Hello. Hello. Doctor, **I Am Lee Chong Hiok**

By Dr Tan Poh Kiang

Editor's Note:
To maintain patient confidentiality, the name "Lee Chong Hiok" used in this article is not the patient's real name.

She was slumped on a chair when I arrived. I pulled a low stool next to the well-worn armchair and began my history taking. She barely managed to mutter a few words. This was a reluctant housecall because it was far from my clinic. I had responded to the urgent request of a friend who was Madam Lee Chong Hiok's neighbour.

"She is particularly weak today unlike the other afternoons when I had been here," Mrs Tang said.

Madam Lee's blood pressure was 180/85 mmHg. The cogwheel rigidity and expressionless face indicated to me a central nervous etiology as well. Her hair was unkempt, her fingernails were dirty and her dress needed to be washed. I realized that this was going to be a complex case of multiple medical problems plus social neglect. "I don't think there is anything life-threatening at the moment. She needs to have her hypertension controlled; get her children to administer this tablet once a day. I'll come back to check on her a few days later." Little did I know that it was the first of many visits and the start of an unusual friendship.

Madam Lee Chong Hiok lived by herself. She had been widowed many years and had an adopted son who lived in Jurong. Despite her eighty something years of age, she was robust enough to make her own meals, wash herself and to my surprise, undertake escapades to different parts of the island without her son's knowledge. This feisty geriatric kept a couple of useful phone numbers – one to her grocer across the road at a private condominium and another to her favourite taxi driver. She told me that with a tip of ten to twenty dollars, the grocer would even do her marketing. The taxi driver ferried her to Katong mostly for her mahjong sessions with her ex-neighbours.

Within a month from the first visit, the Madopar and Aurorix transformed her. It was like a replay of that movie "The Awakening" which starred Robin Williams. She was so excited about her improved mobility that she was grinning like a Cheshire Cat as she opened the door for me on one visit. "Watch! No more moving like a tortoise!" she announced with considerable pride while she shuffled her feet rapidly, zipping across from one part to another of the cluttered apartment.

The exhilaration of a physician as he witnessed such remarkable physical improvement soon vaporized as she began to need me more, more than I was prepared to give. After I had stabilized her condition, I did not see any reason to return at short intervals. That was when she began to fake symptoms so as to make me drop by. She would sound pathetic over the phone and claimed that she had near syncopes. But when I rushed over, she would be beaming and getting ready to serve me biscuits and Milo. I was in a constant dilemma to discern if her calls were genuine; it would be awful to refuse a house call only to find out one's patient had died as a result. I set my phone-fax machine to the answering mode so that I did not have to react to her every call. She would typically leave eight to ten messages on the machine. Each went like this: "Hello. Hello. Doctor, I am Lee Chong Hiok. Doctor, I feel sick. Can you come now? Hello, I am Lee Chong Hiok." I finally settled with my conscience that if I returned her calls once every three days, I would have gone beyond my call of duty.

There was a period when I had been ignoring her recorded messages. When I finally visited, my heart ached when I saw her back in her previous lifeless state.

"I thought you are angry with me because I haven't been paying you. There is an ang-pow on the dining table over there for you," she said weakly.

I apologized and proceeded to examine her thoroughly. She had been depressed and neglected her meals and medications. That was my point of acceptance – I believed then that Providence led me to this unique lady and I might as well do a good job. Our eventual compromise was this: I would visit her at least once a week provided I did not receive innumerable calls. Soon I was bringing my wife along for most of the visits as she turned out to be one of the most colourful individuals we have met.

Madam Lee was born to a wealthy Peranakan family. She recounted many happy memories of her childhood growing up in Katong. She was proud of Peranakan traditions and elaborately described its special clothes and cuisine. I was not sure if it was really typical of a Peranakan bibik or just a manifestation of neuronal degeneration that she always had lipstick and rouge on her face and different nail polish colours on her fingers and toes. Some of the house visits lasted two hours as I was treated to enthralling fables of a unique culture.

It became clear that her primary problem was loneliness. She would touch our faces and forearms when we talked. As long as we were regular in our visits, it seemed not to matter what medications I prescribed her. She was in a decent state of health but fine motor coordination was a thing of the past. She would serve us cut fruits; well, she tried to cut them but the papaya or watermelon pieces usually did not have straight edges. When she prepared Milo, there was plenty of spillage in the kitchen. The ultimate surprise was her home-made Nonya "zhang" (rice dumplings).

"You made 'zhang' for me? I am sure I'm going to enjoy it." On the way to Madam Lee's place, I was quipping to my wife what the actual form would be like.

"Madam Lee, there is no 'zhang' in the kitchen," I shouted from the chaotic kitchen.

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"It's in the pot," she directed me to find her treasure. It was a plate of steamed rice with what appeared to be dumpling fillings mixed into it. I thanked her for her labour of love but made the excuse that I had had too much to eat before visiting.

"You don't have to eat it. It's the best I can do." When my patient-turned adopted grandmother said it that way, there was an inevitable rush of guilt. Later in the clinic, I stared at the plate for a long while, harnessing enough courage to take a bite. That was the surprise – it was one of the most delicious mess I had eaten.

It was more than a year since I had first met Madam Lee that her general condition began to degenerate again. Despite optimal doses of anti-Parkinson drugs, she demonstrated increased rigidity and diminished coordination. Her memory worsened and she became progressively withdrawn. There were occasional bursts of her exuberance but I knew that her time had come. After a bad fall when she broke the neck of the right femur, she went straight from the hospital to the old folks' home. By that time, she hardly communicated. Her regular cab driver called one day to inform me that she had passed away peacefully in the convalescent home.

I was taught in medical school that a good doctor has to be emotionally detached in order to make objective and sound clinical judgments. I would have lost some of life's best lessons if I had followed that advice in my encounters with Madam Lee. I was granted a rare privilege to practise medicine where pharmaco-kinetics and pharmaco-dynamics were not the main driving forces toward healing. I learned that in offering love and compassion, I received much more in return. I drive along Grange Road often and when I look at the now vacant estate (it has since undergone en bloc sale) and specifically her balcony, I will always remember that refrain from my answering machine: "Hello. Hello. Doctor, I am Lee Chong Hiok." ■

Response to "Hello. Hello. Doctor, I Am Lee Chong Hiok." – from a Homecare Perspective

By Dr Ong Jin Ee

Having been in a domiciliary set-up as a homecare practitioner for the past three years, I read Dr Tan's story with interest.

A homecare practitioner specialises in housecalls as the consultation process occurs in entirety within the home. The homebound and frail elderly often has complex medical problems, which can also include a social component, thus translating to multidimensional needs.

For the solo GP, this can be a daunting task. It is often seen as an extension of the spectrum of care rather than in pure financial terms. For this group of patients, the duty of care often means until end of life. With a busy practice, receiving such calls will no doubt also call for juggling of time and balancing of consciences. As some wit wryly observed, such housecalls can sometimes be like playing tag. Once "pasang", you have to play the game till your turn ends!

I thus applaud Dr Tan on his courage to take "Madam Lee" on and to subsequently reach a way of attending to her needs while reconciling them with his own. Hopefully, it comforts him to know that there are community resources he can lean on. Though not fully developed island-wide, there exist various homecare services and teams which complement homecare doctors by providing interdisciplinary care.

Depending on various setups, teams can include a social worker, nurse and therapist. There also exist aides who may assist in household chores and errands for the elderly, who otherwise may not be able to cope alone. The setup also includes a way of accessing laboratory services and the filling of prescriptions.

A homecare practitioner needs to practise with competence and compassion. As Dr Tan finally concluded, attending to the chronic sick geriatric leaves little room for total emotional detachment. Afterall, how does one remain emotionally detached having stepped into a patient's own home? In any case, there is the advantage of seeing the elderly in the home context. There also has to be a commitment to see the patient and the family through, even when the goal is no longer curative but palliative or rehabilitative.

What helps is a sense of humour and common sense. I have learnt from my patients, dignity in the midst of illness, and gently laughing through the things that cannot be changed. They have also taught me the art of improvisation. The humble rubber band can be used to hang a urinary catheter bag from the bedside when there is no metal hook. Some have impressed me with their home-made sitting commodes – normal plastic stools with the centre panel power-sawed off, allowing a plastic bucket to sit in the cavity.

Relationships are always made. Some are further cemented through food and appreciative gestures. A rare few finally become like family.

At the end of the day, homecare practice is satisfying.

In summary, core tenets of homecare include empowering the patient and his family or caregiver with skills, encouraging maximum independence, and always respecting their culture and context of practice. It is patient-centred care at its purest.

On a final practical note, there has to be fair remuneration for homecare services and housecalls. With the government looking into the needs of the chronic sick elderly and the severe disability insurance scheme, there will hopefully come a time when a patient like "Madam Lee" gets some assistance and does not feel the doctor is delaying a house visit for lack of money. ■

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Dr Ong, MBBS, MMed (Family Medicine) (S'pore) graduated in 1993 from NUS and did the hospital circuit and outpatient services before trying a path less trodden, in homecare services. Dr Ong has been practising at TOUCH Home Care, TOUCH Community Services for the past 3 years. She can be spotted doing home visits in the Toa Payoh, Bendemeer, Geylang Bahru and Whampoa areas. She can be contacted via Email: jin.ee@touch.org.sg