

Thinking Aloud One Evening

By Dr Lin Kuo Hung

“First our pleasures die – and then Our hopes, and then our fears – and when These are dead, the debt is due, dust claims dust – and we die too.”

P. B. Shelley

I remember going to the same patient in the same side room everyday for the past 3 months, with little I can do, except to wait: wait for a nursing home, or let nature take its course.

Everyone who has practised medicine will have his or her own ghosts: patients whom they were not able to save, either due to the incurable stage of the disease, or errors made in the moment of fatigue, thus clouding one’s judgement.

No man is a good physician who has never played the sick role. Perhaps that’s the other meaning for “What doesn’t kill me makes me stronger.” To be nursed and to suffer the discomfort of an invalid’s life, with many hours of sleepless nights, unclean fancies keeping one awake, clinging on to life, not with a desire for the remaining life or for fear of death itself, but by nature, not by logic.

My career in medicine is short by any standard. Nevertheless, I too have

my own ghosts, patients that I was not able to save even though I had tried my best. I can still remember vividly how my first patient passed away. The ward he was in, the bed he was lying in, and how sorrowful I had felt as a failure. There was also the shock when I came into the ward the next day, to see the bed he had been lying in, neatly tidied up for the next patient.

“As sickness is the greatest misery, so the greatest misery of sickness is solitude.” – John Donne

When I am sick in bed, what I will want by my side are relatives, friends and company – although an infectious disease would likely deter friends from visiting, and a long illness would eventually weary friends and relatives. Visits from friends who we thought have forgotten us entirely, but who arrive extending a warm hand to our back, will definitely brighten our day. The best moment in the whole day would be a visit from a cheery doctor – when the patient response may be so bracing that the doctor himself is deceived about the patient’s real condition.

Someone once told me that there are two kinds of hospital staff. One will not leave without finding out what

is wrong with the patient. He or she will not leave until the patient is comfortable and the former is satisfied that the patient would be alright for the moment. The other, the minority, will make certain their getaway by ignoring any distress signals from the patient, and refusing to make any eye contact with the patient. I am trying not to be the latter.

We put much of our time, effort and emotions on our patients. Most of us will not think on a day-to-day basis that medicine is an ideal profession, even though few of us are here truly for the money, but as we step back to think, we will realize there is no other job like ours.

I do not know of anyone who goes into medicine solely for financial gains. We find that during the long years of study, we have enjoyed the inspiration that goes along with education. The ones who are motivated chiefly by hopes of financial gains know the speculative nature of any profession.

One of the fortunate results of the long and expensive course in medical study has been the daily contact with life and the process of weeding out those who fail to make ideals of the profession an end in themselves. ■

About the Author:

Dr Lin (MBBS, 2000) graduated from the National University of Singapore. He is currently a Medical Officer in the army.