

By Dr Tan Poh Kiang, Editorial Board Member



## Cold Crabs and Pig Trotter Jelly

Photo Credit: Dr Wong Tien Hua

*“Let’s begin with this idea,” Morrie said. “Everyone knows they’re going to die, but nobody believes it.” (Morrie Schwartz was a Professor of Sociology at Brandeis University, Massachusetts. He was made famous by Mitch Albrom in Tuesdays with Morrie, Doubleday, New York, 1997.)*

I have been reminded how true this statement is – that we do not change the way we live until we are quite sure we are going to die.

There are some patients I dread seeing: those who are demanding, complainers, psychotics and those with huge emotional baggage. Mr Phua is one such patient whom I need to take a deep breath when I pick up his patient medical record before I press the bell to usher him into my consultation room. He takes it upon himself to question everything because of two reasons: a) he does not trust doctors, b) he believes that if his parents were not so poor, he would have made it to medical school. At the end of each gruelling session when I have to grit my teeth to answer all his cynical questions, he will remind me that I charge him too much.

“You should give me a discount,” Mr Phua tries his luck as usual.

“Why?”

“Because I am a hawker and I don’t make much money,” he replies matter-of-factly.

“But you are not doing too badly and all three of your daughters are gainfully employed.”

“You really ought to charge me less.” Mr Phua does not give up easily.

“You take up more of my time than other patients.”

“Because we are both Teochews.” Now, how does one argue against that?

Mr Phua only became a nicer patient after he was diagnosed with colon adenocarcinoma. No – I should say that Mr Phua only became nicer after I had to change his dressing daily for an infected surgical wound following his colectomy. Having to face someone with a chip on his shoulder to perform daily wound dressing does not belong to “Ten things I love about being a doctor”. Nevertheless, the extended time and conversations we shared while I was bent over his half-naked body dressing his wound broke down many barriers. I discovered his positive aspects and his distrust of the medical profession slowly dissipated.



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There is a tendency in oncology to “over-promise and under-deliver”. Mr Phua was given the impression that he had early stage colon cancer and with surgery and chemotherapy, he would live to enjoy grandparenthood. This hope was dented when he was told that the CT scan of the liver revealed a solitary nodule on follow-up about a year later. Not to worry, he was assured. It was a limited disease and resection of that lobe of the liver was considered curative. And so he went for lobectomy. His oncologist also made him feel lucky as he was enrolled in a clinical trial of two new chemotherapy drugs. If he had to pay for the six courses, it would have been a few thousand dollars. With the satisfaction of money saved, he endured the adverse effects of the chemotherapy drugs. Mr Phua’s optimism only lasted six months as the subsequent scans discovered two new spots on the remaining liver and suspicious lesions in his spine.

### SETTING UP LUNCH

After hearing his poor prognosis from his oncologist (who had grimly told him that there was no benefit from trying other chemotherapy drugs), Mr Phua dropped by my clinic one afternoon.

“I know you would probably not have lunch with a lowly-educated person like me but I want to treat you to a Teochew meal. This is to thank you for all your kindness and patience. Besides I don’t have many days left to share a meal with you,” he hesitatingly extended his invitation.

It is true that I make it a general rule not to accept free meals from patients. Although it is not taught officially in medical school, I somehow acquired the notion that it is wise not to get too close to one’s patients. Either it is the worry that my objectivity may be blunted or that the patients may take advantage of our relationship if it becomes too familiar.

He must have read my facial expression of hesitation in accepting his offer.

“Remember the pig trotter jelly I had brought you a couple of months ago? That is the restaurant that I am hoping to bring you to. The owners are authentic Teochews and the food is absolutely delicious.”

It is equally true that until two months ago, I have never heard of or consumed pig trotters in the form of jelly. I have no clue how the dish is prepared but the porcine extremity is chopped into small bits and embedded in cubes of gelatin. It has to be chilled like white wine (4 to 8°C) and eaten fresh (that is, within two hours of the preparation). The jelly cubes are served with

freshly sliced cucumber and generous helpings of Chinese parsley. These are then dipped into a chilli blend that is hot and sour. Since my staff members refused to try, I recall having to consume the entire box for lunch. But you know what? It was heavenly! The only regret was that it was not convenient on a working day to eat it with some Marlborough Sauvignon Blanc.

I accepted the lunch invitation (with some anxiety and doubt).

Mr Phua was very pleased.

### BEFORE THE LUNCH

Two days before lunch, Mrs Phua came for a consultation. Usually, when the Phua couple came together, her husband would dominate the conversation. But she came alone this time.

Mrs Phua complained of persistent stomach upset, indigestion, restlessness and poor sleep. I have learned from palliative experts that one must pay attention to the possibility of caregiver fatigue.

“Is it very difficult taking care of him?”

That opened a floodgate of tears and it took another few minutes before she was ready to relate the daily struggle of preparing food that he demanded and rejected (his appetite was affected by his therapies but his desire for his favourite dishes was undiminished); helping with wound and stoma care and just enduring his constant complaints of minor irritation.

“He is very afraid of dying,” she said.

“How do you know?”

“Just a few days ago, he had asked me to pray to my God for his healing.”

Mrs Phua and their three daughters are Christians while he remained a staunch Taoist. He had condoned the rest of the family breaking from the Taoist tradition on the condition that they were not allowed to talk to him about their Christian faith. For him to ask for prayer was thus a sign of desperation.

“But you know something? He is really looking forward to the lunch.”

The last comment really heightened my anxiety about our lunch appointment.

### THE TEOCHEW LUNCH

Mr Phua came dressed in work slacks and a pin-striped short-sleeved shirt. This would not have raised an eyebrow unless you knew that he usually showed up at my clinic in three-quarter length shorts and a dirty white T-shirt with a drooping neckline. He told me the rules of this lunch – he would pay and I had to eat as much as I could.

He was in full swing and total control. He ordered the dishes at the restaurant like a

◀ Page 24 – Cold Crabs and Pig Trotter Jelly

maestro – checking with me what I liked, what was available and precisely how he wanted the chef to prepare it. The restaurant staff knew him well as he had been patronising them for years. The menu went something like this: Teochew steamed *Soon Hock*, soy sauce pig's colon, Teochew goose slices with bean curd, stir-fried *kailan* with scallops, fish maw soup with bean curd, and not forgetting the pig trotter jelly. All was well till he was told they did not have cold crabs that day. He was visibly upset with the unexpected disruption to his orchestrated gastronomic performance. But he contained his annoyance and quickly promised he would get me cold crabs another day.

Although I am a pedigree Teochew (both parents and their respective lineage are entirely Teochew), trading life stories in the dialect with Mr Phua was a challenge. The toughest thing for me was how to maintain a sense of normalcy when he was facing impending death.

Mr Phua broke the ice by saying that he was aware of his prognosis and that he was very appreciative his oncologist had not withheld vital information from him. Towards the end of the meal, he became pensive but there was no fear in his voice. He expressed satisfaction that despite his meagre income, he had supported all his daughters' education until completion, with at least one of them graduating from the National University of Singapore. His only regret is that he would not get to enjoy his two-year-old granddaughter for a longer time.

"I just hope that when it is time to go, I won't suffer a lot of pain," he whispered.

It was probably difficult for me to talk more with so much food to consume. I was also aware that I ought to listen more than offer advice since I am no expert on the subject of dying.

## AFTER THE LUNCH

Janet Phua – Mr Phua's eldest daughter – is also a regular patient of mine. She came by the clinic two weeks after my lunch with her parents.

"I heard you had lunch with my parents. I'd like you to know that it meant a big deal to my dad."

Janet has had a long battle with migraine. And she is a warrior with a tendency to pop painkillers freely, resulting in another long battle with gastric. On this occasion, she had both head and stomach pain. It turned out that Janet is seething mad with her two married younger sisters for making her bear the bulk of the burden for their terminally ill father.

"Just because I'm the oldest and single doesn't mean I should pay all the bills!" she ranted.

Mr Phua's Medisave and life-savings had long been depleted and now his continuing treatment cost is being borne by his eldest. Janet resents the fact that neither of her siblings have volunteered to contribute financially. The second sister is obsessed with her infant and the third sister had the audacity to leave for a two-week vacation in Europe.

It is sad but largely true that unmarried individuals often inherit the care of their elderly parents.

I managed to persuade Janet of the need to call for a family conference during which the financial burden ought to be made known and the necessary help from her sisters solicited explicitly.

## THE COLD CRABS

It had been almost three weeks since the lunch with Mr Phua and I was in the midst of a busy morning clinic session when he came by. In between patients, there was a gentle knock on my door and he peered in.

"Sorry to interrupt. I didn't forget the cold crabs but I had to wait till the right time of the month. I prepared this late last night and if you are going to eat it later, please put it in the fridge."

The most cherished part of this delicacy is the yellow roe under the crab shell. According to Mr Phua, there is a time of the month when the crabs mate and the roe is plentiful. Even though it looks deceptively simple, not everyone can prepare a decent cold crab dish. After you have selected the best crab with lots of roe, you have to wash it thoroughly, slaughter it and steam it immediately with special Chinese herbs. When you have steamed it sufficiently, the crab is then cooled and chilled overnight.

I was very touched by this unique gift. Before I could thank him enough, he was gone. I held the disposable box of cold crabs, marvelling at the evidence of friendship. I pondered about how I have been a Teochew for nearly four decades and only just discovered our famous delicacies like cold crabs and pig trotter jelly.

I also pondered about how I have dealt with deaths in many years of clinical practice and discovered I am still uncomfortable dealing with the dying person and process. Yet I discovered hope. From a cynical and difficult patient, Mr Phua has evolved into a generous and thankful person. Sharing his and his family's journey, I have deepened my understanding about the fears and struggles of being family to a dying man.

Mostly, I sensed that my getting acquainted with the dying is really my education about living. ■