



杨漾

在医学界加速发展医疗科技，挽救更多生命的同时，如何让末期患者和家人做好面对死亡的心理准备，确保患者在生命最后一程“走得好”，而非盲目寻求治疗造成更大痛楚，可能是患者家人需要从现实和伦理方面去考虑的一个问题。

镜头中出现的是一个即将走到生命尽头的中年男人。

弥留之际，他微闭双眼斜躺在病床上，妻儿家人围绕身边。约四、五岁的儿子在最后一刻扑上去，不断地说：“爸爸，我爱你。”男子随儿子稚嫩的声音，安详地闭上了双眼。

在这部由本地慈善机构连氏基金委制的临终护理（palliative care，又称慈怀护理）短片中，观众看不到死者家人在生离死别之际的无助和恐惧，或医生实施抢救时的慌乱场面。这种平和地放手，加上男童在病榻前自然说爱的举动，其实都是一组临终护理专家对家属进行多番心理疏导后的结果。

对末期病患和家人来说，在得

因为你是你

知和最终接受不可逆转的病情后，等待生命消逝是一种外人无法感同身受的身心考验。虽说死亡是人人都会抵达的生命终点，但我们可以选择迎接它的方式。

临终护理是对末期患者的一种治疗方法，多靠药物缓和患者的疼痛和不适，属于一种缓和性和支持性的照顾方式。这个概念最早由英国女医生桑德丝（Cicely Saunders）在上世纪60年代提出，她在长期照顾末期癌症患者的工作中，大胆尝试以药物作为主要治疗方式，这个新颖做法很大程度上改善了患者去世前的生活质量，随即吸引其他医学专家参与相关研究工作。

台湾临终护理专家赵可式博士过去30多年来同样致力改善末期患者的生活，她提倡人的一生活除了做到“善生、善终、善别”，患者家人也应互相学习道谢、道歉、道爱 and 道别的“四道人生”。近年来我国政府大力推广的临终护理服务，正是协助末期患者和家人做到这一点。

新加坡慈怀理事会主席阿齐利瓦兰（Akhileswaran）医生告诉笔者，临终护理是让末期病患在去世前的日子过得舒适且有意义，而不仅仅指“安详离去”。他说：“很多人其实不怕死，但害怕如何死去或痛苦地死去，培训有素的医护人员如今可以帮助患者和看护者了解

真实病情，能协助他们渡过难关，更从容地与彼此道别。”

2010年公布的一项临终生活质量调查结果显示，我国每年死亡人数约1万7000人，当中只有约两成获得临终护理服务。而新加坡慈怀理事会分别在2006年和2010年进行的调查发现，对临终护理有一定认识的民众百分比约占40%，阿齐利瓦兰医生曾指出，四年来民众意识没有提高，显示不少人对临终护理仍心存忌讳，有的家庭甚至禁止医护人员在春节假日上门探访。

在华人社会，“死亡”仍是个禁忌话题，大家若谈起，也少不了喊几声“大吉利是”。根据世界卫生组织为临终护理拟下的其中一个定义，是“肯定生命价值，视死亡为一个正常过程”。我想，这是我们应学习正视的观点，因为面对死亡不是忌讳，而是一堂最好的人生课程。

笔者曾听说这样一个案例，一名男子在目睹病危妻子被医生以电击抢救时，当下后悔答应这么做，因为原本已不成人的妻子，身体因电流而受损。男子后来说，早知如此，就应让妻子好好上路，不必再受二度折磨。

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得好”，而非盲目寻求治疗造成更大痛楚，可能是患者家人需要从现实和伦理方面去考虑的一个问题。

随着我国慢性疾病愈加普及，和老龄化社会所附带的各类医疗健康问题，临终护理不失为一种更好的“替代选择”。而在某个程度上，我倒认为临终护理是相对于长久以来饱受争议的安乐死，较温和的表达方式，两者目的都与“安详离世”有关联。

另外，在家庭结构越来越小的我国社会，家里若有末期病患，对看护者都是经济和精神上压力的来源。但令人感到欣慰的是，政府和不少慈善或社会服务机构开始强化这方面的政策和服务，给予有需要的家庭援助，共同承担这份“生命之重”。

上个月，拥有44年历史的雅西西慈怀病院（Assisi Hospice）宣布将在2016年迁入新院址，不但可接收比目前数量多出一倍的临终住院病人，也将成为本地首个专为失智症及儿童临终病人辟设病房的慈怀病院。

在政府和社会机构的努力下，本地临终护理服务已具一定规模，我们不缺资源，不少援助，最重要的是末期患者本身和看护者如何做出这个选择，正如桑德丝医生所说：“因为你是你，即使是在生命最后一刻，都同样重要。我们会尽一切努力，协助你安然离开，也会尽一切努力，让你活到最后一刻。”

[English Translation]

A middle-age man whose life journey was approaching the end appeared on the screen.

He laid on his deathbed with his eyes slightly closed, his wife and family members were by his side. At the very last moment, his son of about 4 to 5 years old went up to him, whispering repeatedly, "Daddy, I love you." The man closed his eyes for the last time, resting in peace with the tender voices of his son lingering on.

In the short video clip on palliative care commissioned by the Lien Foundation, a local charitable organisation, there was no helplessness and fear of loved ones at the departure of the deceased, neither were there chaotic scenes of doctors and medical staff performing resuscitation. The calm and peaceful farewell and the act of the little boy proclaiming his love at the deathbed of his father are in fact results of many psychological counselling and guidance sessions that a group of palliative care specialists had conducted for the family members of the patient.

Coming to know of and eventually accepting an irreversible medical condition is a challenge both physically and emotionally that terminally ill patients and their loved ones have to come to terms with. Counting to the last day of life is not something easily appreciated by those who are not involved. Although death is the ultimate endpoint for all, we could choose the way by which we approach it.

Palliative care is a form of treatment for terminally ill patients, focusing on relieving the pain and discomfort of the patient via medications. It functions on a gentle and supportive care approach. The concept of palliative care was first brought up by a British lady doctor Cicely Saunders in the 1960s. She worked with terminally ill cancer patients and attempted to use medications as the main form of treatment. The new approach at that time helped improved the quality of life of patients' last days to a great extent, prompting other medical experts to conduct studies related to it.

For more than 30 years, Taiwanese palliative care expert, Dr Chantal Chao Co-Shi has been striving towards improving the lives of terminally ill patients. She advocates that we should all “live well, end well” and “bid a good farewell”. Patients and their loved ones of patients should also practice the “4 says of life”, ie to “say thanks, say sorry, say love and say good-bye”. In fact, these are what palliative care, which our government has been actively promoting in the recent years, aims to help terminally ill patients and their loved ones achieve.

Chairman of Singapore Hospice Council Dr Akhileswaran told this writer that, palliative care allows the terminally ill patient to lead a comfortable and meaningful life before he passes on. It is not merely a way for patients to “rest in peace”. He said, “In fact, many people are not afraid of dying. They are, in fact, concerned of how their life would end or they are afraid of dying in pain. Trained medical personnel can now help the patient and his/her caregiver to understand the patient’s actual medical conditions, help them tide over the difficult period so that they can bid each other farewell in a calm and composed manner.”

Results of a study looking at the quality of life of patients before they passed on published in 2010 revealed that, among the approximately 17,000 people who died in Singapore every year, only about 20% had received palliative care services. Surveys conducted by Singapore Hospice Council in 2006 and 2010 found that, about 40% of the general public have some understanding of palliative care. Dr Akhileswaran had pointed out then that public awareness of palliative care had not been raised over the four years. This showed that many were still hesitant about palliative care. Some families even forbid medical staff to visit them during the Chinese New Year festive period.

“Death” is still a taboo among the Chinese community. Even when brought up, it is usually followed by an utterance of “touchwood” to “neutralise” the negative connotation. One of the definitions that the World Health Organisation has established for palliative care is to “affirm life and regard dying as a normal process”. I think, this is a view which we should learn to take seriously. Death should not be a topic to be shunned but a most valuable lesson in life to pick up.

I have heard of a case whereby a man had witnessed the doctor performing electric shock treatment on his dying wife in his attempt to resuscitate her. The man regretted giving consent to the treatment almost immediately as he saw how his wife, who was already very frail, underwent more physical torment due to the electric current flowing through her body. The man remarked that if he had known it to be such, he would have let his wife pass on peacefully without further sufferings.

As medical sciences advances expeditiously in terms of treatment and technology to save more lives, how do we prepare terminally ill patients and their family members psychologically to face death, and ensure that the patient had a fulfilling time in his last lap of the journey, instead of seeking treatment blindly which may bring on more pain and sufferings to the patients. This is something which the patient’s family members have to consider from a pragmatic and ethical perspective.

As chronic diseases become more common in our country and as we face various medical issues brought about by the aging population, palliative care can be a better “alternative option.” To a certain extent, I feel that palliative care is a softer option to the much debatable euthanasia, both related by the same ultimate objective of letting patients “rest in peace”.

In addition, as the families here get smaller in size, having a terminally ill patient at home will impose financial and emotional stresses to the caregiver(s). However, it is comforting to see the government and many charity or social service organisations beginning to enhance the related policies and services and provide assistance to the needy families, helping them to handle the “significance of life”.

The 44-year-old Assisi Hospice announced last month that it will be moving to a new site in 2016. Not only will the new premises double the current capacity for terminally ill residential patients, it will also be the first hospice in Singapore to have specialised wards for dementia patients and terminally ill children receiving palliative care.

With the efforts put in by the government and various social services, palliative care services have attained a certain scale in terms of operation. We are not lacking in resources and we do receive due assistance. Ultimately, it is how the terminally ill patients and their caregivers arrive at the decision that would make a difference. As Dr Saunders had said, "You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die."