

## WHY NOT TO MAKE A SMILE ON YOUR FACE AND YOUR PATIENT'S FACE

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Every now and then, we face the problem of terminally ill patient or what looks incurable lesion, like disseminated malignancy. Certainly, all of us prefer not to face such a bitter reality. But sadly, this is unavoidable. Problems almost always arise from this type of patients if not from their relatives, hence, the importance of proper handling, fine communication, gentle words and precise estimation of the surgeon's sentences. By doing so, the surgeon can spare himself a lot of problems. Sorry to say, some surgeons fall in this trap because they mishandle these peculiar and difficult patients. It is vital to appreciate the psyche of those miserable patients, sympathize with them as much as possible, make them feel that you are serious and keen to help them, and you are a friend rather than a physician.

Firstly, we have to acquire the ability to deliver sad news in a way that will not hurt them, depress them, or irritate them. Telling the truth as such and in clear sentences may make them collapse in your clinic. It might be fair to tell the truth to their relatives later on, provided that the relatives promise not to tell this bitter fact. Your facial expression means a lot for them; so, be careful not to show a sad or a bad expression.

We have to keep in our minds that things are not always as we expect. Against my personal expectation, I have met in my career, terminally ill patients who survived very long. On the other hand, mildly ill patients departed after a short period of time. So, we have to realize that the diagnosed pathology is not always an indication for the survival period.

Some literature has reported spontaneous regression of disseminated malignancies. This certainly looks strange if not unbelievable; but this is "Allah" will. The possible explanation is the reactivation of the body policeman (the immune system). Therefore, the surgeon should not be pessimistic and disappointed as far as he should believe in "Allah" mercy. The pathological process may change to the good end, even with no treatment.

We have to try our best to offer the maximum treatment possible with a great hope to heal the lesion. In mind, we should always make a smile on the face of our dear patients despite the disappointing pathology. By doing so, we can gain the confidence of our patients and avoid the trouble that may arise because of lack of proper communication skills.

We have to work very hard to keep our patients far away from depression and disappointment. By doing so, we can turnover the picture from black to white. Depressed patients are not cooperative, never listen to advices and lose their patience easily. Depression in morale is depression in immune system. Moreover, depression lowers pain threshold and makes pain more intense and difficult to control.

We should encourage the patient to live his days, and to enjoy life in full capacity. He should go to sports, picnics and practice his favorite hobbies. What I feel very useful is to insert religious beliefs in the brain of the patient, and to remind him of "Allah" mercy which is very near to the religious personnel.

For the seriously ill patient, I prefer to avoid treatment in private hospitals in order to reduce his financial burden, particularly if we are not optimistic about his condition.

We have to make use of the help of the family and friends that can be very useful in elevating the patient's morale, if not relieving his depression. So, a help from their side is always required.

Finally, we as surgeons must realize that death is "Allah" will. No one on this earth can make a change, no matter how clever he or she is. No one can tell when the patient will die; it will come when it is supposed to come. Death has nothing to do with any parameter; it is irrespective of any indicator. So, we have to try our best to make a big smile on the face of our patients and their relatives and to keep the sleeping devil asleep. By doing so, the surgeon is the first winner and the patient is the second.

