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t was a long arduous day at the college library. The unabated rainy weather made it gloomier and created a sense of despondency. I returned home just before midnight. Every muscle fibre of my entire anatomy was aching with pain. I crashed into bed and dozed-off immediately.

I was woken by the ear-splitting ringtone of my handphone in the dark of the night. I sprung out of bed to answer the phone, expecting perhaps a loved one calling early to wish me Happy Birthday. It was my birthday after all.

On the other end of the phone was a very close family friend who appeared to be hysterical and crying. She screamed, "Shakil, please come now. Uncle is not breathing!"

In the dark, in a state of shock, I stumbled, fell, groping in search of the light switch. Before I could say anything, the phone line was disconnected. I did not have time to reflect as to why of all persons, she called me. I am merely a medical student.

This was the 'Uncle' and 'Aunt' who I grew up with. They were an integral part of the family scene. They were there when we needed them and vice-versa. With tears in my eyes, I tried to compose myself. My parents were both outstation. I woke my brother, Shival, and informed him of the dreadful news. He was stunned too. As we dressed, we gathered a stethoscope, blood pressure set, pentorch and glucometer. We sped towards their home which was just a ten-minute drive away. As we ran up towards their bedroom, we heard Aunt wailing and screaming, "Wake up Rajan, wake up!"

My heart was pounding and I was perspiring. I was soaking wet. The tension was rising.

We drew close to Uncle and felt for his pulse. I was not sure if I felt anything. I then felt for the pulse more firmly. I soon realised that I was feeling my own pulse, which was now racing, just as we were racing against time. We realised he was going or almost gone.



My brother and I lifted Uncle from the spring bed and placed him on the firm ground below. We started to provide cardio-pulmonary resuscitation (CPR) which we had been regularly trained at for, in our Medical College. We continued CPR for some time.

I took out my pen-torch and looked into his eyes. Both pupils were fixed, dilated and non-reactive to light. I then tried to auscultate for a heartbeat which I did not hear. My emotions were trying to get the better of me. I wanted his heart to beat but was not hearing one. I wanted to feel his pulse pounding but did not feel one. My brother was much more assured that there was no heartbeat. As routine procedure, we tried to obtain his blood pressure. It repeatedly showed '*error*' in reading.

I was not too sure whether to tell Aunt that he was gone. I checked and double-checked my findings many times more. My brother repeated the rigmarole of confirming that there were no signs of life. I finally mustered enough courage and with trepidation told her and their only son, that Uncle was no longer with us. Aunt became hysterical. She wailed, "Shakil, he is only sleeping. Wake him up!"

She was not prepared to accept reality. It was difficult for her, as only a few days ago he was given a clean bill of health. Maybe she did not believe

it, coming from a final year medical student whose growth she had witnessed since he was just a baby. She did not want to face up to the death of her husband of three decades. Most in her shoes would have done the same. I hugged her, pacified her, consoled her, and wept with her.

I called for the ambulance which arrived almost immediately. The paramedics, accompanied by a doctor, came and examined him. The Electrocardiograph showed a flat line, confirming that Uncle was dead. It finally dawned on her that he was gone forever.

My brother and I were left with Aunt and her son in the middle of the night in the palatial bungalow house. It was eerie and dreadful, nothing moved for a few minutes. Excruciating silence prevailed. Uncle laid still, looking at us. I felt him looking at me and imagined him saying thank you and wishing me Happy Birthday. Tears freely welled and flowed. We sank to the cold floor to seat ourselves. We tried to regain composure to plan for the funeral.

We had to ring all the kith and kin in the wee hours of the morning to inform them of Uncle's untimely death. I then accompanied another one of Uncle's friends and my brother to the police station for a burial permit. The police needed a lot of information and details of Uncle's medical history before they agreed to issue one; we had to spend more than an hour at the station. In such times the wait can be agonising and traumatising. The police were conducting their duties professionally. We then had to get to the newspaper office to publish the obituary. Funeral arrangements were then set in motion. It was a learning experience.

We are trained to be doctors. We see many neardeath scenarios or dying patients very often in hospitals. Most resuscitative measures appear futile, but we do not give up hope as we want a positive outcome. We are left emotionally drained after such an adverse event. Such experiences, however, still would not prepare us to deal with the infelicitous events involving our loved ones. Facing up to death is not easy. Trying to save a dying individual, especially one close to you, may leave scars for the rest of your life. I was just getting over the death of another uncle who virtually died in my arms just months ago. But as future doctors, I hope we can develop our inner strength to persevere in saving lives and endure the accompanying emotional turmoil we are faced with. We have to, in order to become successful doctors.



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## **ERadicate AIDS & Stigma =** Equality (ERASE)

n 7 December 2014, our MMA student members or SMMAMS, made a pledge that many of us wished to have done just as much. To honour International World AIDS Day which falls on December 1st annually, these young healers-to-be had focused, partnered and strived to achieve an AIDS-free generation. The project, codenamed "ERASE" and initially launched by the Medical Faculty of University of Malaya (UM) in 2012, saw UM partnering with SMMAMS and the Standing Committee of Reproductive Health including HIV/AIDS (SCORA) in their third, and biggest scale of advocacy on HIV/AIDS.

Despite the numerous campaigns held globally and annually, HIV patients are still living with stigma and discrimination from the public

ERASE is the abbreviation of "ERadicate AIDS & Stigma = Equality". AIDS, in full is "Autoimmune Deficiency

Syndrome". On the other hand, HIV or "Human Immunodeficiency Virus" is the virus which destroys the human body's immune system and causes AIDS. HIV-positive is different from AIDS; HIV-positive will lead to AIDS but they are not equal, which is one of the information that we wish to deliver to the general public. Despite the numerous campaigns held globally and annually, HIV patients are still living with stigma and discrimination from the public. People often relate HIV to free sex or homosexuality, which leads to more stigma and discrimination.

Also, most people do not really care about this, simply because this has never happened to them or there are no HIV patients living around them. This phenomenon clearly pictures how ignorance is still dominant among the people. Therefore, our campaign aimed to educate the public about HIV/ AIDS whilst also letting them know how it feels like to Kuala Lumpur Railway Station. There were over 800 participants who took part in the run that Sunday morning.

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> The day followed through with an exciting and information-filled carnival on HIV/AIDS. It was a pleasant event as I had the privilege to personally witness how well the general community mixed around with their fellow HIV patients.

> The following is a short feedback from the Student Organising Chairperson, Ms Cheryl Chia Hau Yee:

> "Our theme for Aids Awareness

Month 2014 was Hate the Disease, Not the Diseased. What we were trying to do was to educate the public about HIV and AIDS before they are afraid of it. Hence, we had a lot of booths, games and poster presentations on our event day, all with educational purpose.

We were very lucky to have collaborated with SMMAMS in setting up the educational booths with advocacy materials fully sponsored by SMMAMS. It was great working with a group of passionate medical students like them, as we all bear the same

be one of the HIV patients through our media productions.

This year's project involved other collaborators like *Keretapi Tanah Melayu Berhad* (KTMB) and *Hospital Sungai Buloh*. The highlight of the project was a 10-kilometre run for ERASE, which took place around *Taman Tasik Perdana* and the Old social responsibilities together, which in this case is to raise awareness on AIDS and HIV among the public.

The event was a success and all the objectives were well-achieved. ERASE is looking forward to continue raising awareness next year, and also to work again with SMMAMS."



