days, costing their health system 17 billion dollars per year. Given our small land mass, there might be proposals to build step-down care in the idyllic southern islands. But if this were ever to be announced, you can bet your bottom dollar that Mr Brown would lampoon the idea with some Hokkien rap about old uncles and aunties being dumped in a bleak

cold atoll and cared for by foreign talent. Now if an integrated resort was erected in the southern islands, Mr Brown might still rap, but this time about bold uncles and aunties sailing off to a big gold atoll serviced by foreign talent.

Medical technology has transformed medicine. About 200 billion dollars and 1.5 million scientific papers on cancer research later, there have been some real breakthroughs in cancer treatment and palliative care, with real cures and improvements in lives. However, most of the real survival benefits from new cancer treatments only extend lives by weeks to months and many more make no difference at all. The Austrian philosopher Ivan Illich criticised the commoditised medicalisation

# THE LAST STOP

By Dr Toh Han Chong, Editor

*In the long run, we're all dead*  
John Maynard Keynes



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of dying, where intensive and potentially expensive medical interventions are often nihilistic, meaningless and can strip away the dignity of the dying process. The decision to keep the terminally-ill patient in costly high tech surroundings with an overload of flashy equipment with bells and whistles and an armamentarium of drugs is usually a result of this *medicalisation* culture. Sometimes, reactionary guilt among family who feel they have not cared enough, real and unreal filial piety that can even manifest as *wayang*, cost concerns, fear of neglect, and disagreement of care plan, can all influence the decision to transfer patients to step-down care facilities. All credit must go to hospices and their dedicated staff for transforming the perceived “A Sad Place for Hopeless Old People”. While not changing the name from “hospice” to “hospeace”, “hospitality suite” or “hot springs”, hospices are creating environments that no longer carry the stigma of *bob pian* dumping ground, the *sudab habis* last terminal for the terminally-ill. The government, philanthropy, volunteers and dedicated health professionals have given much to build up step-down care in Singapore. The long held belief that hospice care is a revenue-burning healthcare black hole has been challenged by a study which shows that hospice care overall saves money, concluding that it saves Medicare an average of US\$2300 per beneficiary, quoting that this is “a rare situation whereby something that improves quality of life also appears to reduce cost.” One happy problem is that as end-of-life patients live longer, such care gets costlier. Evidence is showing that earlier palliative care intervention in a patient’s cancer journey has tangible benefits, even prolonging survival. Patient charges at hospices overall fall below operating costs, almost all are subsidised and over one third at some Singapore hospices can even stay free. This is greatly helped by fundraising and donations. Still, dollar for dollar, Singaporeans may not wish to transfer a loved one from their familiar specialist physician and a posse of medical support loaded with drugs and high tech machines to what seems like a minimalist Zen sanctuary where advance care planning is offered with the daily meals, perceived to be tube-fed Ensure or intravenous normal saline, instead of Hobbit’s desired last meal of chicken wings and potato chips.

The hospice must continue to innovate and evolve since its inception by the late remarkable Dame Cicely Saunders. Founder of the hospice movement, Dame Saunders read politics, philosophy and economics at Oxford, then trained as a nurse, medical social worker, and

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later as a medical doctor. She passed on from cancer in the very hospice, St Christopher’s, she founded in 1967. One key hospice initiative is on optimal management of symptoms like pain crises with a view to discharging end-of-life patients home with solid home hospice support. Whether home is a tattered tent under a bridge or a mega mansion on a hill, it is all about the good death, with minimal pain and suffering. Having one’s final moments at home is often seen to be the ideal, but this does not always play out well. In the final scene from *Citizen Kane*, widely regarded as the greatest film ever made, the once formidable Charles Forster Kane (loosely based on the life of

the American newspaper magnate William Randolph Hearst) lies soulless and loveless on his deathbed (private nurses and staff notwithstanding) in his gargantuan gothic manor *Xanadu* filled with priceless clutter. Having once been the then-richest and most powerful man in the United States at his height through ruthless ambition and avarice, he utters his final word “Rosebud”, and then dies. Rosebud is the name of his childhood bobsled, with which he had spent many happy moments, before he was given away to a wealthy uncle by his parents who had no means to raise him. In the Japanese film *Departures*, or *Okuribito*, a retrenched professional cellist, Daigo Kobayashi, returns to his hometown to take up a job as an encoffiner, where he has to ceremonially prepare the dead in front of mourners. Facing derision by the townsfolk and tension with his wife, who is at first ashamed that her husband has sunk to this grubby level of work, Daigo perseveres and demonstrates just how much artistry, meaning and dignity he brings to his work with heart-warming conclusion.

Kudos to guest editor Dr Jeremy Lim for assembling this timely theme issue that raises our consciousness about dying well in Singapore. World Hospice and Palliative Care Day is on 9 October (<http://www.worldday.org/welcome/>) and it is only right to remember and thank the unsung heroes of hospice and palliative care who have brought so much relief and respect to those who have life-limiting illness. **SMA**

*“How people die remains in the memory of those who live on.”*

*Dame Cicely Saunders*