

THE HOPELESS PATIENT

By

K. MOHANDAS PAI

“ The Best of Sons finds it difficult to put up with a dying Mother ”

—(Mauriac)

If that is the fate of the son, then what about the doctor who knows that he is treating a “hopeless ailment” like advanced cancer, advanced heart disease, permanent blindness etc.? But is a “hopeless patient” really hopeless? A seasoned whether-beaten practitioner will always see in the “hopeless patient” a deep desire to recover from his illness, however hopeless it may be. I have rarely found a “hopeless patient” asking me whether he will die. It is only the superficial hysteric who repeatedly asks whether he is going to die. The real sufferer during his last days develops a composure worth emulating by others who are less seriously ill. It is as though he is aware that he is very soon going to be in eternal communion with God and is not going to complain of anything of the shortcomings in this earthly existence.

The fear of becoming a burden on one's people instead of being a support, a shadow instead of light, is certainly one of the bitterest mortifications, sickness can create. Do we as doctors picture to ourselves the torture an invalid undergoes, who experiences day by day, that Mauriac's cruel dictum at the head of this text is sometimes true? The hopeless patient finds his friends and relatives slowly melting away and as he lies sleepless at nights, thousands of thoughts, and clouds pass through his mind. Mme. France Pastorelli, herself an invalid heart-patient in her “*Glorious bondage of illness*” wrote thus:

“On some nights, it seems as if all their ills and distress break upon me from all sides like sounding waves rolling in from an advancing tide which will end by completely surrounding me, and my heart hears the clamour of all this secret groaning, these sighs breathing out pain, both physical and mental, these futile calls for help, these cries from the anguish of solitude.

“Since this chorus of sorrow succeeds in reaching us, how can we for one hour lose sight of the tragedy of life, and live as if evil, pain, and death did not exist? Alas! here am I longing to assuage all this bitterness, lighten all these burdens, dry all these tears, fill this loneliness, lighten all these burdens, dry all these tears, fill this loneliness with love, with light, with kindness, and what can I do in face of this many-sided suffering which tears humanity to pieces? My powerlessness could not be measured, even if from this moment, I neglected nothing which it was in my power to do.

“I know that my suffering, physical and mental, will be nailed to me for the rest of my life. I know—after a slow wearing-down of all hope—that if I burst my blood-vessels in trying to break my chains, that they would not be broken, nor their grip loosened. But my heart wrung with so much secret suffering which it is not in the power of any human being to soften, must not continually be engrossed with its own pain. My God, may it be opened to that of others!”

There have been I am sure in the life all of us practitioners moment when we have to retreat from the sickroom carrying back all our weapons which we have brought for our armoury to fight illness, and let God take over. All our efforts have been in vain and the patient is slowly sinking. What are the duties of the physician in these last days? Should he say with a wise nod of his head, "The case is hopeless. I can do nothing more. I will stop my visits from tomorrow," or should he say to himself, "As long as the relative or the patient expect me to do my best I will visit them, comfort them, use my knowledge to the utmost along with that of the consultant. I will teach them the nursing of the hopelessly sick, the sons and the daughters who have come from miles away only to see their fond parent opening the the eyes and smile at them, or talk to them for the last time?" Sometimes, though rarely, miracles happen and the patient comes round.

If we achieve even this much, I think we would have gone a long way in showing to the lay folk that we are human at heart within our white coats. Being bathed and saturated with misery around us, day in and day out we are apt to lose our moorings and be seemingly callous to the sufferings of others. We sometimes turn our eyes to the suffering of others after our own sufferings teach us a lesson. Till then, we will be treating our "cases" and after that we will treating the "whole patient," mind, body and soul. We sometimes innocently laugh and crack jokes in the midst of our work in a busy "dangerously ill" patients' wards of a hospital. This sometimes has opposite effect on the patient and/or his relatives.

There are frequent cries of distress on the part of the sick. But if we only remember the circumstances and struggles which elicit them, we will not be unjust to these around us, and we doctors more than others, have been specially fortunate to be present at the bedside of the sufferers.—*Antiseptic*, Vol. 63, No. 6, Pp. 43, 484.

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