

By Ms Lee Hwee Chyen

## My First Jaundice Case

“On general inspection, Mr X looked alert, but unwell. He was visibly jaundiced in the eyes and skin, and very cachexic.”

There he lay sleeping, but in obvious discomfort. With all that massive weight loss, his yellow skin just barely blanketed his bones. Watching him from the foot of the bed, it was hard to believe that this was the same man who, just a few hours ago, was seen grousing in Hokkien and madly gesticulating for the rest of the world to leave.

Like other terminally ill patients, he was a stubborn man. But while some lay sick, helpless, and perhaps suicidal, Mr X was one tough cookie. He was your typical curmudgeon with the energy to scold, scowl and criticise everyone who came near him. And he particularly enjoyed chasing medical students away with his swinging arm movements and snide remarks.

When we were first told about him, we were extremely eager to find him. We received a tip-off that there was a “must-see case” somewhere in the ward on the seventh level. And being the exceedingly enthusiastic, over-zealous medical students that we surprisingly still are now, we rushed over to the room. It was not too difficult to find out who or where he was. Given his jaundiced state, we could spot him from a mile away. He was the living example of what the legendary Bailey described in page 1128 of every student’s surgical bible.

We walked to the bed gingerly and, seeing that he was sleeping, employed our usual tactic. We hovered around, sometimes circling the bed in our noisy shoes, or murmuring to each other, in a bid to “accidentally-on-purpose” wake him up.

And we succeeded.

When he opened his eyes, we looked up at the sign on his bed and addressed him as Mr X. Seeing that it was labelled “Hokkien-speaking”, I let my peer handle the case instead.

“May we ask you some questions?” (*in Hokkien*)  
“GAN KOR!” (translation: “DIFFICULT!”)

The response was almost immediate. We quickly dodged and moved off as he started

swinging his arms in a strange manner, as if hurling invisible balls of fire at us.

The next day, by some stroke of bad luck, we found out that the rest of our friends had also discovered this new “must-see case” and had been apparently trying to clerk him. But Mr X was far from communicative. Anyone who tried to talk to him walked away with his standard two-word reply of “GAN KOR!”

So what were we to do?

Just before I headed home early one day, I received yet another tip-off. Somehow, someone discovered that Mr X was in fact Cantonese and not Hokkien. Like a bee drawn to a fresh pot of honey, or rather, like medical students rushing towards an “AAA”, I rushed down to the bed.

My Cantonese has been, to date, minimally functional. But being the typical medical student, I forced myself to give it a shot anyway. At the very least, I just HAD to feel his liver.

So I went up to him and greeted him in Cantonese. He looked at me and asked if I was Singaporean. I said yes. And he went on, “Are you not from China? Why are there so many people from China over here? Why do they ALL SPEAK BLOODY MANDARIN to me? I do not understand it at all!”

Slightly startled but undaunted, I proceeded to ask him the usual “clerking” questions, albeit in rudimentary, heavily Singaporean-accented Cantonese. Each time, he would reply curtly. It was a pretty straightforward case really: there was his lemon-coloured skin, a bag of tea-coloured urine dangling by the side of the bed, and most of all, I could just see what appeared to be an enlarged liver beneath his thin, coffee-stained hospital garb.

Finally I got to the part where I asked him to show me where the discomfort in his tummy was. To my surprise, he lifted his shirt and pointed at his epigastrium without any hesitation. Having been chided on multiple occasions for not



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respecting a patient's privacy, I ran to the other side of the bed to draw the curtains. And before I knew it, the man yelled at me to get lost! He said that I was "*chiong hei*" (that is, "long-winded"), and yelled at me to "get out of his sight".

I was alarmed and very confused at his sudden outburst. One minute, there he was practically volunteering his abdomen for palpation, and the next, he was shouting at me to leave. With a quick apology, I drew back the curtains and said, "Bye-bye" in English. (I was so stunned I could not even remember what goodbye in Cantonese was.)

To my astonishment, the man replied with a cheerful "Bye-bye".

I was a little peeved. This man was absolutely perplexing!

After learning what had happened, another group of students went down to look for Mr X.

As politically incorrect as this may sound, I felt a tad POSSESSIVE. I wanted to be the first person to feel his liver and do a full clinical examination. It was the first week of our very first clinical posting and this was the *first* "must-see case" that we had managed to lay our itchy, "hepatosplenomegaphilic" hands on.

Later that day, I met a house officer (HO) who asked me if I had seen the case yet. I related the entire story to him, and upon seeing how flustered I was, the HO kindly offered to take me through the case.

The multilingual chat session that followed was completely bizarre. The HO spoke to him in Hokkien, and I spoke to Mr X in Cantonese. Neither of us knew what the other was saying, and only Mr X could skillfully speak and understand both dialects.

Nevertheless, like eager beavers we jumped straight into the physical exam. Without even drawing the curtains, we examined his abdomen. (*Do NOT try this at all lest you want the nurses or patients to scold you. ALWAYS respect the patient's modesty at all times!*)

As pathetic as it may sound now, I was ecstatic. It was the first time my "virgin" hands had palpated and percussed a real, enlarged liver. (This may sound strange to some but I never got to feel one during my stint in e-clinics.)

It was almost too good to be true. And then it happened – he violently pulled his shirt down and told us to get lost.

The difference was this time I had a real doctor around. So the HO broke into this long talk that sounded like Greek to me but was actually Hokkien. And what appeared to be coaxing worked like magic. Like a prisoner accepting his fate at the guillotine, Mr X shut his eyes tightly

and lifted his shirt in a sign of resignation.

In the days that followed, Mr X's diagnosis was confirmed. He had carcinoma of the head of pancreas. Upon learning his diagnosis, his attitude towards me completely changed.

Once, when I was walking around hunting for someone to clerk, he waved frantically to me. I could not believe my eyes, for Mr Oscar the Grouch not only recognised me, he was flashing a never-before-seen smile! From then on, things were different. Every time he saw me, he would wave. Every time I was even within a one-metre radius from his bed, he would ask me to come over. He addressed me as "Missy", even though he knew very well I was just a medical student.

Once, during ward rounds, the doctor told him that they were going to stick a needle in him (that is, Percutaneous Transhepatic Cholangiopancreatography). My heart sank when he asked why he could not have an operation. No one had the heart to tell him that he was terminally ill and only suitable for palliative care.

Before Mr X was discharged from hospital, the last conversation we had was also our longest.

"My greatest fear now is not about dying. I have lived my life well. Though I have no children, I have a wife. That is *more* than enough to handle. My only fear is that I will never be able to eat *laksa* again. You live in Katong? Make sure you eat some today and enjoy it!"

"And by the way, thank you for coming to see me often. One day you will be a big doctor and you will forget who I am."

He probably cannot remember me now, wherever he is.

As a medical student, I know that we should not get ourselves too emotionally attached to what we see in the hospitals. So the next paragraph is NOT going to be a ramble about how I need to save the planet and how I want to find a cure for cancer and so on.

You know how it is when they always say there is a first time for everything?

Well, I had many "firsts" with Mr X. (Now, no indecent thoughts please.)

He was the first jaundice case I clerked as a medical student. It was the first time I palpated an enlarged liver and saw palmar erythema, and he was the first person to tell me to get out of his sight and say I was irritating right to my face.

But he was also the first patient who made me wish that all my prized textbooks were in fact wrong, and that he had longer to live. I kept hoping he would revert to his old irascible self, at one point even wishing he would start berating me again.

But above all, he was the first patient who made me realise, for the very first time, why I want to be a doctor. ■