

Is it Time Yet?

By Dr Tan Poh Kiang, Editorial Board Member

I have always assumed that people are afraid to die. Even before I became a doctor. This assumption was reinforced during the early days of hospital training when I had witnessed senior doctors on the ward rounds behave awkwardly around those who were moribund, DIL (Dangerously Ill List) or DNR (Do Not Resuscitate). As the patient deteriorated or the prognosis got bleaker, the amount of time spent conversing with the sufferer and his family members diminished.

"Good morning, Mrs Aw. Everything ok? Looks like you have no fever today? Let us know if you need anything. See you later!"

It was all smiles, courteous and fast – better move on before she starts to ask difficult questions such as:

"How serious is my condition, Doctor?"

"Do you think I will see my grand-daughter get married this December?"

"Should I spend whatever time I have at home instead of in this hospital room?"

I would therefore be excused for thinking that part of the doctor's duty was to help people overcome the fear of death. The subject of death was seldom addressed in my medical education. At least, not except as an end-point – the point where one had to admit defeat to the failure of diagnosis and treatment. It was a basic assumption at clinico-pathological conferences to ask: "What did the patient die of?" As a student, I was never impressed upon the importance of "How did the patient die?" or more precisely "Did the patient die well?"

Years later, as I progressed in my medical education as a private practitioner – where I can no longer hide behind the safety of senior colleagues in the ward team – I began to learn that people are not always afraid to die. They are only petrified of dying in bad ways. Let me explain.

DID THE PATIENT DIE WELL?

Mrs Wong is Cantonese and about 80 years old. It is hard to be sure because she said that migration to Singapore from South China in the early days required skillful lying about one's age. She is candid about her aging and makes it clear to me that she is ready to die. And she does that on virtually every occasion that she comes by the clinic to see me.

"Can you give me an injection to let me die?"

The first time I heard that question, I thought my Cantonese was not proficient enough to discern the underlying intent. Mrs Wong clarified her request by assuring me that she would not let anyone know about my contribution to her death so that I would not get into trouble with the police.

"I can't do that, Mrs Wong! Doctors are trained to save lives, not end lives."

She assured me that money was not an issue because she had saved a substantive sum in her POSB account and was prepared to pay for this euthanasia service. Over time, I began

to understand her desire to die as I tried distracting her with good reasons to continue living.

Mrs Wong has a phobia of hospitals and in-patient treatment. She has many medical conditions that could potentially require hospitalisation. Her osteoarthritic hip is causing her daily pain despite maximal doses of oral analgesics (with the cover of proton pump antagonist!), and her cataracts look like hidden pearls within her ocular treasure boxes. Chronic use of "red tobacco" (the elderly Chinese place the tobacco onto a small square of paper and then roll it into a trumpet-like shape, funnelled on one end and pointed on the other) has led to fairly advanced obstructive lung disease. Her sentences are punctuated by gasps all the time. She tells me that even though she is prepared to die, she is petrified of dying in excruciating pain. And she is convinced that dying in hospitals with needles being regularly poked into her is hellish. (She is not far from the truth!)

Mrs Wong is keen to die, but not in pain, and not in the hospital.

Then, there is Mr Teng who looks many years younger than his biological age because of his muscular and lean physique. Years of labouring under the sun has toughened him and given him a bronzed healthy look. He sees me for gouty arthritis, but hardly anything else. Like Mrs Wong, Mr Teng talks about dying incessantly.

"I have lived enough. Eighty-two years is a long time to be alive. I am only afraid of dying in a house and going undetected for days."



About the author:

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Mr Teng has four children but chooses to live alone as he cherishes his independence. The same boss who has employed him for forty plus years still pays him a thousand dollars a month for various odd jobs around the manufacturing plant. He has saved enough for his casket and funeral services – all probably deposited in a POSB account. He has asked his youngest son to call him at 10 pm every night to check that he is alive. When he sleeps, he leaves the front door of his one-room HDB rental flat unlocked so that if he dies in his sleep, people will have no difficulty coming in to settle his corpse.

It is intriguing how he can express all these morbid thoughts with light-hearted humour and we never fail to laugh at his obsession with dying.

Just the other day, Madam Ng was wheeled into my consultation room gasping and looking like a ghost. I knew at one glance that this was an emergency. While my clinic assistant called the ambulance service, I quickly surveyed the cause of her moribund state. Her eyes were glazed, she was febrile, and while I was asking a few questions, she emptied her bladder onto the wheelchair and the floor. Although she was not quite lucid, she managed to ask one question (in Teochew): “Is it time yet?”

I knew what she was referring to because of the seven-year relationship we have established when I treated her hypertension and hyperlipidaemia. Madam Ng had lost her husband to lung cancer some four years ago, and at that time, had also lost her will to live. She desires deeply to join her spouse in the other world but is afraid that if she does not die quickly, may become a liability and burden to her children. Driven by this thought, she is very careful with her check-ups and medications. She prays every day that when it is time, it will be rapid and will incur no major expense for those who survive her.

OVERCOMING OUR OWN FEARS

Years of a doctor’s training are spent understanding the etiology of disease, and when healing fails, discerning the cause of death. There is even implicit teaching that a good scientific mind needs to be emotionally detached for that process to be effective.

However, many of us discover after medical school that it is just as important, if not more, to deal with the patients’ inner struggles especially with impending death, so that we can enhance the quality of residual life. I am convinced that the doctor needs to transcend from seeking an answer to “What is the cause of death?” to that of “Did the patient die well?” The discipline of the latter pursuit will help the physician to develop the necessary skills to go alongside his patient in the final leg of the journey of life.

How does a doctor help these individuals in their last days? Over the years of continual learning on the job, I realise that I need to first come to terms with my own ideas of dying. When there are no hang-ups and fear, a physician is in a better position to listen deeply to his patients to

discern the subtle needs. Frequent reassurances and encouragement during consultation can inject small doses of hope for the flagging will to live. Over and above the good control of blood pressures and lowering of LDL-cholesterols, some of these patients need an advocate who will express their needs to the other family members. To avoid a knee-jerk response of sending their loved ones to the hospital, I have had the opportunity to prepare families to enjoy the last moments of life with the dying in the comfort of their homes. It is imperative that the question “Is it time yet?” be asked regularly not only by the dying but his family members as well, because I believe that will assist everyone involved to be ready for the moment when their doctor says: “Yes, it is time.” This, I think, is the art of dying. ■

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