



At the End of Life (4): A More Human Approach to Death & Dying

Description

A sharing by Tan Yew Seng

The mythology of Modern Medicine is founded on its intellectual and technical prowess, and the valiant if not triumphant struggles against diseases that threaten life. Death is therefore the abhorred outcome and a sign that medicine and its professionals, have failed. In this paradigm, it becomes understandable why we would rather emphasize its “successes” and designate much less medical attention to the care of the dying and death, even though we can acknowledge the universal and age-old truth of “birth, aging, sickness and death”. In the same way, the human issues around dying and death are often overshadowed by the legitimized medical activities and generally left unspoken. The “freshie” medical student, however, comes from a somewhat different perspective. They are not yet entirely acculturated in this paradigm and but then, they can come extremely close to situations of dying and death.

So how might dying and death come across differently, when we stay open to the experience? I offer this story as an alternative.

The Story of Shan

Shan (not her real name) was a lady in her late forties who was dying from metastatic breast cancer. In the early course of her terminal illness, pain from metastatic lesions to the mediastinum and right femur were at the foreground of her experience, but fortunately, these symptoms abated with treatment. As with many patients, we sensed her fear and anxiety about dying though she declined to go deeper with us on these issues. Towards the end, Shan chose to stay at home, under the care of her mother. The last days were marked by confusion and delirium, contributed by hepatic encephalopathy secondary to extensive hepatic metastases.

One morning, Shan’s mother called to say that she had become unresponsive, although she did not seem distressed. Medically, she had come to the final stage of her life, and will probably die while in coma. But perhaps sensing the neediness in her tone, I decided to make a home visit anyway.

When I arrived, she was deeply jaundiced, gasping and lying quite motionlessly. The blood pressure was no longer recordable and her pupils were dilating. She will probably die in the next few hours, so I thought. And while her eyes remained closed, she still managed to shake her head just barely

perceptibly when I asked if she had pain, and nodded when I asked if she was comfortable. I then proceeded to prepare her family for her demise.

Suddenly her eyes opened widely, to the astonishment of her family who had gathered in her room. Was I wrong about her imminent death? By all medical accounts, she SHOULD be dying, right? But intuitively, I asked the family to go to her side. Her eyes then drifted to the left where most of her family was. Mother emotionally reaffirmed her commitment to look after Shan's young children after her death, and advised her to die in peace. Then Shan's eyes drifted towards the right, but no one was there. I looked around, and saw that her father, a rather reserved person in her family, was standing as usual in the fringes. I guided him to Shan's right, where he too, offered her consoling words. After a while, the eyes drifted back to the midline with the same slow but measured and clearly deliberate pace. She closed her eyes, and within minutes, took her last breath.

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