

I Thought I Knew

I *Thought I Knew* is a poignant, blow-by-blow account of a leading urologist whose world collapsed when he discovered he himself faced the very condition he was expert in – prostate cancer. Lying on a cold operating table one Saturday morning in December 2017, Prof Christopher Cheng realised he had entered the dusk of unknowns. Not even his 37 years of professional life in the field could prepare him for the momentous episode – a *professor* turned *patient*.

Ironically, it is with these two diametrically opposing pairs of optics that Prof Cheng wears today – as a *professor* and *patient* – that he aspires to achieve through this book: to unravel the crucible of what a cancer patient goes through, to inspire compassionate practice in the medical fraternity, and finally, to illuminate readers – patients and caregivers – in making informed decisions when confronted with the news of cancer or any chronic disease.

Prof Cheng concludes the book by impelling doctors to vigorously embrace empathy in their pursuits, and envisioning a robust yet caring healthcare system that society deserves.

Written in a raw, no holds barred, yet sensitive manner, *I Thought I Knew* sets the tone to manifest the triumph of the indomitable human spirit – overcoming adversities and coming to terms with acceptance.

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Foreword

When Prof Christopher Cheng first told me about his prostate cancer, my heart went out to him. Having had cancer twice, including prostate cancer five years ago, I know how life-changing such a diagnosis is. It must have been doubly so for him, a urologist who has operated on many patients, to suddenly find the roles reversed, and himself become a patient with prostate cancer.

This book carries lessons for everyone. To casual readers, it is a reminder to take responsibility for our own health, and to make the most of life. To the medical fraternity, it is a plea for empathy for their patients, and for compassion in acknowledging and calming their anxieties. And to those battling illness, it is a call to stay positive, and fight back. There is life after cancer. Indeed, the experience may help us to focus on what is truly important in life, and find meaning in what we do.

Readers will be inspired by Prof Cheng's candour, humility and courage – which come across powerfully in this book. This book is the latest of his many distinguished contributions to medicine and our society. I am sure it will not be his last.

PRIME MINISTER LEE HSIEN LOONG
SINGAPORE

Reflection: Good Days, Bad Days

The launch date of this book keeps slipping. This is not because I've been lazy or that the editorial team has been tardy; it all has to do with the Covid-19 pandemic. This tiny, invisible virus can hardly be classified as a life form. The minute single-stranded RNA virus of approximately 30,000 base pairs has wreaked the worst havoc on humankind since the Spanish flu in 1918. At the point of writing (22 May 2020), an estimated 5 million people worldwide have been plagued with Covid-19, of which over 330,000 have died. In Singapore, over 30,000 Covid-19 cases have been recorded, among whom 23 individuals have died. A large part of the globe is now under some form of lockdown, with families spending days and nights waiting out the quarantine. The world economy is in a tailspin; its rapid downturn is one without modern precedent. Governments around the world are struggling to control the spread of the virus, while gingerly attempting to open up their economies. The promise of an effective vaccine is still a long way away. For most people, these are really *bad days*.

On a brighter note, many cities are seeing their first blue skies after a long while. With economic activities at a standstill and travel restrictions put in place, many carbon dioxide-emitting factories that have been polluting the atmosphere are now idle, and planes and cars have ground to a halt. There are reports of the

ozone hole finally shrinking, due to drastically reduced carbon dioxide emission.

Closer to home, healthcare workers, who are amongst the essential workforce allowed to work, have been receiving a lot of support from the public in the form of “Thank you” notes or care packs delivered to the frontline hospitals. This is in stark contrast to the early days of the SARS (Severe Acute Respiratory Syndrome) outbreak in 2003, when they were shunned, even on public transport. Coincidentally, this time round, all three of us in the Cheng family – my wife Brenda, son Colin, and I – are fighting Covid-19 at the same time. Brenda is at the National Centre of Infectious Diseases (NCID); Colin is deep into virology research in a laboratory at Duke-NUS Medical School; and I am standing with my frontline colleagues at Sengkang General Hospital treating Covid-19 patients. All three of us are involved in this battle in different ways and we share our stories online, observing safe distancing. Strangely enough, tough times do bring out the best in people.

I’ve been thinking: How do you compare one person’s suffering to the shock of a life-threatening virus that infects the whole of humanity? What is the significance of one person’s fear of a single ailment compared to a global community reeling from outbreak after outbreak. Will we still remember that behind every confirmed case, every death, lies more than just a statistic – but a father, mother, brother or daughter? One patient’s trauma is a single representation of collective suffering. Suddenly, the individual’s perspective becomes minuscule when weighed against the backdrop of a much greater need.

I have certainly witnessed round-the-clock, total devotion to the task of saving lives and working against all odds: staff in the intensive care units, at the emergency rooms, and indeed, all over the hospital. I feel immensely grateful to be part of these efforts.

All said, I am confident Singapore will overcome this monumental challenge. We have selfless, committed and competent people who lead by example.

In the end, I hope this “Covid-19 hour” will impel communities – across five continents – to come together and collaborate at a global level to battle not just this savage pandemic, but also other equally pressing issues, such as climate change, nuclear armaments and technological challenges.

This book has been published and it will be duly launched. Nevertheless, it is likely to be a “non-event” compared to the ongoing developments and daily reports on Covid-19 in the foreseeable future. Notwithstanding, if there is one key lesson Covid-19 has taught us, it is that we learn to be “one humanity”. Thence, I believe there will be *good days* ahead.

Acknowledgements

My numerous colleagues from Singapore General Hospital (SGH) and Sengkang General Hospital (SKH). It takes a whole village to take care of one patient and in this case, you may say two communities were involved. The urology team at SGH consists of urologists, nurses and therapists; too many to mention one by one. They gave me more than excellent professional and technical care and also the warm human touch only close friends and family enjoy. Led by Prof John Yuen and Prof Ng Lay Guat, they left no stone unturned to make sure I got the best care. I am grateful beyond words also for their unwavering support despite my nonsense demands without the slightest complaint. I will need more of your care in the future. I hope I can continue to count on you.

Prof Foo Keong Tatt deserves special mention not only for doing the fateful rectal examination on me, thereby diagnosing the cancer, but also being the majestic mountain anchoring the sometimes overly exuberant younger generation of urologists. Widely recognised as the “Father of Urology” in Singapore, he devoted his career to developing the specialty and teaching the younger ones. He put up with me when I was this young, arrogant and disrespectful registrar who was full of himself. He even hired me as one of the only two urology registrars at the inception of the department. For this and many other doors he opened for me to allow me to get to where I am, I am eternally grateful.

And of course, I am thankful Dr Mihir Desai actually managed to make the trip despite the last-minute request to come to Singapore to perform the surgery and immediately got back on the plane the next day to return to the US. He did what was technically possible, brilliantly. The rest will be decided by a higher authority eventually.

My colleagues from SingHealth and especially SKH were instructed to observe the “no visitor” request I put up. This was meant to save the time and trouble for a large, respectful team from coming and crowding the already congested hospital. Many sent me well wishes and quiet prayers. I know they care a lot and they expressed it not only during the surgery but at countless occasions subsequently. Many also helped to provide medical camaraderie which I treasure. We are truly one family.

Colin, our son.

“You should write this up.” Our son Colin was looking at my sketch of the scene from my hospital bed when he came to look me up on day three after my surgery. His point was that the scene through the eyes of a surgeon-patient was such an irony that people would resonate with. Needless to say, that launched the book project and the many speaking engagements to share the experience. The picture is now hung on the wall of that room. Patients recovering may also find comfort that there is beauty and harmony in the windows despite the transient chaos they may have experienced being in the hospital.

Colin spent the greater part of his early adulthood travelling for his sailing competitions which included two Olympics. He finally settled back home pursuing a higher degree in research when my sickness struck. Despite his many years away and his tardiness in responding to messages and emails (no more slow mail to blame), he has been very close to us. We share many things from sports like cycling and sailing to philosophy and spirituality. My

sickness has certainly brought us even closer. He volunteered to do the research and help write some of the chapters, even design the cover. As it turned out, his initial efforts were overtaken by the 24/7 commitments he gives to the university course. Still, I am very grateful for his genuine concern and efforts to support me and my wife Brenda. Sometimes it is not the overt expression by doing things but more the subtle deep feelings that count.

Brenda, my wife.

The first night after surgery must have been terrifying for her. She, being the infectious disease expert facing the husband having septicaemia, must have been doubly traumatised. She was also torn between speaking up and interfering inappropriately and wanting to do more, adding to the confusion. Ants on a frying pan would have been an appropriate description of her feelings. So, when I entered the diuresis phase after the hydration and needed some oral hydration with potassium, she gladly got out of the room and went to hunt for fruit juices. Alas the only thing remotely resembling fruit juice in the middle of the night at the hospital's 24-hour convenience store was packaged coconut juice with a pinch of potassium which I gladly devoured. Likewise, when I finally felt hungry despite my abdominal colic, the only food I could take in and retain was chocolate. So, she got me the biggest bag of mini kit kat bars. It was heaven to eat chocolate for breakfast, lunch and dinner. I am grateful for small kindness that makes the day.

We recently celebrated our 30th wedding anniversary with family and friends. I told everyone that I was grateful for Brenda putting up with my many bad habits like slurping soup loudly and mostly not measuring up to her higher expectations. With this illness and what may or may not come in the future, I feel blessed for every moment and every day we dine on humble home-cooked food and simple soul sharing.

My patients.

You are my best teachers. Better than any textbooks, your stories are more than medical journeys of discovery and also lessons in courage and humility. I am grateful for the priceless lessons. I am immensely apologetic for all the mistakes made and shortcomings I still have. I can only say I am still learning to improve such that your suffering may not be in vain.

My editorial team.

Tan ChinKar, the ultimate patient and forgiving publisher of Write Editions, for believing in me despite my poor writing skills and endless excuses for missing deadlines. Sharon Seetho, the book editor, who must have suffered severe indigestion reading my manuscript full of medical jargon and grammatical errors. Thank you for your indulgence. Cecilia Pang, SKH Chief Communications Officer. Thank you for the constant encouragement and the ruthless slash and burn interventions to get me closer to the finishing line in time. Only when we sat together as a team looking at the projected manuscript on the screen did I realise the rubbish I had made all of you go through. And I was also reminded how you have to suffer every other week editing my hurriedly written management bulletins. You are not even paid for this!

Tricia Kuo, my urology colleague. You are really too kind to agree, despite your many other responsibilities, to sieve out, correct and clarify the many medical terms I randomly scribbled, expecting readers to understand the impossible acronyms and Latin terms still stuck in our vocabulary. I owe you dearly.

Finally, and significantly, on the reviews and Foreword for the book. I hesitated asking my colleagues and friends to write a review for this book. They are all very busy people and I was prepared to be turned down by at least a few. To my surprise, every single person responded positively; the anecdotes,

affirmations and warm touches shared in the reviews reminded me of why the book was written in the first place. For this and many other favours, I am grateful beyond words. I would like to especially thank Prime Minister Lee Hsien Loong for his Foreword. It was indeed very kind of you to take time to read my draft and pen your thoughts despite your challenging schedule and tough job of leading the nation. I'm honoured.

CHRISTOPHER CHENG

MAY 2020

About the Author

Prof Christopher Cheng is the Chief Executive Officer of Sengkang General Hospital (SKH) and Senior Consultant Urologist at SKH and Singapore General Hospital (SGH).

A pioneer in using robots in surgery, Prof Cheng spearheaded the project 'A Minimally-Invasive Surgery (MIS) Research Centre', based on a robotic surgery unit, *da Vinci* system. He has written over 100 publications in local and international peer-reviewed journals on prostate cancers, bladder cancers and stone diseases. He has also contributed to several book chapters on urology in local and international publications.

Prof Cheng is currently Adjunct Professor at Duke-NUS Graduate Medical School Singapore and Clinical Associate Professor at the Yong Loo Lin School of Medicine, National University of Singapore (NUS). He is also a Visiting Professor at Zhongshan Hospital, Fudan University, Shanghai, China. In addition, he was a Member of the Transplant Advisory Committee, Ministry of Health Singapore, and Chairman, Robotic Minimally Invasive Surgery Steering Committee and Principal Investigator, Urological Unit, Department of Urology for Basic and Clinical Research in Urinary Tract Cancer, SGH.

Prof Cheng was awarded the National Outstanding Clinician Award at the National Medical Excellence Awards 2017 and was conferred The Public Administrative Medal (Silver) at the National Day Awards 2015.

Prof Cheng was the first urologist from Singapore to be fellowship-certified in uro-oncology at the Mayo Clinic in 1992. He received his MBBS from the National University of Singapore (NUS) in 1982 and obtained his post-graduate degree in Surgery FRCS in 1986, and FAMS (Urology) from the Academy of Medicine, Singapore in 1993.

Prologue: I Thought I Knew

I thought I knew about prostate cancer. I thought I knew about patients with prostate cancer. I thought I knew about patients with cancers. I even thought I knew my patients. I have been a doctor for more than 37 years, and a urologist focused on prostate cancer since completing my fellowship at the Mayo Clinic in 1991. I have done countless radical prostatectomies or cancer operations for the prostate, from open, perineal, keyhole or laparoscopic procedures, to robotic, second treatments,¹ probably no less than anyone else in this specialty. You will forgive me for saying, I thought I knew. That was until I became a patient myself, lying on a cold operating table one Saturday morning in December 2017.

Today, I would like to share my story. At the end, you may say – this guy still doesn't really know. But having tasted my own medicine, I think I now know a little more about what it means to

be told you have cancer, how it feels to be really sick and helpless, and finally what it means to be truly alive after going through hell. It is my hope that everyone who reads this story will understand the fragility of life, the importance of not taking it for granted and of not wasting the second chance. Through sharing my experience, I hope that you will come to this realisation without having to go through being diagnosed with cancer yourself.

Why would anyone want to read this story? People become ill and undergo surgeries. Others have prostate problems, and some are cancerous. Why should my story be so different? Exactly because I am trained in surgery and particularly prostate cancer surgery, I have seen patients of different shapes and sizes going through this journey, probably more than almost anyone else. People may say “physician, heal thyself”. You have devoted your life to preventing, diagnosing and curing cancers; why couldn’t you see the signs at the onset of your own cancer? The reality is cancer can hit anyone no matter how much care one takes. Some would say that’s just the uncertainty of life itself. It is ironic that despite all the years I have devoted to this area, little did I know what my patients really go through until I became a patient.

My story begins with a personal account of my blow-by-blow experience as a prostate cancer patient. Blood and gore told as it is. The naked truth of what I went through may be shocking to some who have been led to believe erroneously, that modern healthcare, with all its glamorous robots and high-tech equipment, has a solution to almost anything. My real-life story sets the stage for the next segment – an in-depth account of how I got here as a patient, a physician, and as a hospital administrator responsible for setting up a brand-new general hospital. Regardless of my unique circumstances, I am aware that the physical and mental anguish that comes with being a cancer patient is probably universal and perhaps varies in degree. Finally, my story turns to

what I can do better as a doctor and a medical professional, what we can do better as a hospital and as a healthcare system facing all the challenges of a rapidly ageing population, and the corresponding rise in incidences of chronic diseases.

For the patients, for whom this story is primarily written, I hope that you gain some insights to help in the decision-making process for yourself or your loved ones. Despite the naked truth, warts and all, I hope you also see the triumph of the human spirit – overcoming adversities and coming to terms with acceptance.

For the doctors and nurses who so bravely toil day and night for those suffering, I hope you see your life's purpose in a clearer light and offer more than just competent professionalism. Our patients need genuine compassion more than ever.

For the administrators with the power to shape the future of healthcare, I hope that my story provides a guide to achieving the delicate balance of technical success and sustainability while providing adequate healthcare that shapes a new social compact where human dignity and motivation are the central tenets in the trusting relationship that is so fundamental to serving the long-term welfare of our society.

¹ These are different ways to achieve the total removal of the entire prostate gland bearing the cancer, aiming to achieve a cure. Compared to traditional open surgeries, other minimally invasive procedures aim to improve recovery by making smaller incisions while achieving similar or better cancer outcomes. Total prostatectomy for cancer is a far more complex operation than procedures for benign enlargement of the prostate commonly known as transurethral resection of the prostate which is more a channeling procedure to improve the urinary flow.

I'm Cold, Very Very Cold

When I came around post-anaesthesia, the first thing I felt was “cold, very cold”. I was under four blankets and my legs were still shaking uncontrollably. Later on, I found out that my core temperature was 35 degrees Celsius and my nurse told me I had been shivering the whole time I was in the recovery area. The shivering was unstoppable when the cold seemed to come from deep inside the core. Vaguely aware of a number of doctors and nurses standing at the end of my hospital bed, I could make out someone suggesting getting another “bear hugger” warming blanket from the operating theatre.

It was the afternoon of 9 December 2017. I had just returned to the ward after undergoing robotic prostatectomy for my prostate cancer. I was drowsy from the anaesthetic but could remember being sick as a dog. I was shaking and having so much pain in my back. My long-suffering wife was offering me extra pillows and rolled up blankets to put under my back. She was getting