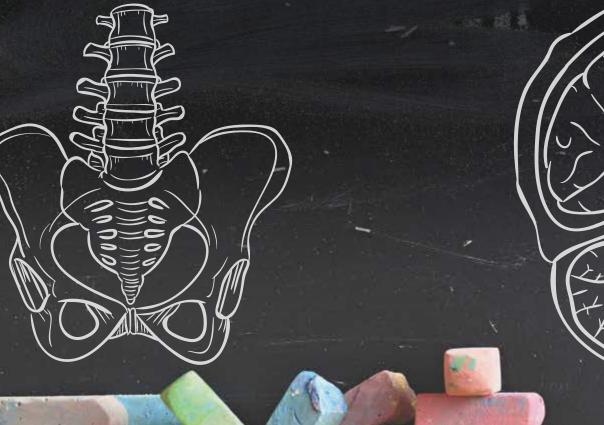
N2+3H2 >2NH3

Cason + 4 H20 >> -> (C (H20))47 CH3-E





When I read that registration for the 32nd Singapore Hospice Council Postgraduate Course in Palliative Medicine was open, I immediately registered online! I had always wanted to have a taste of what palliative medicine is all about and was delighted when I was accepted. I then sat back and waited for the final confirmation of the programme.

Two days before the course commenced. I received an email with the course details and pre-course reading materials which I read with much excitement. The response to the course was overwhelming and as a GP, I felt honoured and lucky to be given a spot.

As a pioneer-generation medical graduate from the University of Singapore in 1973, I was totally unprepared for the academic and knowledge explosion that hit me head-on during the three-day course. I had not expected the extremely high academic and scholastic standard of this postgraduate course.

CHALLENGES ABOUNDED

I personally found the course very tough indeed. It was daunting and challenging, yet simply awesome and mind-boggling. Fortunately, prereading the online materials helped me to ride the interactive storming sessions which were part and parcel of the lecture, though it did bring back fearful memories of my anatomy days with my professor at the Allen Lecture Theatre. We were filled with anxiety and uncertainty when our turn came. After all, you never know what the good professor would ask you. Some of my classmates were simply great and very well prepared - especially the ladies!

I must admit that Dr Alethea Yee gave a great introduction to the participants which consisted mainly of young residents, medical officers and trainees from different disciplines. There were a few specialists too! All of them were looking very fresh and smart, and they were very

knowledgeable. What was this whitehaired Ah Kong doing among them? Search me!

That marked the start of my unchartered journey into the world of palliative medicine. It was simply overwhelming, highly interactive and intellectually stimulating. I had to jolt myself and be on my feet as the microphone was passed around from one participant to the next to answer the questions put forth by the lecturer. It was indeed a good way to keep participants on their toes. Some participants were honest enough to give the microphone a miss as they did not read the pre-course materials or watch the pre-course videos.

ACTIVE INTERACTION

Although I was trembling during my turn, I was glad to be able to share with my fellow participants that palliative care can be extended to cancer and non-cancer patients, as well as patients with medical conditions such as chronic renal failure, chronic obstructive pulmonary diseases (COPD), debilitating neurological conditions, end-stage liver failure and a special group of paediatric patients with cancers and multiple genetic disorders. The attentive Dr Yee even noticed that I had all these written in my little red book. I heaved a big sigh of relief...

Dr Peh Tan Ying's interactive and informative lecture on pain management was simply POWERFUL! Dr Peh engaged the participants very well and most of the time, I was a passive watcher and active listener. The knowledge explosion was mind-boggling to say the least and the discussion on impeccable pain assessment and management was really beyond me. There was one great take-home message though: do not be afraid to use morphine on patients who need it. It is cheap and good!

I was most interested in the lecture on communication delivered by Dr Yee. It was truly something

that I can relate to very well in my daily practice. Dr Yee and Dr Peh were both great facilitators and they patiently guided us on what we should and should not do as doctors when conducting important interviews and breaking "bad news".

The role-play workshop on Day 1 was very interesting with the involvement of a professional actress. It was emotionally overwhelming but I enjoyed this part of the course best. Being the only family physician in the group, I was chosen to play the role of the family doctor who had to break the bad news to his patient concerning the possible recurrence of her breast cancer, following an abdominal scan report about nodules found in her liver. The patient was played by a veteran Mediacorp actress who cried an ocean when she received the "bad news". Real tears! The whole session, facilitated by Dr. Yee, was very realistic and electrifying.

PALLIATIVE CARE

The morning of Day 2 consisted of mainly lectures. Dr Peh got the ball rolling with an overview on palliative care in non-cancer conditions.

Dr Mansha Khemlani conducted a workshop on end-stage renal failure and it was a tough session for me. Active participation was encouraged in all the lectures and workshops. Thus, one must pay attention and follow the flow of the discussion.

I was greatly impressed by the entertaining and delightful workshop by Dr Neo Han Yee on COPD. He was very down-to-earth and gave very good and appropriate illustrations with much added humour. At the same time, he also displayed empathy and compassion for the COPD patients who are often neglected. It was a great lecture with many takehome messages and vivid images.

The other great impact I felt was during the home visit session. We had a very hardworking home care nurse from Assisi Hospice, Ms Liao, who showed us three patients. Two

of them were ordinary Singaporeans living in Housing and Development Board estates, while the third was from a wealthy landed estate. The visit to the terminally ill patient with triple negative breast cancer was simply too overwhelming for me. I was rather traumatised by what I saw but I was greatly impressed and inspired by the amount of work the nurses were doing for these terminally ill patients who choose to be treated at home. I also realised that cancer can strike anyone without discrimination: the high and the low, the rich and the poor, the mighty and the weak. It was a great eye-opening afternoon session for me. This home visit session was the most inspiring and I believe that home care nurses are one of the most important members of the whole palliative team.

THE LAST LAP

Day 3 was another full day with great lectures and an explosion of knowledge which my poor mind simply could not take in anymore. However, I endured and enjoyed all the sessions, including the practical illustrations on palliative care nursing. I must highlight the unique ways some of the lecturers adopted to impart their knowledge and experience. Dr Lalit Krishna was one entertaining lecturer on ethical issues – we enjoyed his illustrations greatly! Dr Tham Wai Yong was smiling all the time when she delivered her lecture on psychological issues, putting all of us at ease.

Ms Tan Yee Pin was yet another very entertaining and engaging lecturer with her real life illustrations from working with patients and families. Dr Poi Choo Hwee was a soft-spoken and willowy lecturer. During her lecture on patient care in their last hours, she spoke in a very sobering manner, reminding us of our mortality. The audience were hushed and listened to her with full attention as she shared her very poignant experiences with patients during their last hour; her voice soft and gentle with love, empathy and compassion. Simply awesome!

Finally came the wrap up and debrief which was superbly done by Dr Peh. I was greatly honoured and happy to shake her hand, and expressed my gratitude and thanks for a job well done when I rose to receive my Certificate of Attendance.

WHY DID I ATTEND THE COURSE?

After the role play workshop on Day 1, Dr Yee had approached me to ask what made me sign up for the course.

I told her that there were two main reasons. On the personal level, I am the only doctor in the family and I am often called upon to give advice on many life-threatening issues my family members face. At times, I feel rather inadequate and ill-equipped to give them sound advice.

On the professional level, I am facing an increasing number of patients on palliative medical care in my daily medical practice. As I felt that I knew very little about palliative medicine, I had hoped that the course would give me a better understanding of caring for terminally ill patients.

It is expected that by 2020, at least 20% of Singapore's population would be above 65 years old. Many will survive into their 80s! Cancer will likely be the number one killer and non-cancer diseases will continue to take a great toll on our healthcare system. Early palliative medical care will have to be instituted to reduce suffering for patients as well as their caregivers and family members. Palliative care also aims to improve the quality of life of those with terminal illnesses.

Overall, it was a very compact and intensive course that was physically and mentally challenging. I completed the three-day retreat utterly exhausted, but hopefully much wiser, more enlightened and greatly inspired.

Thank you. •

