

**EVERYBODY DIES** eventually. As doctors, this means that despite our best efforts to make our patients well again, some of them will inevitably die. One of the most pivotal points in any young doctor's career is when they lose their first patient. This is my story, one that I will never forget.

### Remembering Mr C

Mr C was a gentleman I met while on my surgical electives in a hospital. Fresh-faced and excited about being on my first night shift, I strode after my bemused house officer S enthusiastically. A few hours earlier, the house officer looking after Mr C had handed his case over to S: "50-year-old Chinese gentleman, advanced stage of colorectal carcinoma. Came in today for melena. He is on max ward management. We don't think he will make it. In the event he deteriorates, please sign him up accordingly."

Then the staff nurse of Mr C's ward called us to say that he had passed another large amount of melena, so S and I went to check on him. Mr C lay on his bed – pale, diaphoretic, and with his eyes closed. He smiled weakly as we introduced ourselves, and answered our questions dutifully.

S proceeded to settle the necessary blood work and treatment plans, while I stayed with our patient just in case he wanted anything. We started chatting about his life. Mr C was a self-made businessman who had a loving wife and two young daughters. He had come from a middle income traditional Chinese family and believed in the virtues of hard work and thriftiness. A year ago, he felt unwell and went for a check-up that eventually led to a diagnosis of metastatic colon cancer. As I write this, I can no longer recall what treatments he had undergone or the names of the chemotherapeutic regimes he had tried. All I can recollect is that they had been palliative and his body was losing its battle even as we spoke.

"I'm not ready to die." Mr C looked down at the bedsheets as he said this. The silence that followed was heartbreaking. There I was, an inexperienced fourth year medical student, powerless because no amount of medical knowledge I had accrued over the past few years would allow me to lessen his pain. The harsh reality was that he was 50, had daughters both still only in primary school, and was going to die. No amount of treatment could reverse this.

As someone who sobs at every touching or sad moment in a movie, I struggled to fight back my tears upon hearing such a heart-wrenching declaration. Maybe it was because I didn't know what to say, and



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By Dr Gillian Lim

maybe I knew that I would cry if I tried to say anything at all; regardless of the reasons, I kept my mouth shut. I did the only thing I felt was appropriate – I held his hand. Sensing Mr C's hand tighten in response, I glanced up at him. Mr C gave me a half smile, which seemed to show he understood that I could not respond to his statement but nevertheless appreciated my feeble attempts to empathise with him.

Neither of us said anything else for the next five minutes. By the time S returned to look for me, I had regained sufficient composure to explain to Mr C I had to leave to see the rest of the shift, but would come back to see him if I had time.

The remaining night soon became an adrenaline-pumping flurry of activity. We clerked case after case, and collected and dispatched blood tube after blood tube, till I was half dead. Admiring S for the great stamina she displayed, I trailed behind her like a sleepy medical student would, tripping, yawning and displaying moderate levels of psychomotor retardation.

Eventually, I managed to register that we were heading back to Mr C's ward. "Why?" I asked. S quickly explained that she had received a call informing us that he had started passing copious amounts of melaena, which did not seem to be stopping. As we stepped past the ward doors, I started to feel light-headed – not because I was exhausted, but from the distinct smell of melaena (iron mixed with dread) that filled the room and hit us with great force. Rushing to Mr C's bedside, we saw the nurses hurriedly laying incontinence pads to soak up the blood flowing out of him. Mr C was drowsy and hypotensive, and barely opened his eyes to our calling.

In the hours that followed, we checked on Mr C two more times. Once when his blood pressure went down to 65 systolic, and the last when he passed on. Both times I stood by the bed as S went about her doctorly duties. Feeling useless and helpless as I watched Mr C slowly slip away, I tried holding his hand but no one squeezed back this time. It lay limp and lifeless.

I am not ashamed to admit that as S was conducting the doll's maneuver on Mr C, I cried. I was mourning the reality that a life that was there hours ago was now gone. A family had lost a father. Cancer had claimed another victim again.

### Learning to deal with death

I have since completed my housemanship and started specialist training. As a resident in Psychiatry, death is a topic that is an integral part of my work. On any given week, I am tasked to see a myriad of blue letters and clinic

cases. Assessing a woman who had attempted suicide by ingesting 150 tablets of Panadol Extra. Reviewing a businessman who had just been told he had metastatic hepatocellular carcinoma. Seeing a teacher who had been deeply grieving the loss of her mother two months prior.

Over the last three years that I have been working, I have lost other patients to medical illness and suicide. Each person was somebody's parent, sibling, spouse or child. Each left behind a life story and unique legacy. Each death was a lesson for me.

I am now better able to use words to express care, concern and empathy to my patients and their families. Pauses and silences are now intended and facilitated. Tears, while still shed on occasion, are held back till a more appropriate setting arises. With lots of guidance and support from my seniors in Psychiatry, my allied health colleagues as well as the Palliative Medicine team, I am now more aware of how to help patients and families through the grieving process. Still nowhere near perfect, but I try to improve myself each day.

Unfortunately, I was unable to apply these things to my interaction with Mr C back then, and to this day I still wish I could have said something more meaningful to him before he succumbed to his illness. As a young doctor I often feel humbled by the sheer volume of skills and knowledge I know I lack. These moments often culminate in self-doubt, and I find myself being overwhelmed by the enormity that is life.

I guess this is where Mr C comes in. When we enter Medicine, most of us have hopes of saving the world. As we progress, we realise that death is inevitable and only a matter of time. Sometimes it will come too early, too unexpected, too painfully. Along the way, patients like Mr C may cross our path, and we are left standing by their side, as they face death. It is a time when no right words can be found, and all we can do is hold their hands as we watch them slip away.

That is why we never forget the first patients we lose. They humble us and bring the true practice of Medicine into clarity: "to cure sometimes, to relieve often, to comfort always". ■



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