

# ALL DEATH MATTERS

JAMES TAN

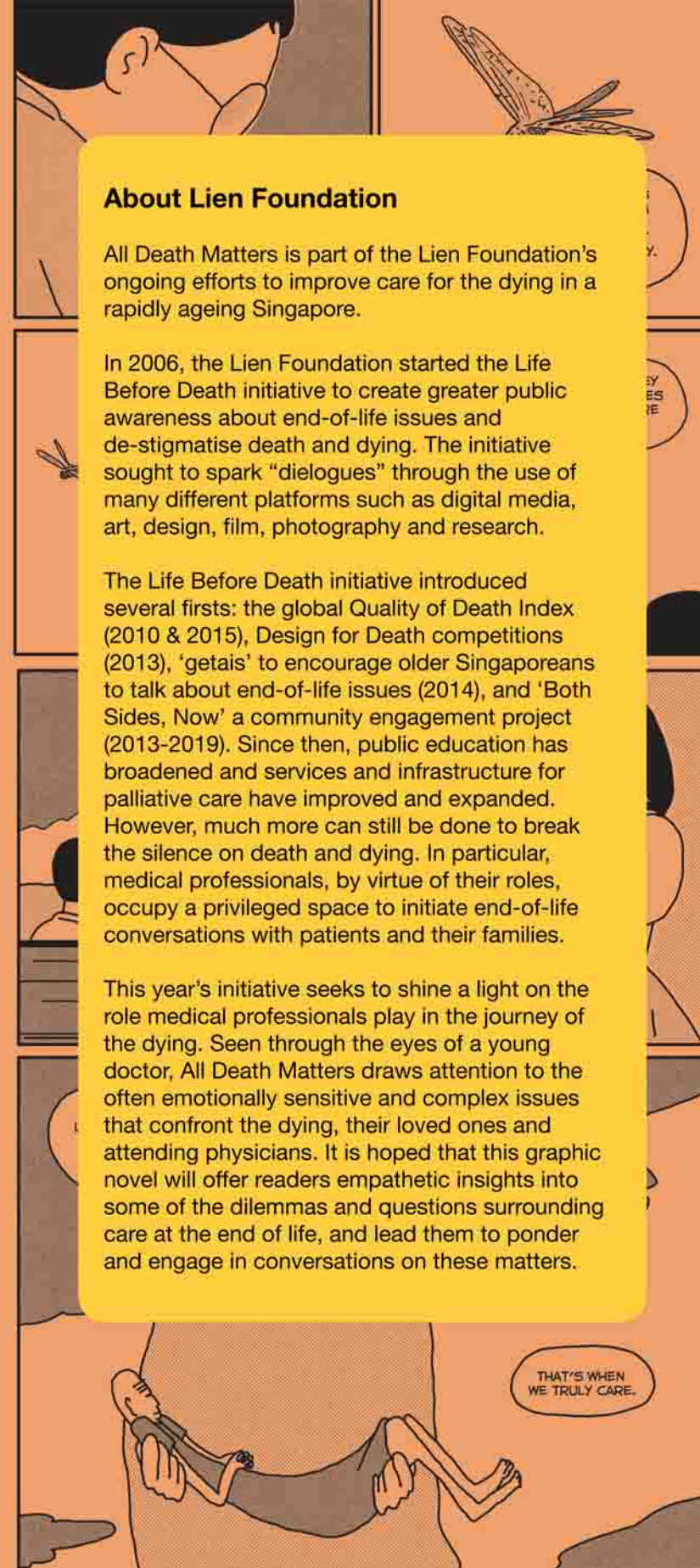
## About Lien Foundation

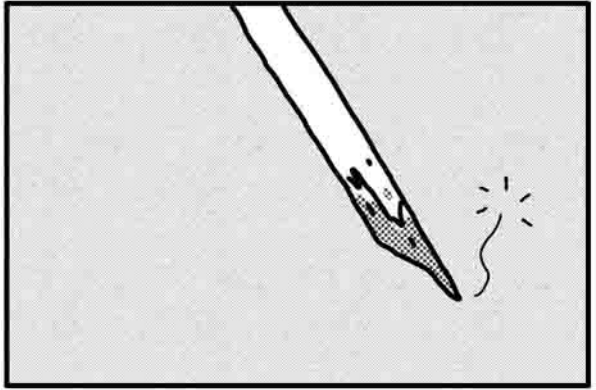
All Death Matters is part of the Lien Foundation's ongoing efforts to improve care for the dying in a rapidly ageing Singapore.

In 2006, the Lien Foundation started the Life Before Death initiative to create greater public awareness about end-of-life issues and de-stigmatise death and dying. The initiative sought to spark "dialogues" through the use of many different platforms such as digital media, art, design, film, photography and research.

The Life Before Death initiative introduced several firsts: the global Quality of Death Index (2010 & 2015), Design for Death competitions (2013), 'getais' to encourage older Singaporeans to talk about end-of-life issues (2014), and 'Both Sides, Now' a community engagement project (2013-2019). Since then, public education has broadened and services and infrastructure for palliative care have improved and expanded. However, much more can still be done to break the silence on death and dying. In particular, medical professionals, by virtue of their roles, occupy a privileged space to initiate end-of-life conversations with patients and their families.

This year's initiative seeks to shine a light on the role medical professionals play in the journey of the dying. Seen through the eyes of a young doctor, All Death Matters draws attention to the often emotionally sensitive and complex issues that confront the dying, their loved ones and attending physicians. It is hoped that this graphic novel will offer readers empathetic insights into some of the dilemmas and questions surrounding care at the end of life, and lead them to ponder and engage in conversations on these matters.





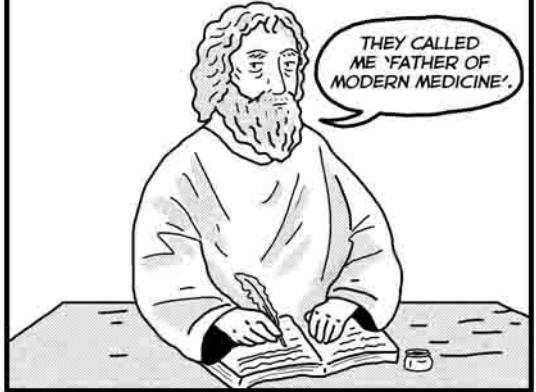
ANCIENT GREECE,  
550 BC



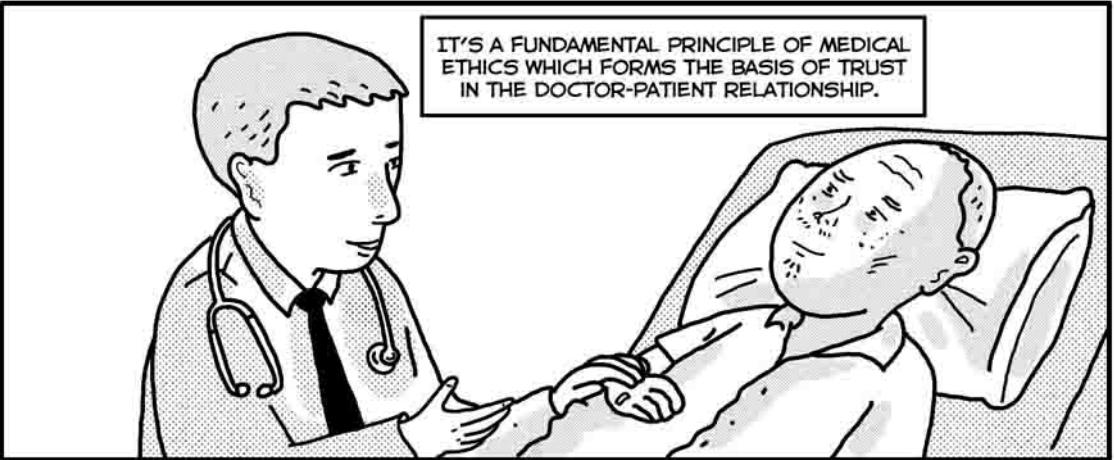
"DO NO HARM" IS ONE OF THE TENETS OF THE HIPPOCRATIC OATH, HISTORICALLY TAKEN BY PHYSICIANS SINCE ANCIENT TIMES.



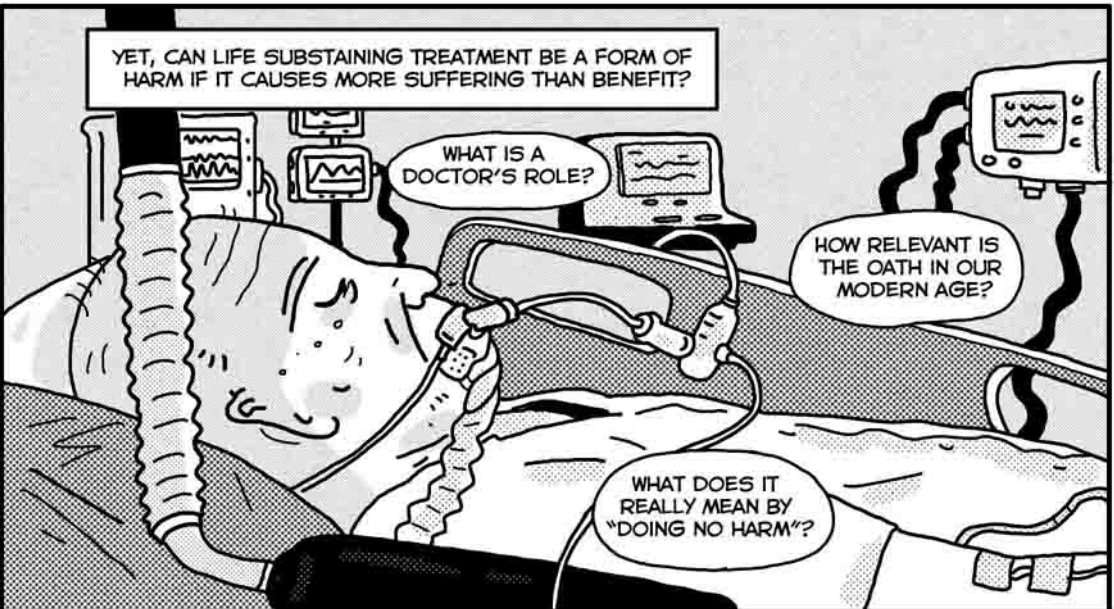
THE GREEK PHYSICIAN, HIPPOCRATES (460-370BC) IS THE AUTHOR OF THE OATH.



IT'S A FUNDAMENTAL PRINCIPLE OF MEDICAL ETHICS WHICH FORMS THE BASIS OF TRUST IN THE DOCTOR-PATIENT RELATIONSHIP.



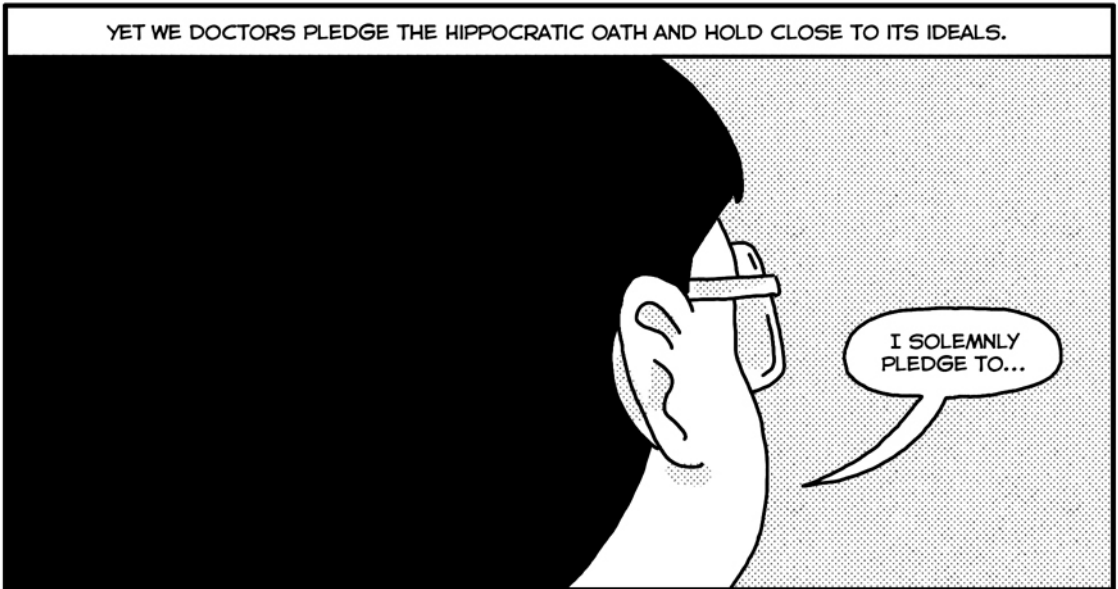
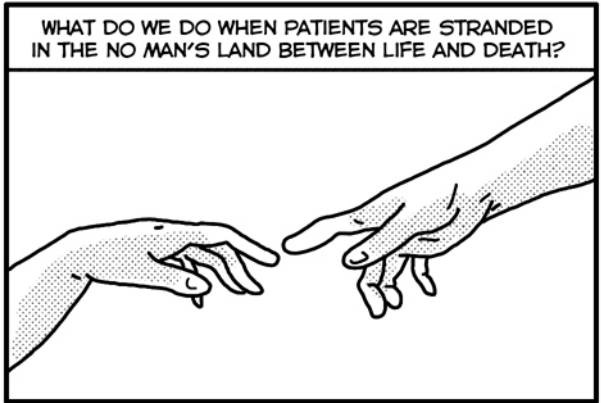
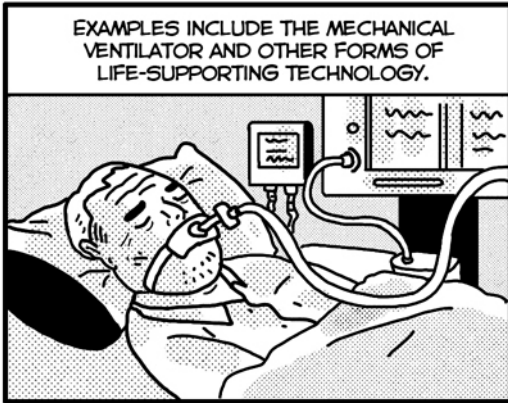
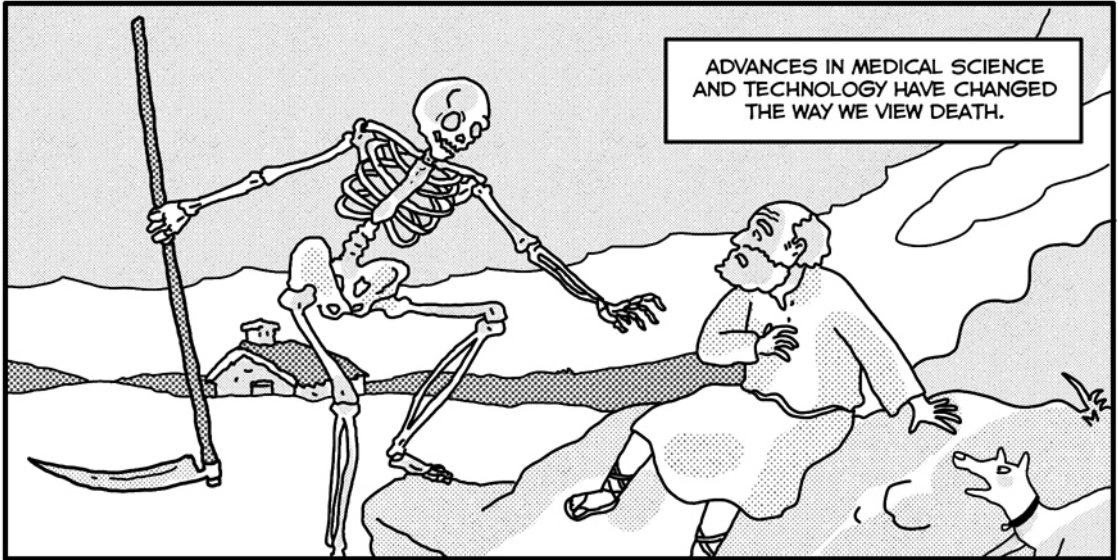
YET, CAN LIFE SUSTAINING TREATMENT BE A FORM OF HARM IF IT CAUSES MORE SUFFERING THAN BENEFIT?



WHAT IS A DOCTOR'S ROLE?


HOW RELEVANT IS THE OATH IN OUR MODERN AGE?

WHAT DOES IT REALLY MEAN BY "DOING NO HARM"?

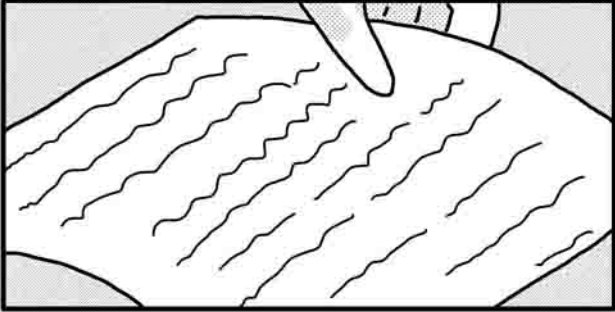





...TO DEDICATE MY LIFE TO  
THE SERVICE OF HUMANITY...



MAKE THE HEALTH  
OF MY PATIENT MY  
FIRST CONSIDERATION,

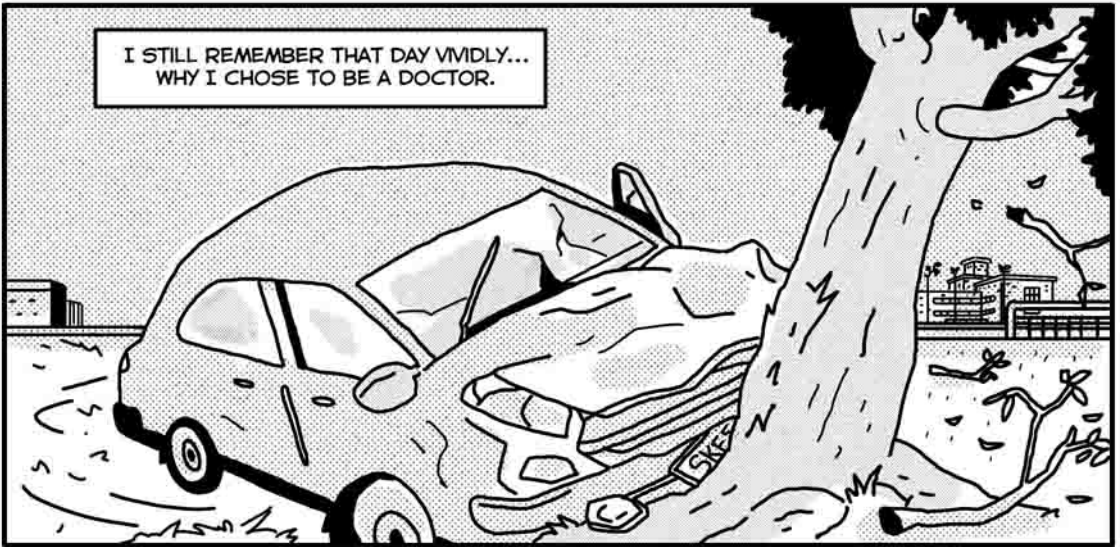


MAINTAIN DUE RESPECT  
FOR HUMAN LIFE, USE MY  
MEDICAL KNOWLEDGE IN  
ACCORDANCE WITH THE  
LAWS OF HUMANITY...



I'M FINALLY A DOCTOR AFTER ALL THOSE HOURS OF TRAINING AND HARD WORK.  
NOW I HAVE THE INCREDIBLE OPPORTUNITY TO RESTORE THESE PEOPLE'S LIVES  
TO NORMALCY... TO HEAL AND EVEN SAVE SOME FROM DEATH ITSELF.

I STILL REMEMBER THAT DAY VIVIDLY...  
WHY I CHOSE TO BE A DOCTOR.



IS ANYONE  
HURT?



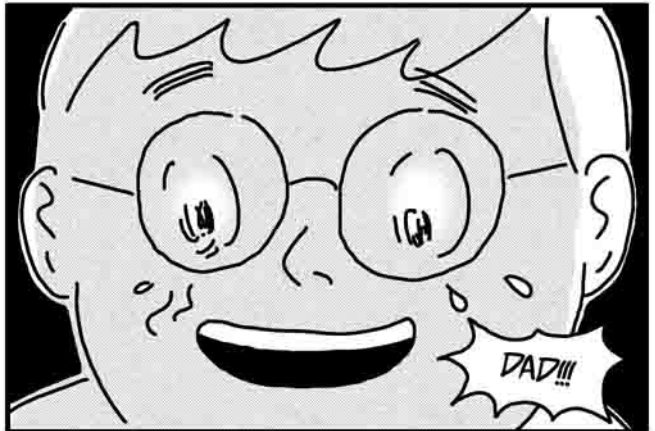
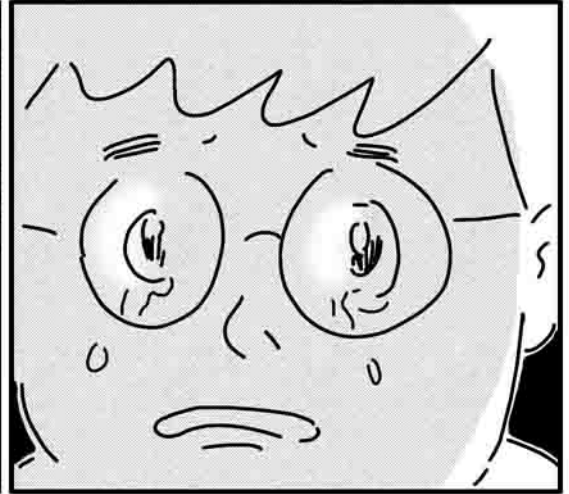
QUICK! SOMEONE  
CALL AN AMBULANCE!



PLEASE HELP!  
MY DAD!!! HE'S  
BLEEDING!

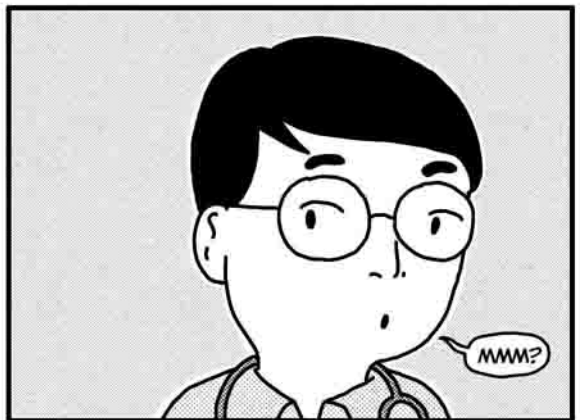
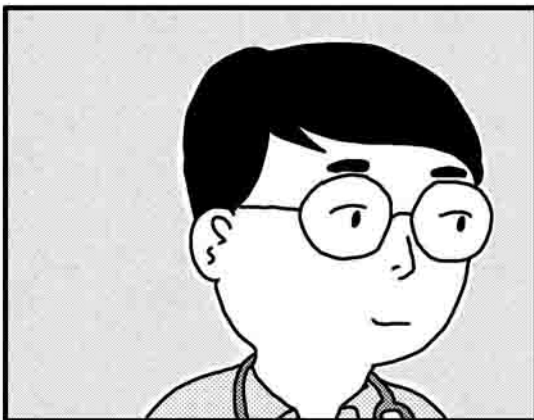
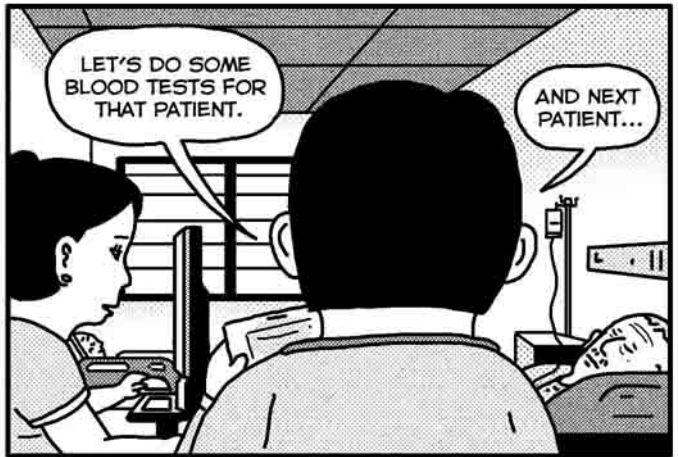
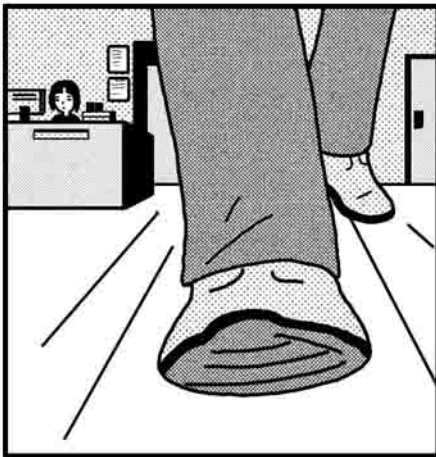


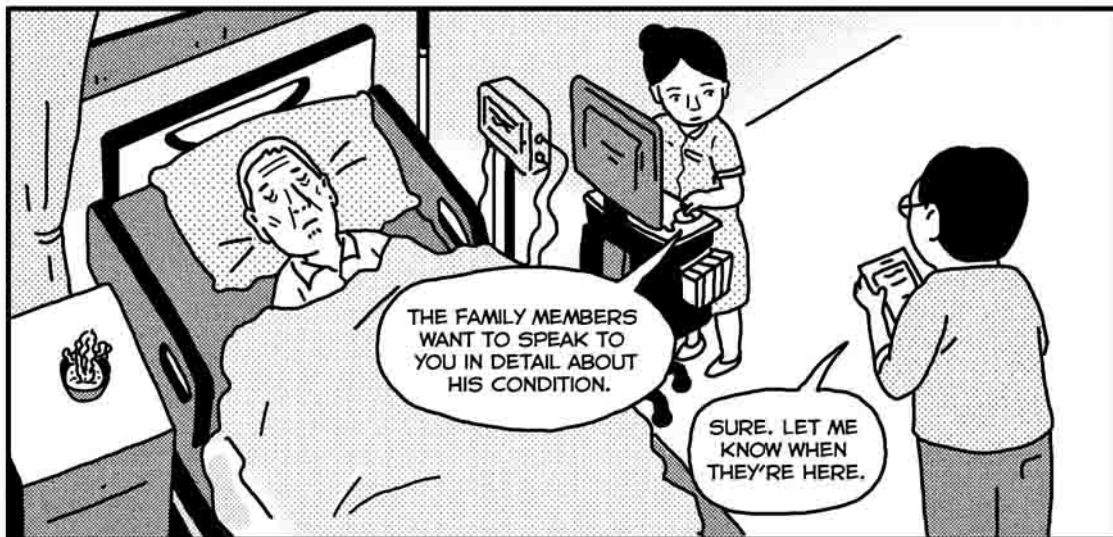
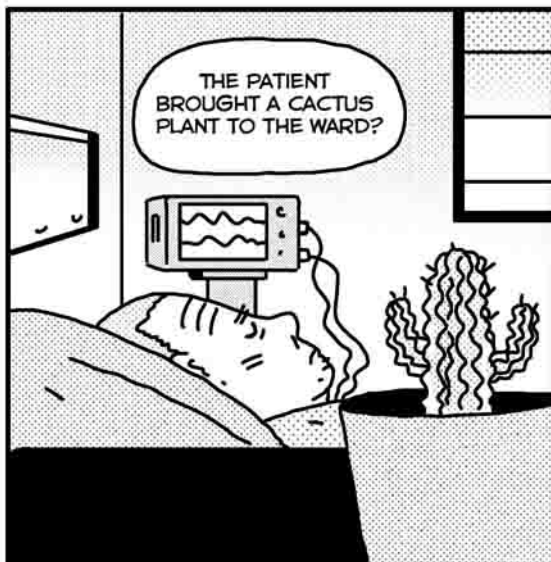
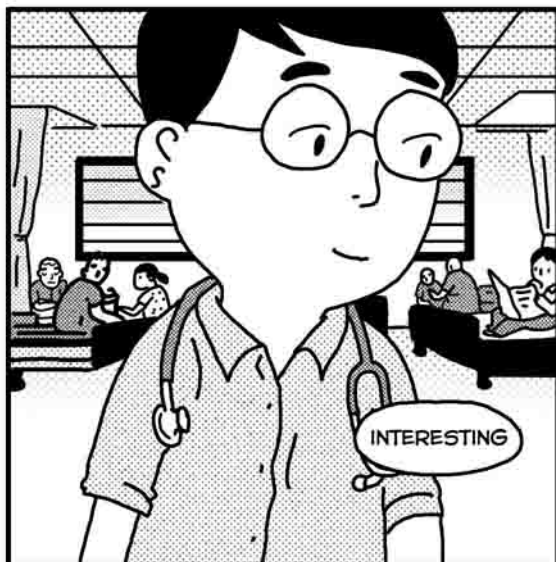




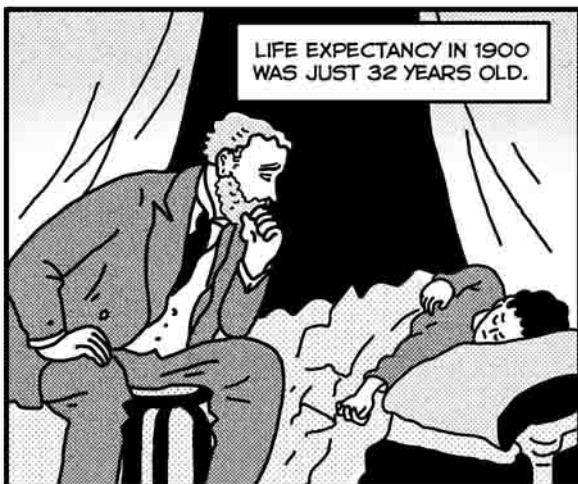








LIFE EXPECTANCY IN 1900  
WAS JUST 32 YEARS OLD.



DYING OF OLD AGE WAS  
CONSIDERED UNUSUAL  
AND INCREDIBLE.



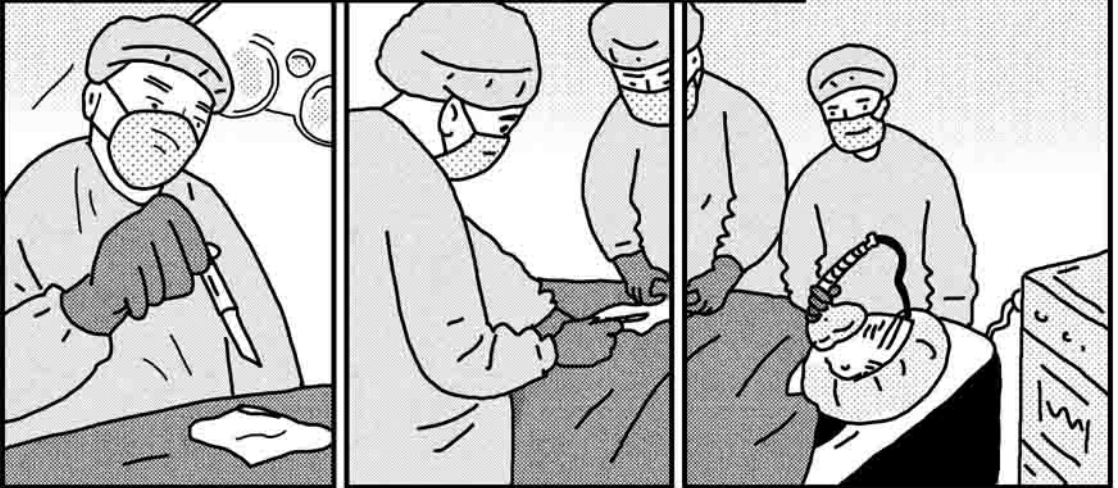
AND THAT MADE THE  
ELDERLY VERY RESPECTED  
IN THE OLDEN DAYS.



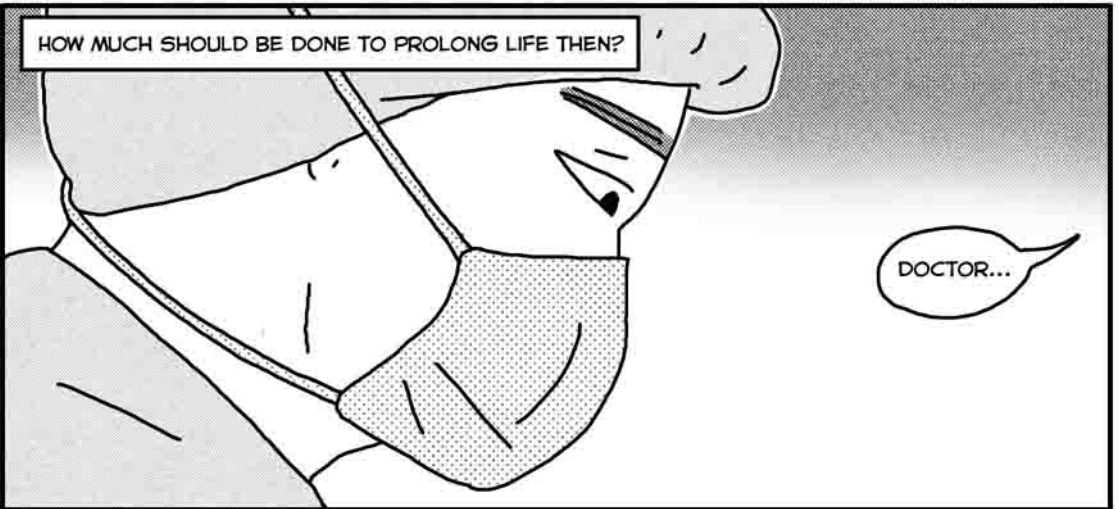
NOW THE CENTENARIANS ARE ONE OF THE FASTEST GROWING AGE GROUP IN THE WORLD.



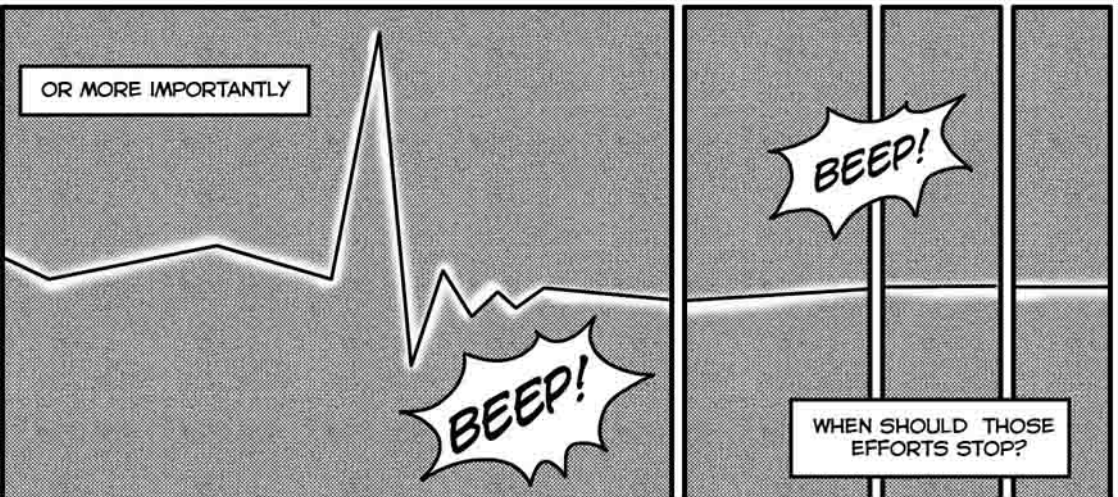
BUT LIVING LONGER ALSO MEANS DEALING WITH MORE MEDICAL ISSUES.

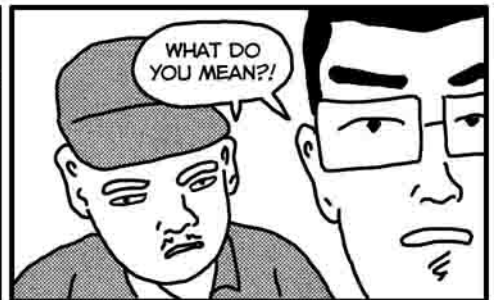
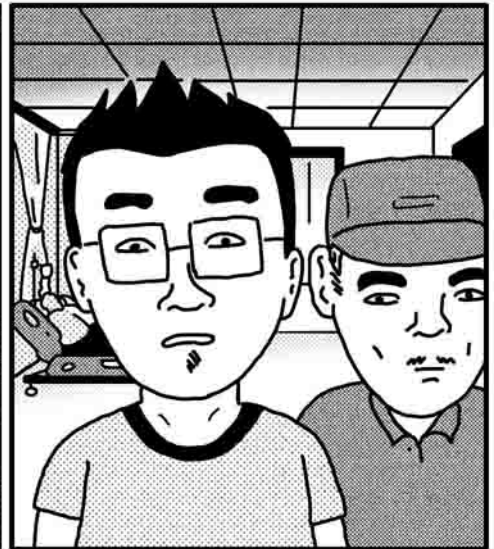


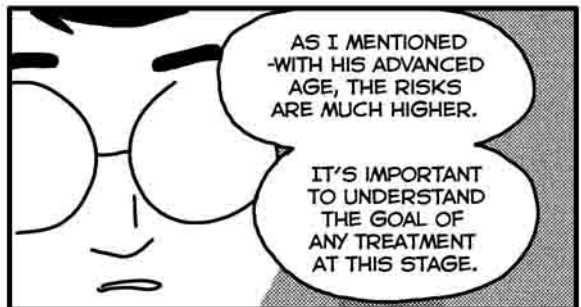
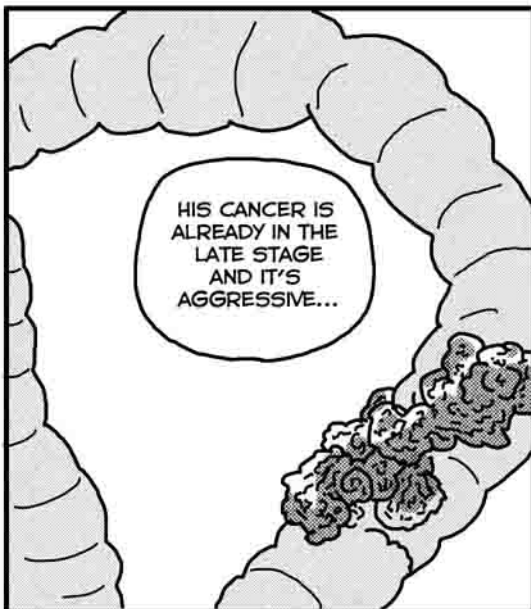
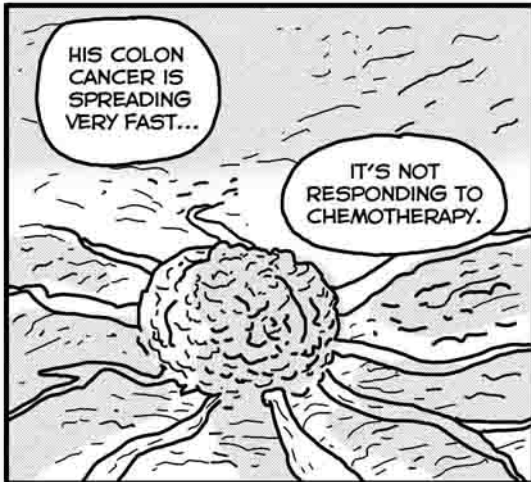
HOW MUCH SHOULD BE DONE TO PROLONG LIFE THEN?

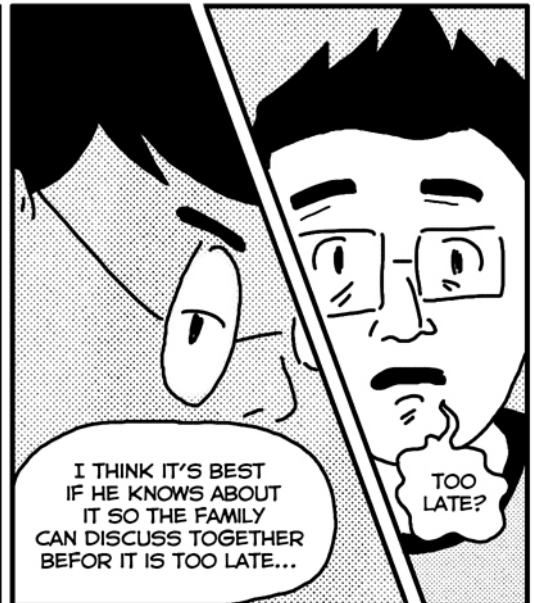
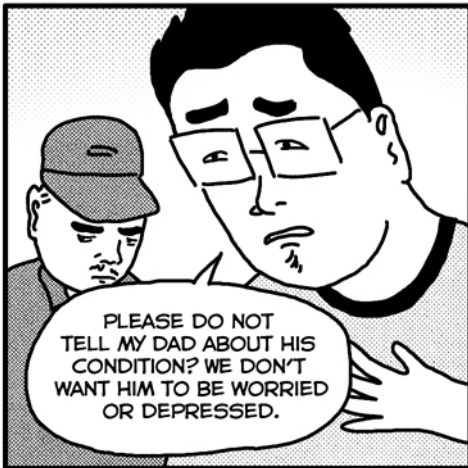
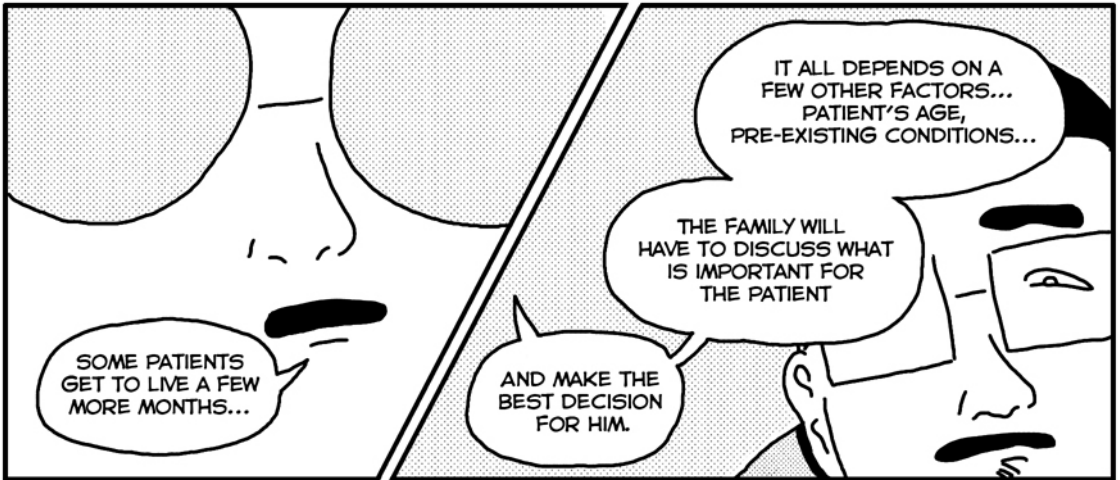


OR MORE IMPORTANTLY



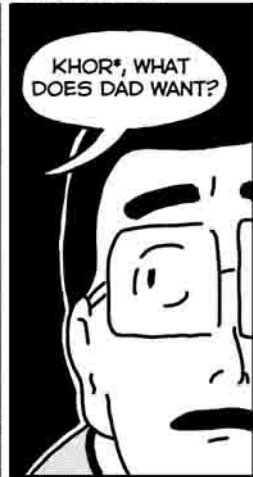


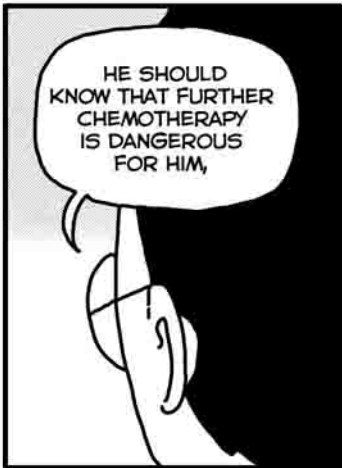
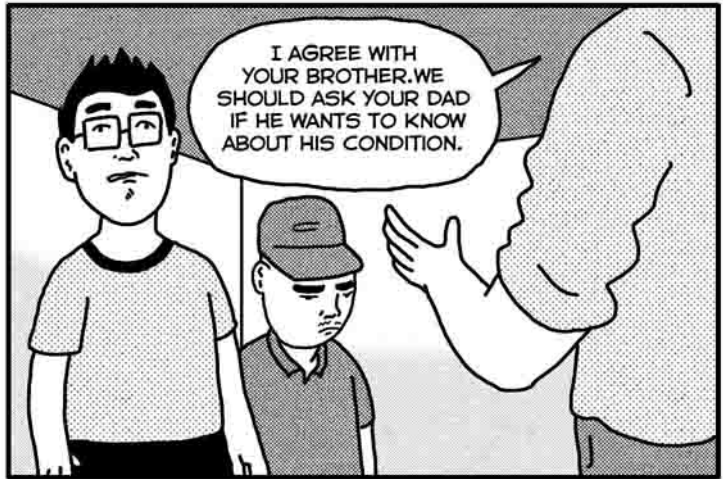


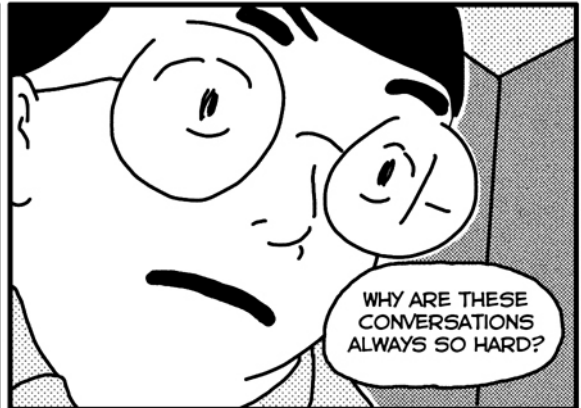
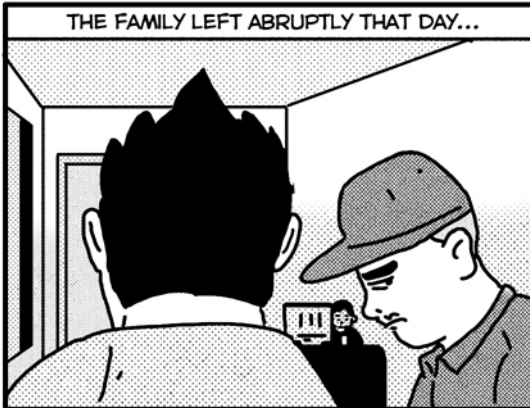
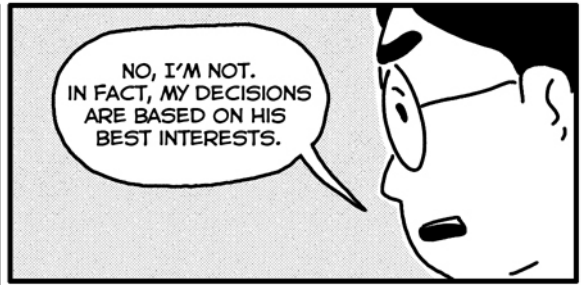












THE FAMILY FEELS I'M CRUEL TO DENY THEIR FATHER LIFE-SUSTAINING TREATMENT.\*

BUT IT'LL FEEL MORE CRUEL IF I PUT HIM ON A LIFE-SUPPORTING MACHINE.

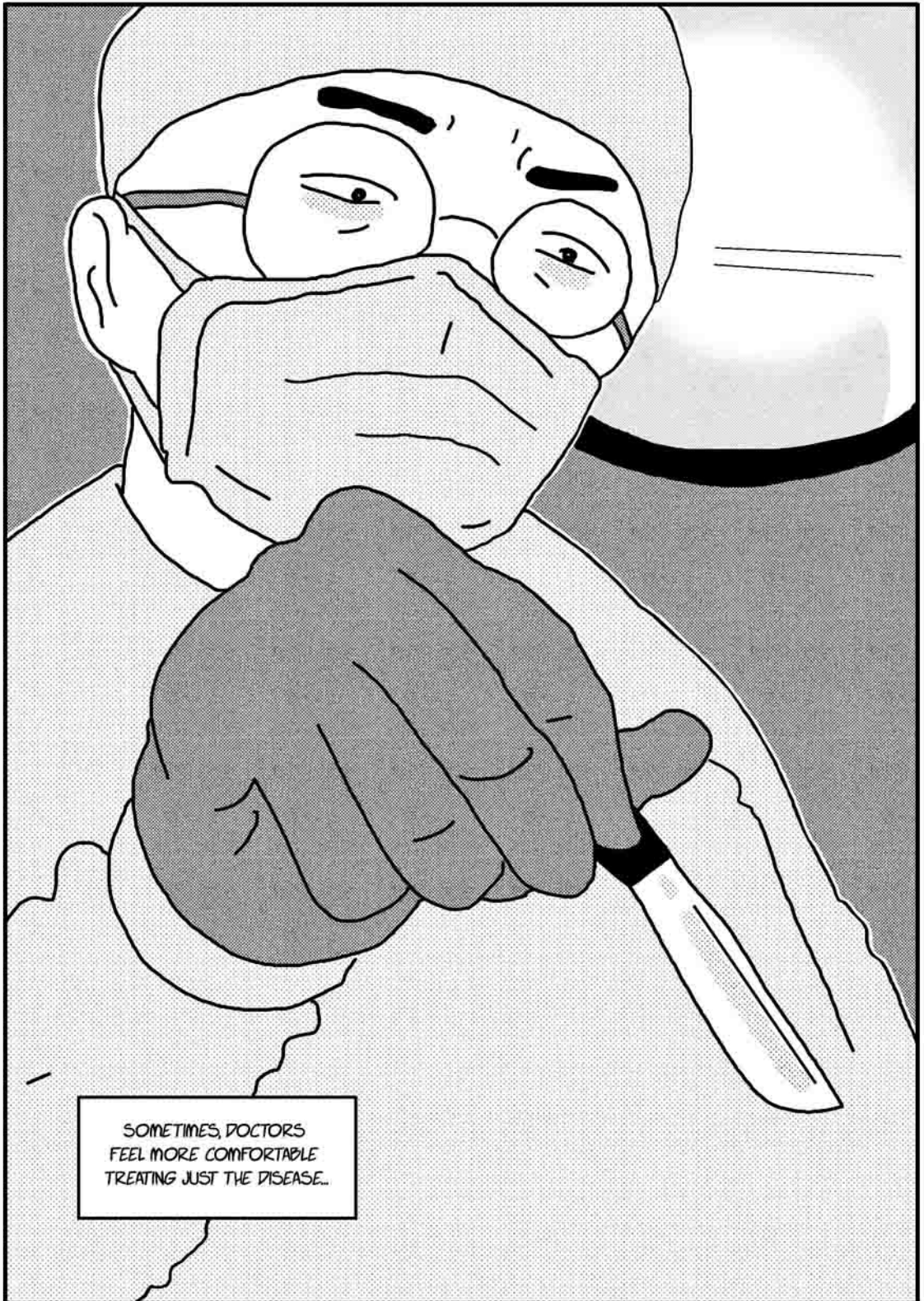
HE'LL NEVER COME OFF THE MACHINE!



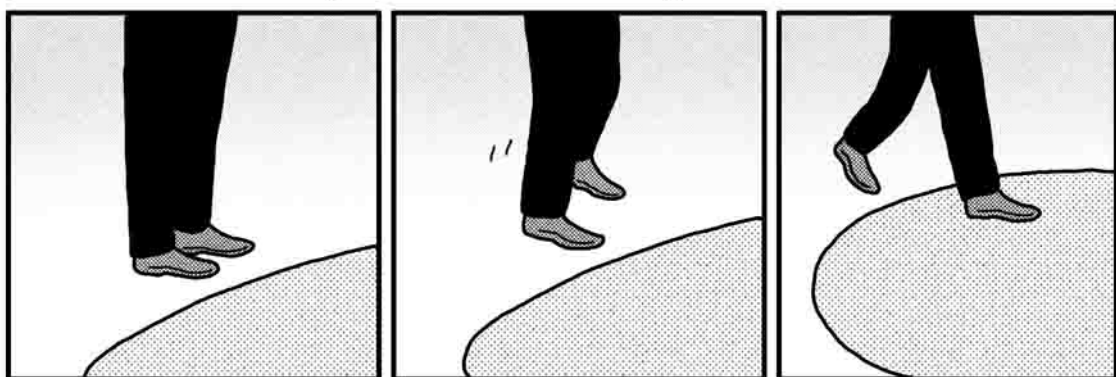
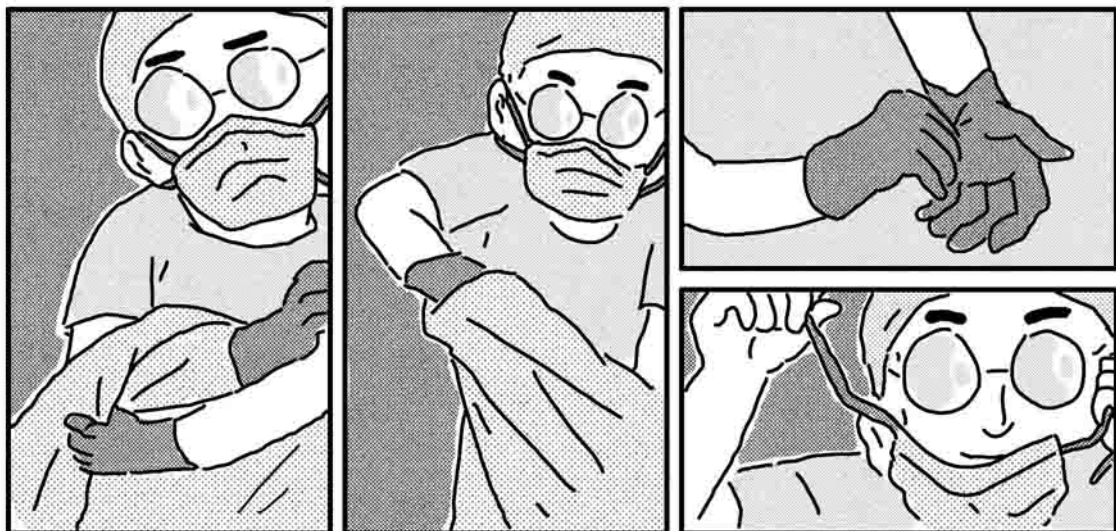
ALL I WANT TO DO IS TO SAVE LIVES...

AM I DOING THE RIGHT THING TO STOP TREATMENT?

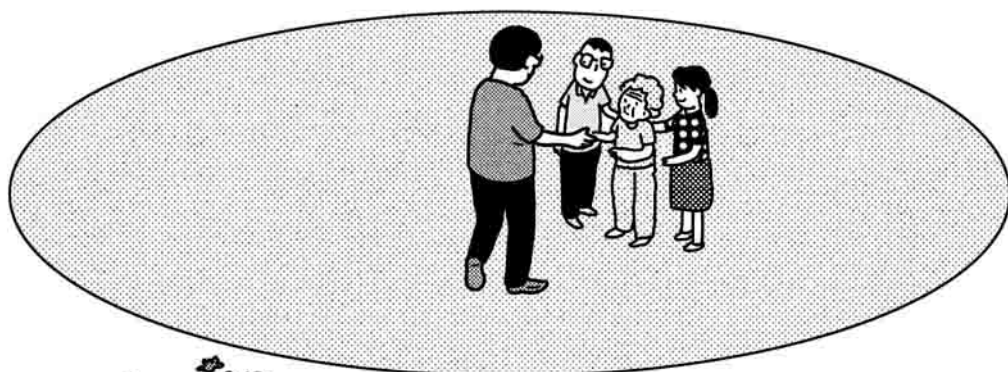
\*THE BURDEN OF DECISION MAKING ULTIMATELY FALLS ON THE MEDICAL TEAM INSTEAD OF THE PATIENTS AND FAMILIES BECAUSE IT IS A COMPLEX DECISION REQUIRING MEDICAL KNOWLEDGE AND EXPERIENCE.

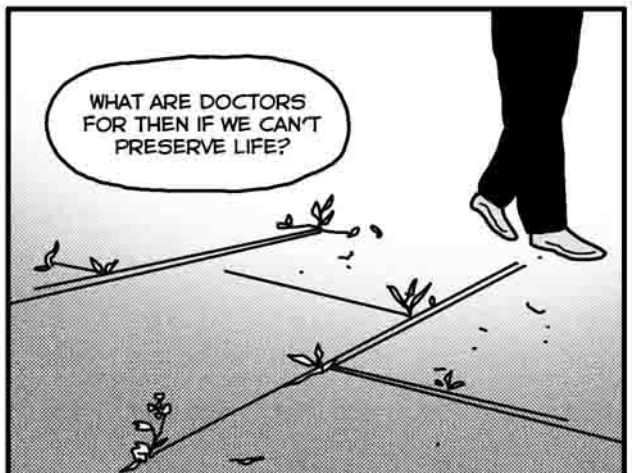
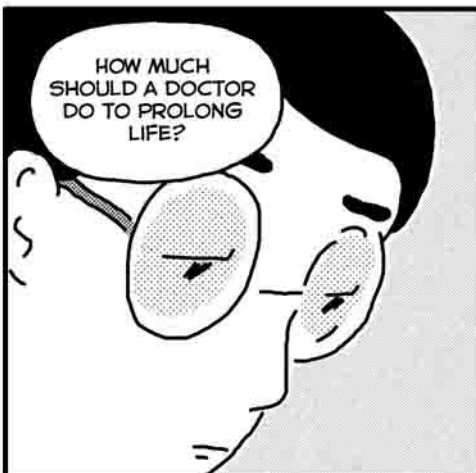
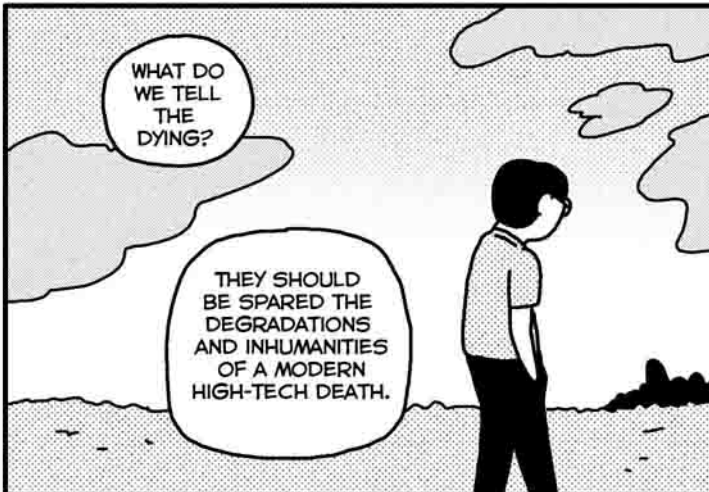
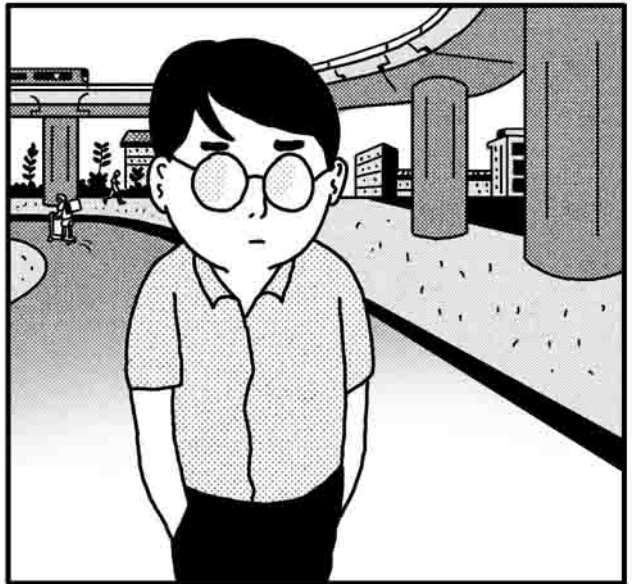


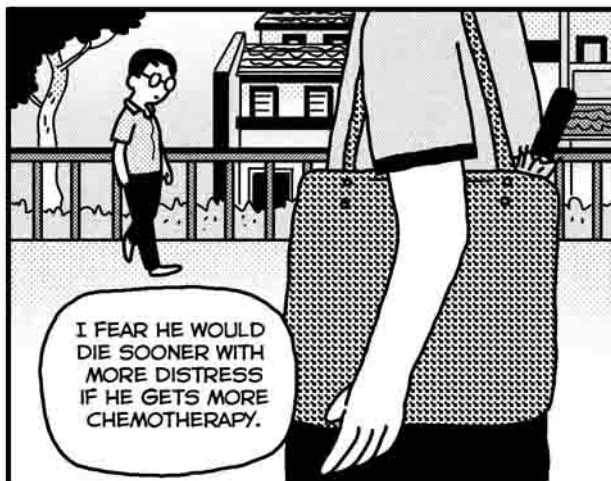
SOMETIMES, DOCTORS  
FEEL MORE COMFORTABLE  
TREATING JUST THE DISEASE..



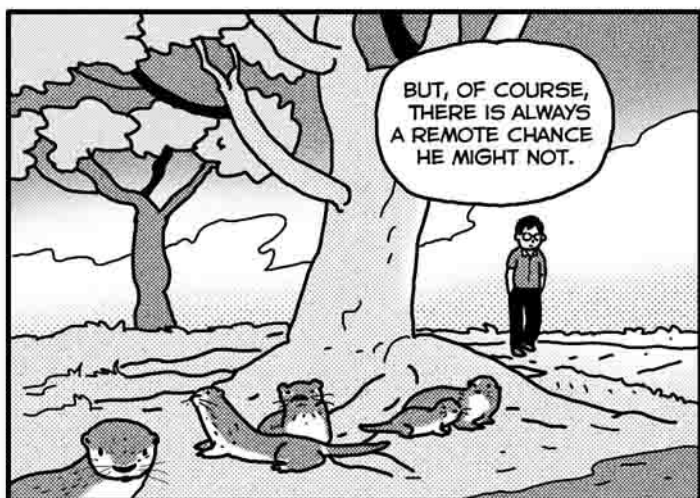
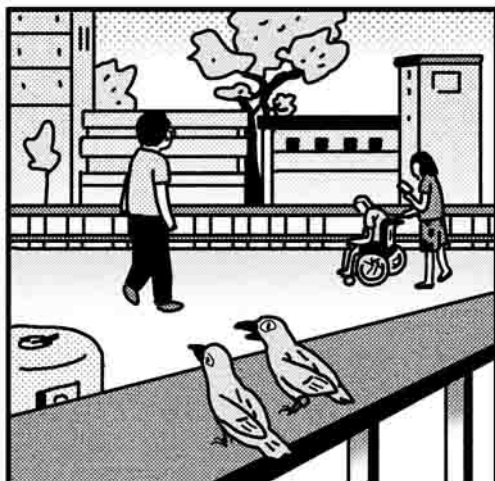
BUT WHEN WE STEP INTO OUR PATIENT'S LIVES AND UNDERSTAND THEM MORE,  
WE CAN BE MORE EFFECTIVE IN MAKING DIFFICULT DECISIONS.



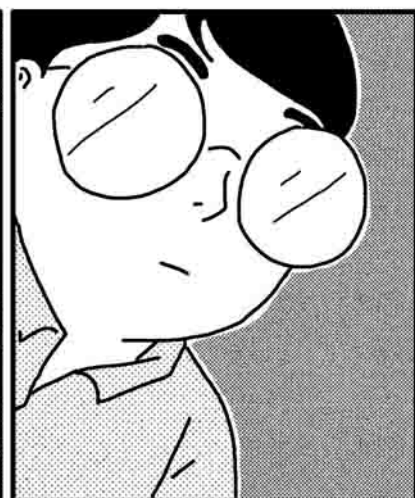




I FEAR HE WOULD DIE SOONER WITH MORE DISTRESS IF HE GETS MORE CHEMOTHERAPY.



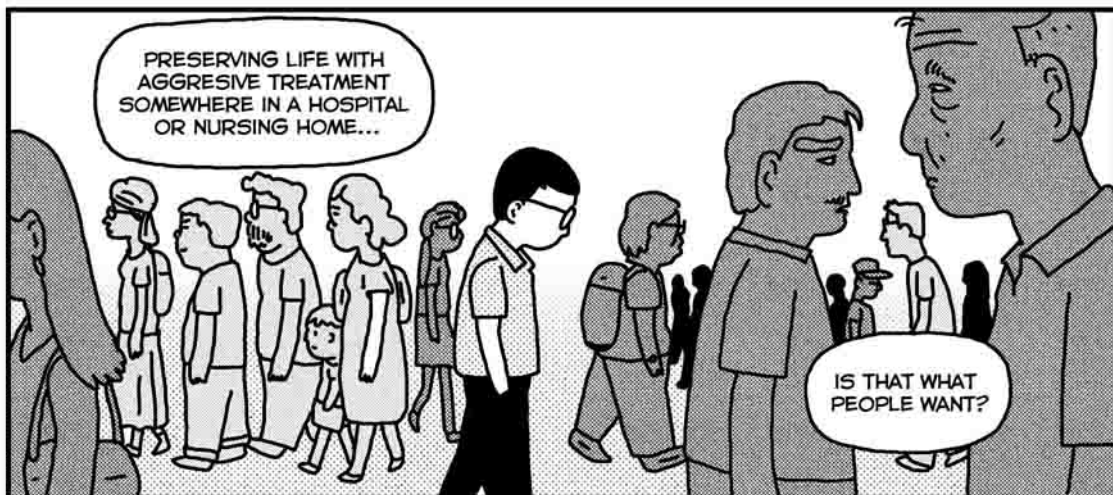
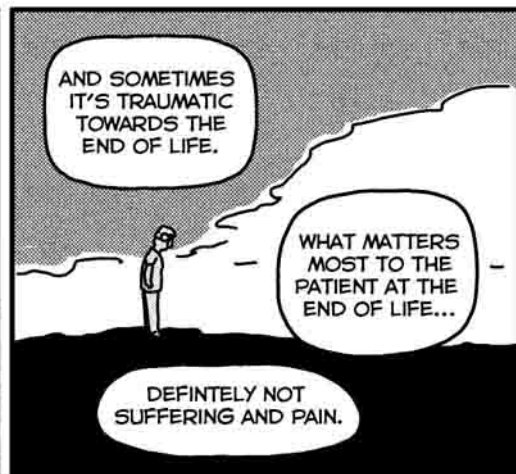
BUT, OF COURSE, THERE IS ALWAYS A REMOTE CHANCE HE MIGHT NOT.

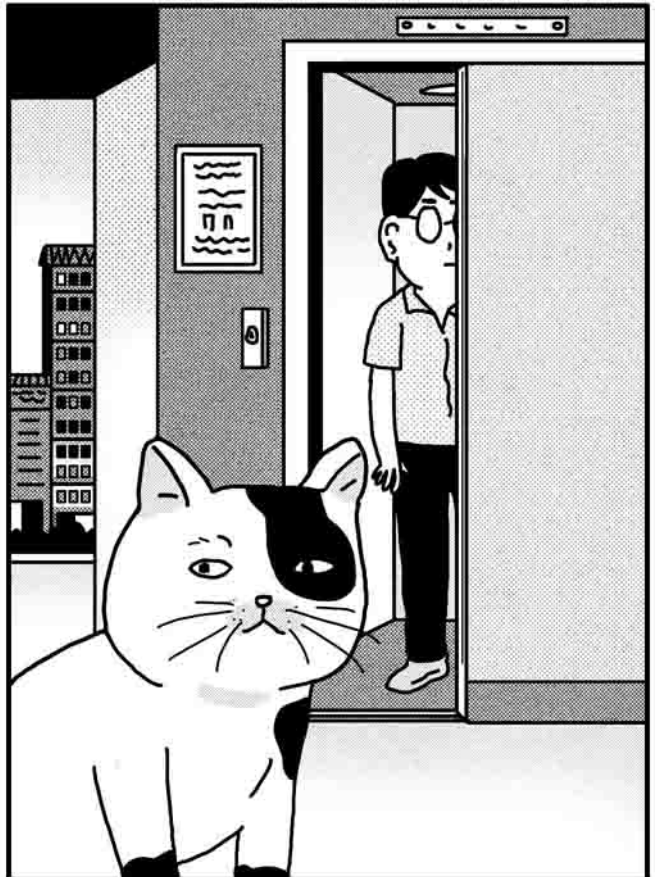
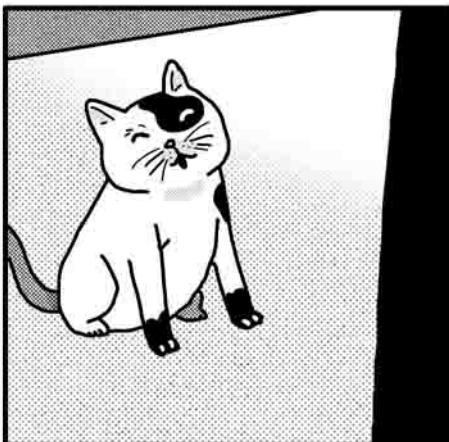
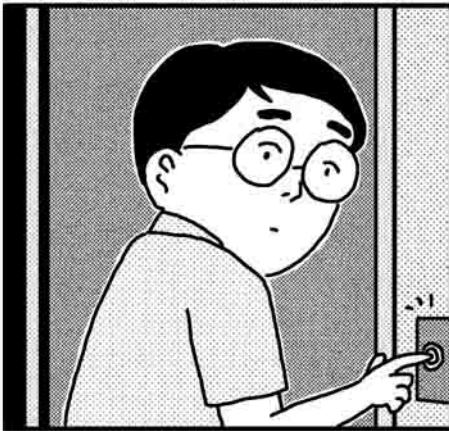
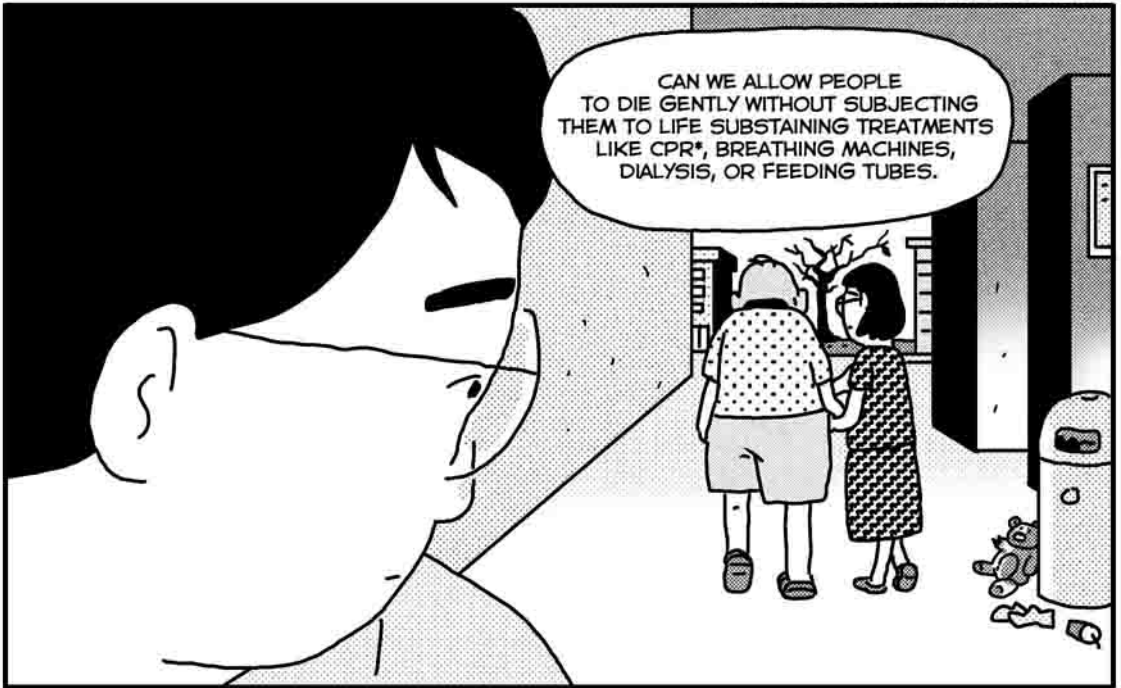


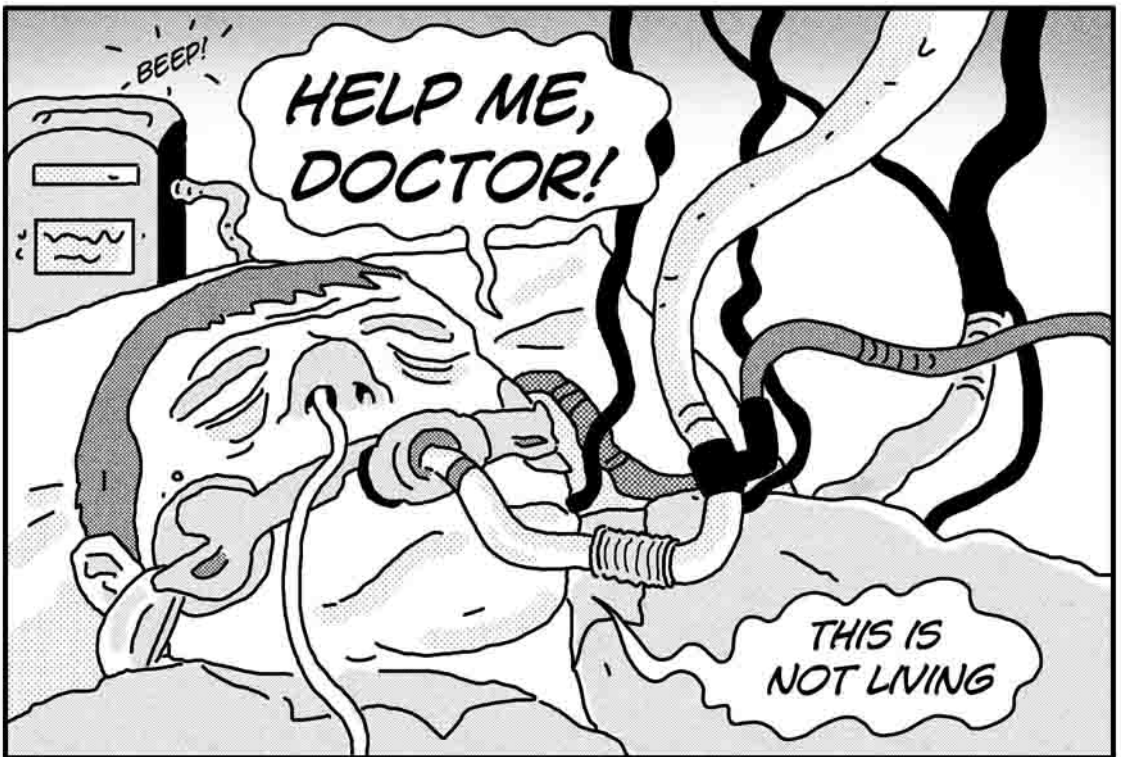
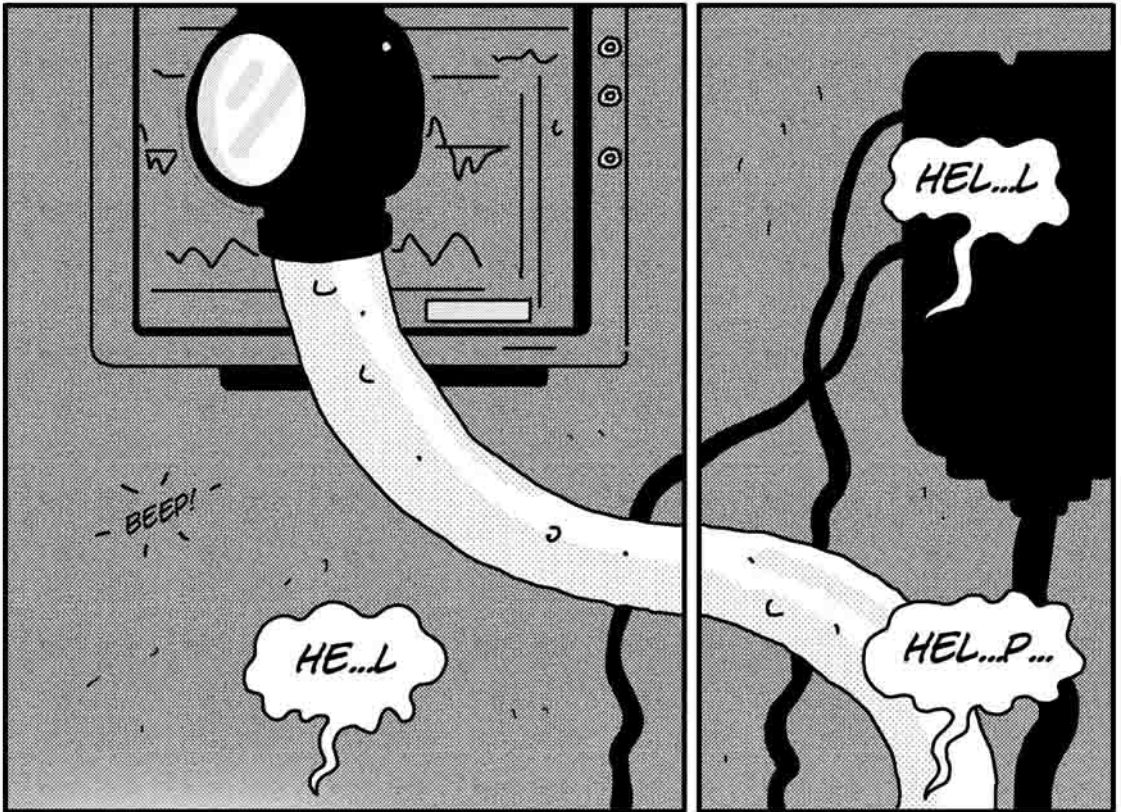
THAT WAS THE CHANCE THE FAMILY WANTED.

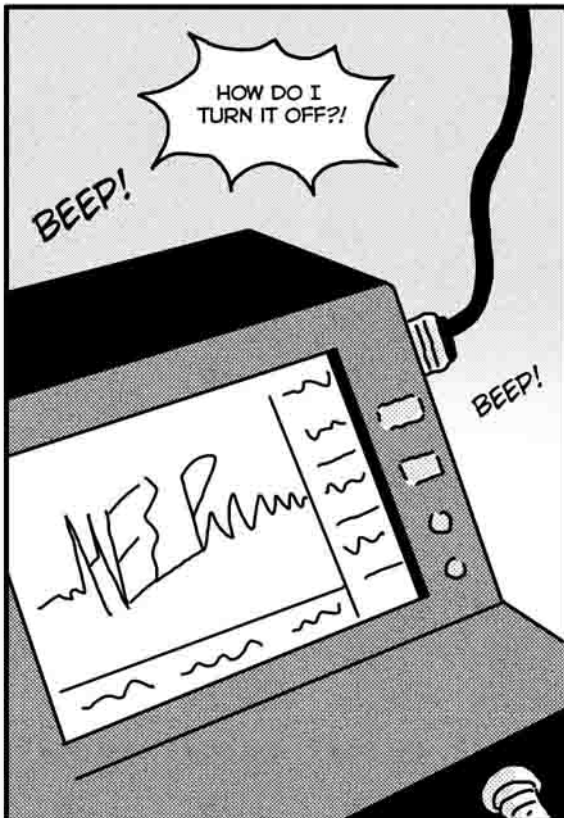
YET GOOD OR BAD, IT WAS A LIFE. I DIDN'T WANT TO BE RESPONSIBLE FOR HIS DEATH.

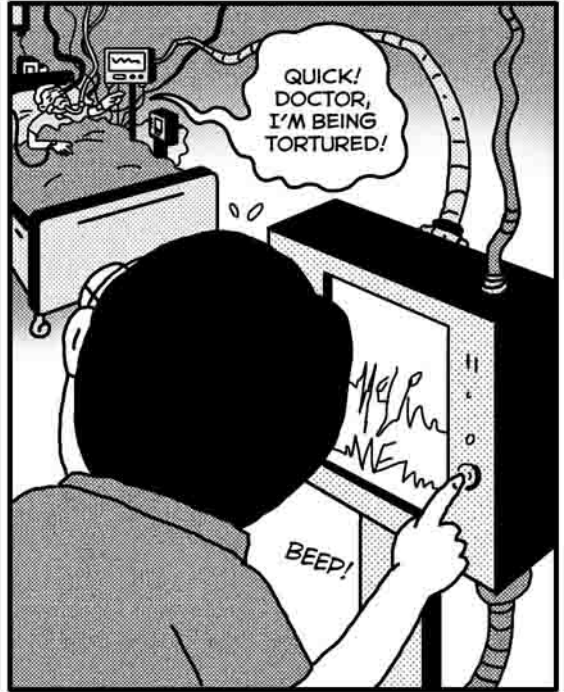
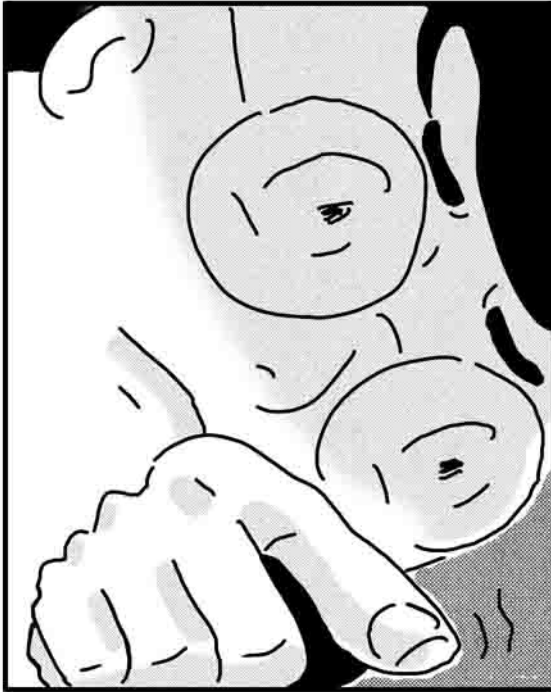






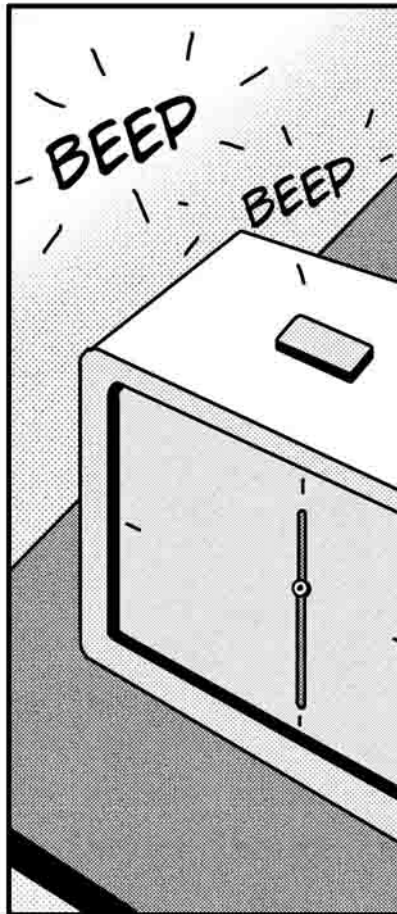
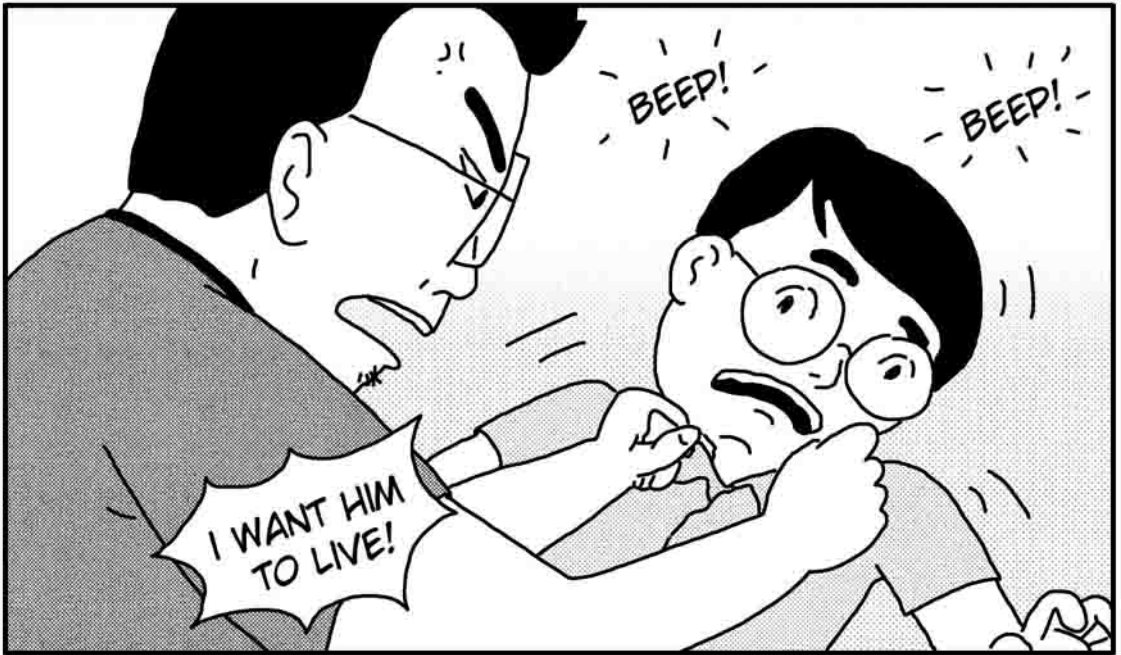


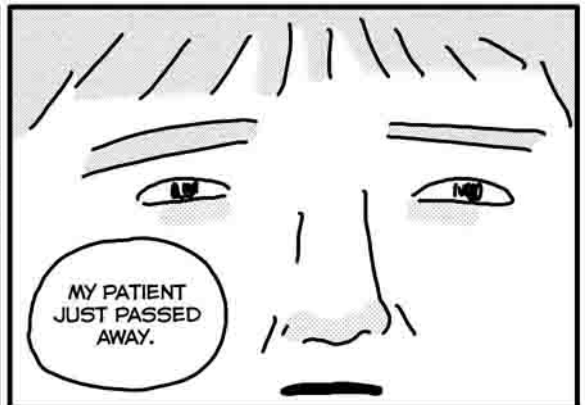


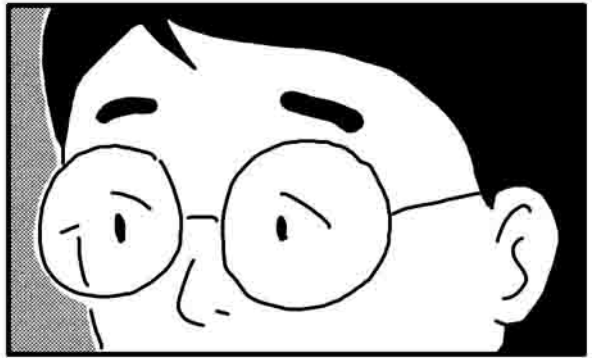


WHO ARE YOU TO DECIDE FOR MY DAD!!!

THAT'S NOT WHAT MY FATHER WANTED! HE WANTS TO LIVE-AT ALL COST!











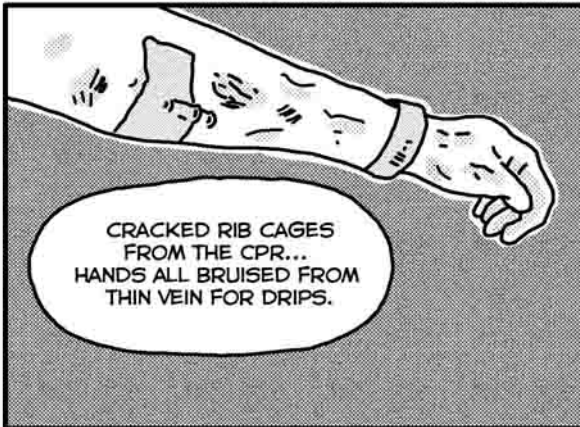
WE DID WHAT WE  
COULD BECAUSE OF  
THE FAMILY'S REQUEST...



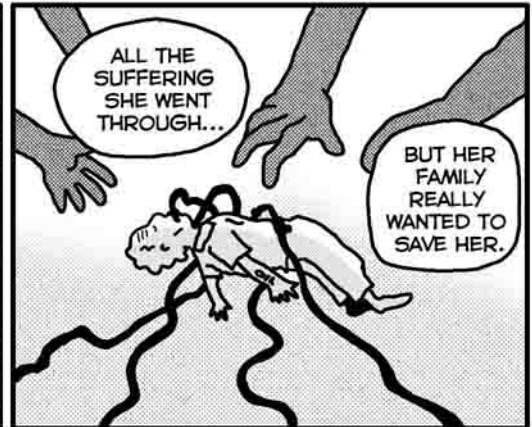
IT WAS VERY  
HARD FOR THE  
FAMILY MEMBERS

THEY HAVE  
TO DO RIGHT  
BY HER...

SHE DID NOT HAVE THE  
CHANCE TO INDICATE HER CHOICE.  
THE FAMILY THOUGHT THAT'S  
WHAT SHE WILL WANT...

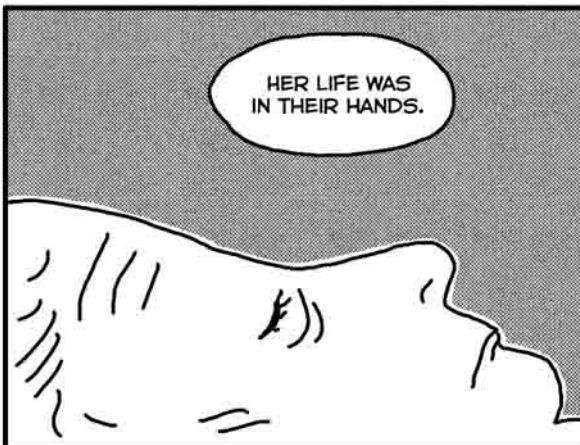


CRACKED RIB CAGES  
FROM THE CPR...  
HANDS ALL BRUISED FROM  
THIN VEIN FOR DRIPS.

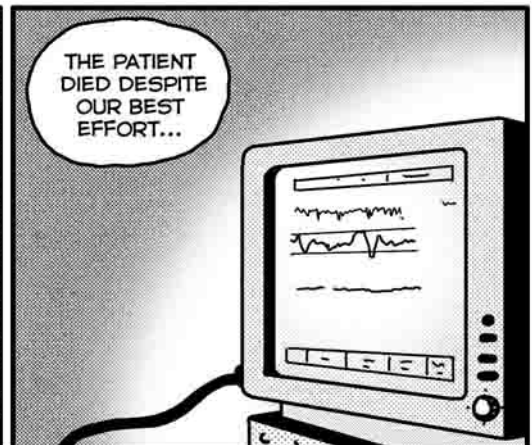


ALL THE  
SUFFERING  
SHE WENT  
THROUGH...

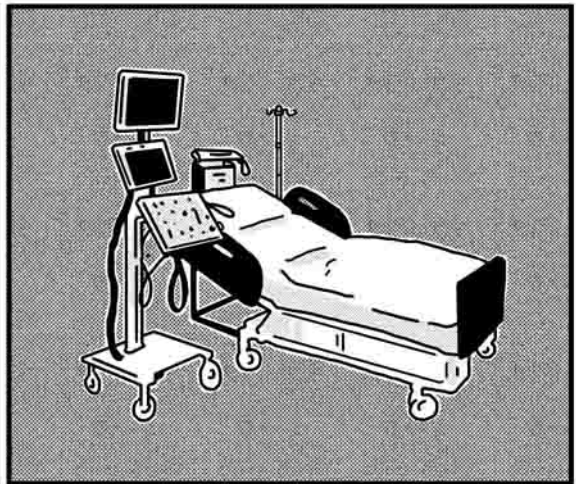
BUT HER  
FAMILY  
REALLY  
WANTED TO  
SAVE HER.



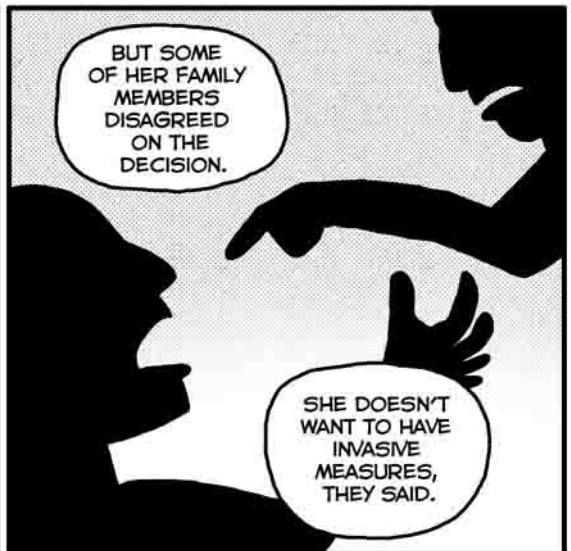
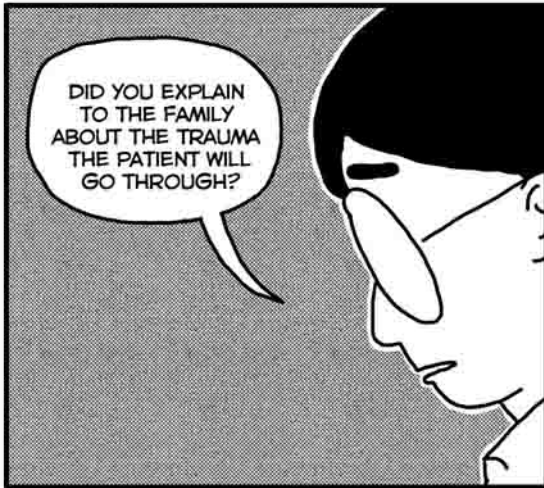
HER LIFE WAS  
IN THEIR HANDS.

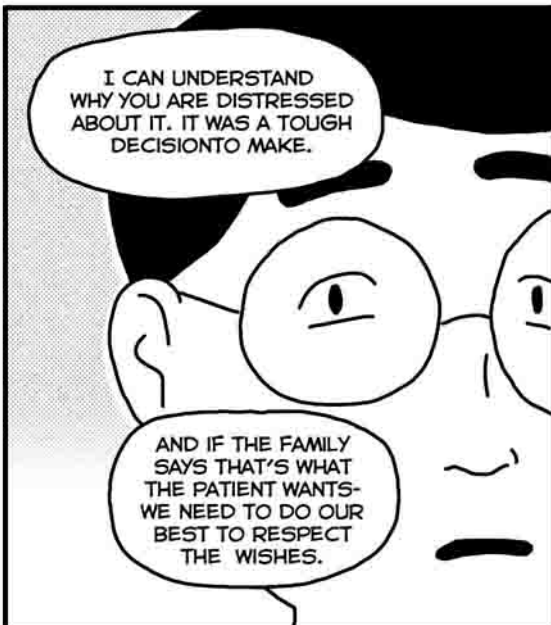
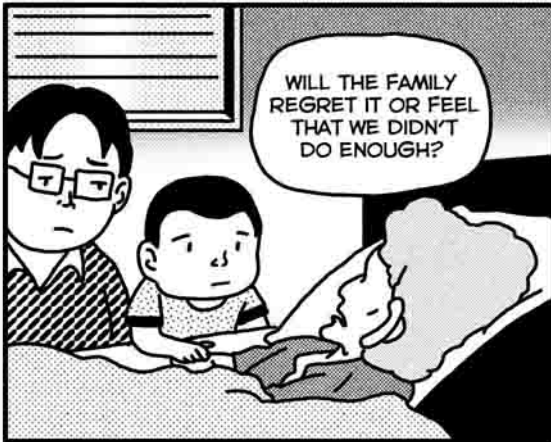
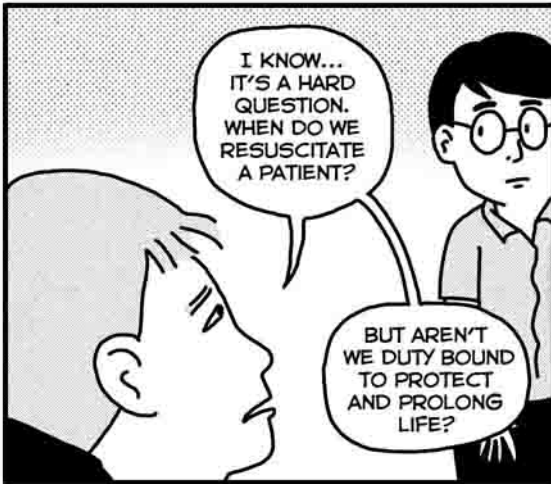


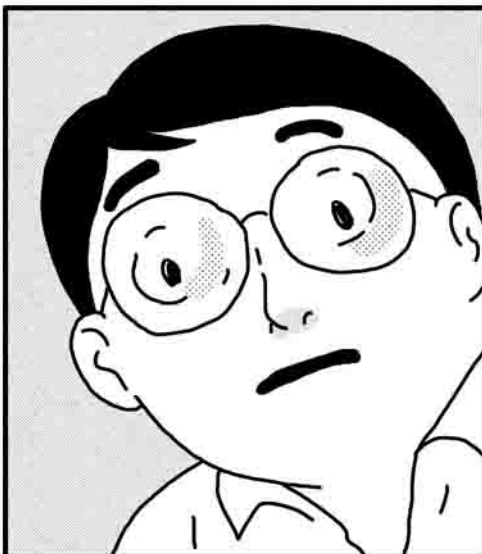
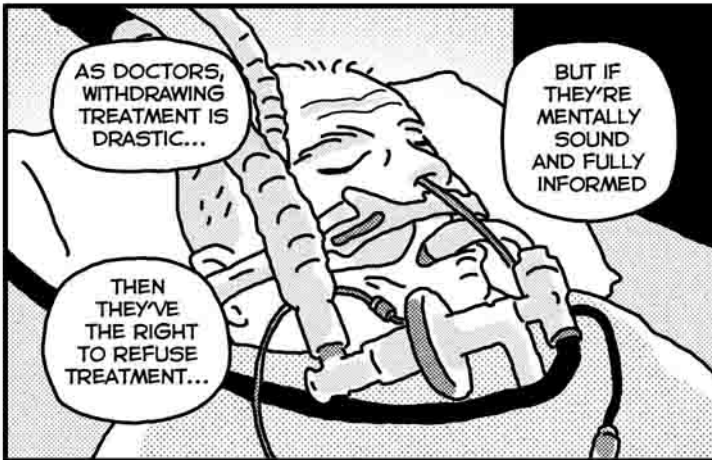
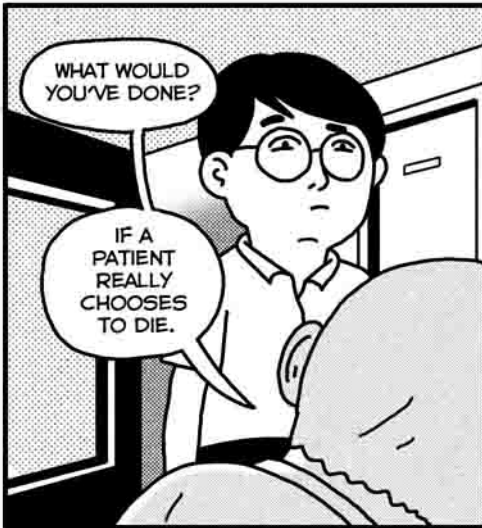
THE PATIENT  
DIED DESPITE  
OUR BEST  
EFFORT...

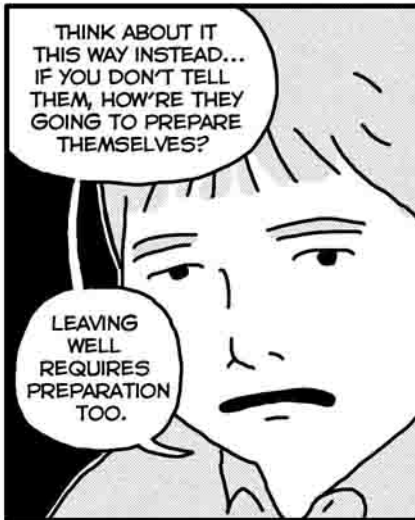


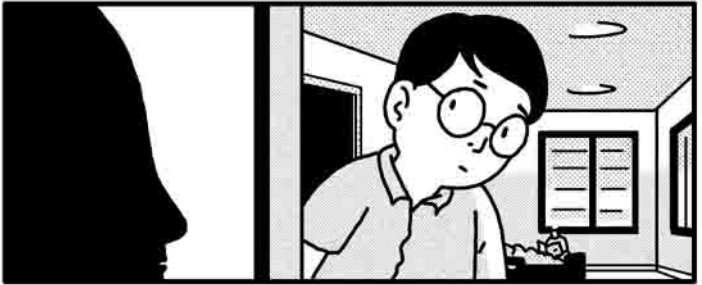
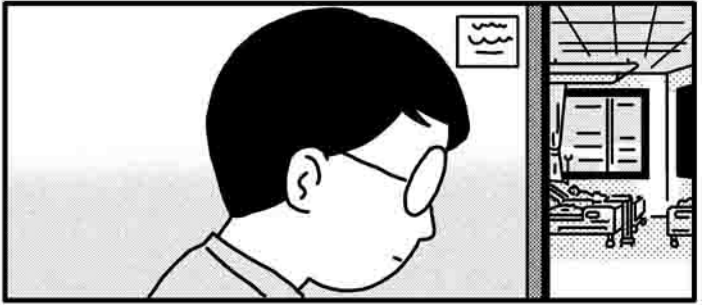
\*ADVANCE CARE PLANNING ( ACP)-YOU CAN USE TO INDICATE YOUR PREFERENCES FOR MEDICAL CARE FOR FUTURE CONTINGENCIES, WHEN YOU ARE NOT ABLE TO MAKE DECISIONS FOR YOURSELF.

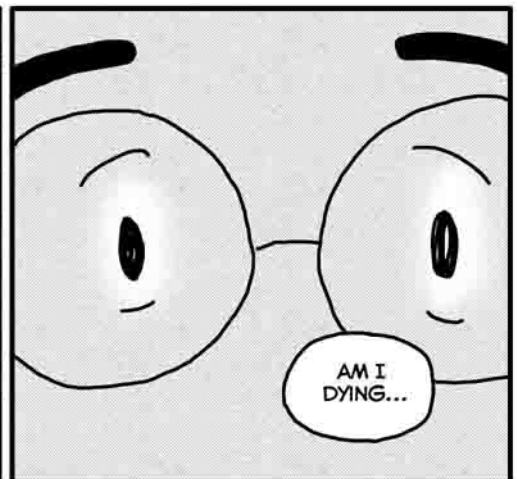
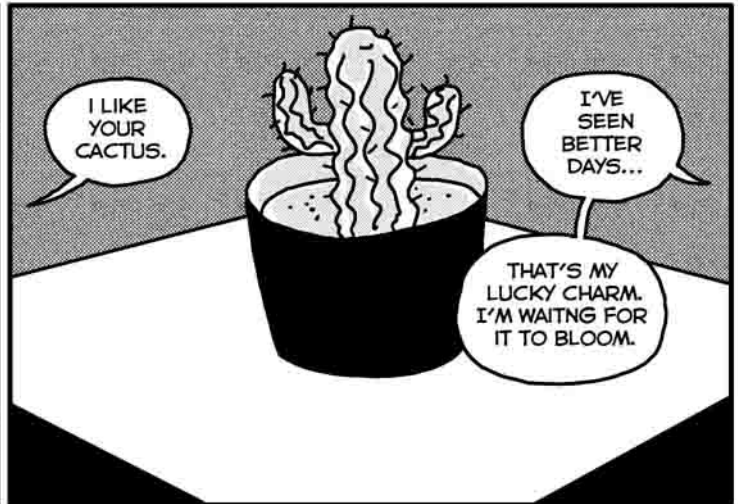
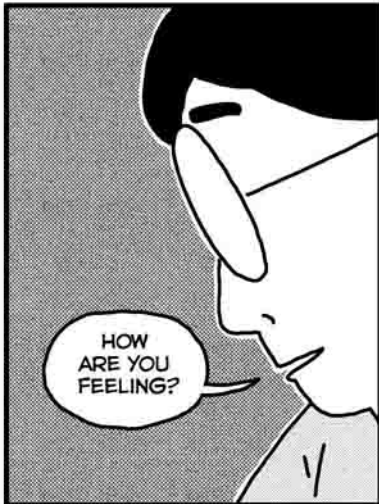




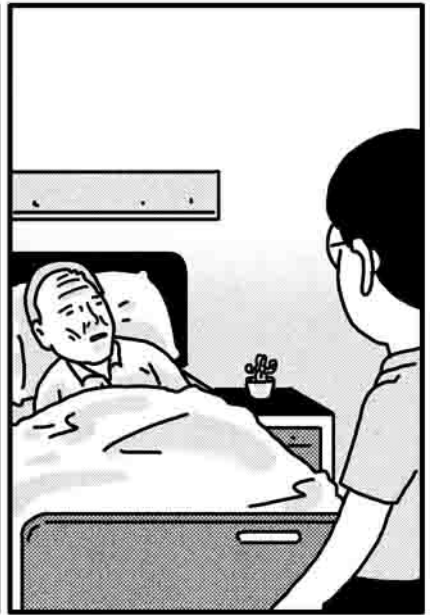


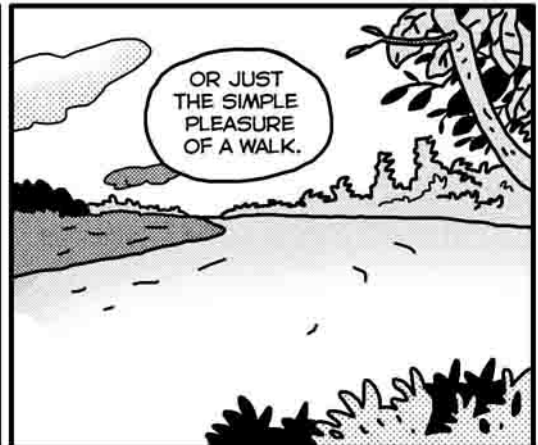
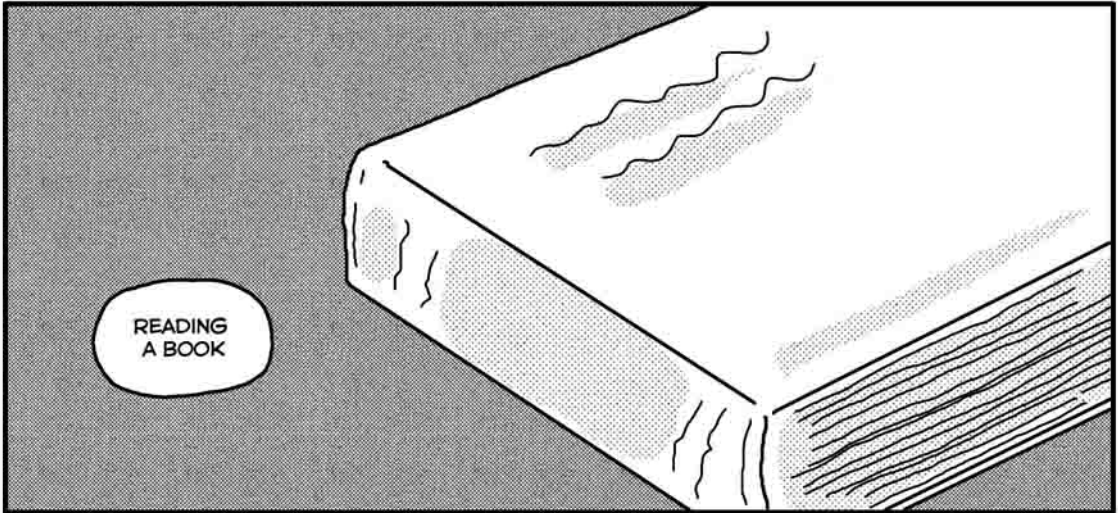
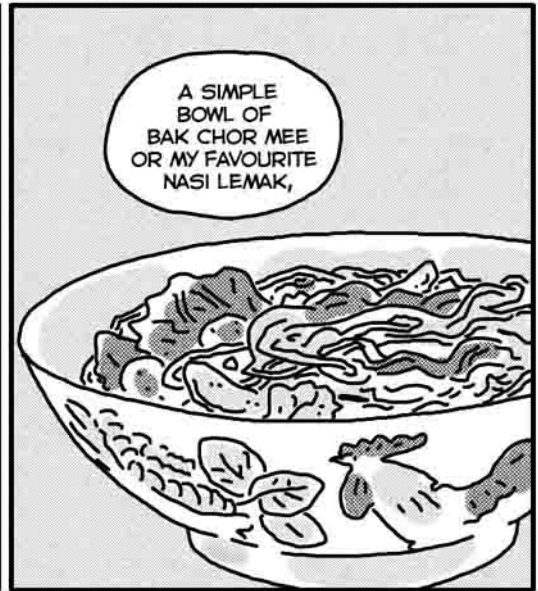


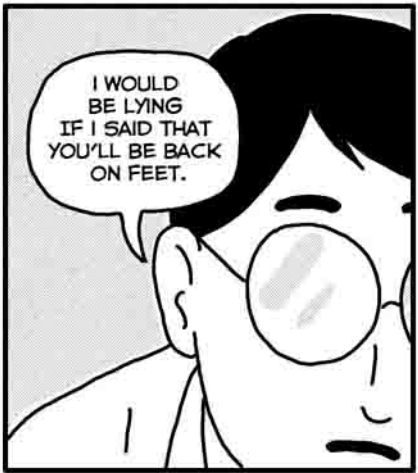
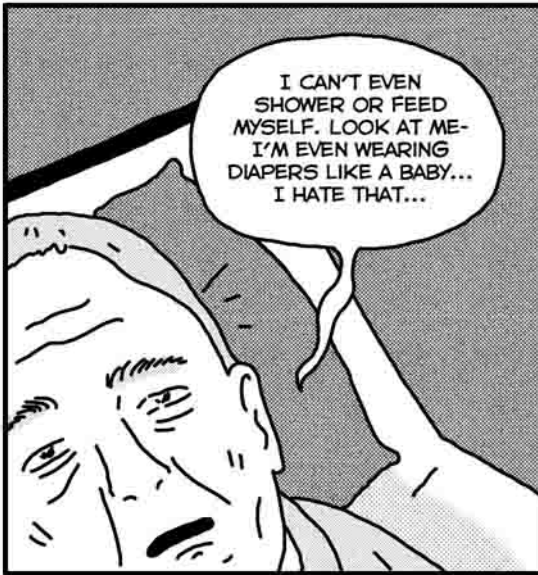


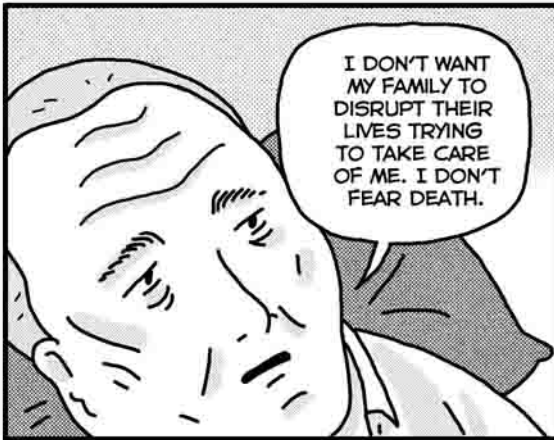








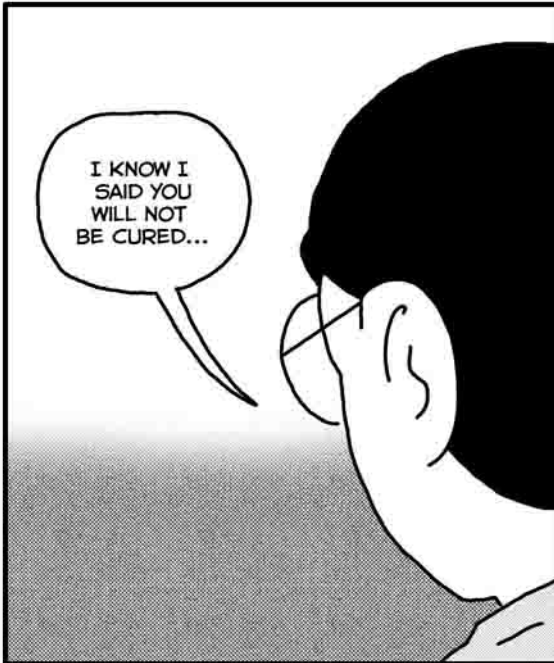




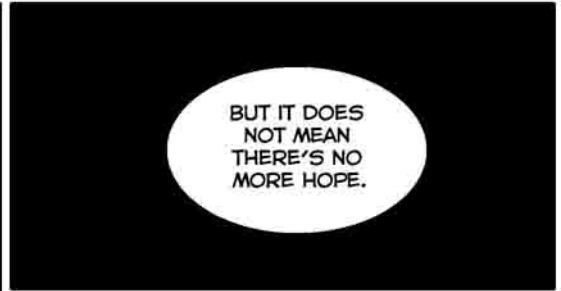
I DON'T WANT MY FAMILY TO DISRUPT THEIR LIVES TRYING TO TAKE CARE OF ME. I DON'T FEAR DEATH.



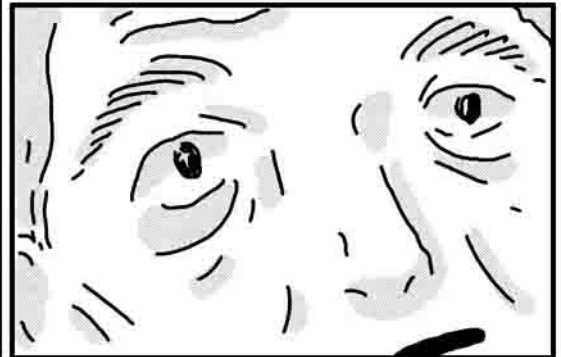
BUT I FEAR A SLOW LINGERING DEATH...



I KNOW I SAID YOU WILL NOT BE CURED...



BUT IT DOES NOT MEAN THERE'S NO MORE HOPE.

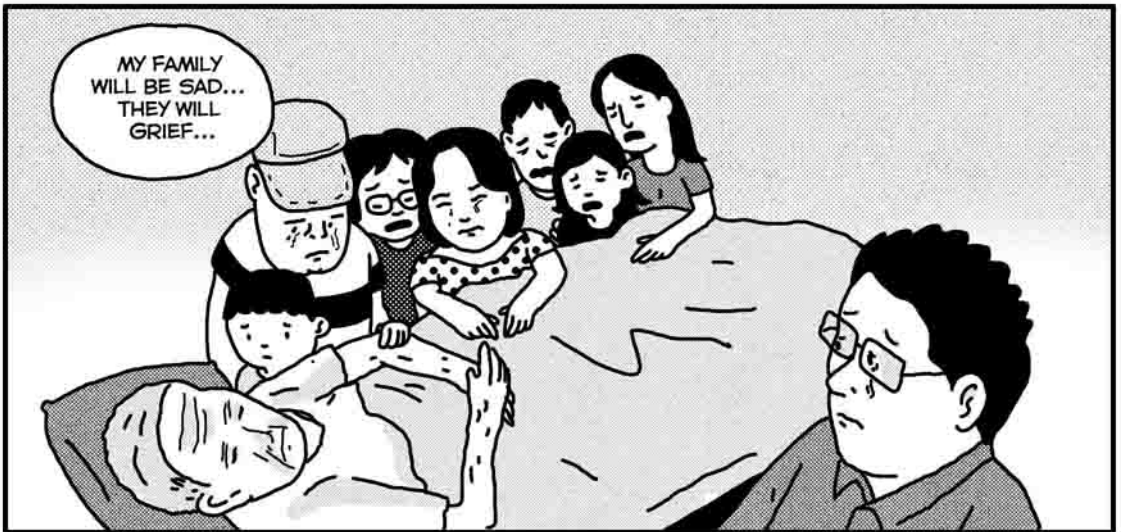
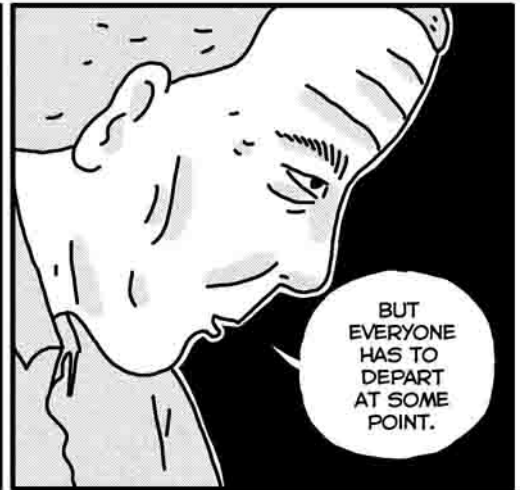


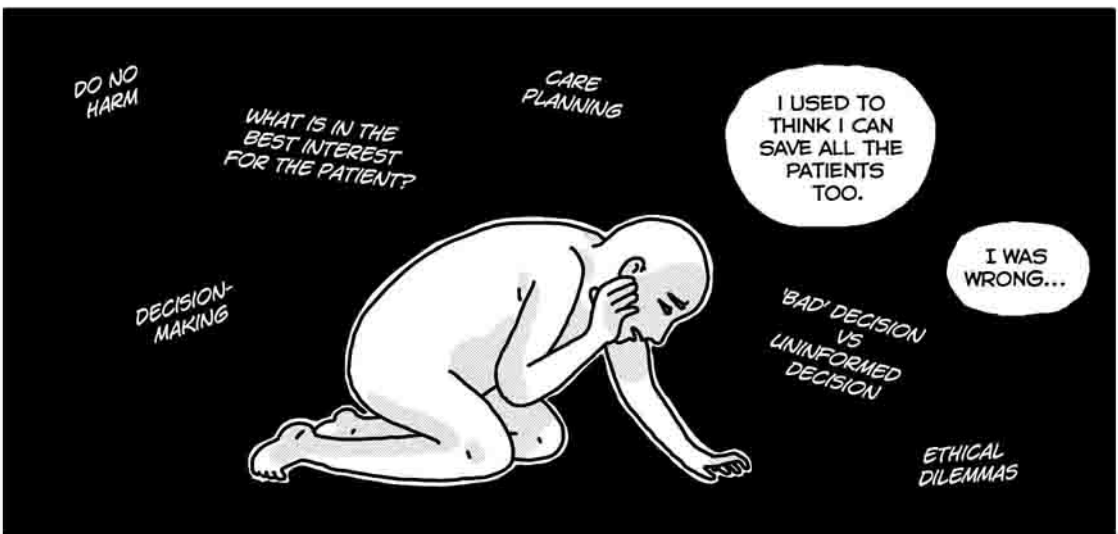
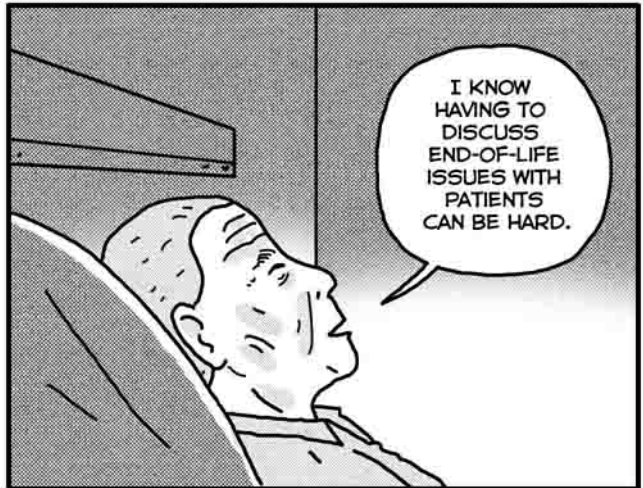
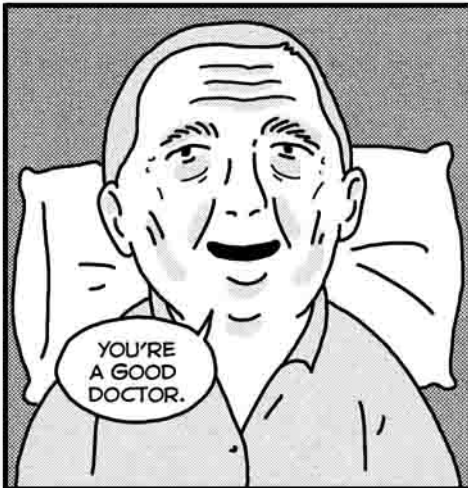
THOSE TIMES WHEN YOUR CHILDREN VISIT OR YOUR GRANDDAUGHTER SAID "AH GONG" AND HOLD YOUR HAND

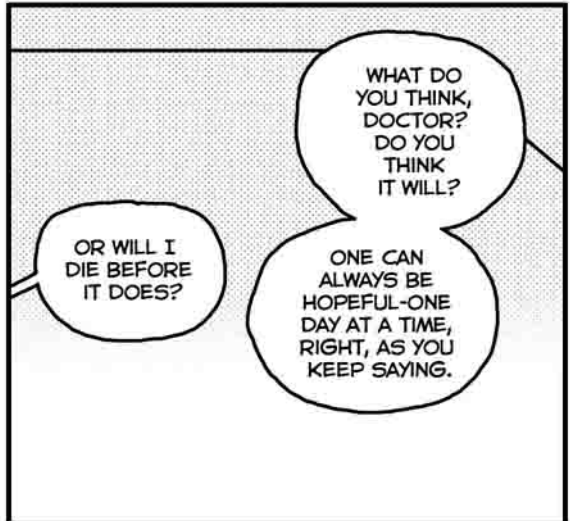
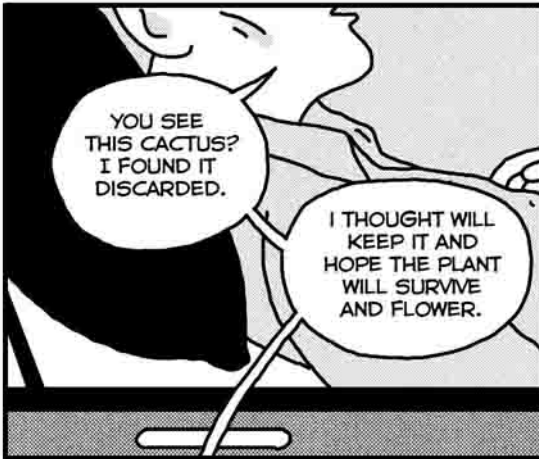
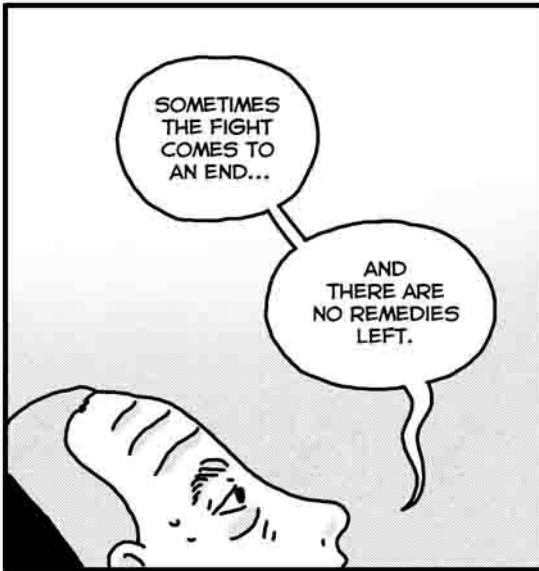
THAT'S ANOTHER KIND OF HOPE TOO.



YOU CAN STILL HOPE FOR MORE OF THESE MOMENTS, RIGHT?

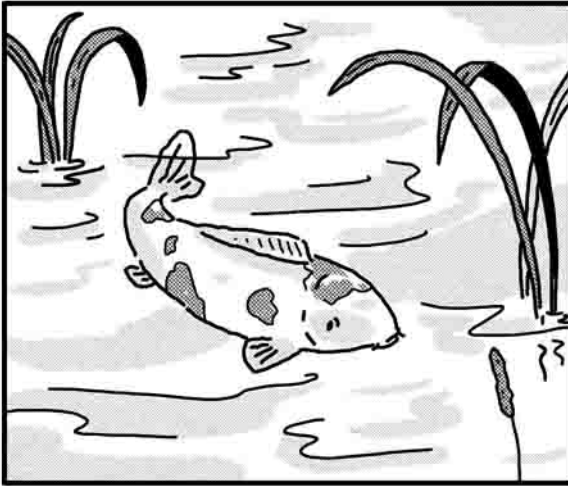


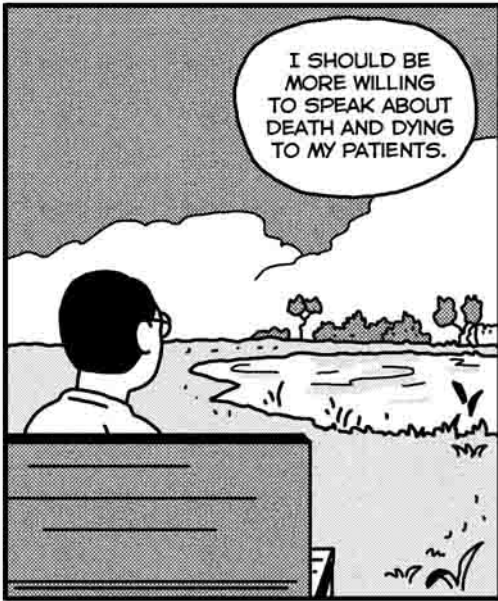








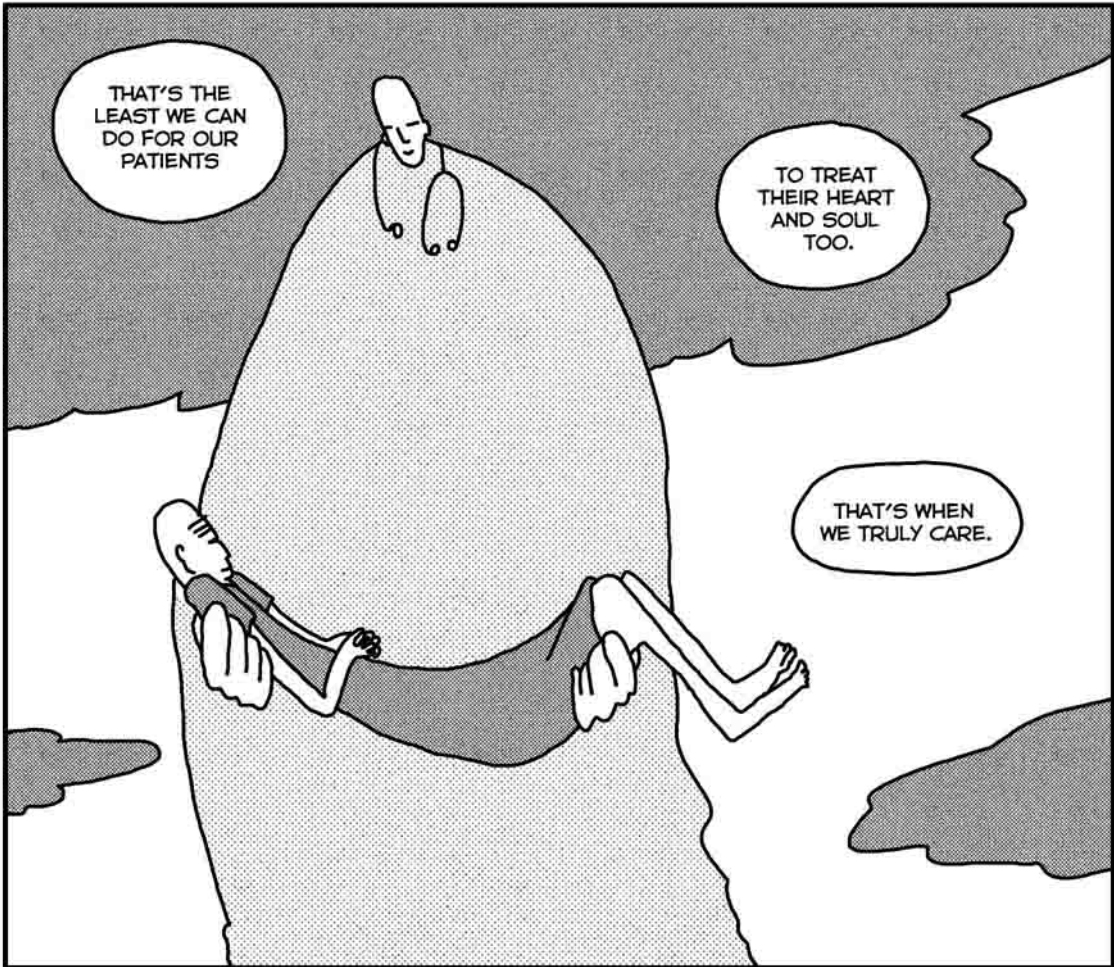




I SHOULD BE MORE WILLING TO SPEAK ABOUT DEATH AND DYING TO MY PATIENTS.



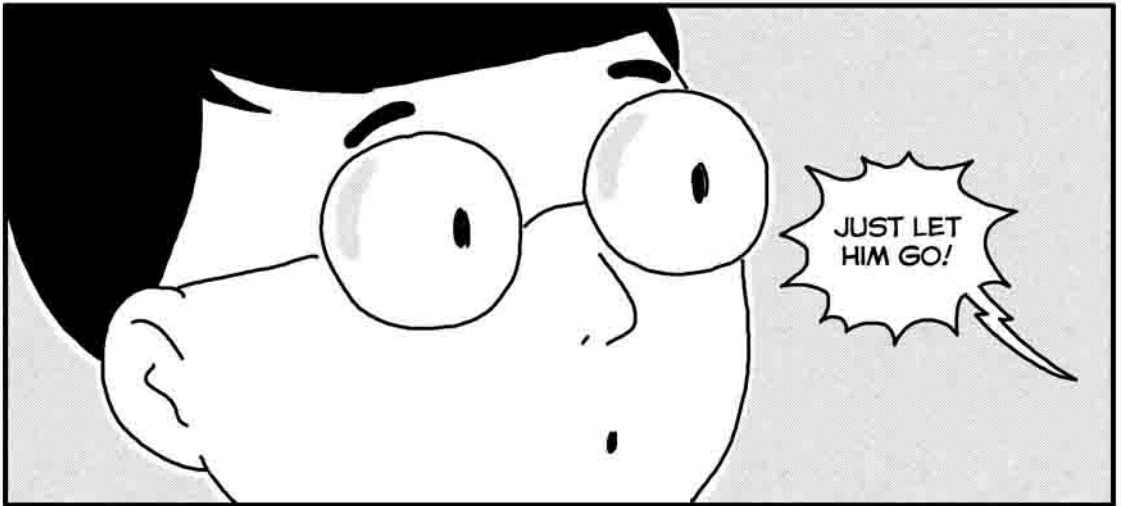
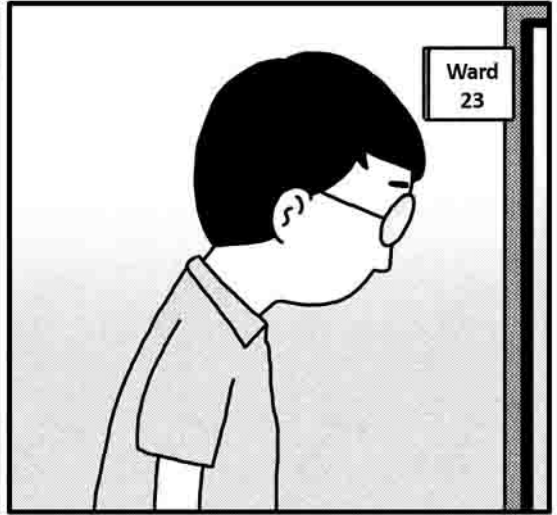
SOMETIMES THERE IS JUST NO CURE TO AN ILLNESS AND ALL WE CAN DO IS TO PROVIDE COMFORT AND CARE.

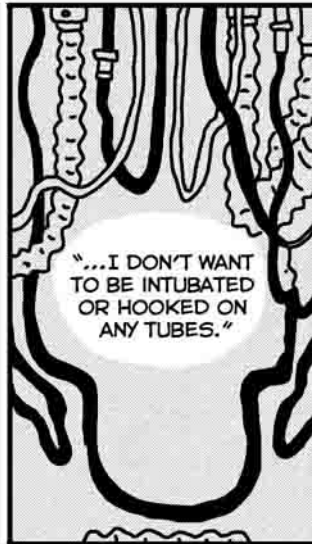


THAT'S THE LEAST WE CAN DO FOR OUR PATIENTS

TO TREAT THEIR HEART AND SOUL TOO.

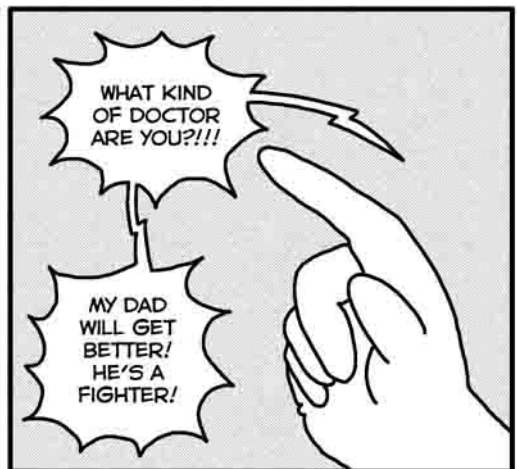
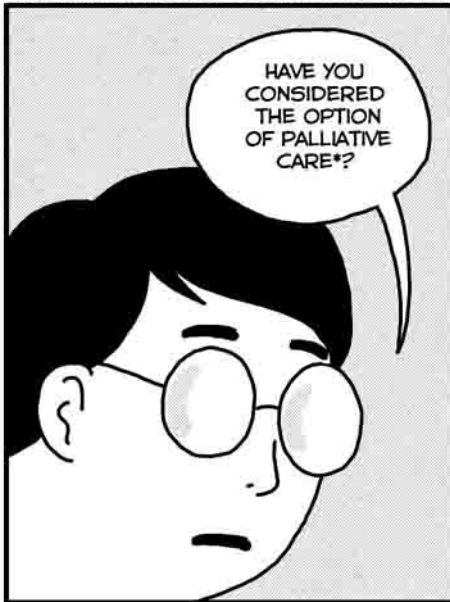
THAT'S WHEN WE TRULY CARE.



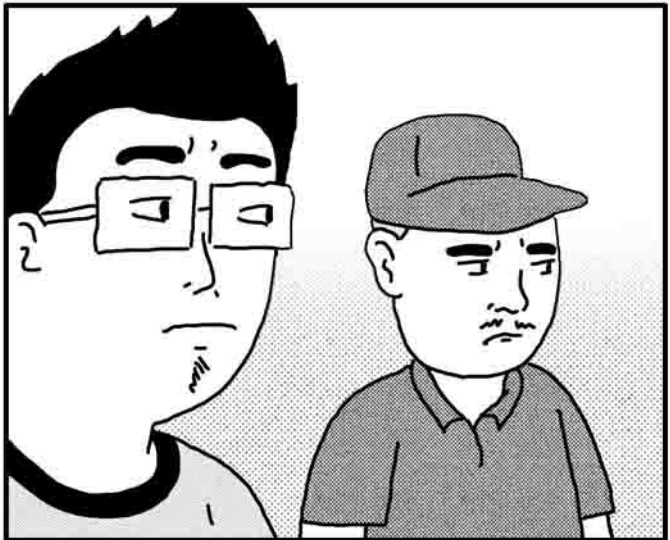
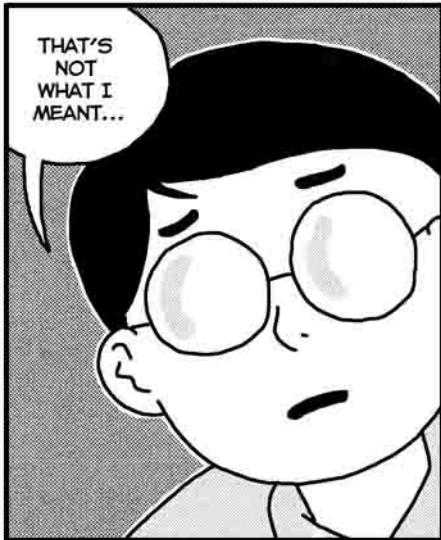


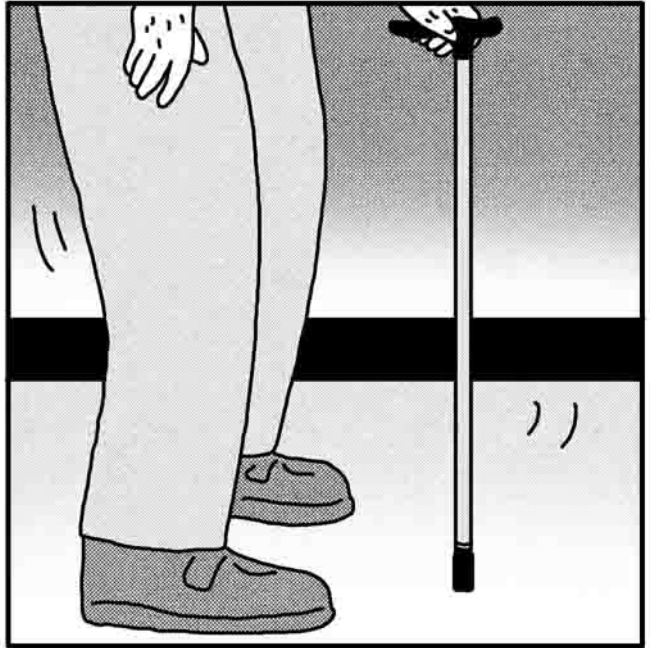
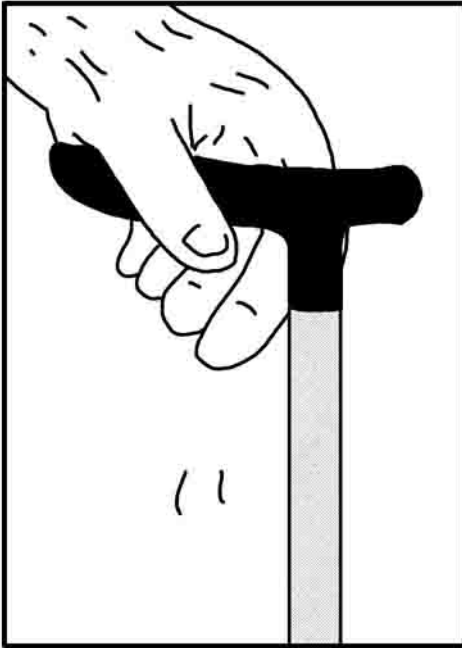


\*PALLIATIVE CARE AIMS TO RELIEVE SUFFERING AND IMPROVES QUALITY OF LIFE FOR PATIENTS AND THEIR FAMILY MEMBERS BY CARING FOR THE "WHOLE-PERSON" PHYSICALLY, EMOTIONALLY, PSYCHOLOGICALLY AND SPIRITUALLY.

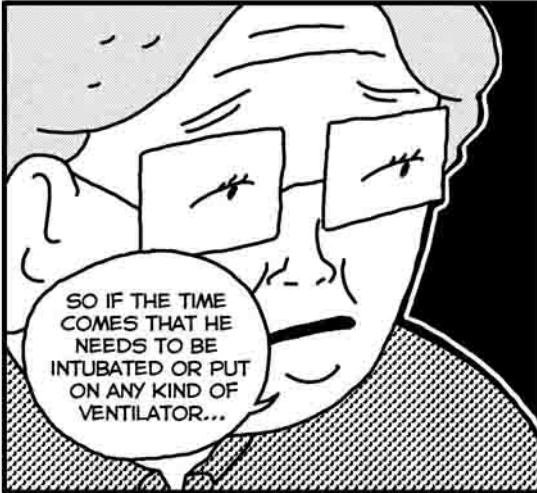


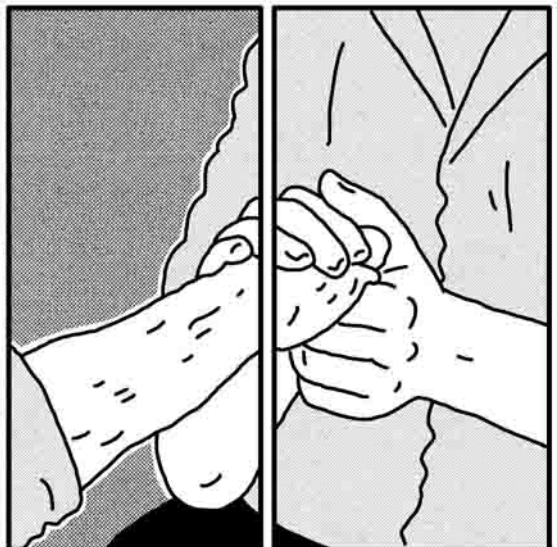
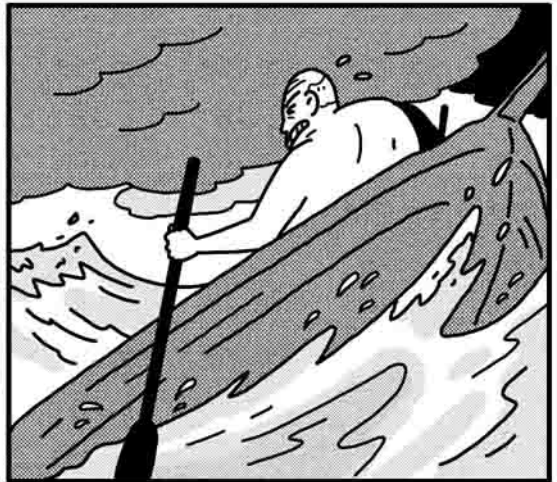
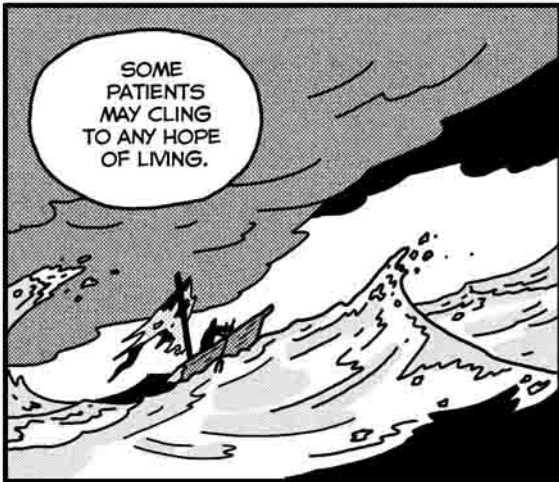
PALLIATIVE CARE CAN BE PROVIDED AT HOME, IN NURSING HOMES, HOSPICES, SPECIALIST CLINICS, GENERAL AND COMMUNITY HOSPITALS, CATERING TO EVERY PATIENT'S NEEDS. SERVICES PROVIDED INCLUDE HOME CARE, DAY CARE, INPATIENT CARE AND CONSULTATIVE SERVICES.











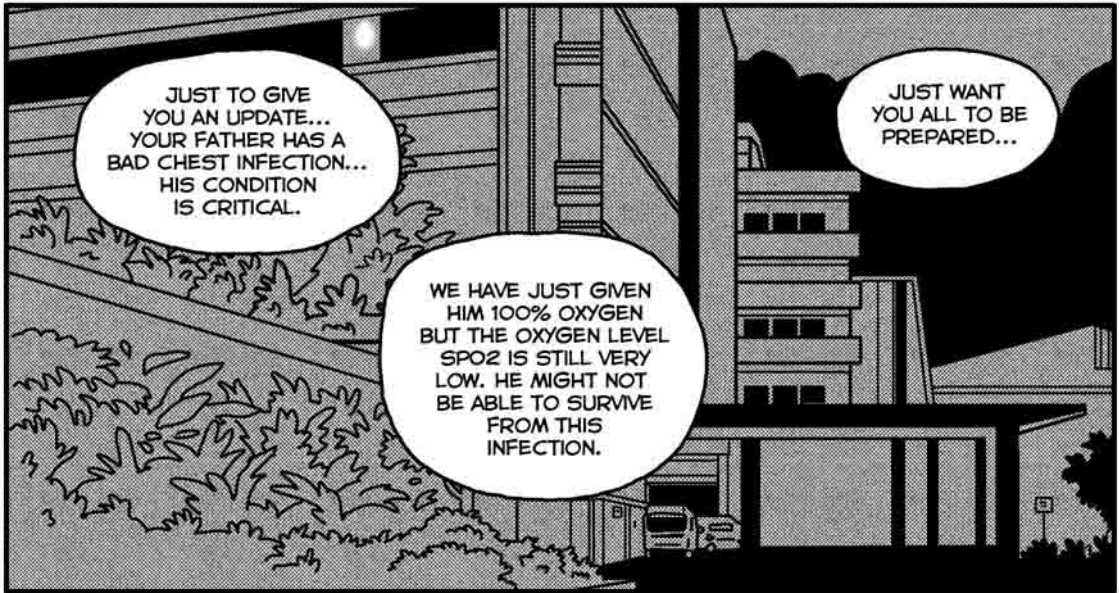
A FEW  
DAYS LATER...

RING!  
RING!!!  
RING!RING!

WHO'S  
CALLING IN  
THE MIDDLE OF  
THE NIGHT?!

HELLO...

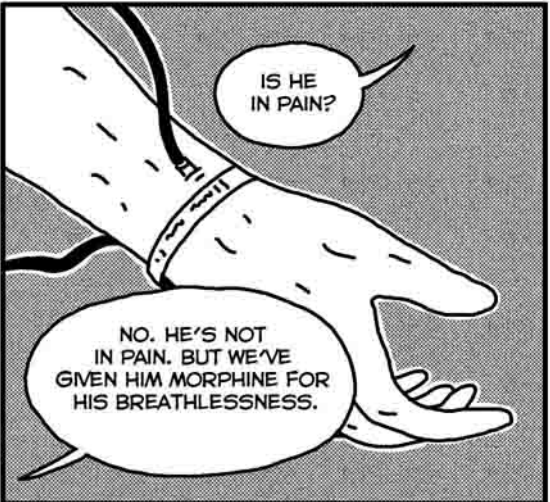
I'M GOING  
OVER RIGHT  
AWAY!



JUST TO GIVE YOU AN UPDATE... YOUR FATHER HAS A BAD CHEST INFECTION... HIS CONDITION IS CRITICAL.

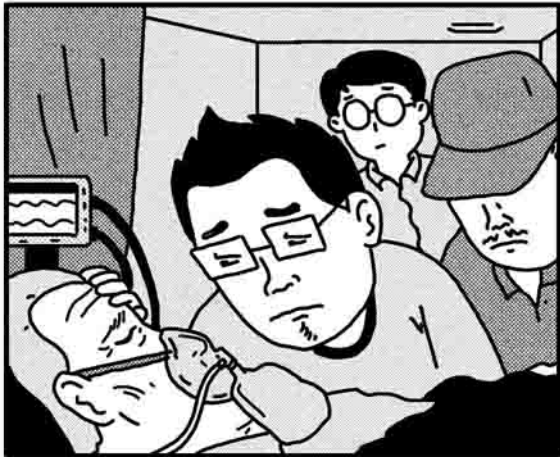
JUST WANT YOU ALL TO BE PREPARED...

WE HAVE JUST GIVEN HIM 100% OXYGEN BUT THE OXYGEN LEVEL SPO2 IS STILL VERY LOW. HE MIGHT NOT BE ABLE TO SURVIVE FROM THIS INFECTION.



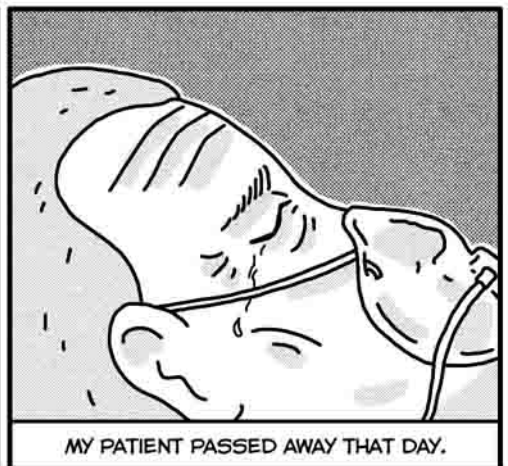
IS HE IN PAIN?

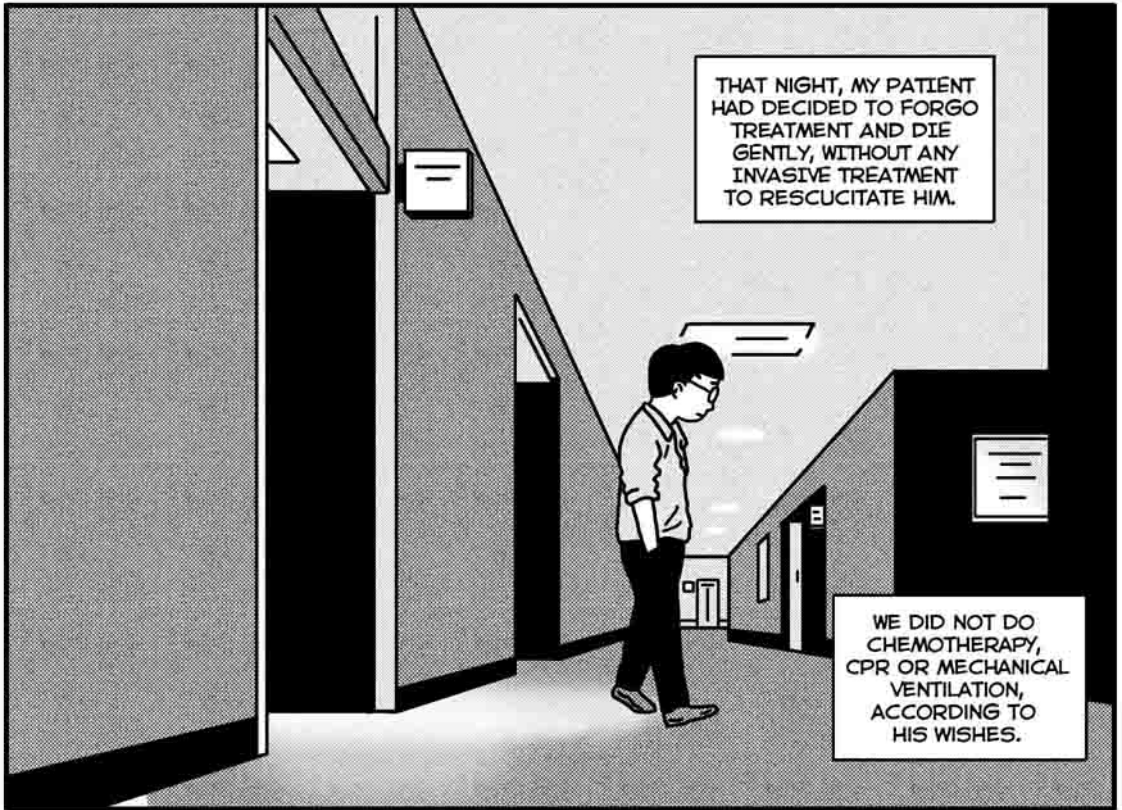
NO. HE'S NOT IN PAIN. BUT WE'VE GIVEN HIM MORPHINE FOR HIS BREATHLESSNESS.



EVERYONE... COME AND SAY GOODBYE TO YOUR DAD.

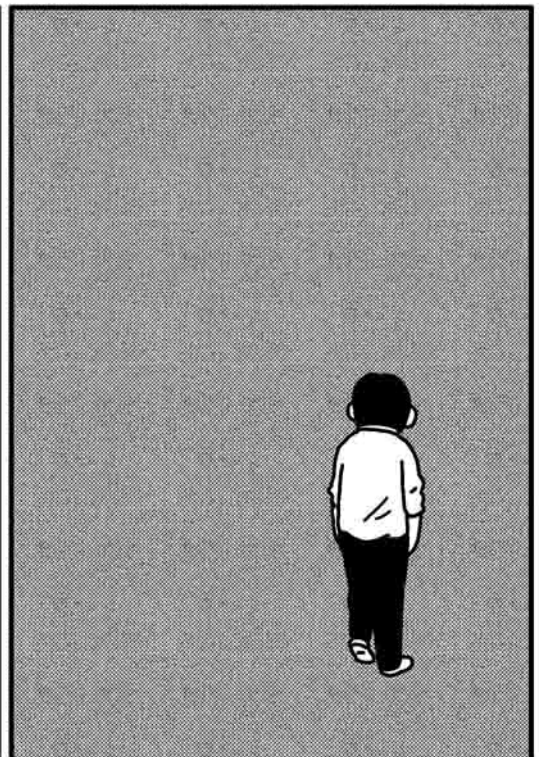
JUST LET YOUR DAD GO PEACEFULLY...

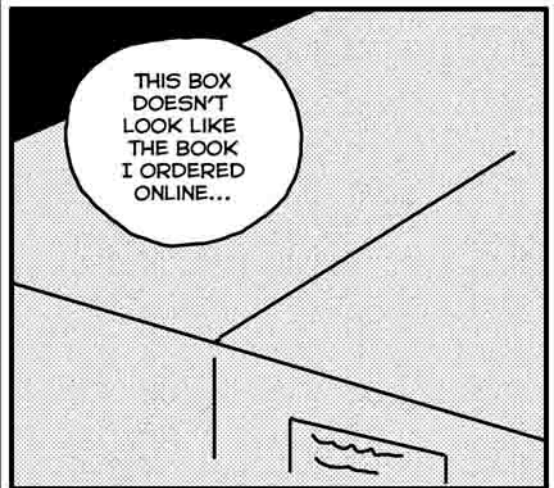
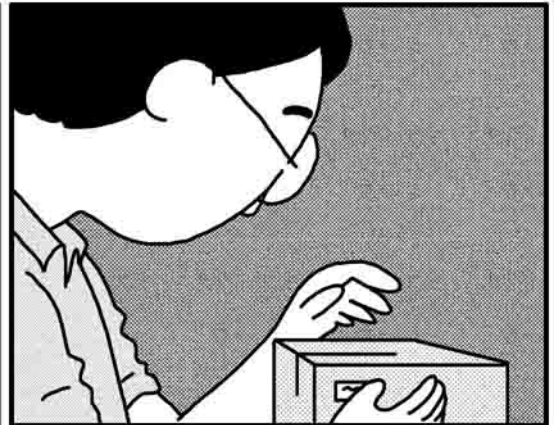


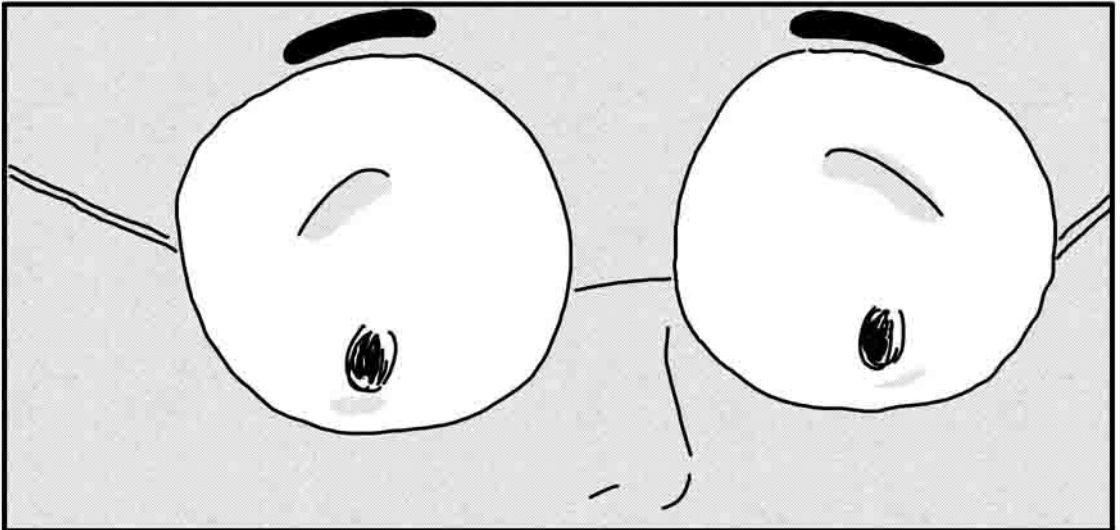
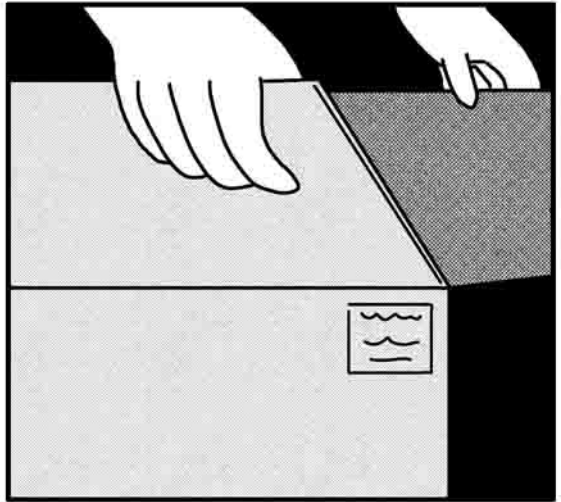
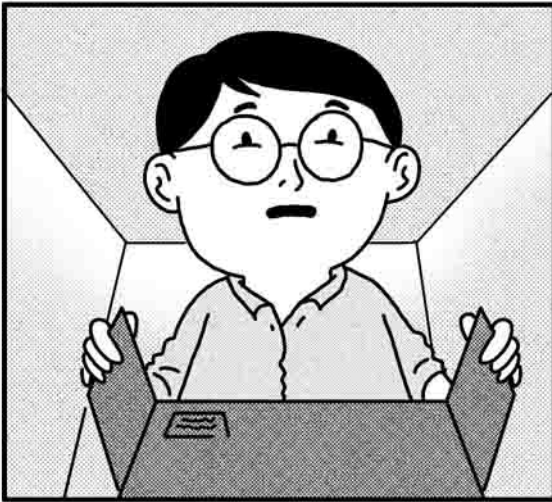
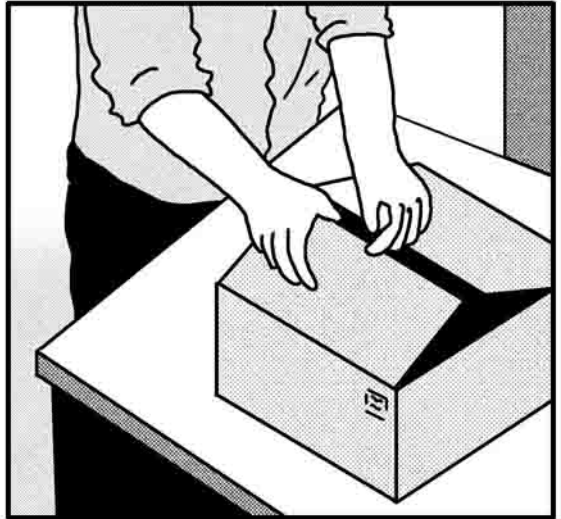
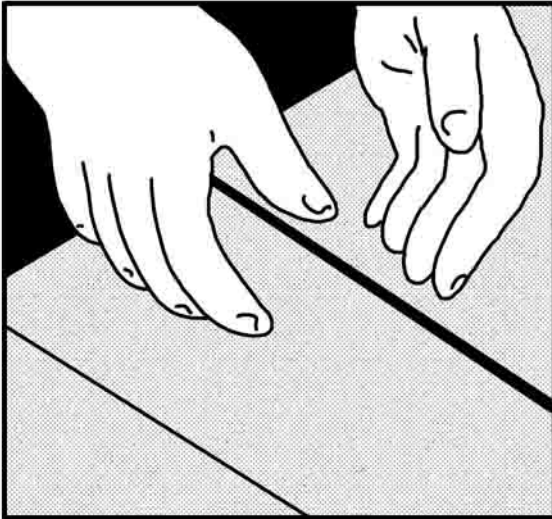


THAT NIGHT, MY PATIENT HAD DECIDED TO FORGO TREATMENT AND DIE GENTLY, WITHOUT ANY INVASIVE TREATMENT TO RESCUCITATE HIM.

WE DID NOT DO CHEMOTHERAPY, CPR OR MECHANICAL VENTILATION, ACCORDING TO HIS WISHES.









A CACTUS?  
IT LOOKS FAMILIAR...  
LIKE THE ONE  
MY PATIENT HAD...

WHAT'S A  
STETHESCOPE  
DOING INSIDE  
THERE TOO?

AND  
A  
LETTER?



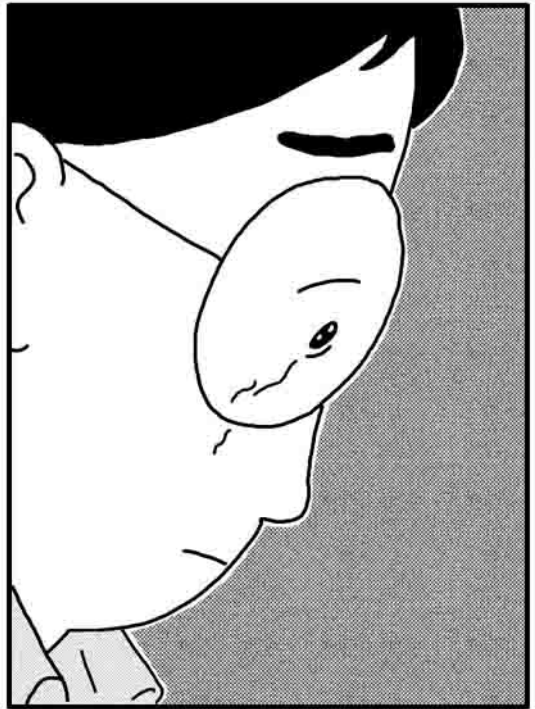


HE'S THE DOCTOR  
WHO SAVED MY DAD'S  
LIFE AND INSPIRED ME  
TO BE A DOCTOR!!!

DAD!!!

*I've been following your progress. I'm glad you've become a doctor too.*

*I'm giving the cactus to you as I'm not able to take care of it anymore.*



*Please look after it well and I hope you'll get to see it bloom one day.*



DON'T WORRY,  
I WILL TAKE  
GOOD CARE  
OF IT.





I GOT MARRIED A FEW YEARS LATER  
AND HAVE A BABY TOO... THE CACTUS  
IS STILL WITH ME. I'VE LEARNT A LOT  
SINCE THEN.

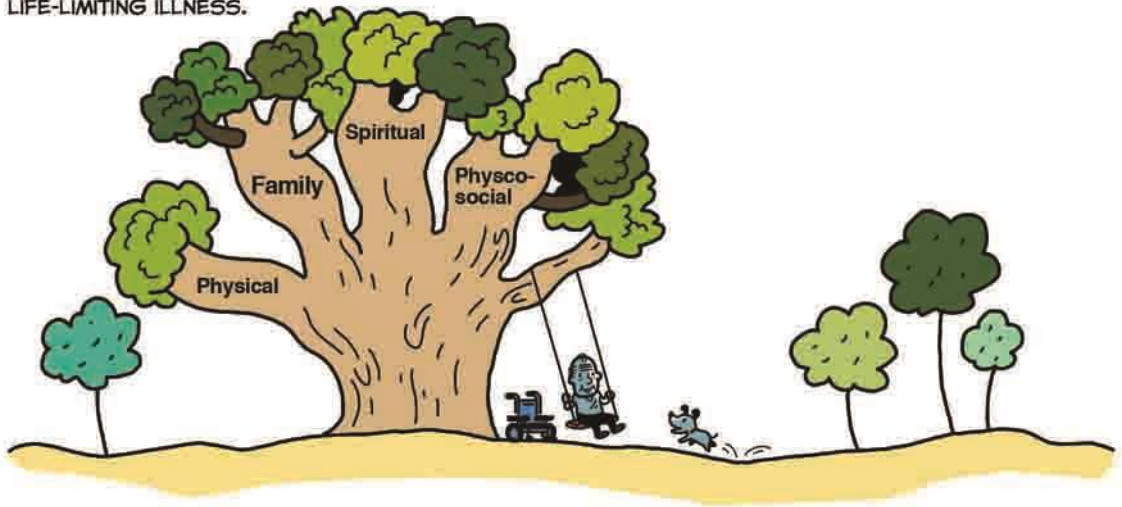
THAT WE SHOULD  
CELEBRATE THE  
GOOD LIFE AND  
A GOOD DEATH  
TOO WHEN IT COMES.

Leo Tolstoy  
The Death  
of  
Ivan Ilyich

DEATH SHOULD NOT BE A TABOO SUBJECT  
AS IT TEACHES US ABOUT LIVING TOO.

## WHAT IS PALLIATIVE CARE?

AN APPROACH TO IMPROVE THE QUALITY OF LIFE OF PATIENTS WHO HAVE BEEN IDENTIFIED WITH A LIFE-LIMITING ILLNESS.



## PALLIATIVE CARE IS NOT ABOUT ABANDONING HOPE.

IT'S ABOUT PROVIDING HOPE AND FINDING MEANING AT THE END OF LIFE FOR THE PATIENT AND THE FAMILY/CAREGIVERS.



## AIM OF PALLIATIVE CARE

LIVING WITH A TERMINAL ILLNESS CAN BE A TOUGH JOURNEY AND ONE OF THE AIM OF PALLIATIVE CARE IS TO MAKE THE JOURNEY MORE BEARABLE FOR BOTH THE PATIENT AND THE FAMILY.



## LET'S START A "DIE-LOGUE"



SHARING YOUR WISHES AND VALUES IN ADVANCE HELPS YOUR LOVED ONES UNDERSTAND WHAT TREATMENT DECISIONS YOU WOULD PREFER IN A MEDICAL CRISIS.

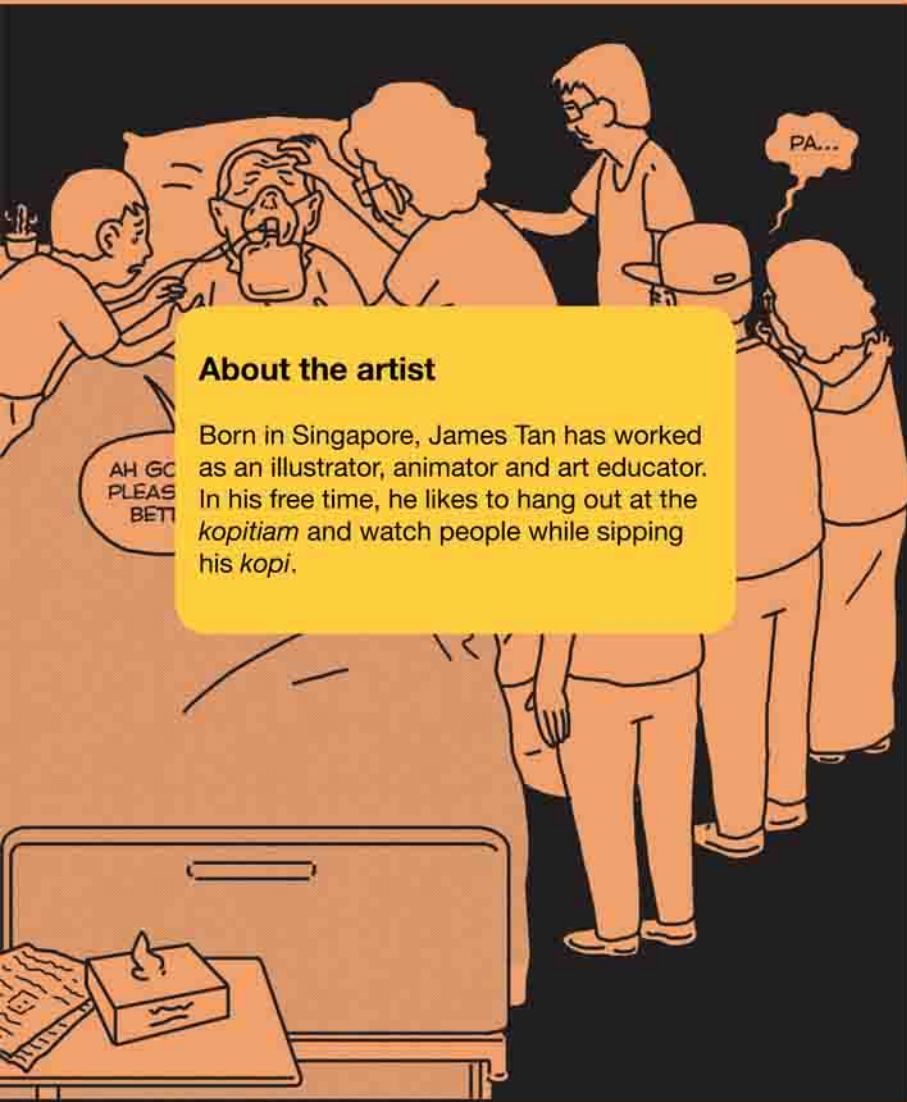


CONSIDER WHAT YOU NEED TO LIVE MEANINGFULLY AND WHAT WOULD BE IMPORTANT TO YOU AT THE END OF LIFE.

\*SUAY:INAUSPICIOUS

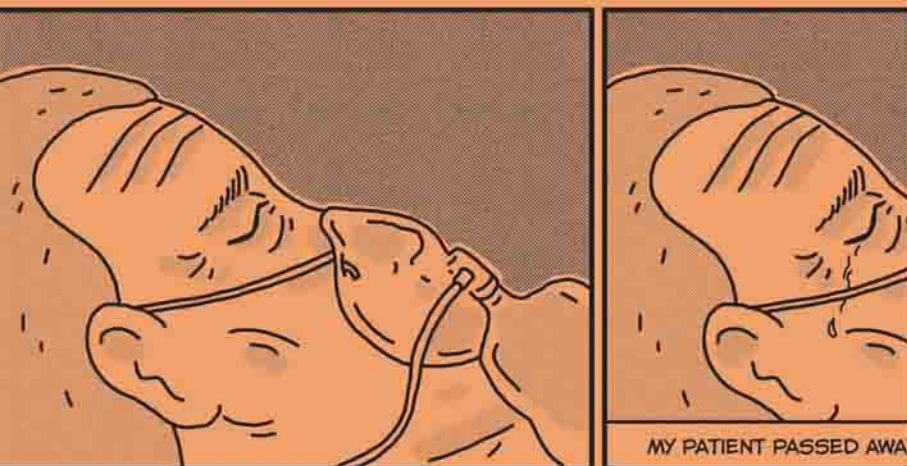


YOU DO NOT NEED TO BE SERIOUSLY ILL OR DYING TO START A CONVERSATION ON DEATH.



### About the artist

Born in Singapore, James Tan has worked as an illustrator, animator and art educator. In his free time, he likes to hang out at the *kopitiam* and watch people while sipping his *kopi*.



## Death continues to live every day.

The elderly and sick often suffer in silence every single day as death approaches, but they should not have to.

Letting go is always hard. How does one deal with the irreversibility of death — of a loved one who is suffering or on life support?

How do we start a “die-logue”?

