THE CARE OF PATIENTS SUFFERING FROM MALIGNANT DISEASES IN SINGAPORE.

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One of the main functions of the Almoners dealing with patients suffering from malignant diseases is to arrange for the care of the patient either in his own home or in an Institution. The medical officer may not be aware of the difficulties confronting the Almoners, and it is hoped that this article will serve in some way to promote discussion of what is becoming a very pressing problem in most of the hospitals in Singapore.

These are the facilities available for the care of the chronic sick and dying patients.

1. Tan Tock Seng Hospital:

There are 64 beds for males. Admission is on a priority system of points and a special application form has to be sent in on the patient's behalf, and on the approval of the Medical Superintendent of Tan Tock Seng Hospital, the Almoner arranges for the patient's admission, when a bed is available.

2. Mandalay Road Hospital:

Eight beds for females only with the same system of priority.

3. Kwong Wai Siew Hospital:

For Cantonese patients only.

4. Hylam Sick Bay:

For Hylam patients only. No medical attention is available.

5. Khek Sick Bay:

For Khek patients only. No medical attention is available.

6. Cheshire Home:

For all races and creeds.

7. Harbour Board Sick Bay:

For employees only.

8. Little Sisters of the Poor Sick Bay:

For patients who are more than 60 years of age.

9. Chinese Temples:

No medical attention is available, only faith cures usually medicinal tea.

10. Death Houses in Sago Lane:

11. District Nurses:

These are the main reasons why a patient may have to go into an Institution.

(1) Because he is in pain and needs to be sedated, especially if he is unable to swallow the drugs supplied to him.

(2) Because he is single, or alone in Singapore with his family either in China or India; or because he lives in a Kongsi house where all the other members are out working all day, and especially if the Kongsi house does not provide meals, his meals may have to be bought from stalls outside and brought to the patient. If there is no one to do this the patient will have to starve.

(3) Because of very crowded home conditions. The patient may have a large family and they may all live in one small cubicle, and it may be impossible for the rest of family to have the patient in bed all day, e.g. a patient with cancer who had to sleep slantwise across the room so that everyone had to cross over him to get anywhere, because the room was so small.

(4) Because the patient has a foul-smelling discharge and the room he lives in may be very crowded. There was a case where the rest of family were made quite sick by the patient's discharge, because it was quite over-powering in their small hot stuffy cubicle, but they valiantly attempted not to show it as he was the only son. Without the relatives asking for this arrangements were made for the patient to be admitted to the ward, and in the ward the patient had "airwick" all round his bed.

(5) Because there are no proper toilet facilities, so that for instance the patient may have to use an outside lavatory yet may be unable to get to it, or he may have no one to help with giving him a bedpan; or the lavatory may be the 'squatting type' of lavatory and the patient unable to bend his knees.

(6) Because the patient may have to climb a great number of steps etc. e.g. 6th floor in an S.I.T. flat and if he has to attend daily on bi-weekly treatment.

(7) Because there is no one to give him the special care he needs, especially if he has to have dressings or has a colostomy or laryngectomy etc.

1. What reasons can one give a patient for his discharge from the Ward, or for his transfer to the chronic ward in Tan Tock Seng Hospital.

Before an attempt is made to arrange for the transfer or discharge of a patient from the hospital one has to give the patient a reason for it and if the patient is not improving, or if he has to feed through a tube or if he has to have dressings done he cannot understand why he is being rejected. When a patient is put on the waiting list for admission to Tan Tock Seng Hospital it is a little easier because the patient is told that he is in an acute surgical ward and that his bed is required by someone needing an urgent operation. He sees this happen often enough in the ward for him be able to accept it. At the same time he is told that arrangements are being made for him to go to a more long-stay hospital and that he will be cared for in the same way as in General Hospital. If the patient has relatives they are told the truth about the patient's condition.

However when a patient is to be discharged home in a poor condition the situation is a more difficult one to deal with especially if the Medical Officer has not given the patient an explanation except presented him with a discharge Certificate! In such a case the Almoner is left to find a way of dealing with the situation which is acceptable to the patient without any implied criticism of the Medical Officer's action. It is not always possible to do so because often the Almoner herself has no idea why the patient is being discharged in that condition.

2. What is one to do with a patient's property?

The next problem of course is what one is to do about the patient's room and his property, if he is being transferred to another hospital where he is to stay until he dies. It is not possible for the Almoner, to explain to the patient that he is not likely to need them again. For instance there was an Indian patient who was an ice water seller. He owned his cart and when he became ill he was helped to hire this cart out to a friend for $15/- per month, and the patient used the money for 'comforts'. As the patient became worse it was necessary to decide whether it should be suggested to the patient that he should sell the cart to his friend. But as this still was a support to the patient and as he was still hoping to go back to selling ice water when he was well, it was decided that things should be left as they were. The patient died a few weeks later and the friend arranged for the patient's burial and sold the cart and used the money to pay for part of the expenses.

3. What arrangements should one make about the patient's accommodation?

Similarly another patient was transferred to the Chronic Ward in Tan Tock Seng Hospital with the prognosis of 2-3 months. He had a room for which he was paying $6/- rent per month and he was very agitated that he could not pay the rent from the $5/- pocket money which he would receive as an in-patient. He wanted to be helped with the rent because he hoped to be able to return there. It was arranged for the patient's friend to have the room whilst half the rent was paid from the Almoner's Fund. The patient was given leave occasionally to return to his room to collect things he needed. When he became very ill the friend was told that the patient was dying and unlikely to ever return to the room and the friend agreed that he would be completely responsible for the rent. As the rent was very low it was possible to help out in this way, but had the rent been excessive it would not have been possible to do this. Is one forced to tell the truth because of the lack of money?

4. Should a patient be told his diagnosis and prognosis because he refuses treatment?

In some cases the patient may be told the diagnosis because he refuses treatment and he may later then agree to have treatment because of this.

In one case the patient defaulted from Deep X'ray treatment after attending for a few days and the Medical Officer asked the Almoner to find out why the patient had stopped attending. The Almoner visited the house to see patient in his home and he was persuaded to come back to see the doctor. The doctor then told him very frangly what the diagnosis was and what the consequences would be if he were not treated and he agreed to have treatment.

Since the patient was aware of the fact that he suffered from a malignant condition, he was anxious to talk about making provision for his family in the future. He told the Almoner he thought it was best for him to be boarded out of service as he felt that it was likely that he would never be able to return to work again. The patient was asked to discuss

this with the Medical Officer and his Company's doctor who worked in close touch with the Medical Officer. They decided that the patient should be boarded out.

By the time the patient had completed his treatment he became very depressed and asked for admission into the hospital. This was not possible and as a result the patient refused to attend the hospital for checkups. He went to see a general practitioner instead.

The Almoner visited his home again and when she was told that the patient was being treated by a general practitioner she obtained his permission to see the general practitioner about his condition to find out how best she could help him.

The general practitioner agreed to get in touch with the Almoner if the patient required any further hospital care. When the patient's condition deteriorated the general practitioner got in touch with the Almoner and the patient was admitted to a paying ward because he felt he would get better treatment there. Since the patient had recently received $4,000/- in gratuity he felt he could meet the medical bill from his money.

He was to be given palliative Deep X'ray treatment whilst in the ward, and since this was very expensive treatment the Almoner asked him if he would consider going to the free ward, so that his gratuity could be left for his family later. The patient agreed to this and he was transferred to a free ward.

In a fortnight's time this patient became worse and the Medical Officer-in-charge of the ward wished to discharge him because "There was nothing more that could be done for him". The patient was very angry and abusive of the doctor saying, "they won't even help a man when he is dying". He pleaded to be sent to a paying ward again and this time the wife was most anxious that the money should be spent on the care of the patient. However the patient was discharged home by ambulance. The patient refused to have the District Nurse visit him and went back to having the general practitioner attend on him.

The Almoner visited this patient in his home and though the wife was happy to see her, the patient himself was very aggressive and critical of the doctor.

The patient died in his own home and the wife came to see the Almoner a few days later and announced that she had spent $1,000/- on the patient's funeral.

Should a patient be told his diagnosis and prognosis because his family is away?

In one particular case the patient was told the diagnosis on the suggestion of the Almoner. He was 35 years old, he had a wife and two young children in China. He had written to them to tell them that he could not send them any money because he was out of work. He had not told them as yet that he was ill. He had recently received a letter from his wife asking for money urgently and he asked the Almoner for help with this. He was given some money from the Samaritan Fund to send to his family.

All this information was given to the doctor. Since the patient was expected to live for about three months only the doctor agreed with the Almoner's suggestion that the patient should be told his diagnosis and prognosis so that he could go back to China if he wished to do so. The patient was fit to travel and the fares could have been raised for the patient's return.

The patient was seen by the Medical Officer who explained his medical condition to him and sent him to see the Almoner. When he was asked what the doctor had told him he said that the doctor had told him that he was going to die. This was quite unexpected as the doctor had decided to tell the patient that he was suffering from serious condition. On further investigation it was clear that the patient had come to this conclusion from what the doctor had implied and not from what the doctor had actually said.

He was asked if he wished to return to China, but he decided against this, because he felt it would be a great financial strain on his family to keep a sick man. When he was asked if he was sorry he knew the prognosis he said that he himself had felt that his condition was not improving and in any case he was glad that he knew what to expect.

This patient was easily alarmed and came in as soon as he had something slightly wrong with him and he was always attended to immediately. New lodgings were found for him and he was assisted with the payment of rent for this. On the two occasions that he asked for admission he was admitted. On the third occasion, he was quite ill but there was no bed available so the Almoner arranged for another patient in the ward to be discharged and got this patient admitted. He was then put on the waiting list for admission into the Chronic Ward at Tan Tock Seng Hospital. When a bed was available he was very reluctant

to be transferred there. Special arrangements were made with the Almoner at Tan Tock Seng Hospital to keep an eye on him and his case papers were sent on to her; but unfortunately she was unable to see him as often as he would have wished. The patient died 4 days after admission.

If similar circumstances arose one would perhaps advocate that the patient be told his diagnosis so that he can make a real choice.

Where relations have been strained previously can one use the diagnosis to get the patient what he wants?

Is one justified in using this to demand more consideration for the patient? This is perhaps never successful except in situations where the difficulties are not deep-seated. On the whole what you get is guilt and unhappiness if this demand cannot be met. For instance, there was a patient suffering from carcinoma nasopharynx, a Chinese man aged 29 years married with two young children. He had stopped work because of his illness. He was referred to the Social Welfare Department for relief, but since he was so ill his wife was asked to go instead.

A week later the patient was admitted to the ward because he had been deserted by his wife and there was no one to look after him. A friend was looking after the children temporarily.

The patient wanted the Almoner to try and get his wife back to care for his children. He and his wife had quarrelled about applying for Public Assistance as she had thought it was a loss of face to get Public Assistance. The Almoner asked the patient what he wished her to do, and he suggested that the Almoner should visit the mother's house to try and trace the wife. The Almoner felt that the wife would not be pleased to see her as she was associated with hospital. Instead it was suggested that the social worker from Singapore Children's Society should be asked to visit the wife and she could deal with the problem from the point of view of helping the children to be cared for by the mother again. The social worker visited the mother-in-law's house and arrangements were finally made for the two children to stay with mother in the grandmother's house.

The doctor thought that the patient might live for another three weeks. He spoke to the wife about trying to keep the patient happy but she seemed quite unmoved by what he had to say and refused to visit the patient in hospital. Finally she was persuaded to do this; and she and the two children saw the patient for a little while. After she had left the patient said to the Almoner. "She is asking for a divorce! She can have that but I want custody of the children" and wept bitterly.

The Medical Officer was informed of the home circumstances and the Almoner asked that he be kept in ward until he died. The wife came occasionally but only stayed for a few minutes and always upset the patient, as he realised that she was visiting him from a sense of duty with some pressure from the social worker at the Singapore Children's Society as well as from the Almoner.

At no stage would she change her attitude towards the patient who so obviously cared about her. The patient was seen in the ward as often as possible by the Almoner as he so badly needed someone to care about him. He died in the ward in three week's time, the wife having visited him only twice during that period. The social worker from the Singapore Children's Society dealt with the wife all the time and it was never possible to assess why she turned away completely from her husband. In this case perhaps because this patient was dying everyone expected the wife to forgive him for all the unhappiness that he may have caused her previously. It was quite evident that everyone in the ward was hostile to the wife because she behaved in this manner.

Should one refer dying patients, or patients with a poor prognosis for help from their priests or spiritual advisers — especially if one has no strong religious feelings oneself?

The Almoner was dealing with a Chinese Catholic family, where the wife of the patient was aware of the prognosis and she had decided to tell the priest about it. When the patient became extremely ill and the Medical Officer confirmed that the patient was dying, the Almoner got one of the Catholic members of the staff to send for the priest. It was even more difficult to get a priest than one had imagined and the patient died after he had received the last rites. The wife was more grateful to the Almoner for this than for any other assistance that she had obtained for the family. I feel the Medical Officers very seldom consider this aspect of the care of a patient.

How can one be of help to the patient's relatives?

When the relatives are told the prognosis they may feel guilty that the patient was not

brought earlier for medical attention; or, they may regret having taken the patient for native cures. They find it difficult to behave naturally to the patient, and fear that they may unwittingly say or do something which will make it clear that there is no hope of recovery for him. On the other hand they will try a general practitioner or any other hospital, if possible, because they cannot accept the fact that the patient will not recover. They may get into debt paying for treatment outside the hospital that is, if any one is willing to "treat" the patient.

If the relatives are not given any clear explanation about the patient's condition and why he is being discharged from the ward, they are often resentful that he is being sent home in such a poor condition. They tend to feel that as long as the patient is in the ward he is being treated and cared for by skilled people. The moment the patient goes home and is in pain the relatives feel inadequate to deal with him. The patient himself may demand to be seen by the doctor and feel that the relatives are indifferent to him if they do not arrange this. Having a seriously ill patient in the house could disrupt the whole family who may attempt to provide some kind of nursing care. Other duties may be neglected and the wife unable to leave the house in order to do a job to supplement the family income. Without doubt this is a very difficult period in any family and the Almoner's role is to try and lessen the tension as far as this is possible.

I feel very strongly that it is not necessary in all cases for the relatives to be referred to the doctor to be told the diagnosis and the prognosis. In cases where the family is known to the Almoner, especially if she has been working closely with them, the Almoner herself could tell the relatives (i.e. wife or husband or mother) the diagnosis and prognosis with the consent of the Medical Officer. I feel it is quite unnecessary to send them on to the Medical Officer, who most likely does not know them at all. The relatives' reaction would be, "if she knew why didn't she tell me?" I feel referring the relatives to the doctor is often only shifting the responsibility to the Medical Officer in order to avoid an unhappy situation.

Before dealing with patients suffering from malignant condition the Almoner must be clear in her own mind about her attitude towards suffering and death and to work out her own private feelings so that they do not intrude. The patient feels secure if he is in the hands of someone who is confident and not showing depression. But more than anything else the Almoner's work is made bearable when the doctors are aware of the difficulties the Almoner is faced with so that they give her the support and co-operation that is necessary to carry on with this kind of work.