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A cup of tea

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Essay/Personal Reflection

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"Would you like a cup of tea? Or do you prefer some soft serve ice cream or pudding? We also have an excellent masseuse, nail technician and offer Reiki therapy. If you'll like a bath we can easily arrange that. Please feel free to enjoy our gardens while you are here."

These are words you'll expect to hear from a boutique spa or a luxury hotel that people visit in an attempt to "treat yourself" in order to escape the busyness of life. Except, in this case, the words are coming from me — and I am a doctor working at a hospice, speaking to a newly admitted patient.

It was 3 months ago that I had waved goodbye to hospital medicine and started my placement in palliative medicine. Colleagues had painted a very bleak picture for me even before starting. "Hospice, it's a place where people die isn't it?" was the standard response received when I told people where I would be working next. Other typical answers often included the words "depressing" and "sad". With all of these bleak messages in the back of my mind, I set out on my journey in palliative medicine.

And yet here I was 3 months later, offering tea and complimentary therapy to the patient I had just admitted to the hospice. It was part of the standard procedure during an admission to give patients an introduction to the services available.

"Ooh yes, I would love some tea. And a bath. And perhaps the complimentary therapy" the patient enthused. I duly made a cup of tea, informed the nurses about the need for a bath, and sought out the masseuse, before retiring to the office to write up the admission. What would my hospital colleagues think, I wonder, if they could see me now, making tea and encouraging patients to feel good about themselves, mentally and emotionally rather than purely focusing on the physical? That you aren't a real doctor, a small voice in my head answered — although I know that is very well nonsense.

The truth is, the issue with palliative medicine lies with how it presents itself. It lacks the showbiz glory of emergency medicine, the blood and gore of surgery, and the intellectual wit of physicians. It deals in a topic that is taboo even by modern standards — who would want to talk about death when there is so much life to be celebrated? — and so palliative medicine and hospice doctors by extension are frequently looked down upon.

And yet, working at the hospice I felt more like a doctor than I ever had been. Patients would frequently be admitted to the hospice from the hospital, complaining about how poorly their diagnosis or prognosis had been communicated, how little time the staff on the wards had for them, and how little they had been heard. Because of the ample time we had for each patient during the ward round, I had the opportunity to learn about them as a whole person, and not a person with a diagnosis. I learned about their past, their ideals, and their hopes and wishes for the future. I became familiar with their families. The families of fellow patients made friends with each other. These patients suddenly had a voice, they had time, and they were being care for in more ways than one. They were content and at peace. I saw the importance of caring for someone's mental, emotional, and spiritual needs in additional to the physical aspect. I could bring joy to several patients in a day simply by bringing the hospice cat round to their beds — it became a common sight for staff to catch me carrying the hospice cat to cheer up various inpatients — a joy I could never bring to patients in all my days as a hospital doctor.

Palliative medicine holds many lessons to those who dare dive into its deep waters. The patient whom I offered the tea to later mentioned it was the first time that a doctor had treated them as a human being instead of simply focusing on the disease. They eventually came to a peaceful end one quiet morning in the hospice — but not before they had fully enjoyed their last days and come to terms with their illness and impending death. It is moments like this which are incredibly humbling and highlight the importance of taking time to recognize the patient as a human — and treating them as such.

As I am whisked away into the medical wards for the next stage of my training, I hope that much of the wisdom learnt at the hospice will be carried on to my medical practice: To take the time to listen to my patients; to see each patient as an individual being; and that the care extended to patients does not always have to be complex, but could be as simple as offering a cup of tea.

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