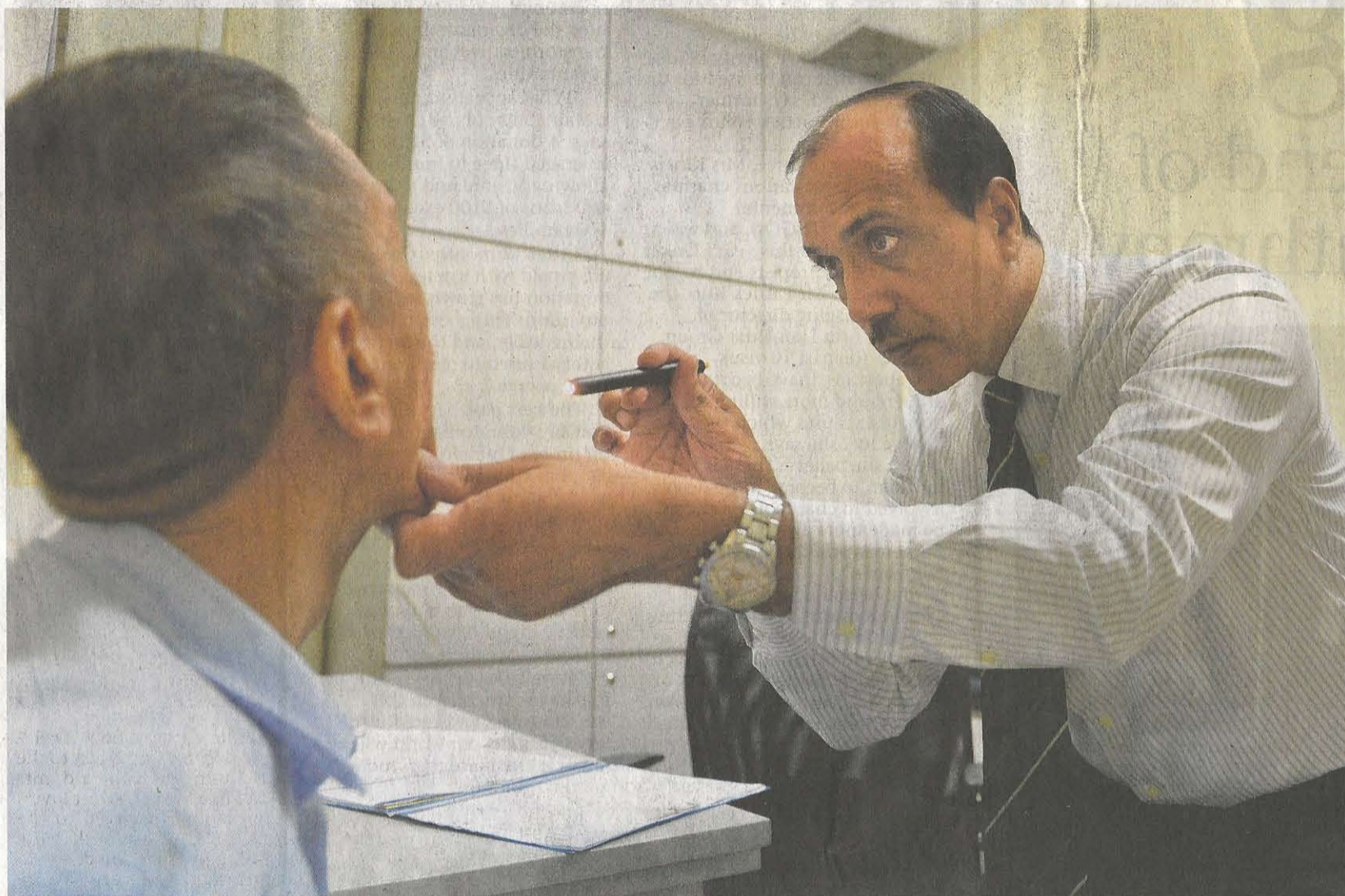


The doctor who helps patients die well



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Dr R. Akhileswaran became fascinated with palliative care after hearing a nurse talk about it and seeing patients in India with advanced cancer who were in pain.

CEO of HCA Hospice Care brings humanity back into medicine through palliative care



Chang Ai-Lien
Senior Correspondent

Q: You were trained as a radiation oncologist. How did you move into palliative or end-of-life care?

Twenty years ago, when I was in India, I saw a lot of patients with advanced cancer. We knew we couldn't cure many of them, but I knew they had a lot of pain and suffering which we weren't addressing.

I heard a nurse talking about palliative care at an oncology conference in 1987 and was totally fascinated, and it all started from there.

Q: What do you mean by dying well?

Many scientific surveys show that most terminally ill patients usually want to spend their last days at home.

Home hospice care services allow patients and caregivers to fulfil this wish with dignity, and to die a good death: one which is pain-free and free of suffering.

Palliative care isn't the death sentence that everybody equates it with. In fact, one study of patients with advanced lung cancer showed that those who received early palliative care actually lived longer and had a better quality of life than did patients given standard care. Fewer were depressed and they lived for an average of 11.6 months after being diagnosed, compared to the 8.9 months for the other group.

But palliative care is not about postponing death either. It's about controlling symptoms, telling patients and their families what to expect, and giving them time to manage their affairs. The primary physician can continue to treat the patient in tandem.

There's still hope. You can always do something for the patient until his last breath.

Q: Is there something different about your field of medicine?
One of my medical professors used

to say that when technology walked in through the front door, care walked out the back.

In many cases, the doctor will persist in trying and trying to treat the disease, not the patient.

Sometimes the patient's choice rests on semantics. For instance, if I told you that a certain drug would double your chances of survival, would you try it? What about if I said instead that your chances of being cured would increase from 1 per cent to 2 per cent?

Then once the disease becomes too advanced, the patient's just sort of forgotten and it's taken as defeat because the doctor says there's nothing else you can do.

Often these days, doctors don't even see a patient in front of them, just the disease. With palliative care, it's a bit more holistic I think. We bring back the humanity into medicine.

Q: What does the treatment involve?

We work as a team, from nurses and psychosocial staff, art therapists to physiotherapists and pastors, to help the patient physically, socially and psychologically.

It's not just about sitting and holding someone's hand and giving a listening ear. You need to have compassion, but you also

need clinical competence. One of the two is not enough.

I would say that 90 per cent of the time, we can control the patient's pain almost fully. We can control almost all symptoms very well, and if not, we can sedate the patient deeply enough so he's free of pain and other symptoms.

Q: How do you treat pain?

Well, one good thing is that we can use the drug that is most commonly used to treat severe pain – morphine – boldly when there's such pain.

Morphine can cause respiratory depression if taken without severe pain. But pain counteracts the respiratory depressant effect of morphine. A dose that could harm a normal person can work well in a patient with severe pain.

Q: How come people don't seem to know much about palliative care here?

The Singapore Hospice Council (SHC) did a survey in 1996, looking at people's awareness of palliative and hospice care, and about 40 per cent knew something about it.

Four years later, after so many awareness campaigns, the figure was still 40 per cent. HCA Hospice Care has been around for 25 years but some people still think we're a clan association and not a service

provider, though this misconception is slowly changing. The SHC hasn't repeated the survey.

I feel that there is still the stigma of death, and that the people who should be using the service still don't know about it. This is especially so among the heartlanders.

So now we're getting involved more in grassroots activities and community events. We found out that people don't turn up for medical talks but cooking classes are always popular.

Q: Do any patients stand out in your memory?

In 1994, when I was still an oncologist in Bangalore, I saw a young woman with stage 3 breast cancer. She didn't want a mastectomy even though it was the best treatment at the time, and just had her breast lump removed.

So the surgeon sent her to me for radiation and chemotherapy as a follow-up therapy, but she flatly refused the treatment.

I asked her more about her fears and found out she was afraid the treatment would kill her, and she wanted to live for her two young children.

My training in palliative care kicked in, in terms of listening and taking care of symptoms such as pain and emotional needs, and helping her come to terms with the disease. I persuaded her to change her mind. She completed the course in a few months and pulled through.

Just last month, I got a phone call. She and her husband were here in Singapore, and we met up. They're both retired now and their son is grown up and working here in the finance industry.

Q: But three-quarters of your patients die within three months. Isn't that depressing?

That makes it even more important that we get involved as quickly as we can. We have to build up trust with the patient and that can be quite challenging.

But I still see a lot of happy stories. The joy on a person's face when you can get rid of pain, and the difference you can make in the life of a caregiver.

Maybe no patient is going to come back to me after 20 years, but this work is very gratifying. Having said that, we do have patients who live for 10 years or more.

One man in his 50s I knew was fully paralysed with motor neuron disease in 2001 and died just last year.

He was confined to his bed but from there, he ran his IT company and even had a computer system at home where he typed using his eye movements.

He was one of my first patients here and I remember my dialogues with him and his wife.

FREE ROUND-THE-CLOCK SERVICE

Dr R. Akhileswaran, 54, is chief executive officer and medical director of HCA Hospice Care, the largest home hospice provider.

The charity's focus is home hospice care, where teams of doctors, nurses, social workers, counsellors and trained volunteers visit patients and their families in their own homes.

This service is free, and teams are on call round the clock.

HCA has around 800 to 850 patients under its care at any point of time, and more than 49,000 patients have used its services since it was set up in 1989. The teams do more than 40,000 home visits a year and attend to an average of 3,500 patients annually.

Under his watch, Dr Akhileswaran successfully turned the organisation around from a financially shaky to a stable one.

He has planned and implemented the "Hospice into the Community" programme with Dr Seet Ai Mee by establishing four satellite centres, and pioneered the Electronic Medical Record

project in 2005, the first such project implemented in the hospice services in Singapore.

He also started the Young Caregivers Programme in 2004 for primary, secondary and tertiary students, to help them interact meaningfully with the elderly and elderly sick in the community. More than 65,000 students have completed this programme.

Dr Akhileswaran teaches specialist trainees, medical students and nurses in palliative care, and has led training projects in Indonesia and Myanmar, together with Dr Cynthia Goh.

He is also chairman of the Singapore Hospice Council, an umbrella body for all voluntary organisations that provide hospice and palliative care.

Born in India and now a Singapore citizen, the radiation oncologist moved here in 2001 with his wife, who is also a doctor, and two sons.

Before coming to Singapore, he was Head of Department and Consultant at the Department of Radiation Oncology and Palliative Medicine at Bangalore's Manipal Hospital.

Chang Ai-Lien