

# When our children fall ill: A Doctor's Lament

By Dr Tan Poh Kiang

"Dear, she feels very hot. Shall we check her temperature?" My wife asked as I was slurping the delicious bird's nest concoction. The Omron digital thermometer read 39.5 degree Celsius. We had just arrived at Phuket and were en route to our hotel at Patong Beach. It was a scorching day (ambient temperature must have been close to 35 degrees) and it would be another 2 to 3 hours before we got to our hotel. I gave my two-year-old daughter oral Paracetamol and inserted a suppository Diclofenac at the restaurant. That signalled the beginning of hellish misery for our family, which would occupy most of our 4-day/3-night Phuket trip.

It turned out that the fever was not the only challenge that we were to face even though it alone was frightful enough. My daughter spiked a peak of 39 to 40 degrees every 6 to 8 hours, almost as if driven by quartz precision. This was despite regular doses of oral Paracetamol and intermittent insertion of suppository Voren, and violent struggles with a toddler who refused to be tepid-sponged or have the cooling pad pasted on her forehead. She also complained that her mouth was "itchy" (which we realised meant painful). After failing to persuade her to cooperate, I pried open her mouth to push in a tongue depressor (to the horror of the grandparents who had also come on the trip). I was shocked to discover that her pharynx and tonsils were covered with ulcers and white exudates. The situation became dire when she couldn't tolerate the pain of swallowing and rejected fluids. In order to overcome the dehydration, we had to pin her down between my legs while my wife syringed medication and oral rehydration solution into her mouth. This was reminiscent of those senseless

violent scenes from WWF (World Wrestling Federation for those of you who are not fans of The Rock) – there were lots of inter-locking of body parts, profuse sweating and wild screaming (my daughter namely) as we aimed the liquids into her mouth (It was clenched most of the time!).

Distress – n. mental pain; anguish .... The English dictionary seems to understate its intensity. I am quite certain my parents-in-law could give you a better definition of distress as they witnessed the fights with my daughter.

After 24 hours of nursing a very sick child, the toll on my usually resilient wife showed as she burst into tears.

"I think we should go back to Singapore and send her to KK Women's and Children's Hospital." My distraught wife declared.

"But...I'd be leaving behind the clinic staff when this was supposed to be our clinic outing."

"Are you saying you are prepared to risk your daughter's life?"

I had no quick answer to that weighted question. I had already started my daughter on Augmentin and was confident that given time, the infection would be controlled. The only doubt was whether we were doing enough to rehydrate her, as her urine output was dismal and she was very lethargic (probably more as a result of our fights than the disease process). What I knew for sure was not to admit her to the local hospital. I was in a quandary, for other than prayer, there was nothing else I could offer my beloved daughter.

What does a father do in such a situation? The physician in me believed that the treatment was right and she would respond even though she did not seem like she would at the end of our second day in Phuket. Trying to rush back to Singapore was no easy

task and it might mean that once we reach home, she would have recovered sufficiently not to require admission. But staying the rest of the trip might mean endangering her by depriving her of more intensive treatment at the hospital.

We prayed and made the decision that if her condition did not improve significantly by the morning of the third day, we would attempt to return home urgently.

When our little one woke the next morning and asked for milk, we knew the storm was receding. A while later, when she demanded, "I want to go 'kai-kai' (the vernacular term among Chinese to mean "going outdoor to venture")," we knew our prayer had been answered and the crisis was over.

The joy of parenthood includes nursing children through their illnesses. I have known couples that made their decision to limit their number of offspring because of such difficult times. The anxiety, doubt and fear can lead husbands and wives into major fights, or these trying moments may fortify their relationship. Such crises make us acutely aware of the state of our family – the relationships between husband and wife, parents and children, as well as with grandparents. It also causes us to examine our external resources (network of close friends, knowledge of medical facilities, home storage of common medications) and our inner strengths with which to cope when infirmities strike.

There is no doubt that I relate better to my patients when they bring me their sick children for consultation, after I had experienced those sleepless nights when my daughter was sick. My diagnostic and therapeutic processes are shaped by how I treat my own flesh and blood. Many a patient has



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been comforted when I share honestly that my own daughter has suffered that particular type of disease and the details of the struggle in the care of a sick child. Just as many feel better when they know that the medications I prescribe for their kids are exactly what I would give or had given to my own.

Recently, my wife and I had been lamenting about how often our daughter falls sick. There was an unspoken thought of unfairness of how the daughter of a GP suffers the occupational hazard of multiple pathogen exposure through her dad. This lament lasted until two recent incidents.

The first was an unexpected reading of an old school friend's account about the loss of a 9-month-old son through multiple congenital anomalies. It was a tearful testimony of courage, of this

couple who endured the agony of watching their son die slowly.

The second was an encounter with a young mother who had consulted me for migraine and fatigue. Upon my gentle prodding in the history taking, I discovered that she had just spent the last 2 weeks camping out in the Paediatric ward of NUH because her daughter had suffered status epilepticus from viral encephalitis. I offered her a few days of medical leave to rest and limited words of solace. How can I possibly console the aching heart of a mother when she had been warned that her child might never be the same again?

These 2 incidents converted lament to deep gratitude. No matter how many times my daughter falls sick, or how difficult it feels during each episode of illness, as long as she does not face death or permanent sequelae, I will be eternally grateful.

Friends have commented to us that we are lucky to have a doctor in the family. Notwithstanding the convenience of personal medical attention, when our daughter falls sick, we are subject to the same emotional upheaval that other parents go through.

In addition to appropriate therapy, we have learned that we cope better with our readiness to seek help through prayer and our other family members and close friends. Nursing a sick child can be exhausting physically and emotionally. When there are extra practical help (family members taking care of other domestic chores so that the parents can rest) and consoling words (hearing from friends who had gone through similar struggles), the difficult task is made more bearable.

We do not have to walk alone. Especially when children fall sick. ■