

A Different Road...

By Dr Shirley Goh



"This place makes people write about their experiences."

One of my former Medical Officers remarked at the end of her posting. She echoed the words of another MO. Both were touched by their experience working in this place and penned some emotional thoughts at the end of their postings.

I work at St Luke's Hospital, a community hospital located in the western part of Singapore. Most of the patients here are the elderly who have suffered from major ailments such as strokes, femoral fractures, and debilitations. Often, their problems do not exist in isolation; the entire family is involved as there are changes to be made for the care of the patients.

I get mixed feelings when doing my ward rounds as each patient carries a different story. I feel very fortunate to be part of a team caring for each patient. The team consists of several disciplines: doctors, nurses, therapists (physio, occupational and speech), and the medical social worker. There are other important partners, who may be called on from time to time to assist the core team. These include the chaplain, dietician, podiatrist and dentist.

I do not want to bore you with the details of the workings of this place. I will instead pen my personal thoughts and feelings that I have experienced as I work at St Luke's Hospital, where I have been for less than a year.

FEAR

Fear is a terrible thing. It can cripple your thinking and paralyse your being. When I first took up the job offer at St Luke's Hospital, I was very frightened; after all, I had left the acute hospital setting several years ago. I was worried that I would not be able to manage the cases. This was gradually overcome as I went into the wards, and with the support of fellow colleagues, learned the ways of the community hospital. I also felt that I needed to hone my geriatric skills in a disciplined manner: the Diploma in Geriatric Medicine provided such an avenue.

I see fear in some of my patients as well. The event that made them ill enough to be admitted may shake their confidence. Some will reflect on their lives and seek to make amends. The hospital chaplain is called in at times to tend to the spiritual needs of the patients.

JOY

Madam H had suffered a stroke that left her with a dense left hemiplegia. She needed much care and she was very depressed. Prior to the stroke, she had been a fiercely independent person and it was difficult to accept that this tragedy had befallen her.

She was treated for depression, and I was initially doubtful whether the medication would help her. However, after about a month, some of her strength returned and she participated more actively in her therapy sessions. She was discharged a much happier person. I was filled with great joy when she finally gave me a smile acknowledging that she was feeling much better. The warmth of that smile is priceless.

This is not an isolated case, but the first of several. It gives me much satisfaction seeing patients responding to treatment, and knowing that they have regained self-worth and confidence in the process.

DISMAY

On the converse, there are several patients who sink deeply into their depression, and are unable to emerge from their melancholy. One patient had lost his sight, and another the use of his lower limbs (he was a post-traumatic paraplegia). Both were reluctant to participate in therapy, rejecting efforts to reach them.

The visually impaired was very hopeful that he would be able to see again one day, something that might not happen. It was difficult for him to participate in therapy as he clung tightly onto the hope that he would see again. How does one help him realise the futility of the situation without breaking his hope? I have no ready answers, but such situations do challenge one's problem-solving abilities.

PEACE

There was a middle-aged man who had a gradually progressive disease that robbed him of his muscular strength. However, his cognition was still very much intact. It was a big struggle for him to accept his diagnosis and prognosis, but once he sorted his thoughts and came to terms with his spiritual needs, he was able to experience peace. He became more understanding, was able to cooperate better with the treatment, and had enough courage to make decisions regarding his choice of treatment.

The tranquility that surrounded him stood out starkly against his failing bodily functions. This man had found peace that medical therapy could not provide.

About the author:

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THE GARDEN

Describing the various patients brought to my mind the image of a garden where different types of plants grow. Some survive and continue to grow on their own. Some need the gardener's gentle care and love to nudge them back into health; these are the resilient ones. Others are just so devastated by what they had experienced, that they seemed to have stopped living.

The resources available to each patient are like the supports that the gardener can use to aid in the growth and survival of the plants.

The community hospital setting allows me to know my patients from a different angle. Unlike the outpatient setting

where patients are already in the community, here, the patients are being rehabilitated so that they can hopefully return to their previous living arrangements. Unfortunately, several would not be able to, and institutional care would have to be considered. These are major milestones in the life of any individual; an illness that forces one to look at oneself, one's lifestyle and how the family will be affected. In this journey that appears so long and difficult to some, it is important to help the individual have the courage to take the first step. He will also need more than medical therapy, as he will also have to wrestle with his spiritual needs. Looking after these patients enabled me to have a better understanding of the challenges faced by each individual.

I am still learning from my patients. ■