

The Unknown

All names have been changed.

It was my first week, fresh from my previous posting, and I was all ready to take on the challenges of Medicine. As part of my daily ward work, I was assigned two patients, and Mdm Tan was one of them. When Mdm Tan was admitted, she was in an altered mental state, and unable to provide any identification. She was essentially an unknown Chinese female.

I met Mdm Tan for the first time one day post-admission. She was full of smiles then, greeting me cheerfully as I approached her. Communication proved a challenge as she spoke limited Mandarin, and mostly Hokkien, while the reverse was true for me. However, we managed to overcome this by utilising the two languages interchangeably.

My house officer and I assessed her orientation according to time, place and person, and she seemed oriented. We then elicited information about her identity, and she was able to recall her name and home address, but could not spell them. I proceeded to take down her history, and discovered that she had an unwitnessed syncopal episode in the lift. She claimed to be completely all right before that, but had a heated argument with her son's mistress. According to Mdm Tan, the mistress came chasing after her with a knife, which led her to take the lift. She was sent to the hospital by a passerby and regained consciousness later. There were no symptoms associated with the event, and she had no sequelae post-event. We were, however, unconvinced by her history, considering her exaggerated recount of the incident with her son's mistress and a possible history of dementia. An examination was done, but it was unremarkable. As I followed ward rounds that morning, she still seemed cheerful while management plans were made. However, this changed drastically as the days passed.

On day four, the medical team in charge had already made a police report, but was rejected on the basis that identification issues did not warrant police involvement. A medical social worker referral was made, but a home visit had not been done yet. That day, Mdm Tan's mental state deteriorated. She was weeping incessantly, but was ignored by most of the staff as they simply passed it as a relapse of her confusion. As we left her bed following the conclusion of her assessment, she held my hand, refused to let go and kept begging to go home. She said, "Doctor, I want to go home. It's been five days since I've seen my family. I've been lost for too long." It was an emotional moment for me, to see a patient without an identity for the first time, coupled with her cries for help in reconciling her with her family. The only



Chinese Female

By Warren Ong

difference I could make was to make a trip down personally to find her family.

That evening, I spoke to a doctor about Mdm Tan. He discouraged me from visiting her home, reminding me that it was inappropriate and unprofessional, as a line had to be drawn between my role as a doctor and my desire to go the extra mile. In addition, I was unsure of her family's background and given her history of altered mental status, the address provided might have been incorrect.

I did not visit Mdm Tan's apartment in the end. However, I deeply regretted it as it was a simple gesture that would surely have made a significant difference. I pondered over the true role of a doctor and came to a conclusion: we, as doctors, have a basic medical role, to heal and save lives.

However, we do not have to be limited to that. The extent we want to help our patients is defined by our characters and morals we hold true. We are bestowed with the opportunity to make a difference to people's lives, and this empowerment should be used to provide holistic care for our patients, even if sacrifices have to be made on our part.

The following week, Mdm Tan was finally reconciled with her daughter. Her daughter mentioned that Mdm Tan suffers from dementia, and the incident she described which supposedly happened prior to the syncopal episode was not true. Her fall was precipitated by an overdose of anti-hypertensive medications. Her family's intention was to relocate her to a nursing home, considering the deterioration of her dementia and lack of caregiver support, but they were concerned about the financial burden. The ward team made arrangements and worked with medical social workers to alleviate the family's financial difficulties.

In the end, the address Mdm Tan provided was correct.

On the day of her discharge, Mdm Tan was in high spirits and went around thanking the staff for taking care of her. She came to me, and once again held my hand, saying, "Thank you, doctor." I smiled in return, but knew, deep down, that I did not deserve that gratitude. **SMA**



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