

Patient-controlled pain relief: Hospices reply

IN HIS letter ("Conundrum of dealing with 'soon to die' patients"; May 10), Dr Yik Keng Yeong said: "In hospices, during the patients' last days when the pain is unbearable and unremitting, some are given a bag of morphine to administer as they please to stop their suffering."

This is far from the truth.

The philosophy of providing support and care for terminally ill persons, so they may live as fully and as comfortably as possible, is universally accepted by hospice providers.

For patients with severe pain admitted to an inpatient hospice, all efforts, both pharmacological and non-pharmacological, are made to control the pain.

Often, the pain experienced by a terminally ill patient is not

entirely physical. Psychological, social and spiritual pain may co-exist, and effective management of the pain requires a multidisciplinary approach involving doctors, nurses, counsellors and other allied health workers.

Prescribing opioids for cancer pain is the standard practice worldwide and these are commonly prescribed for the treatment of pain in the hospice. The opioid doses are carefully titrated by the physicians to achieve optimal pain control, contrary to what Dr Yik has described.

His reference to a form of drug administration, known as patient-controlled analgesia, as a means for patients to "administer as they please to stop their suffering" is misleading.

Patient-controlled analgesia is a well-accepted, evidence-based and controlled method where patients in pain are allowed to administer "booster doses" - which are also capped or limited by the treating physician - when needed to achieve rapid pain relief. This mode of administration is not commonly used as hospice staff are generally very responsive and able to attend to patients' pain quickly.

We understand that many people in Singapore may not be familiar with the work in hospice and palliative care, since there is still much reservation in talking about end-of-life care. However, many patients and families whom we have journeyed with have found comfort and solace in this approach.

We thank Dr Yik for giving us a chance to address these concerns and invite him to contact any of us to understand more about the work we are doing. It is our hope that with increased awareness and better understanding of hospice and palliative care, misconceptions such as those highlighted above can be addressed.

Ramaswamy Akhileswaran (Dr)
Chairman, Singapore Hospice Council

Chief Executive Officer & Medical Director, HCA Hospice Care

Tan Yew Seng (Dr)
Medical Director
Assisi Hospice

Wu Huei Yaw (Dr)
Medical Director
Dover Park Hospice