The importance of dignity

By Dr Ednin Hamzah

Kindness, humanity, and respect should complement the diagnostic and management skills of doctors.

A 66-year-old lady lies on a bed and is in pain. She has cancer of the colon but hasn’t been told her diagnosis. She is confused and asks for help ...

A 53-year-old man with lung cancer is feeling weaker and worst despite the doctors saying that the cancer is responding to treatment. Shouldn’t the treatment ease his suffering ...?

A 72-year-old lady with end stage renal failure is told that further dialysis would be difficult. What else could be offered to her?

In dealing with hordes of patients, a doctor may feel overwhelmed to provide the best care to every patient. There is a need to assess the symptoms and signs of disease, investigate, diagnose, and then treat. The aim as many doctors would say, is to cure, and if that is not possible, to prolong life.

Medical training, though perceived to be thorough as many academics would imply, is simply filled with mainly factual knowledge about disease. The changing and challenging face of modern medicine is led by technological advances and soft skills are left behind. Diseases of course, do not ask questions, but patients and people do.

Eric Cassels, in his landmark paper in the New England Journal of Medicine in 1987, argued that to be able to treat patients, one must be able to recognise suffering. Suffering is experienced by persons, not diseases, and to recognise and assess suffering, one must understand the person, which includes personality, past experiences, and a distinct soul.

The word patient comes from the Latin “patiens” meaning to endure, bear and suffer due to illness. With illness, many
patients “learn” to relinquish autonomy in the hope of a better outcome. As a consequence, some patients lose not simply their autonomy, but also their personhood, wants, hopes, and simply becomes an object on a bed or a number in a waiting room.

Their alleviation of suffering is then entrusted to a doctor who they hope will listen, understand, and hopefully change despair to hope.

Kindness, humanity, and respect should still be the core values of modern medicine. These should complement the diagnostic and management skills of doctors. Yet recently we hear that the Ministry of Health attracted the 5th highest complaints amongst government departments. Patients who are ill do need to be treated, not just with the right medicine, but with the right dose of humanity. Not doing so leads the patient to feel uncared and unwanted, and to feel that he is a burden to others.

The concept of a dignity-conserving care is becoming increasingly important in palliative care and hopefully in all healthcare settings.

In July 2007, the British Medical Journal published a paper by Professor Harvey Chochinov, which addresses the need to recognise the importance of bringing dignity into the clinical domain. Doctors are familiar with the ABCD mnemonic in cardiopulmonary resuscitation being airway, breathing, circulation, and drugs.

Professor Chochinov argues that similarly that Attitude, Behaviour, Compassion, and Dialogue are similarly important, especially in dealing with patients with advanced illness. It should also be second nature to doctors providing care.

Some doctors may certainly feel that taking a pulse, blood pressure and investigating with blood tests, X-rays, etc will provide them the most important information about a patient. Some may ask a little ... about pain and lumps and so forth.

Very few will ask what all this means to a patient, as it then starts to unravel the aspects of suffering, which is not simply a physical domain. When a patient questions a doctor, they are often “treated” to more tests or treatment when perhaps a simple clarification is often needed. The non-physical domains of illness, although an integral part of the patients’ experience, is often dismissed by doctors as simply “not medicine”.

Dignity is shown when we give respect to the patient by listening to his needs, by listening, by being committed, by remembering his name, his story, by keeping promises, by giving him space to express not just his words, but his emotions and angst.

Dignity is shown by discussing therapeutic options and respecting patients’ choice and not being paternalistic. And much more ... It is about respecting noble human values in an era where we are now constantly arguing about human rights.

Palliative medicine is one medical specialty where a doctor is trained to look into all facets of suffering and outcomes are framed with consideration for the patients’ dignity and values. Life and death is simply a continuous spectrum and an appropriate management of such patients will simply address what is important.
Drugs and machines have their roles but the role of a therapeutic human encounter with a caring person is perhaps the most valuable. Who do you want to be with you when you are at your most vulnerable? Life will look after itself, as we will all come to know.

In the age where Malaysia wants to be a developed nation by 2020, could we hope that we at least are civilised enough to treat each other with dignity? It is a privilege to care for others. The vocation of medicine needs to reignited.

Dr Ednin Hamzah is a palliative care physician. This article is contributed by The Star Health & Ageing Panel, which comprises a group of panellists who are not just opinion leaders in their respective fields of medical expertise, but have wide experience in medical health education for the public. The members of the panel include: Datuk Prof Dr Tan Hui Meng, consultant urologist; Dr Yap Piang Kian, consultant endocrinologist; Datuk Dr Azhari Rosman, consultant cardiologist; A/Prof Dr Philip Poi, consultant geriatrician; Dr Hew Fen Lee, consultant endocrinologist; Prof Dr Low Wah Yun, psychologist; Datuk Dr Nor Ashikin Mokhtar, consultant obstetrician and gynaecologist; Dr Lee Moon Keen, consultant neurologist; Dr Ting Hoon Chin, consultant dermatologist; Prof Khoo Ee Ming, primary care physician; Dr Ng Soo Chin, consultant haematologist. For more information, e-mail starhealth@thestar.com.my. The Star Health & Ageing Advisory Panel provides this information for educational and communication purposes only and it should not be construed as personal medical advice. Information published in this article is not intended to replace, supplant or augment a consultation with a health professional regarding the reader’s own medical care. The Star Health & Ageing Advisory Panel disclaims any and all liability for injury or other damages that could result from use of the information obtained from this article.