

The End.

What if that is where your story begins?

Perhaps, your tale of woe began with a persistent cough and you've discovered a sinister shadow on your chest x-ray. Fate, without your consent, has brought you to the final chapter of the book of life and it bids you to read on. Maybe, it's not you. But someone close like your wife, whose tummy ache has just been diagnosed as carcinoma of the stomach. The end, whoever the characters may be, is suddenly at hand. The Angel of Death stands at the door, and he's about to knock.

We are the Singapore Hospice Council and we are here to serve the dying and their families. The aim of this advertisement is to acquaint you with Elisabeth Kubler-Ross's five stages of dying, which by the way also relate to anticipatory grief and bereavement. For those who have yet to experience the ebbing of life, all this talk about death might seem unnecessarily morbid. For those of us, however, who have recently been made aware of our mortality, this 'travel guide' will provide some light and comfort for the dark road ahead.

1. Denial. For as long as you can remember, you have never *not* existed. Deep within our unconscious mind we are all immortal, it's almost inconceivable for any of us to acknowledge the possibility of our own demise. As a result, our first reaction to the news of terminal illness is a numbness that's replaced by the usual response of 'It can't be me; surely, they've made a mistake!' Which is followed by a ritual of shopping around for second opinions in the hope of dodging the inescapable. Numbness, denial, and withdrawal are all appropriate reactions to what is the most catastrophic news we will ever receive. Even feeling nothing at all is completely legitimate.

2. Anger. When it finally dawns on us that it wasn't a mistake; rage, anger, and resentment will accompany the logical next question: 'Why me?' Doctors and nurses will be picked on, while the visiting family is received with little cheerfulness. Instead of responding with grief, tears and reduced visits, family members should try to put themselves in the shoes of the terminally ill. You, too, would be outraged if all your life's activities were prematurely and permanently interrupted. Given attention and some time, the ranting and raving will often melt away.

3. Bargaining. In this frame of mind we will attempt to enter into some sort of an agreement with the Almighty, so that the inevitable may be postponed. The thinking goes, 'If the Almighty has decided to take us from the earth, and he did not respond to our angry pleas, perhaps, on the off chance, he will change his mind if we ask nicely.' The wish of the gravely ill is almost always an extension of life, followed by the request of quiet days without pain or physical discomfort.

4. Depression. There is no heartbreak worse than the pain of seemingly senseless and permanent separation from those we love dearly. While there are drugs for physical pain, there is, so far, no medicine to treat sorrow. The only way out of pain is *through* pain. The terminally ill will be grateful to those who can sit with them while they contemplate their approaching death. Visitors who try to cheer them up actually hinder rather than help their emotional preparation to leave the world. During this period of grief, there is little or no need for words. A touch of the hand, a stroke of the hair or just a silent sitting together will suffice. If we are

dying, we have to find the strength to say goodbye to all we have known and loved. If we are witnessing the end of a life, we have to find the strength to survive the pain of losing a dear one. However, we're stronger than we think, and we're never given more than we're able to handle.

5. Acceptance. If a sudden and unexpected death doesn't take us, we'd have enough time to work through the previously described stages and reach the point in which we are neither sad nor angry with our lot. We'd have given vent to our feelings of envy and anger for the living and the healthy. We'd have mourned our losses and we'd have contemplated our impending end with a certain amount of quiet expectation. Acceptance should not be mistaken for a happy stage. It is almost void of feelings. It is as if the pain has gone, the struggle is over, and there comes a time for, as one dying man phrased it, 'the final rest before the long journey.' We will be easily tired and, in most cases, quite weak. We will have a need to doze off or to sleep often and in brief intervals, just like a newborn child. While by now we have found some peace and acceptance, our circle of interest diminishes. And so it is at the end of our days, when we have worked and given, rejoiced and suffered, we go back to the place that we started out from and the circle of life is closed.

The power of hope. It is important to note that these five stages can exist together and overlap at times. Some people even skip whole stages. However, no matter where we are on the final journey there's always hope for the dying. To have something to look forward to is a basic need of man. Hope should always be cultivated, regardless of whether we think that hope is valid or not. Whilst hope should never go away, what we hope for can change. First we may hope for a recovery or a miracle; later we may hope for a peaceful death. We may hope that the children will be alright, and we may hope to see them again. We may hope that there is a heaven, and we may hope for a new beginning there.

Should you need help or advice on end-of-life care, visit www.lifebeforedeath.org.sg or call 1800 333 6666. As hospice is a philosophy of care rather than a specific place of care, we can provide palliative care in a day care centre, a hospital ward, an in-patient hospice or even at home. Whichever part of our service you use, you can be assured we'll be with you till the end.