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Dispelling stigma and misconceptions about palliative care



Dr Chong Poh Heng, the medical director at HCA Hospice Care, treating a patient at home in October 2011. PHOTO: ST FILE

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Even as the awareness of palliative care grows among Singaporeans, some of the old stigma surrounding it and death remains.

Dr Mervyn Koh, who heads Tan Tock Seng Hospital's palliative medicine department, said more patients are requesting palliative care consultations, which was unheard of five to 10 years ago.

"Families want to know what to expect as the patients' health deteriorates, and what symptoms they will be having," he said.

Even then, it is not uncommon for family members to ask doctors not to bring up the topic with patients, said Dr Chong Poh Heng, the medical director at HCA Hospice Care.

"We recognise that a lot of this stems from love and the need to protect, not harm or take away hope," he said.

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"But this can break the trust built between us, when patients realise we are not honest with them."

Withholding the truth may even hurt patients in other ways, said Dr Ong Wah Ying, the medical director at Dover Park Hospice.

"As the body declines, not knowing what's going on can be quite scary," she said.

"It's not about giving the bad news (directly), but about pacing and allowing patients to clear their doubts."

For many doctors, this can mean addressing sensitive issues only when they sense patients are ready to discuss them.

Dr Ong said: "We had one patient who didn't want to talk about the end, but after a while she was the one who brought up the topic in conversation."

Palliative care can also mean focusing on immediate, concrete goals that improve a person's quality of life and fulfil his desires as far as possible.

Dr Koh recalled an example of how a man with end-stage kidney failure wanted to celebrate Valentine's Day with his wife.

"He wanted to have dinner with her, so the nurses got a tablecloth and decorated the room for them," he said.

He added that opting for palliative care does not mean nothing more can be done for patients, in terms of treatment.

"Palliative care can be about managing the symptoms while you are still undergoing chemotherapy or radiotherapy," Dr Koh said.



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Experts say patients may also have misconceptions about morphine addiction. The drug is among those typically used to relieve pain among palliative care patients.

"The word does strike fear," Dr Ong said. "The image (of morphine) is linked to addiction... Some patients have a very bad impression of it because they associate it with illicit drug use."

In such cases, the solution is often to sit down with patients and explain exactly how the drug is used.

"We share with families that the doses we use are very low, while addicts use much higher doses," said Dr Koh.

Dr Ong said: "We always allow them the option to stop us from giving it to them."

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