

Palliative Care and Happiness

Happiness is a mental or emotional state of well-being defined by positive or pleasant emotions ranging from contentment to joy. It is an ephemeral thing that floats in and out of our lives.

There are different approaches to achieving happiness. Hedonic happiness concerns the maximisation of pleasure and the minimisation of painful experiences. For instance, some people associate happiness with getting the material things they desire and avoiding the things that they dislike. The issue with hedonic happiness is that it is short-lived, since its objects of happiness do not last. Unfortunately, many people go through their lives constantly looking for sensual pleasures and material things that make them happy.

Eudemonic happiness, on the other hand, involves the pursuit of personal fulfilment that goes beyond sensual pleasures. It is usually derived from one's inner or spiritual practice. Encountering critical life events could be one of the turning points for someone to move beyond the chase of sensual pleasures and eventually experience the more subtle peace and happiness. In the face of critical life events such as the nearing of death, sensual pleasures appear inconsequential. As one acknowledges the transient

characteristic of sensual pleasures and puts a stop to the useless pursuing of new things, such letting go of whatever that binds them could lead them to experience the more subtle happiness from within.

FULFILMENT OF NEEDS

The recently published Grant Study was a study dedicated to unearthing the secrets to a happy and purposeful life. It followed 268 male Harvard undergraduates from the classes of 1938 to 1940 for 75 years, collecting data on various aspects

of their lives at regular intervals. The authors concluded that having a loving relationship is an important component in life to attain happiness, whereas money and career success are only small parts of a much larger picture. Thus, by developing inner contentment and having healthy relationships with loved ones and others, one would lead a happier life.

Maslow's hierarchy of needs stipulates that higher order needs (such as self-esteem and self-actualisation) leading to eudemonic happiness are contingent upon the fulfilment of lower order needs associated with survival, safety and belonging. For palliative care patients, the lower order of needs are those of physical, psycho-emotional, love and affection. The higher order needs include finding inner peace through connection with transcendence. Transcendence is a state of being that has overcome the limitations of physical existence and has become independent of it. This typically manifests through prayers and meditation.

THE PHYSICAL ASPECT

Happiness is thus related to an improved quality of life, which is a goal of palliative care. Many palliative care patients who are facing life-limiting illnesses would request to be physically comfortable and symptom free during this stage of the illness. Their physical state tends to affect their sense of happiness. Patients usually feel generalised fatigue and a "loss of control", and fear uncontrolled pain or other symptoms. It is therefore very important to address their concerns and have good control of these symptoms. Despite the patients' limited functional status, the palliative care team can help to modify their activities so that they can still be participative, giving them a sense of control.

Patients at the end of life tend to reflect on their lives and try to find meaning in them. Patients will experience peace and happiness if they feel that they have had a fulfilling

life and have achieved what they had hoped to. This is in contrast with some patients who may feel regret or anger about their lives, likely from the psychosocial suffering that preceded their diagnosis. The palliative care team offers psycho-emotional support by offering our presence. The forgiveness of oneself and others is a very powerful tool that we can use. We can help patients reflect on the good deeds they have done and make them feel that they led a life that is meaningful and well worth living.

Love and affection plays a very important part in coming to terms with the illness. The diagnosis of cancer and its progression evokes a wide range of emotional responses like fear, anger, anxiety, helplessness and hopelessness. This is the time when patients draw on the emotional support from family and friends which brings with it deep contentment, typically comprising physical presence, empathy, expressed concern, affection and acceptance. We can facilitate the conversation between the patient and family members for them to express their love and concern for one another, ask for forgiveness on things that they may have done wrong previously, thank one another for their companionship over the years and bid their final goodbye.

SEEKING SOLACE IN RELIGION

For some patients, inner peace and happiness relate to the presence of religious faith and belief. This could take the form of prayers, making connection with their deities and having support from their spiritual communities. The support of pastoral care, which is an integral part of palliative care, assists patients in their needs for spiritual growth and the achievement of inner peace.

I vividly remember Madam AC, a patient with advanced cancer who had a wish to see her daughter get married before she passed away. A tea ceremony and solemnisation was conducted in the hospital as she was too ill to travel. She was very happy to see her daughter "settle down"

and also found inner peace from her religious faith. She passed away peacefully in the company of her family a few days later.

IN CONCLUSION

The role of the palliative care team is to support the patients and their families on their journey through this difficult path. Other than good symptom management, the team also looks into the psycho-emotional and spiritual aspects. The patients will also be treated with dignity and respected as individuals. In doing so, we hope to improve the "happy state" of the patients and enhance their quality of life during the final lap of their journey. Family members, seeing their loved one in a happy state of mind and being at peace, will be able to have better acceptance of the patient's condition and have better closure. ♦

PROFILE



TEXT BY

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Dr Lee Chung Seng is an associate consultant in Tan Tock Seng Hospital Palliative Medicine Department. He has worked in the palliative field for the past 15 years. He was initially working as a resident physician in Bright Vision Hospital (inpatient hospice) for ten years before joining Tan Tock Seng Hospital.