Chronicle of a Thai hospice

or

Secret door to the mystery of Thai culture

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To Oscar, who was born the same day as this book. May he be passionate for human differences and for kindness.

INTRODUCTION

This is not a work of fiction. It is an account of true events from between 1996 and 2004 at the hospice known as ‘ Wat PhraBatNamPhu’ in Lopburi, Thailand. I have been privileged to witness it over 3 periods ; first for a few months in 1996, again in 1997 and then later for the five years since early 2000.

Paul Yves (M.D.)

Note on the English Translation: The target readership of this account is international. While the translation from French is true to fact the style of writing in translation is sometimes more simplistic. The reason for this is to allow greater understanding of complex issues for those readers who don’t speak English as a first language.

Ginge (translator)

PREFACE FOR THE THAI CITIZENS

There are already many hundreds of thousands of deaths on the battlefield. Many millions more Thai citizens are tottering on the brink... Thailand has never confronted such an enemy since the Burmese attack of a few centuries ago. We must be realistic. A defeat would mean an Africanization of Thailand and the loss of Thai cultural identity due to physical weakness. It would also mean the loss of Thai regional and international influence to the benefit of the strongest nations of the world who know how to deal with the AIDS pandemic. AIDS is an absolute priority for the politicians, teachers, monks and doctors of Thailand.

Thai elite have already done the essential work. The medicines are available. Finances are already organized. The intelligence and the expertise are not lacking…

Now the middle classes must be woken up by the war and overpower their infantile fears.

Now the monks must be woken up by the war and protect Thai moral and cultural identity. Misunderstood approaches to prevention could result in an Americanisation of Thai culture.

Now the teachers' must be woken up by the war and teach the children that one can never by-pass the science, especially when the rules of science are strict and must be followed for prevention and treatment of AIDS.

Now all doctors have to accept the ungrateful task of organising the battle, without fears, without discouragement and without truce.

I hope that my book will help Thai citizens to focus on this topic of the highest priority.

PART ONE

TRAVELLING IN THAILAND.

TWO FLOWERS IN KHORAT

I was in Khorat for a night. I walked, aimlessly. Tired, I sat on a garden bench in a peaceful temple. Waiting for nothing, I was contented by the calm. I was a tourist. I was simply trying to forget the fatigue and the stress that had made me leave the west for a few weeks.

Suddenly a small girl appeared in front of me, her arm outstretched, she offered me a white flower. Blushing with shyness and gratitude I took the flower, but as I stood up she ran off and hid herself behind a bush.
Bewildered, I noticed the arrival of a second small girl, beautiful and smiling as the first. She, too, offered me a flower. This one was red. After I took the flower, she too galloped off to the same bush. After a few seconds they moved away, running and laughing as night began to fall. Standing with a flower in each hand I felt dazed, as if I were an idiot who had just received the virgin Mary's kiss.

This story happened in 1984. It taught me the beauty of gratuity and gave me a certain idea of kindness. I was touched to the roots. Since that event I knew I could never be fully happy in my country again.
I was 25 years old and had just finished medical school. I know today that without those two flowers my life would have taken a different turn and I wouldn't be in Thailand.

To be honest, it was not just the enchantment of this story. Everything in Thailand astonished me, intrigued me; I realised over time that this country was rare. More and more I realized that, beneath its conformist exterior, Thailand was capable of teaching us most efficiently that we, in the West, are wrong in our evaluation of quality of life and that we fail in our search for happiness.

India, for example, is a marvel to us in terms of values and differences. Yet in my opinion India can't begin to compete with Thailand with its seductive capabilities. India changes us by wounding us.
Thailand changes us with its sweetness, but it is a violent sweetness. For there is violence too in Thailand. I will reveal some of that violence to you.

FREEDOM IN THAILAND

Through good fortune I have been able to live without needing to earn money since I was 35. This gave me two possibilities : to continue work and try to become rich, or, to seek freedom. For me freedom was a greater seductress than gold.

Incontestably Thailand is the country of freedom, and I don't only mean this on a political level. The Thais are free within themselves. This is visible in every sphere of life. It is a specific way to engage themselves and to deal with fears… You realise it as soon as you drive out of Bangkok, as soon as you enter into conflict with a Thai, as soon as you want to bind yourself by conjugal ties with a Thai lady.

Gradually, however, the growth of the cowardly middle class is causing a change in attitude. It has emerged everywhere, seen in tight skirts in which no one can walk normally, in boring ties, in the very white socks that boast the luxury of air

conditioning... The less free Thai middle class having deprived itself of any creativity has become boring. Actually it doesn't matter, because these unsmiling people will ignore foreigners if we are of no use to them (if they don't want to improve their English for example).
(In fact one of the secrets of Thailand's seductive power is that the white foreigners (they are known as "farang") exist for the upper or lower Thai classes, not the middle. In Calcutta or Tehran, the only ones who talk to us are from the middle class.)

I digress from the topic of freedom:
In 1996, when I considered starting a new life out of the West, it was out of question to go elsewhere. But Siam is as big as France, so I let destiny determine my path. It chose for me a one-way journey, a sort of cul-de-sac, a swamp that inhales in to its belly the over sensitive souls, a trap.
Only a few days after I reached Bangkok, my life took an unforeseen turn and I was stripped of my freedom.
It was not until 2002 that I was able to regain a psychological sense of liberty. This was thanks to a Thai child who died of AIDS in our ward; it was he who made me understand that it was my morbid Western sentimentalism that had deprived me of my freedom.

Thai sentiment manifests itself differently than that of the West. It can be seen as a cruel master, but, the Thai slaves change their master as often as they change their pants!
There, sentimentalism is a party game abandoned when it is time to eat. They use sentiment to serve themselves and leave it when they don't need it anymore.
Whereas in the West the tyranny of sentiment is found deep-rooted in our neurons tying us up in its morbid requirements.

Nearly all westerners are slaves to it, but fail, through lack of humility, to recognise it.

THE LOPBURI HOSPICE

THE TEMPLE

The temple-hospice which I will describe, Wat PhraBatNamPhu, has, by unit volume, more harmful microbes than any competitor. When I arrived it appeared to have an aura; the buildings and people mysteriously illuminated, imposing a silence and anguish upon its visitors. Microbes...microbes, they were everywhere, from tuberculosis to 'flu, from staphylococcus to treponeme pale. Worse still, there are the hundreds of other germs, almost unheard of, since they are only found amongst those who are severely immunocompromised.

Originally a Buddhist temple Wat PhraBatNamPhu has become, through some vagary of history, a hospice. A place where living AIDS wreckages, already rotten, are discarded. It is an eccentric arrangement for European eyes. Of monastic past there subsists only the superior and a few monks. They are generally HIV-positives, valid enough to be assigned to the offices of funerals. This 'temple' looks more like a holiday resort, with little cottages laid out around an exotic garden; except here people come to die.

Generally, patients arrive in the ward and die within a few days. Some are not so fortunate, their symptoms might improve and they must wait. The cottages are there for those with a longer wait. At least that was how it was when I first worked here in 1996.

Some die on the day they arrive, sometimes from psychological causes. If not, then they die from the rotten air of the wards.
From the moment of admission, one's prognosis becomes bleak. The air of the wards is so contaminated that anyone with advanced HIV infection must lose hope.
But, and I insist on this point, the psychological shock can be sufficient to cause death.
When a patient arrives, he must first go down a corridor in which there is a stock of seventy coffins; empty on one side and those already inhabited by corpses on the other side. The pickup truck to the crematorium comes twice a day. The patients see this before they are even admitted to a ward, a ward full of hopeless cases... I have seen some patients die, not in the first hours following their arrival, but within minutes! A few stick in my mind; As they approached what would have been their beds, they suffered cardiac arrest before even getting there.

Death comes in like the tide. She erases bodies like they are sandcastles on the beach. Sometimes they fight, sometimes they are killed by surprise.
Sometimes there are weeks in which no one dies, even those who should die, who defy the rules of life. There are other days when seven, eight or nine pass away.
They die in waves, peaks and troughs.
At that time the prevailing trend was for us to lose a whole third of the ward in a single week. The turn over of patients was very high, yet the ward would still have more patients at the end of the week than the start because they were being admitted continuously, also like the tide.

CHAMPAGNE

Soft death, brutal death, painful death, sad death... almost always unjust death. Dead from misunderstanding love, from having trusted, from being ignorant; or, too often merely from having obeyed the conjugal duty. Even though they are dying from an illness of love they die alone. Not one in ten has the company of a mother, brother or spouse.
At present there are more men than women in this hospice, but this trend is changing, as Thailand's wives contract their husband's infection.
The majority of them young, between 25 and 35 years old.

The procedure we go through after a patient dies is fast. The cadaver is washed, his orifices are plugged with wads of cotton wool, he is dressed in clean clothes, and then is put in a coffin taken from the stock. In the coffin the corpse has a new small pillow and a shroud made of raw canvas. On closing the coffin the cadaver is usually still hot from his fevers.

I remember one anxious mother's question as I started stuffing her son with the cotton wool, he had just breathed his last:

- Are you sure he is really dead ?

Too fast, yes, I acted too fast.

One time I was called by a French volunteer to see to a favourite patient of hers.
It was too late he had already suffered too much. But because he is still suffering, I decided to give him an injection all the same. However, on trying to turn over his body to administer the drug, he couldn't support it and simply died from the movement.

We were both very uncomfortable, presenting this distressing spectacle to those bedridden onlookers. Immediately we started to prepare his body for the coffin, thus turning the page as quickly as we could.
But the French volunteer, like the mother before her, said suddenly :

- Are you sure he is really dead?

And I answered miserably:

-Don't worry… If he wakes up, he will spit out the cannonball of cotton wool, "pop!" like a Champagne cork.

We both got the giggles. It was ridiculous, obscene…
Our laughter was cut short, as we discovered shamefully that we were being observed. A hidden Japanese journalist was filming the scene.

Yes, I was nervous, too nervous… In spite of months of experience.

THE EXISTENTIAL THRILL

To this day I have accompanied the death of over two thousand five hundred patients. I am never afraid anymore, but I cannot get used to it either.
In the first years, if they died in my presence, I usually prepared the body for the coffin myself.
These days I am less generous.

A few seconds ago that mouth was speaking to me, moaning, breathing. Now the only sound is the metallic noise of my forceps on his teeth as I fill his mouth with cotton wool.

A few seconds ago the only way I would denude his ass was in the case of absolute necessity, thereby respecting the thousands of rules of modesty and preservation of honour. Now I fill it with cotton wool.

The existential thrill. Mortals are the plaything of the gods. In the space of just a few seconds, the whole universe can topple in to metaphysics. Time is endowed with powerful resources.

…SLAVES & VOLUNTEERS…

THE SLAVES

This hospice has no official doctor. Where are the Thai doctors ? Of them I will speak later...
When I first came here in 1996, there was just one nurse (who spoke English), and a few 'slaves', who accepted their posts only as a means of survival. Will the Thais accept my usage of such a violent word as slave? I say "slave" because their social weakness, poverty and often their sheer stupidity is taken advantage of. For European ears, only the brutality of this word gives an idea of the reality. We are weaker than the Thais in this sense.

Sometimes there has been so much work to do that some of the HIV positive out-patients are required to help in the wards. If they refuse to accept the work they face expulsion, yet they have nowhere else to go.
These helpers will die quickly in the toxic environment they are compelled to work in. They don't have immune systems capable of fighting the microbes that enshroud the dying.

More astonishing still is that, despite the dangers, some perfectly sane, strong HIV positive outpatients choose themselves to work in the wards.
One of them explained to me that it was imperative for him to continue to make religious merit for as long as possible, knowing on the other hand, that he would succumb to death sooner rather than later. There are many good reasons, that have proved to me that a closeness with the dying helps heal the terror death can bring.

THE VOLUNTEERS

The lack of ward staff (about one tenth of what would be required in Europe) is so severe that there are procedures that I tacitly decided never to do. No feeding though a tube, no prevention of venous stasis, no appropriate quarantine, no sterilisation of dishes, and so on. We have limitations.

No, no-one would have refused to allow Western volunteers access to the wards. Volunteers who try to think they can be useful to the destitute. So they come, from everywhere, particularly from Europe, and particularly in the pleasant season (the one in which they sweat less). Some come to solve their own problems, of narcissism, or of religion. Some come out of curiosity or to add a line to the *curriculum vitae.* Here 'humanitarian tourism' rages. It has become a trend for us, a need, much as sex tourism was a few years earlier. Perhaps it is not we who are disrupted, it is our society.

The non governmental organisations, the professional 'humanitarians' are less naive. "*The management of money and distribution of power is not clear enough*" they might say, as if to apologise for not helping those who are already dying.

Most of the volunteers don't speak Thai. Could they learn on the job ? It appears difficult, and people who have stayed working on the ward for two months tend to leave with only about ten Thai words and even these they pronounce incorrectly.
Most of us overestimate our strength or potential utility. Most underestimate the difficulty of the work. Some, though fewer, underestimate the repulsive nature of the work (the foul odours, the feeling of powerless in the face of pain, the hideous look of the skin diseases, the physical risks, the enormous symbolic power of impact of death…)
So, many of us don't stay long, they make their excuses and leave taking their snap-shots with them.
Others stay on, but then refuse to do the hard work (to be blunt, dealing with vomit and shit), or put in an appearance for just a couple of hours each day.
The ward is organised regardless of the presence of volunteers. Death continues regardless of mood or volunteers' whims. The slaves trudge on even if the volunteers don't.

But, occasionally there are volunteers who stay longer and make themselves precious. Generally they arrive alone, and are not fully conventional (damaged, homosexual, artistic, very rich, debauched, wasted...) To settle in such a place without salary one must be a little if not totally mad !

Actually, these volunteers often have a heightened sense of autonomy. This hospice, contrary to that of Mother Teresa's in Calcutta is not Christian and is not known by the Western Christian network (and its inexhaustible supply of volunteers). Those who remain here do not come for God or to create an impression in their parishes, and are more prepared to act with total gratuity and without any thanks.

On the whole the work is the same as that of Mother Theresa's. I have worked in both places. Volunteers help the workers wash bodies, massage, comfort, feed... Some, clean away the excrement, mop away the vomit, change the beds, clean the urinals and so on.

UTILITY

One day, curious, I asked the nurse what she thought of the western volunteers. After brief consideration she answered that she would like it if there were more of them.

- *Why?*, I asked her, *We don't even speak Thai!*
- *Because you are not scared!* she answered.

Suddenly I realised something important: Westerners, who fear so many things, don't actually fear contracting HIV. They treat the patients with the proximity for which they hunger so. Each week hundreds of Thai visitors come. They may give money, fruit, a kind word, but, they are terrified to approach the patients, and it is obvious.
The whole nation is in a state of terror, this is the result of poor HIV prevention tactics. Those same people who come to the hospice to make donations are the same people who would discard their HIV positive relative the moment he started to have visible symptoms. Thus, the volunteers provide something that is irreplaceable: human contact.

I decided to act upon the nurse's teaching, by practising that which makes me useful: touching the patients. Touching them as often as possible, without wearing gloves.

- You dared to touch me, you, you dared to touch me… Oh… Doctor…

One patient said, she began to cry. And others have reacted in the same way. In need of touch.
There was another fearsome patient, covered in wounds, with bones exposed in three areas of his body. He waited for me, and then said :

- Permit me doctor… permit me to touch…

And he stroked my forearm, with his right palm. His eyes were moist, his throat tight.

The Thai workers, immersed here for years, don't dare to do what we, the 'farangs', dare to do from the first day. Touch. I know that psoriasis and eczema are not contagious, that scabies isn't very dangerous, that herpes will never manifest itself as much more than a cold sore on my body. I know that I need not be afraid of Karposi's sarcoma, of the spectacular ugly generalised allergies on the skin (Steven Johnson's Syndrome, Lyell's...) of other alarming necroses. I know that usually there is little to fear in simply touching a patient.
My only fear was tuberculosis. I avoided, as much as possible, to work without a mask. Then, I finally removed the mask, for the same reason I removed the gloves. And then, I caught tuberculosis of course. However, we can cure everything except HIV. And HIV ? We accept the risk, but know the risk is small.

SUSPICIOUS MONK

A monk moaned on his bed. He didn't like me. I assumed he mistrusted me because he knew I was absolutely incompetent. But that wasn't the only reason. He was one of those who, by instinct, mistrusted foreigners and because of this I rarely approached him.

He had been in great pain for a week or so, the pancreas perhaps? How could I know without a laboratory ? But I was unable to do anything for him, for at that time the medicines I had were still very inadequate.
Suddenly he called me. I took a big handful of cotton wool and moistened it with very hot water. With this burning mass I massaged the suffering flesh which still served as a tummy. I massaged his temples, and dared some simple words:

- Calm yourself. Stop fighting. Quiet yourself.

Slowly his pain decreased.

- Be quiet. Stop fighting. Let your body go…

His breathing changed. He tried to say "*thank you*" in what he thought was my language and died in my arms about fifteen minutes later, under the look of an astounded American who having just arrived to volunteer thought, as everybody, that he wouldn't die quite yet.

- …Be quiet. Stop to fighting

I had learned the strange power of compassion.

DOCTOR? ALAS.

THE PAPUAN

When I arrived in the hospice in 1996, I was totally naive. I came with nothing; no money, no medicines, no wages with which to employ people, nothing but a photocopy of my diplomas.

They were the cause of my misfortune. From the very beginning my job was a little different from that of other volunteers. Volunteer yes, but with ethical duties attached. I was condemned to play a role which didn't satisfy me.

I quickly realised that my function must be, on the one hand, to help patients die more comfortably; but on the other, to recognise in other patients their potential to live for months or even years with just the cheap and available medicines.
To fulfil my first duty was relatively easy: symptomatic medicines, conversations, massages and nursing care made me directly useful.

In my other role, I found it harder not to make mistakes. If my victims didn't die immediately from a bad medical decision then they could end up with a long and agonising death as a result of my attention.
There have, alas, been some astounding victories to absolve me from these cruelties, a few brilliant victories. On occasion I was able to restore months or even years of life to a few miserable wretches. Sometimes those beautiful years or months can be appreciated more with the foresight that one's time is short.

Of course, I only had the power that was granted me. My knowledge of Thai culture assured me I couldn't ask for more than that. I had been taught a trick whereby I wouldn't abuse my Thai hosts : always to imagine myself a Papuan doctor offering his services free of charge at a hospice in... Berlin, for example. It couldn't be easy ! And the Thais have more right than the Germans to be racist and proud of their identity.
To get any bargaining power I had to enter the hearts of the Thais.

In the beginning I was pitiful. I was given a room to share with an HIV positive monk, whose flesh seemed delightful to the voracious mosquitoes. Each one I crushed left the stain of blood, his or mine ? I don't know.

Over the months I have been presented with many medicines to use in the wards, things have improved. But I have never been fortunate enough to obtain morphine.
After seven years I still don't have morphine with which to treat my patients, but we witness more than 500 agonizing a year !

I have been able to inject more and more drugs, both palliative and curative as time passes by. I have taken risks when there have been no other reasonable alternatives, with no laboratory to make sure diagnoses.

It only took me a few days to discover I was not clever enough for such duties. My patients were suffering from incredible and strange illnesses. I had never come across most of those illnesses before, many of them, with bizarre names, are very rare. Conditions like 'progressive multifocal leukonencephalitis', 'vacuolar myeloneuropathy', 'inflammatory demyelinating polyneuropathy'…
Initially, of course, I was very very confused!
I even came across unknown illnesses. I listed some syndromes for which I invented names since they seem to have been ignored by the medical literature. 'Moult syndrome' to distinguish from 'Lyell Syndrome' and 'Superficial Staphilococcal Scalded skin Syndrome'; 'Spastic Tongue Syndrome', 'Black Syndrome', the terrifying

‘Cochonoma Vaginalis’ and ‘Cochonoma Penis’, and other horrors of which no textbook speaks.

MEDICAL CORPS

Confronted with this rich palette of symptoms, I was surprised at the attitude of the Thai medical corps. In Europe or the United States any university would have been eager to research these fascinating cases, to enrich the world of science. In Thailand there was none of that. But instead, the researchers of the prestigious Thai universities prefer to complete western studies of antiretroviral treatments rather than this concentration unique in the developed world of rare conditions.

Many of my patients arrive after treatment from large provincial hospitals, or even units of academic hospitals. Usually without a referral document, but occasionally a laconic letter :

> - Symptomatic HIV-positive patient with pulmonary tuberculosis.
> Best regards. Dr x.

…And it was up to us to try and understand why the patient was paralysed on both sides, blind in one eye and incontinent in both sphincters!
Without X-rays, lab or specialist to assist my diagnosis, I have only smell, sight, ears, intuition, experience…

At the beginning I panicked, and often I decided to send patients to the nearest hospital.
How naive I was! The patients would be sent back to me immediately with a sachet of paracetamol and no letter of

explanation. I was led to understand by this that a tourist doctor should keep his nose out of officialdom.

I thought there might be more hope for a patient who was accompanied by his mother. I implored the mother to intercede for her son with the help of my referral. They returned within a few hours. The mother, in tears, explained that he had received no examination, my letter had not been read. They had merely asked him to sit on a stretcher ; since he was suffering from peritonitis it is not surprising he was unable to do this. The hospital doctor, whilst filling a sachet with paracetamol pills, said,

> - Oh, I see... two pills three times a day. You can go back to the hospice

I thought the doctor was acting like that because of me, not the patient. Acting like that to teach me a lesson, I thought about the Papuan doctor in Berlin…

I thought they would appear one day to take charge of my duties and that would be the best solution for both patients and me. I don't like the work I do nor do I see myself spending my life in such place!
Seven years later and still they have not come to take charge of my duties. I had undervalued the problem.

It was not only me who displeased them . Some doctors from the local hospital refused to take charge of patients from other hospitals which had sent their patients to our hospice. Aside from that, the financial responsibility of accepting patients from distant provinces created further complications.

There is one further essential cultural aspect to understand. Some Thai doctors are very good physicians only if they are not required to lose face or admit failure. By and large they are unable to publicly accept that sometimes they might not know the answer. Thus, they don't like clinical surprises, however, with AIDS such surprises are commonplace !
In all the hospital transfer letters I have read I have NEVER seen one in which a doctor admits he didn't know why attempts at treatment had been fruitless, or, that he didn't have the experience to deal with a particular patient.

There was a patient who had been suffocating for a fortnight, he was blue. The Bangkok hospital in which she had been treated did not condescend to inform us that they had already unsuccessfully try to treat her for pneumocystosis. The referral only mentioned tuberculosis and AIDS. As the patient was blue, still suffocating, yet still alive I had a challenge to deal with. Without the benefits of X-ray the most sensible approach was to start by treating her for... pneumocystosis. Of course the patient deteriorated. Four days were lost to finding out what they had known but not told us. Four days in which I could have attempted an alternative treatment. Four days which may cost the patient her life.

Headaches, disseminated ganglia, rashes, evolving paralysis and so on... All of which could been dealt with so much more effectively if only there was a serious referral letter. Most patients bring no referral letter at all.

It is not always like that, and there are hospitals who go to considerable effort to help their AIDS patients. There are doctor heroes who will create miracles out of what is available to them; those who would rather humiliate themselves by

treating their patients, than abandon them in Wat PhraBatNamPhu.

In other words, we can divide the doctors in Thailand in to two types. Those from the intelligentsia and upper class (of which we will talk later), and those from the middle class. It is they who, because of that advantage, are so paranoid about retaining 'face', but are also so afraid of AIDS !

Sometimes you will find the two types in the same hospital, and then it is simply a lottery for the patient. Once, they may be humiliated by the doctor who asks with considerable irony:

> -Why don't you go and see your excellent foreign doctor who you speak so nicely of, but who only passes you on here!"

…whereas, another time the patient might be fortunate enough to receive compassion and a comprehensive examination. One can imagine the anxiety a patient might endure when I tell him he must go to the hospital for one reason or another.

Yet I still send them frequently of course, though not for the same reasons as in the past. Things have changed since 1996. And since I feel less disappointed with all those rare illnesses, I refer patients for less stupid reasons than in the past. I no longer send the despairing cases unless the patients request it; those of whom only 20 kilos remain, or the paralysed patients of which we have so many.

WHY STAY HERE?

In fact, I don't understand how I can still survive in this hospice :

- The doctors don't like me and won't answer my letters concerning patients.
- The patients like me, but don't respect me as much as my Thai colleagues, since without the benefits of a lab or X-rays I must accept that I make mistakes.
- I am not paid.

- I only have a tourist's visa therefore must leave the country and pay every three months in order to renew it.
- I compromise myself in the eyes of those who judge me on the arguably dubious reputation of this hospice or the gossip surrounding the abbot.
- I am destroying my health.
- Etc. Etc.

Another story which made me ask why I stay here:

There was a dying boy with rheumatic pains, long since bedridden, but not yet in agony. This young man was fortunate enough to have his mother at his bedside, she requested that I gave him an injection to enable him a comfortable night. Thus I administered an anti-inflammatory at around 10 pm.
At six o'clock the next morning the patient died.
Every morning I begin my day by lifting the covers of the coffins to see who has died in my absence. On seeing the boy in the coffin I was astonished. I had not foreseen he would die so soon.

Before I had even closed the coffin I noticed the nurse running towards me. She told me the boy's mother was hysterical and shouting that it was me who killed her son by the injection of the previous night ! The nurse wanted to ensure I was not hurt by the accusations and assured me that all the workers were united in wanting to have such lies denounced.
In fact, my injection could not have been the cause of death.

However, there was much heated debate on this issue between the workers and the boy's mother. Only I remained in silence

as I tried to reflect on how I would react if my son or daughter had to die in such a way.
If I had done nothing the mother would have accused me of inadequate care.
This is our field of work. Such risks prevail when there is only one doctor.

Yet I loved the support I received from the staff as they defended me. The nurse had displayed more emotion than is normally culturally acceptable. I understood that day that she valued me and I began to understand why.

There were only three of us permitted to inject medicines ; the nurse, her assistant and myself. Without an order of a doctor, they had both long since refused to inject through fear of such an “accident”.
(I will later experience, under the eyes of thirty-five dying, a patient's death during my injection).
That a poorly administered injection can be considered in truth or otherwise the cause of death has a major impact of the psychological make up of a hospice where, evidently, those who want to die as soon as possible are rare. There is such promiscuity between the patients that such suspicion plunges the community of the dying into a sea of mistrust that can last for few weeks.
Imagine :

> - What ? How can the people responsible for helping us to survive also be the ones able to kill us with such clumsiness ?

If one exists in such apocalyptic conditions it is difficult to understand the way in which the hospice community can digest these sort of accidents.

It was this position which allowed the nurse and her assistant to be relieved of any shame and guilt. They knew, of course, that sometimes, often, a last grasp at a medical challenge deserves, by simple humanity, that we ignore the risks of a anaphylactic shock!
They were aware that sometimes not to inject an antibiotic to a patient unable to swallow pills, might be to condemn him to death. Thus, they were right to defend me, to protect me. To leave it to me to make that condemnation.

We are not providing the sort of palliative care whereby we can hide behind morphine, or where numerous qualified and healthy staff can protect and isolate the strong patients from those at death's door. Here, every patient witnesses the suffering and agony of all the others. I knew a patient who watched six successive bed neighbours perish in the space of five days, before succumbing herself.

How can one describe this time bomb better ?
A family came to discard a hideous and frightening relative. AIDS patients can be affected by the most horrible skin diseases. This one was suffering from a generalised psoriasis not uncommon in AIDS patients. The patient also suffered from a spectacular secondary bacterial infection. His body was so inflated that his skin exploded in long fissures.
The diagnosis was simple and the treatment accessible, but owing to how he looked everyone believed the man would die in the following hours. Very high doses of steroids and antibiotics by injection quickly improved his condition under

the stunned observation of the ward. (Such anecdotes are very good for my image ! What a pity that they must all die without assuring the permanence of a reputation…)

At this time a monk was admitted to the ward with what seemed a thousand small ailments and an ulcer unresponsive to a impressive number of medicines, that he had acquired from God knows where.
He was frequently visited by another monk who would bring him additional medication administered in contradiction to all medical logic.
The bedridden monk requested additional treatment from me, which I said I would only provide on the condition he give up all self-medication.
Two days later he had still not complied, and continued with his mountains of tablets, capsules, powders and syrups. I was powerless to do anything, particularly when the protagonist was a monk.
Deng, one of our best workers understood the situation perfectly, and took it upon herself to confiscate his medicines. By then he didn't have strength enough for anger.
His friend, the other monk, however, realized the deteriorating situation. He become furious when he discovered simultaneously the health improvements of the other patients that everyone believed hopeless. He spoke so fast I couldn't comprehend him, except that he didn't appear kind in his attitude and seemed to be blaming me. Thus I went to check on the patient to ensure he had no serious new symptoms. No, nothing new. I left them to calm down. Meanwhile a nurse came to explain in simpler language that I was being accused of having stolen the monk's medicines, in order to give them to the resuscitated patients.

My blood turned hot. The shy have such mental structure that, when a threshold is reached, they become terrifying, ferocious, pitiless:
I opened the door, brutally grabbed the monk, jostled with him, shouting about his imbecility, spitefulness, ingratitude and ignorance, in language I didn't know I was capable of. I grabbed him again, while the worker attempted to hold me by the belt. He, the monk, of small stature, was afraid he would be eaten raw, and understood that he was wrong. He drooled some apologies. I did not eat him, and I contented myself with throwing him away.
The ward was in a state of silent shock, stupefied.
It was a scandal, sacrilege! To insult a monk in such a way was akin to trampling a dedicated host in the Vatican in front of the Pope !

I left the ward to cool off and meditate about the Papuan and Berlin.
Everyone perfectly understood that he was wrong, but, for me to jostle with a monk... ! I feared that the abbot, would decide to stop this impossible doctor from working.

THE STAKE

NIGHTMARES

When I had been in the ward three weeks or so I got accustomed to always being astonished. Nevertheless, somewhere deeper something cracked ; for the first time in my life I found myself not wanting to go to sleep. I was disturbed by nightmares :

I had been cast as the executioner, but my heart lay on the side of the convicted. I looked for a way to kill them that would cause the least suffering.

I knew that my time was also going to come and that I too would have to die according to the methods that I would have myself ritualised.

> … I line up the prisoners with a blowtorch. I adjust the length of the flame, following the orders of an unknown tyrant. The prisoners align themselves without complaining.
> The condemned climb upon the scaffold one after the other. A noose falls from the sky from which the prisoners' would be hung. A prisoner tries to make it slip to the level of his thorax but an executioner readjusts the noose on his neck.
> Suddenly a huge stake appears from nowhere. A stake suited to a crucifixion, it tears into the poor prisoners thorax causing the blood to spurt…

When I awoke I was haunted by the dream and plagued by feelings of guilt and powerlessness. Why had I not attempted to kill the tyrant ?
Formerly the nightmares were very rare and I didn't take them seriously. But they became more and more frequent until I was having them almost daily. I discovered then my psychological fragility.

I decided to isolate myself for a few days in Bangkok to think about it. When I got to Bangkok I realised, to my surprise, that I missed the hospice. Yes. I thought about its inhabitants with a passion. My sensitivity had been shattered. I felt I had reached a strange point where at last I felt kind, adult and full of curious powers.

Then I decided that, for the short and mid-term, my future was at the hospice, but that I would re-evaluate the situation in a couple of years.

The room in Bangkok I had taken had no window. It was a cheap, sordid room. There was a door that gives on to a passage, and another going in to the bathroom. I went to bed early, exhausted, and fell asleep quickly. I dreampt badly :

> … My room becomes a cage with bars by the bed. Ten shadowy figures come out of the darkness and move towards the bars. Three of them try to touch me. I am petrified. I am unable to shout out, however much I want to.
> As the shadows eventually start to go towards the bathroom my sense of reason tells me I am dreaming, that the room is not a cage, cannot be... These shadows must then be people actually in my room.
> I believe I am perfectly awake, when I think I can discern another dark shape through the open bathroom door...

Suddenly I recovered my mobility and jumped from the bed towards the light switch. I needed to be certain whether or not thieves had entered when I was sleeping, as had happened once before in the past. Nobody. I lay down again, deeply disturbed.

> … And I am convinced the shadow that had been unable to touch me through the bars is, obviously, the monk that had said “thank you” to me as he was dying.

> Now he asks me what I want as a gift. It confuses me, and I answer:
> "I want to be able to speak your language better and be less shy"…

The dream was intermingled with semi-consciousness and real gestures, I really had turned on the light ! It was completely without comparison with my real life. It was more like a hallucination than a dream. And if I didn't care for reason or modesty then I would admit I met a ghost. I'd admit I'd like to see it again, and next time I wouldn't be afraid.

> … I have been ordered to impale a convict, I know that I must impale him ensuring that the stake tears the aorta in a way he will die quickly. I show the onlookers how I operate because tomorrow they will have to impale me.
> I fear the lack of expertise and indifference of my future executioners, who pay no attention to suffering.
>
> My turn, and as I rise up on the scaffold I can here the moans of one not quite dead …

I became sick… mentally sick…

MADNESS

Encephalitis and insanity, they are daily realities in our ward. It can be so strange and troubling, that a brain within a few minutes can completely lose the power of reason yet doesn't disconnect with the senses.

There was one with whom I'd had jovial exchanges, who suddenly no longer recognised me. He threw his glass of

water across the room, and stood naked on the bed, ranting incoherently. The next day I became worried about him however, as he was by then reasonable again, able to listen and converse.

Later I was called urgently to attend him as he had become agitated once more. There was no way of controlling him and there were suggestions that he should be tied up
A small man, I could easily pin him down, and with a hand on his forehead I asked him in his own language:

- Kanit, what is wrong with you ?

He answered me quietly :

- I don’t know !

Then he became quiet again, allowed himself to be dressed.

Dementia is so close to reason, that the one who analyses or observes it can easily be confused. What is the difference between reason and deranged? Is it quantity or quality?

Some types of encephalitis provoke loss of inhibition thus causing vulgarity in its sufferers. Others may remain demure until the last day.
Then there are other rarer symptoms that just confirm our poor knowledge of the brain’s complexity.

There are bizarre manifestations.
A madman may recognise the symptoms of another’s madness, whilst still unaware of his own dementia.

To another, I throw a question on which his thought reverberates... and he answers with a word that he repeats fifty times, before being quiet.
Another might see me and no longer speak to me in Thai, but English, poor English, but English that a few days prior he was unable to speak. (A propos this point, we recognise that while many Thais have a good technical knowledge of English, most will have rarely used it outside the classroom.)

A patient had gesticulated to me wildly, and, when I arrived remarked of my watch :

- Cheap ! That's just a child's toy, not a genuine watch that you are wearing !

Then she added,

- But, your shirt is lovely !

THE LAW

The first time I arrived at the hospice there was a patient known as the Black Eagle, on account of a tattoo. There was an occasion he was strong enough to get out of the ward. To go out, be caressed by the wind, look at the colours of the mountains, the shade of the trees, breathe and smell nature. He would grin and almost laugh with joy. He believed that he might be able to live outside the ward for a while in one of the compound's cottages.

Then the Black Eagle dived again.
He was only skin and bones, after about ten days smelling like living carrion, he asked me to end his life.

I am a coward. Yet I would have liked to have taken some risks had I been alone, to reduce his suffering. But, I have a good excuse. I must consider the feelings of the onlooking patients.

I have another excuse, I am here illegally, still on a tourist visa. Officially I am not allowed to make injections or prescribe antibiotics. It is one of the reasons why I do not have morphine available.
Everyone knows that I do what most Thai doctors refuse to do. I have published articles in the 'Bangkok Post' and the Siamese 'Readers Digest', on this topic. My web site of course speaks of it, and now has a large international audience (up to one million pages viewed per year).
I have become known as a trash can in the AIDS network of Thailand.
I have tried several times, of course to change my situation but no one really seems willing to fight for that. Finally I understood that it was probably better to accept my situation rather than leave the patients to face their awful fates.
I chose illegality… So I am always vulnerable and can be kicked out at any moment by either the hospice, the health ministry or the immigration officials who hold my leash.

I accept this predicament because I know that in Berlin it would be worse for the Papuan doctor.
I am even happy that Thailand knows how to protect itself from outside influences. Can Thailand keep its subtle relationship with the law much longer ? Can this country continue to compromise much longer. It is blissful how it knows how to distinguish between law and the spirit of law !
The secret of freedom in Thailand is here as well: the Thais

unlike many westerners do not make any confusion between illicit kindness and crime.
In our medical practice it is common to commit a generous act which look like a crime:

A former professional sportsman who was twenty-five years old was admitted to the ward. He was very weak, but without any obvious symptoms. One morning his friends notified me that he didn't appear to be conscious. There was a rapid deterioration of his condition and before long he was in agony, barely able to breathe. This was against all my expectations. There was little I could do, but rather than do nothing I decided to give him a steroid injection. Clearly useless! But his friends were asking me to do all that I could.
The prick of the needle caused a faint pain reflex, but as I was about to discard the needle without injecting him, a friend shouts,

- he's stopped breathing!

Aghast, I even gave a small cardiac massage in an attempt to save him. Finally he died.
I prepared the body for the coffin myself, in front of everyone, as if on a stage.

This had long been my greatest fear, with regards relationship dynamics on the ward: death under the needle.
In this case I feared that the rumour of a medical mistake would spread among the patients. Their trust in me therefore being undermined. The effects could be long lasting, yet there would be no way to explain to them what they were incapable of understanding.

The reaction in fact was beautiful, sympathetic. His friends believed it had been a clumsy mistake, but said,

- Never mind, we know you did all you could.
- You must continue to work, the patients need your care!

Those dying in the surrounding beds remained in silence. The hospice community living in the cottages will never utter what they think in front of me, maybe they will never say anything only think in anguish.

BANAL STORIES

ISARA

The name “Isara” means “free”. He never knew his parents and was abandoned in front of an orphanage. He would probably die of AIDS in a few weeks, aged 22. He didn’t complain. He was clever. He was helpful.
Isara offered me a shirt. When I put it on I like the numerous compliments from the nurse, workers and other patients, spoken loudly so Isara will hear.
Isara fell madly in love with the most beautiful HIV positive girl in our community. Her rejection of him drove him mad, he withdrew himself into a depression and had to be admitted to our ward. He regressed, his only energy being used in trying to persuade us to let him return to the orphanage of his childhood.

Isara was not really sick, but weak. He could have lived outside the confines of the ward. But to do so he would have been obliged to go to evening prayer and meditation. The rituals take place up a steep staircase which he was unable to

climb. Isara was thus condemned, to catch a fatal disease from one of his bed neighbours. To die before he is due. The staircase to the Buddha's image took the tragic but inverse significance of the staircase of a scaffold.
Isara died within three weeks.

THE STRONGEST BARK

A series of unfortunate coincidences: The ward was so full the beds were touching. The new patient had to sleep outside the first night, not yet noticed or examined by me. A patient in the ward had died, so there was space for him to move in. However his file had not yet arrived, he didn't appear to need urgent treatment, he acted rudely towards my questions and because I was overrun with work I hadn't yet examined him fully. I postponed until the next day a more attentive analysis, also allowing for his file to arrive. The next day I was once more distracted by more urgent cases. The file of the new man still had not been given to me, he still seemed fine. I decided I would give him a full examination the following day.

That morning one of the workers took a stethoscope in one hand and me by the other and led me to the patient's bed. A brother of the patient was by him. He barked:

> - Why haven't you examined him? Why has he received no treatment? It's your duty, it is what you are here for! Why should other patients get preferential treatment?

I knew I was wrong, but his arrogance shocked me. Thus I retorted that his orders, opinions and rudeness were of no concern to me. It was for me, and only me to decide how and when I would examine his brother. That I was not paid for this shit work, and therefore had no duty to anyone. That if I

were to care for his dear brother, it would be by the pure chance that such an incongruous idea came to my mind…

For whom did this mutt take me? He must know that it is I who have the strongest bark!

Such an outburst did wonders to help me unwind.
This sort of anger in me was always provoked by the rudeness of a patient or one of his relatives. I have cracked on several occasions in the same way, though it has also caused me some inconsolable remorse. Of course I always tried to make amends subsequently. Sometimes it was not possible, I was too late and they died first. My conscience is still haunted by a very crude 19 year old whom I humiliated just hours before his death.

Sometimes I bark… and sometimes I am as smooth as a slug…

I was caring for a patient who probably only had a few hours to live. In those days I was still often patient, sweet and generous with the patients.
A girl came to watch me work. It was the beautiful girl with whom Isara had been in love. She said to me : ‘ I hope you will take care of me in the same way when my time comes.’
A little perturbed I replied, ‘your time hasn’t come yet.’ She answered that she was losing a kilogram each week now, therefore if she was to calculate how much longer she had...

70 EMPTY COFFINS

When I was about 12 or 13 years old I saw a war movie that ended with the execution of a group of resistors by the Nazis. The convicts advanced in single file towards a wall at which they would be executed. By this wall was a row of open

coffins, waiting for them. These living beings passing by the coffins that some minutes later they would fill was, to the child's eyes that I had, a worse torment than the execution itself.
In 1996 when I came to this hospice each patient who entered the ward endured the same torment. Everything here is so out of the ordinary that it was weeks before it occurred to me that this stock of empty coffins was a source of suffering. We are on the defensive when entering the ward, and as a result our unconscious swallows entire parts of reality, oblivious to the obvious.

Scores of visitors that passed through the ward have confessed to me that they had not noticed the coffins. Seventy of them ! It is too many.

BATTLEFIELD

Thirty to sixty deaths every month. It is not so much, other places are worse. But what is vicious is that most of those thirty to sixty have the time to reveal themselves to us, so we know them and sometimes love them. Before they depart, they plant themselves in our minds. It would probably be more comfortable to remove a hundred cadavers from a bloody battlefield in a single day. For, of those hundred cadavers, I would know nothing except their former beauty, their sex and their age. The thirty to sixty deaths each month I know by name, and their ghosts answer me in a unique tone of voice.

DEATH'S VULGARITY

Death is not an idea, an attribute of existence. Death lives, and I've met her.
On that day I was tending the wound of a man my age. It was caused by herpes. The man coughed, and spat out a large clot of blood. He coughed again, not so violently.

Then, a great black flow of blood that in a moment filled his throat and mouth, spilt through his teeth and nostrils.
His eyes were struck with terror, he was drowning and he knew it.
All he could do was vomit this stream of life out of him.
I grabbed his body to turn him and to attempted to empty his aerial passages.
His body squeezed against mine, in my arms. The hot deluge continued, on to the tiles, my feet, my calves.
I don't know how many long seconds the terror lasted.

Suddenly death emerged. She had been hidden by the blood. She sneers while touching me lightly, and the senses of the one that I carried toppled into the beyond. My flesh felt the precise instant in which his body of tense muscles became a soft ragdoll.
No, death is not the absence of life. It is this stake which runs through our breathless flesh.
Yes the stake is the only appropriate picture, the best metaphor of the uncouthness of rape.
The worker behind me screamed :

- Watch out, watch out ! Blood !

He splattered the viral peril everywhere. Each millilitre of this blood could kill a hundred soldiers.
Death stole the essence of that which I hugged; she left me an empty sack in my arms. I deposit the sack on the bed. Of his mouth, still some waves came out more slowly… Me… I was… I had never conceived that the death can work with such …vulgarity.
That time I left the cadaver for someone else to deal with, to prepare for the coffin. I was unable to walk properly. Twenty

minutes later my legs were still trembling. I hated the vulgarity.

CHILD'S MIASMA

Sometimes a child will come to die. There is something about a child's miasma, that a primitive instinct senses like perfume, a reason to love him more, a symbolism. The alchemy is perverse. It takes more to help an adult full of intolerable stinks, full of irreducible freedom.

KINDNESS

"... willingness is only good for servile tasks: it assures the correct practise of natural virtues which are pre-requisites for work of grace such as the ploughman's labour at seedtime. But the divine comes from somewhere else..."
- Gustave Thibon-

The power of kindness is immense and frightening. A few words or an affectionate gesture can be all it takes to make someone's last moments come sooner than expected. Kindness sometimes produces an essence that is able to kill. There are those patients who have entered their final agony, yet fight on. They will refuse to die, despite cold limbs and gasping breath. But then, a few tender words, a gentle hand placed on the forehead, and he can abandon the sack of skin and bones that he had hence refused to release.

A young man, who for weeks had been postponing his departure, was attended by his mother. She observed the death about her attentively. Every time she thought a patient was entering the final stages she would come and lead me by the hand to them. She believed my kindness could help people to die more easily. I believed it too. Simply :

- Calm yourself, don't fight it. You are not alone. Let's go there.

...And he left

Kindness requires an association of rare coincidences in order to reach the borders of power; to become more than a beautiful quality of the soul, without authority. We barely have a grip on those coincidences. Few receive them in their destiny.

So we content ourselves by being as kind as the next man. An inoffensive kindness we might show to an old woman, a blind baker, a depressed widower or a crying child.

We don't ask for miracles, because we believe that miracles are reserved for saints. But I can confirm to you that from the darkness of my ward, it is not merit or virtue that gives kindness her full power. I have seen some miracles, even produced some.
Context alone is not sufficient for creating kindness. A physical ability is required which is not connected with education nor cleverness or work.

Looks, words and gestures are the principal tools for making kindness. But the alchemy for creating kindness is so complex, so subtle, that is not in our mental capability to create it.

It is a thousand small muscular contractions perfectly co-ordinated through space and time which lends our eyes the expression of ineffable sweetness. Yes, here the face becomes a frame that exalts, even creates the stunning value of two eyes which can consume suffering flesh and transfigure it…

In the same way, it is the thousands of little nuances in the muscular contractions which perfectly co-ordinate in space and time to allow the throat and mouth to wrap every word with a stamp of ineffable tenderness. The stamp dilates the sense of the word and allows kindness to open its great wings

into the space of the sound. This stamp becomes for the word what perfume is to air. In the bottle perfume has but a chemical formula. The moment it leaves, the perfume suddenly inflates itself, exists, is an enchantress.

In the same way, thousands of little nuances perfectly subordinating one another in the contractions of the hand muscles (slowness, pressure, movement...) give the gestures an emotional value that transcend the acts they are meant to achieve.
Kindness can then literally flow from the hands, regardless of the act. To mop sweat, to moisten the mouth, to wipe away vomit, to inject, or merely to touch and be touched.

It is more complex still.
Context and physical aptitude are not enough. These are just the *'sine qua non'* conditions. It is also necessary that the desire of kindness is of a certain nature and once again we have little control of that. I myself have sometimes tried miserably to produce kindness with the simple moral desire to be so.
The product is an ersatz kindness which rarely dupes the dying. Nothing happens. Fake charity, fake kindness. Although it is almost systematically the fruit of a laudable effort, it is restored to the rank of a swindle, that would be realised by the dying.
Sometimes it manifests itself in a paradoxical anger towards the benefactor. More often, the dying contents himself by producing a compassionate smile (again a paradox!), because he also knows that to try to be kind by duty is a virtue.

From where does pure desire and true compassion come, that gives kindness its full power? I don't know. The source

seems to be located in me, but is not me. Neither ‘he’ nor ‘I’ seem to be sufficient to create such kindness; there is another variable not situated in either of us.

The sort of kindness that permits miracles springs from a desire that is unconditional. The suffering person need not to be beautiful, a child, of a certain sex, polite, clean, or even agreeable.
This kindness is not the love we give to a partner, a child, a mother…

- His ingratitude, his cruelty, his bad smell or ugliness don’t matter. They don’t matter “because he was him, because I was me”! (Montaigne – Essais)

Yes, love is beautiful, but it is reserved only for the one who is… my partner, a child or my mother. Love is easier than kindness because it is instinctive more than generous… But love, outside its realm is nothing but a word!

Ersatz love, ersatz kindness, powerless ersatz only confounds the suffering patient. The one who gives it needs to prey upon those suffering, a fact that he hides in his subconscious. He gives all his soul for that cannibal enjoyment. He is oblivious to the pain he causes, because he is so wrapped up in gestures. It is not the work of miracles, only immaturity, or even regression.

I have spent hours analysing the nature of the desire that drives kindness. It poses questions of what we generally know as love.

Western cultures abounds with mirages about love; mirages for which children and the insane pay the greatest price.
I have progressively demystified some of these mirages. (The children get revenge at least when they become teenagers and return their frustration of true kindness to us. But the mad, who are silenced and shut in, ‘for their protection’, oppress us.)

I realised that what I had understood as kindness was very close to what some philosophers and theologians today call ‘agape’… Something to do with the two flowers of Khorat as well.
Context, physical aptitude, desire. It is clear enough. I see that I am no longer responsible for ‘my’ kindness than I am the colour of my eyes. It is out of my control. All I might be able to do is refuse to let it germinate. However, this kindness does emanate from me. It comes from one place to go to another, its existence in my body is transient. I am the duct.

The gods are avaricious; like me they maybe afraid of so much power in our dirty hands…

PART TWO

THE LAST SPOUSE

LADY-BOY

In spite of the progress I had made in understanding this beautiful virtue kindness, I have been disappointed. At the start of 1998 when I returned to the hospice, after an absence of ten months, I found the quality of my kindness poorer than before and lower than what my heart expected. Of course I understood that it is not a fruit of will, but I thought I had been well disposed to produce it.
That week we'd had five or ten deaths. Nothing unusual, but, all those patients died without me.

After ten days or so, finally...
I was called by a lady-boy to be with her for her final jump. She'd been moaning for a few days, and no one had taken that much notice of her. She engendered feelings, even in the most generous, of physical repulsion rather than those of mercy. She had long, greasy hair. Her fleshless breasts sagged like two empty bags to the cage of her skeleton. Her skin hugged her skeleton as a penis would be by a condom, an immense black cavern served for her ass, a resurgent beard sprouting. She really was too ugly.

Yet, I was taken by the strange force that had seized me when I had previously worked at the hospice. I went to her. I sat down on the bed, allowed her to curl around me. Thus I was able to touch her, squeeze her, take her hands, show her tenderness :

- Let the fear go. Calm yourself. Stop fighting.

At first she was astonished. Her eyes were strange and perplexed in a way that is characteristic of those in desperate agony. Then she threw her entire body and soul into a supreme effort. She no longer looked at me, she looked at the stake that I could not see, terrorised. Her muscles were tense and her contorted body clutched mine as it would cling to wood in a stormy sea.
Her life had revolved around sexual anguish. Now that life dragged her through a storm of metaphysical anguish she associated with rape. Her eyes wide, her gaze fixed ineffably, like the statues of Phidias or the women of Delvaux.

Then she relaxed, admitted defeat. Game over.
The dogs of death surrounded her, snapping at her, on top of her. Death herself raises her hand for the final blow. The transvestite, the fool, stopped breathing.

I had only witnessed terror of this proportion once before, a year earlier. It is of note that these two patients were not enduring physical pain. They were only facing the ghost of death. Both of them saw it but on the far side of reality, that side which we are not privy to.
The other patient, the previous year, I thought had already dived into a coma.
A friend of his had just died in the same ward. The cadaver passed by his bed to be put in a coffin by the entrance. At that exact moment he straightened himself up, eyes wide, with slightly diverging pupils, his body tensed with the terror. The terror which is invisible in our world, except on the face of those coming out of a very cruel nightmare before they are

fully conscious. I held him, and it took a long time for him to finally relax. He died shortly after, while sleeping.

After the lady-boy episode, my body started to be able to produce a fair quality of kindness.

OXYGEN

We had run out of oxygen and would have to wait another twenty-four hours for more. It would cause unforeseen torment for those who relied upon it. An unlucky, slow death for some. Searching for air, Cheng came out of the ward with a force I didn't imagine he still possessed. Lowered at the foot of a tree he inhaled the wind, head drawn back, gaping mouth, like a fish out of water.

AN AVERAGE DAY

On arrival I noticed two occupied coffins by the door. One contained a young man of 23 years and the other a girl of 29. The one that the farangs called 'You', on the other hand, was still alive, despite our predictions.

A young volunteer, Noi, who would be my partner for six months was a bit sick, I took her to town to be examined at the hospital. Leaving her there I came back to my patients. Examining them I gave a score of injections. I then had a discussion with the nurse about the medical files.
On my way to go and eat I notice a team of journalists making a film in the compound. A French woman asked me to give her a lift to the supermarket on my moped. We arranged a time, then I had a nap, crushed by the abnormal heat for that season.
A Canadian volunteer woke me up to go and take a look at 'You', who was very close to his end. He was in great pain and the volunteer wanted me to inject extra analgesics before

going to the supermarket. I went to see him, and noticed that his next door neighbour was in his last throes, and alone. Thus I decided to accompany him. I took his hand, and uttered a few words which he was probably no longer able to hear. I mopped his forehead with a hot cloth and he finally died about fifteen minutes later.

Performing the normal ritual for the dead I plugged all his holes with cotton wool. With the help of one of the “slaves” I started taking him towards the exit where we normally laid the bodies in the coffin, when I noticed the reserve of coffins was empty. The “slave” arranged for more coffins to be brought, and meanwhile the body lay on his bed stuck between two others who were dying. He was so close that they could have reached out and touched him. They observed the cadaver with a metaphysical regard.
At the supermarket I mentioned to the French woman that it felt strange to be wheeling a trolley just half an hour after wheeling a body on bed towards a coffin. She said that life goes on... and then we continued to talk about which beers we would or wouldn’t buy.

Back in my room at the hospice I ate alone. It was five thirty, and the time when the sun casts the shadow of the crematorium chimney across my table. Outside, Ben, an HIV-positive worker who was still quite fit asked me if I had eaten yet. This is the ubiquitous greeting of Thailand. He came in to my room offered me a massage. Of course I accepted, but during the massage I found myself needing to redirect Ben’s wandering hand. He proposed, quite simply, to suck me, to kiss me and worse. I refused all his advances outright; because I was already tired, because I’m not really attracted to lady-boys and because I estimated that it would be,

strategically talking, totally inappropriate for a doctor to make love with his future patients.
After the massage I went to the hall where the HIV positive monks and patients still able to climb the stairs go for prayers. Fifteen minutes of gentle chanting in Pali (the Latin of Asia) and fifteen minutes of meditation in absolute silence.

After, I went back to the hall of death.
'You' was still not dead. Still suffered. I injected more analgesics, and injected doses of various medicines to other patients to help them through the night. A girl asked me for a drink, suffering, she had not yet entered her last chapter.
Work finished, I went back to my room at about 10.15 pm. Noi, on a futile pretext joined me, waiting for my advances and reading until 11.15. Then she let me sleep.
That night 'You' didn't die. It was the girl who had wanted a drink who returned her soul.

While I write these lines, I hear the monks chanting the death ritual. It is probably for 'You's' neighbour. She will be burnt in front of my room in an hour or so.

THE HABIT

The 'woman from Ayuthaya' was depressive. There is nothing more exhausting than a depressive patient: I'd rather ten cancerous than one depressive. I felt that, in spite of myself, the kindness that I gave her was feigned. She knew it, and stopped calling out to me. She sank into a deep melancholy, from which she died. The effect of total solitude is thus, despite my presence. My charity failed, I regret I couldn't be more sympathetic, but compassion can never be the fruit of will. I had lost the energy for a quest in vain.

Being in the habit of seeing people suffer had turned my heart to stone. I sought 'tricks' to rekindle my compassion. There was a chronic patient who looked like one of my brothers; every time I saw him I would think of my brother, this enabled me to retrieve so much energy that I was as zealous as before. I would search for the features of someone dear to me in the patients to fuel me. Another trick was to imagine a patient as if he might have been a child. Some of them had such purity in their outlook it was easy.

They were nothing but tricks. They don't last. I know I will feign kindness again. Soon my compassion will be without sentiment, nothing but cold reason…
I found myself increasingly infected by a sly, irreversible disease. I had heard of studies by psychologists and sociologists about it. They had analysed the executioners of Nazi camps, and of Phnom Penh. Some parallels with workers in hospices and ambulance drivers had been made.

"Auschwitz syndrome"!

It is almost as irreversible as Alzheimer's Syndrome. I am slowly losing the most beautiful aspect in me: my sensitivity to the suffering of the others.
…Soon there will be no more feelings in my compassion, only cold reason. With what will I warm myself enough in order to survive?

DEPRESSION

SOLITUDE

When I was a student I remember being overcome with emotion for an old man, who despite our advanced diagnostic

tools and testing apparatus, we were unable to diagnose with any disease. He was, however, dying.
Every time I went into his room and engaged with him for more than a couple of seconds he would start to cry. He would talk of his beloved wife who had died very recently. I was very young at the time, and I soon became scared to go and see him.
The old man survived a few weeks, then he died, all dried out, all cried out. Dead from sadness. I was reminded of him in our ward because of Wichai.

When Wichai arrived she was, of course not in good health. Tuberculosis and some other more minor infections had left her with around thirty kilograms of flesh to survive with. Yet agony still seemed far off. Wichai was a lady-boy, from God knows which part of the country side. Her parents had discarded her, but assured us before leaving that in the evening Wichai's lover would be coming to help us take care of her. That evening a superb boy of 25 arrived, looking alarmed. He went straight to his friend, and then finally came to find me to ask why she was here.

- She suffers from severe tuberculosis, not AIDS! Her doctor assured me, she is HIV negative! Why is she here?

It was 10pm. The nurse who admitted Wichai had gone home as usual at 6pm. All the confidential documents were of course locked up. I am not usually involved in the admissions procedure unless absolutely necessary.

I had never imagined that a HIV-negative patient could be admitted to the ward. So, I explained to the handsome boy

that if his friend had been admitted, then he must be… Oh, I didn't know what to tell him!
It is easy to imagine what happens inside the head of the one who learns that his partner of many years is HIV-positive. It was like walking between barrels of gun powder with a lit candle.

It had become all the more complex when Wichai pretended to ignore her HIV status. She affirmed that only her parents had known, but they concealed it until her transfer to our ward. In front of her boyfriend she had sworn that she was suffering from tuberculosis and was responding badly to the usual treatment

The handsome young man cracked-up, then left. Wichai, first discarded by her parents was then dumped by her lover. I'm not at liberty to judge the young man, his innocence, stupidity and presumably his life had been played with.
Wichai died ten days later, of sadness and loneliness, not tuberculosis.

DISCLOSURE

I'm not saying that Wichai lied. I can't be sure of it. But it raises the opportunity to tell you a true story which is far from rare in Thailand, and which petrifies the Westerners who hear it.

Mr X was in love, and even considering marriage.
Or, was it the lady in love with the gentleman? It doesn't matter.
Mr X promised the anxious lady that he would have an HIV test for her reassurance. So, one day he turns up at the office of a friend of mine, who works in an AIDS test centre. After

the normal interview this friend took the blood for testing asking Mr X to return three days later for the result.

On the day appointed he returned for the result. My friend's task wasn't easy, the result had come back positive. All the same she announced it to him with the tact and professionalism that I know she has.
Mr X turned blue, white, green, red… and finally conceded that he'd got what he deserved. He had received much pleasure without taking precautions.

What follows is the shocking part. Five minutes later my friend saw the gentleman gathering his wits with assurance and a smile.
He left the office and the nurse went to open the window to air the room.
She saw the gentleman call to a, hitherto unmentioned, girl waiting on a motorbike. She hears him shout:

> - Good news my love! I am negative! We can get married!

The nurse was powerless to do anything, her knowledge is confidential. She knew too, that a country where this kind of secret isn't respected would be worse for it.
Alas, I am assured by very reliable sources that this kind of behaviour is not uncommon in Thailand. Much more common than in the west and it seems entirely compatible with the enormous liberty that culture can give itself.

MISUNDERSTANDING

One of my neighbours tried to make me confirm her opinion that the patients at the hospice only have what they deserve. Poor girl, not only does she lack generosity, but, she ignores

that probably about one in three of the patients in wards came to be there because they followed their conjugal duties.

CATALEPSY

Those liable for depression start by sleeping more than usual. Then they begin to speak less. Then they stop speaking. They can speak, but they don't. They are perfectly conscious and sometimes will answer the questions put to them. The illness will gnaw away any desire for contact, personal initiative or even the will to eat unless someone compels them. That is depression.

Usually within a few days they reach such a level that we no longer fear they will attempt suicide because they no longer have the energy to act. I have read that depression can drive one into such dark regressions that movement ceases. Simply suffering statues. It is known as catalepsy. No fever, no tumour or wound, nothing, only mental suffering.

I saw four of them die in that way in the ward. Catalepsy got two of them when they discovered they would become permanently blind. Loss of sight is very common, we get a new case, or two, every week and there is little I can do about it.

The third was only 21 years old; catalepsy had been consuming him within hours of his arrival here. He was unable to accept his mother's rejection of him. (A few years ago one in five patients would receive a visit from a relative before they died. Now it is not even one in every ten patients.)

The fourth was a mother. She was dumped at the hospice by her children. She constantly put off her death. After three weeks the impatient family turned up at the ward for the first

time, like a reaper. After a quarter of an hour of fake smiles and crocodile tears they produced a wad of papers for her to sign, giving permission for the sale of her possessions before her death. Then they left, never to return.
The patient began speaking less, not really eating, not getting out of bed anymore. She assumed the foetal position, and the reflexes of a baby. Finally she stopped moving at all. Her eyes became vacant, all they revealed was the pain from within her, and she died from that pain.

THE ENGINEER

In the cottages of the hospice compound it is possible to live somehow for a few weeks or even years, and not be that lonely. Then, having reached 'his time' an inhabitant might enter the ward, and usually within a couple of weeks leave in coffin. He would receive a funeral ceremony the day after his death, and finally be incinerated in the crematorium that was donated by some rich Chinese.

Sometimes it happens that a patient disgusted by life will be admitted to the ward before reaching 'his time'. He will resist all rational persuasion, no longer caring. If, as usual, the nurse acquiesces and the ward isn't too crowded he would be admitted. Only to die from one microbe or another passed on by his neighbour, or, if not, from depression.

Among these desperate cases I remember an intellectual, though they are rare on our ward. He was still quite fit, but a little on the skinny side. Having heard and understood my arguments against his admission well, he was insistent that he would prefer to die.
On contracting a pulmonary infection I challenged him again

- If you want to die, that is your right. But, we should try, as much as it is possible, that it is not by suffocation!

He immediately understood my view, and therefore accepted my antibiotics. In the days that followed he spent much time sleeping. Two weeks later he died, but only of weariness, and without suffering.

MICHEL

At one time there was a particularly repulsive dying patient, known as Michel. He spoke English well, and was thus adored by the Westerners. At 26 years old he survived two months with us. He was a sympathetic man, and it was still discernible that he had been very handsome behind his encrusted skin of a centimetre thick.
A former prostitute, he seemed not to regret his past about which he liked to tell us, with brilliant eyes, strange but apparently pleasant memories. I have rarely met so serene a man in such tragic circumstances. I daresay that within him lay a restful joy akin to that of the sages.

What Michel had not foreseen was that his most debilitating illness was quite benign and curable. Within four days he had shed his crusty skin in the way one peels a chestnut. Without his crusts Michel was no longer a case for a hospice, and was handsome once more.
With a little re-orientation he could be discharged to return to his pranks, with his brain still intact.

From beneath his crusty skin Michael revealed to us what he described to us happily as his ‘love scars’
Michel had begun his career as a prostitute at the tender age of 16. It seems that the life pleased him, and that he tended to

seek Westerners rather than his compatriots for company in bed. There he found, euphemistically, some ‘strong loves’. In my observation, it is not rare that very active homosexuals evolve progressively towards the peculiar world of sadomasochism. Michael brought his scars from this world. In the past he had won several beauty contests of which he was still proud. But, Michel, having regained his former beauty and health didn’t know what to do next. It would have been possible for him to rehabilitate himself, (though perhaps not to the standard of his former glory) perfectly adequately. He never said to us explicitly that he wanted to die. He would compliment my part in giving him a new life to anyone who wanted to hear it, especially if he thought it would get back to me. In truth, however, he wanted nothing to do with his new life and would have preferred to return it to me.

One day he informed two of the Western volunteers that he was going to die, in precisely ten days. When they told me I was worried, partly because he hadn’t mentioned it to me. I went to question him and he responded vaguely, though smiling of course, that long ago the precise date of his death had been predicted.
Michel didn’t present any of the classic symptoms of depression; in fact he seemed at peace with himself. All that he said both in English and his own language suggested perfect mental heath.

I imagine he was afraid that if I knew the truth I would create an obstacle to his intentions. He died not after ten days but seven. When I was called he was already in the last throes. He had no sign of infection or neurological problem, only a blood disorder and secondary dyspnoea. I gave him oxygen

and a high dose of steroids, but twenty minutes later he was dead, and I had no idea why.

Only later did I realise, when another patient came to me with the same, but less marked, symptoms, that Michel had committed suicide. This subsequent patient who wasn't very clever had swallowed fourteen paracetamol tablets to fight, in vain, a severe headache.
Paracetamol is the only easily obtainable medicine on the ward. In just a few days anyone could collect enough to commit suicide.
Had I only thought about it I could have 'saved' Michel, since I had another drug that could have acted as an antidote.
With hindsight I am happy not to have realised in time. It would have been a unpleasant moral question. Michel probably didn't want to disturb me with such choice. He even had the philosopher's subtle refinement not to ask me to help him die. Or, more prosaically, Michel didn't want to give me the opportunity of building a dam against his project.

If the engineer chose not to extend the life that he saw as a failure without issue; then he, Michel wanted a quick death to conclude his life which to him had been a great feast that was now over.

DESTINY

I get a feeling of deep disgust, coming in waves, not of life, but of my life. It is not even the work that really disgusts me. What weighs me down is the incompatibility of this work with my inherently lazy nature. Work is too relative for me, not measurable enough, without gain and lacking peace. When this mental feeling of disgust grabs me, sometimes for days, I find it impossible to concentrate.

For example, one morning there was a girl with abnormal vaginal discharge to whom I had to give a gynaecological examination. When I removed my fingers from her body there was shit on the glove. I was not even sure if I had been examining the right hole! I had to re-examine.

In those episodes language also becomes a severe problem. I find I can't understand anything or make myself understood.

I go to work because I feel it is my destiny at this time. I have admitted that it is less important for me to be happy than to know that I am not in conflict with my destiny.
I am not happy at the hospice. How could I be happy there? I am not happy, but it seems it is where I was called to be. This feeling prevails, and it is enough for me.
A father who cherishes his children will always be happier than me, that is obvious. But it is unimportant. I was not made for such happiness, and to accept that such happiness doesn't matter gives me a sense of peace. The sense of peace somehow takes precedence over happiness or joy.

But now I don't even have this peace.

EUTHANASIA

TORAMAN

At a patient's bedside we exchanged some tenderness. My eyes rested on hers for a second. She said, "toraman" (torture) and then after a brief silence raised her eyebrows and whispered, "Tamai? Tamai?" (Why? Why?)

THE COURAGEOUS FATHER

A patient's father made me understand that he didn't want any futile elongated therapeutics for his son. This kind of request is rare. Then his son suffered a large digestive haemorrhage. I decided to administer an oral haemostatic. The father gave the medicine to his son himself. He said: it was his choice; if he wanted to die quickly, not to take the medicine, but suggested that he try it anyway. It was beautiful and strong, pertinent. The son understood his father's tone, there was no psychological mistake.
He chose to take the pill, nevertheless a few hours later he relapsed and died. Haemostatic drugs are rarely effective.

BLACK BUDDHA

He had a black Buddha tattoo on his chest. Naturally, we nicknamed him Buddha.
Black Buddha had become bedridden. Despite frequent washing he stank. The flies fought over his territory because he moved so little. But, the Black Buddha was perfectly lucid. He was disgusted by life. He implored me time after time to end his misery with implacable arguments that he whispered into my ear. I answered that if he wanted me to, I could give him powerful soporifics instead of painkillers.
He chose to continue with painkillers.

Black Buddha was one of the rare patients who spoke English. Christine came to tell me he wanted to die. She was interested in him, passionately so, partly because they could communicate, also because there were relatively few patients at that time.
That morning Black Buddha implored once more that I assist in helping him to die. He spoke in English so as not to risk being understood by his neighbours

For a few days I had been pondering on the role I should play. To let him die naturally would be simpler and perfectly legal. Strictly speaking it was also my right. But to let him die naturally was probably not the choice to pacify me. To kill him was possibly my duty, my risk, my liberty and an expression of my fraternity.

I am such a coward, so nervous. I don't like myself.

DEHYDRATION

'Black-Black' was darker than an Ethiopian. He was unconscious when he was admitted and died dehydrated. It was an impressive case. I believed, with a doubt, that he had a severe and incurable cerebral lesion. Any medical gesture would probably have been inadequate or cruel. I allowed him to die without so much as a drip of water. How old was that one? About 23? …Without a certitude

SOMDOUN

Somdoun was near his end, death announced himself by suffocation.
I had poor control over his symptoms, but he was eager to live and receive my treatment.
I wanted to start him on a course of antibiotics, but the nurse - who is in fact my boss – tried to dissuade me in the belief that it would be cruel. For days she had been insinuating that I was fighting too much for hopeless patient. She was able to accept the futility of the situation, and therefore not intervene in the passing of Somdoun's life. She had far more years of experience with death than I.

It is true, I was devoted to Somdoun, it was a deep emotional attachment. He was sweet, gentle with a childlike quality still alive in him despite his thirty years. I was touched by his

personal history, although he spoke little of it. A tragedy that was far from a libertine life. Misfortune, more than ignorance, had put him in our ward.
His pain disturbed me, but because of the nurse's harsh words I finally stopped the antibiotic and gave him symptomatic treatment. I didn't calculate the dose accurately and perhaps ordered too many painkillers.

Somdoun didn't die. He endured an insufferably long and cruel agony. After two days he was still alive so I changed my mind and restarted him on antibiotics.
Sometime later when Somdoun was a little stronger he had asked me why it was he had lost consciousness for more than a day. Feeling very uncomfortable, I daren't tell him the truth…

I asked God to justify himself. He answered that to take a life without it being given, can perhaps be a duty, but never a right. I did not have the right and it could not be considered a duty because my intelligence was not at a level whereby I was able to make a choice on the matter.

The perceptions of suffering and dying patients, even when they are sharp perceptions, don't reveal to me what the patients (those who don't want to die) find in their suffering. Perhaps they can make reconciliation with destiny, or with whichever God… What do I know?
Suffering is part of our nature, it is independent of will. It is important in the pedagogy of the soul, regardless of whether or not it is desirable.
The suffering of the dying patient is different from the suffering of the one who is accompanying him on that path.

The next morning Somdoun was still alive. A little stronger than the day before he began to speak again. It was the day that he had asked me why he had lost consciousness.
He also asked me to put him to sleep. He didn't ask me to kill him, but that I lull him to sleep.
I was far from the hospice the following night and morning. I didn't return the next day until 3pm. Somdoun was dead. He had died when I started to write those pages in my diary. I was told that he was calling for me before he died. I was far from him, inaccessible.

YOU

He was nicknamed 'You' by the Westerners because this word, the only English word he knew, was what he called us. 'You' didn't want to die and couldn't accept the imminence of his death.
He never stopped fighting. He wanted help to sit when he was no longer able to do so alone; to move his limbs, the muscles of which had turned to rope.
He wanted medicines for everything.
He wanted to go home; to see his mother and daughter before he died.
The three Western volunteers were attached to him, there was a strength about him which touched us. We hoped he would die quickly, but destiny opposed us.

But, too much is too much. I decided to reduce his pain more strongly, even if it mean a danger for his life.
The decision was the product of quiet reflection, deep and logical.

- You was acting too far. He didn't ask you to, that is reason enough.

- Shh conscience! You don't understand anything! It's the same as if you had a child who was too young to speak, or if it were your cat... Suppose they can speak… They would not always be intellectually or psychologically mature enough… He often does not have the mental functions with which to authorise a true choice. You know that.

You can imagine the nature of the questions I was asking myself. Any sensitive thinking person will understand and already know that there are no answers to these kind of questions. The price you pay is fuzzy, full of uncertainty. Every choice we make leaves its scar on the soul. Consciously not making a choice is in fact a choice; the injury and its scar still inescapable. Trapped by destiny.

The appropriation of just one life is unacceptable. But the question here is not so much the appropriation of life, but the personal analysis of another's language: He only asked to recover, but is it possible that he spoke in another way? Does one have the right to interpret his simple words? Should we anticipate the words he would use if he was of a different social level, more intellectual for example? Or psychologically more mature?
To know if it is morally correct or not to take a risk for someone in order to end his suffering is, in practise, more a semantic problem than a metaphysical one. Conscience has no guide in this setting. Perhaps a prayer might help?

Thus I injected him, possibly with too much. Even though he was unconscious I arranged that he would not be alone.

They ignored, or pretended to ignore what I did. I didn't want to implicate them in my choices. I know them well enough to be sure their opinions which are strongly marked by their emotions, would always be: kill. For them it is an easy choice, because they are not the ones who have to use their own hands to kill.
I had made that decision at dusk. I left the temple to be in the solitude of the night, to meditate under a lone mango tree that I knew well. The mountains were ablaze, it being the season when the peasants burn them to clear unwanted plants, reptiles and bugs.

Fortunately (or unfortunately perhaps?), I had not killed 'You'. He didn't die that evening. He didn't notice anything odd that would have given him cause to ask for an explanation. He suffered on, and two days later he died.

TELEVISION DEBATE

I find myself thinking again about some of the TV debate broadcasts for intellectuals sunk down on their sofas in Paris, New York or Sydney. They get put out over some trial, papal edict or legal modification, always the same.
The experts pontificate on palliative care, the right to a decent death, analgesia, patients' choice, religion and so on.
I'm nauseated. We are all taken for idiots. The important points are never covered.
The only academic question that retains sense, whose answer works on the ground, is the one which questions the nature of compassion. The rest is only cerebral masturbation. No one seems to realise it.

There isn't any question of mistake or sin. The therapist who analyses his own compassion without fear, unmasked, is not bothered by the fact that euthanasia is active or passive, asked

for or agreed, legal or illicit. Only if he can be sure to be kind does he know his duty.
Lucidity about the manner in which we are kind is the central question. Morality asks more about the quality of introspection of the one who kills rather than the patient's state of health. It is the supreme paradox.

A wager, determination, soporifics, active or passive euthanasia, these are not choices imposed by reason, but duties received passively by kindness.
What logic other than that of kindness can distinguish depression (psychological disease) from lucidity (intellectual honesty) in speech of someone condemned?
What logic, other than that of kindness, can distinguish between the spoken word and the unspeakable ; or discern liberty from constraint ; or find few value in the river of absurdity?
Suppose that there are such logics. That the 'unsaid' could be evidence, that constraint and value could be evidence. What would we make of this knowledge if kindness didn't tell us what to make of it.?

> - Calm yourself, act merely as if the man condemned to a shortened life is someone you love; your son, your mother, your wife, your friend, your brother.
> - No conscience, you are wrong again. Do not think like that ! Or, if you do, first be sure that this love, this paternal, filial, conjugal, friendly or brotherly love, is a love disencumbered of all 'reduction' of the subject by your way to love. Abandon yourself totally, to percept the full mystery of the other.
> Kindness and not love, '*agape*' and not '*philia*'.

I wondered once more about the quality of my compassion. If those moralists, philosophers, priests and jurists had some answers to my questions I would not be tired. I am exhausted.

PART THREE

THE BEDLAM OF CHARITY

THE PYRE

Some western journalists interested in Buddhism were passing through the hospice. At that time there were many dying, and there were nine cadavers waiting at the morgue. It seemed an excellent opportunity to reopen the book of old rituals from the hecatombs.

The nine cadavers were lined up on one great pyre, as in ancient times. The journalists would be able to see how the flames consume the flesh, shred after shred.
Later that evening the odour of roasting flesh spouted up to poison the air of the whole village and even the wards.
I don't know why it occurred to me that evening, that it was the same odour which had poisoned the cities and consciences of Europe in the time when we burned witches.

The journalists we come across are often scoundrels. They appear without introducing themselves or their projects, without so much as a word. Armed with cameras they zoom in on whatever is the most ugly and humiliating, or which shows the most suffering. They show absolutely no respect for the patients. They sneak about in search of the shot which will shock the most.
They are self assured and conceited people who view us with an incredible condescension when we ask them to be more polite and agreeable to their subjects. They know however that they have the support of the abbot and management however, for it is their publicity which brings in the donations.

Yet they are not all like this. They can be amiable, polished, intimidated and respectful. These journalists produce the best work. The famous James Nachtway is a good example. He stayed on the ward with us for a week. He was so kind that one of the patients asked if he would return and another if he was married!

THE AFTER DEAD ROOM

We see some incredible cadavers at the hospice. Some are so skinny they would scare the residents of Auschwitz, some are skeletal transvestites endowed with ample silicone inflated breasts.
Thousands of visitors pass through the wards for educational purposes, conferences or to make donations; a shrewd marketing specialist realised that a small death museum of the incredible cadavers would boost the donations.
About fifteen naked cadavers are exposed there, preserved in glass coffins of formalin, for anyone with the stomach for it to see. It was intended that the most spectacular and rare specimens would be on show, but unfortunately the plan failed. Not many patients are willing or senile enough to accept to be placed in this naked collection.
In short, the choice of cadavers is limited to those who signed permission for their body to be used before the room existed. That is, they were quite unaware what their future would entail; no one had spoken of nudity for example.
Children too can be added from time to time. Children, always orphans of course, are not able to oppose their official guardian: the hospice authority.

I had a patient in the ward whose head was like that of a Jesuit. You could imagine the style. The dry body, face hard as iron but which exuded a sense that he is pitiless only with himself, never anyone else. He was the incarnation of rigor! A

rigor like that endowed to the sort of person who might be a teacher of morals. He was without the shortcomings so frequent in the clergymen of the past however; there was nothing of a Pharisee about him

My good Jesuit was returning to the soul, drying out, without complaining. He asked for nothing, because he needed to expiate. He was convinced that he had committed a moral mistake, whereas the men around him appeared to regret their technical mistakes…

The manager came and glued a warning on the cover of his file: Attention! Don't cremate him! Beware in advance! Yes, this marabou wanted to give his last lesson after he had died, from the after death room. He wanted his mistake, his sin, to be exposed so strongly that the younger generations might have the foresight to follow the path of true virtue.

Then he died. He ended up in the oven all the same, because he died too early. His body was already very skinny, but he wasn't spotty enough, he had no silicone or tattoos. He was not spectacular enough to deserve embalming.

RAPE AT THE HOSPICE

A big commotion! A scandal circulated throughout the hospice regarding sexual misconduct. Someone taken advantage of whilst in a stupor, another whilst in a deep sleep. A pervert visitor who probably did not like fat women stroke the empty breasts of some of our pitiful female patients. Even the police were called in. Two days later the perpetrator was nabbed and forced to recognise the facts. He was freed after a few hours, having agreed to pay 3000 baht (about $50) to all of those victims which had not yet died.

The following day everyone was delighted. Especially those offended ladies who grin at the unexpected prospect of extravagance before they die.

In my country, where we let our testicles rule our heads there would have been a state enquiry, a law suit with the associated media sleaze sensation, five associations of leading ladies from civil bodies and a gaggle of over agitated-psychologists. It goes without saying the offended would suffer a second humiliation by being publicly reduced to their sexual identity.

Yes, I dare to utter that, Thailand is less a prisoner to sex than the West. Beside, Thailand does not yet need pornography to survive. That will change. The American way of life will spread its influence. They are psychologically so healthy in US!?!

SOYA MILK

When Mae was brought to us, this child was just five kilos of tendons, skin and bones. She was already a year and three months old, and we imagined she only had another fortnight to live. She crapped blood and didn't even have the strength to suckle. Her shrunken skin made us believe that inside her liver and kidneys were only dry cores. I photographed her a lot because I promised myself to make a legend of her. To return to that child a second life, a virtual life.
I would follow her to her coffin and by some auto-executable files, I would circulate her from site to site around the internet.

Mae refused to die. She went on for months. I started to wonder about a medical detail: she had never had candidiasis of the mouth, yet all AIDS patients get that once their CD4 falls below 200. Without a lab I could only assume her to be an exception to the rule.

One of the workers innocently mentioned to me that she liked soya milk. It suddenly occurred to me that maybe Mae was not dying of AIDS but of a milk malabsorbtion problem. I forbade normal milk and a miracle occurred. She got fat so quickly that we could almost see it happening.

It became necessary for her to leave the ward. Having become strong I was afraid the microbes she was exposed to would eat greedily away at her vulnerable immune system. Only a few weeks earlier we had lost an asymptomatic chubby little boy who had stayed in the ward for only a few hours owing to lack of carers. He left the ward on my urgent request. Too late, he died a few hours later of an aggressive pulmonary infection. Having left the ward, no one had time to realise the severity of his state and I was not called

It was necessary for Mae to leave the hospice. I already knew that it would be an arduous struggle; all the workers and patients adored her! The visitors got attached to her, a Chinese visitor had offered a small, pretty, hand crafted and colourful coffin that had been waiting for her by the entrance for some weeks. A glass coffin was also ready for her…

I asked around, here and there and finally came across a rich German who was dealing only with HIV-positive children. It was decided, and Mae left alive! She was to receive the most expensive treatments that, maybe, would pull her out of the gutter indefinitely.
I told one of the westerners present that day that the child had been saved, but, that before long there would certainly be more. It is necessary for a child to pay with her body, to please of God, who I like less and less…

The following day another baby arrived at the ward. The beautiful coffin would not be useless after all. Unless…

ONE DRAWER PER DEATH

After the patients are incinerated, some bone remnants get left in the ashes. They are collected and wrapped in raw canvas, bagged and labelled so as to know who was who.
Then what? Well, its hard to know what to do, since the families generally refuse to pick up these humiliating souvenirs, fearing perhaps the thunderbolts of the ghosts.
Eventually it was decided that the bags would be arranged around a big statue of Lord Buddha.

After a few years, Lord Buddha had started to disappear under a mountain of bones. A sympathetic donor decided to offer a beautiful big cabinet with innumerable named drawers; he probably thought that in one move it would less disorganised, and more respectable to both Lord Buddha and the deaths.
Alas, the drawers were too small to swallow those pieces of thighbone and tibia that had been poorly consumed. It would be out of the question to put them back in the oven to finish off the cremation: gas is expensive.

Only one inexpensive alternative remained; to mill the bones into a powder easier to manage. Volunteer patients were asked to help pour bag after bag of their predecessors bones in to the pharmacist's pot to crush them.
It would frequently arise that one of the volunteers would have known one of those that was being milled. Smiling, while evoking a memory link to his acquaintance, he would get pulverised with a few thuds from the wooden bludgeon usually reserved for preparing papaya salad.

In this way the recalcitrant dead were finished off by being integrated into their respective drawers. Once the cabinet was full the workers plodded on towards their own deaths and the Buddha's mountain took altitude again. New solution required.

…NEITHER ANGEL NOR CROOK…

The hospice was seized by a wind of madness. It was predictable. Witnessing death daily for a few years and the brain starts to go off the rails. Sometimes a few months are sufficient, especially in the young.
Everything became surreal. Each month the donor-tourists pass between the beds of the dying in their thousands. More deaths required, more morbid spectacle, more emotion! Some of the patients play music for these tourists. Others sell small plastic skeletons on key rings. They have decorated the office wall with a real skeleton.

They even decided to make some statuettes with the bone powder of the deceased. The patients still able to move can go to the garden to admire them.

In the cadaver museum of which I have spoken, someone had the audacity to expose the body of a husband of a woman still able to walk. (Some weeks later she became paralysed following a jump from the fourth floor.)

The machine turns: money flows in, the future is big. Journalists have been told that before long there will be ten patients returning to the soul each day, and that it is time to invest in new crematoriums to ensure the factory can keep pace with output. Donors therefore constructed six new oven houses just by the two old ones. Eight chimneys altogether. It makes the Europeans shiver; reminds us of an all too recent

past. The ovens, the statuettes. How long until hair? Or shoes? …And then soap?

In the excitement about the growth of the hospice it was arranged to have new wards built. Yet, the size of the beds and bedside tables had not been measured in advance. The patients are arranged in an inappropriate space as best they can be. If a patient vomits it may not be possible to clean his bed without having to move three others. The vomit will remain longer than it should. As in the hospice of Calcutta the flies entertain themselves with it, before gluing themselves to the lips and eyes of other patients. The pus is healthy and makes a good progenitor. If one worker gets dirty or contaminated by blood or mucous, it is necessary to go through two doors, depositing infection on the handles, before having access to a sink, and then infect the tap which is not designed for such a mission. Quirky stairways have made shaky patients fall over on the way to the toilets. So, some die of a cerebral haemorrhage rather than AIDS, (I admit its not worse, but, all the same..!)
Because of the floods during the rainy seasons, we had to leave the ground floor. We had to evacuate patients to the fourth floor. But, there is no elevator (maybe, the construction enterprise “imposed” was unable to assume the construction of it). Perhaps the ingineer had a penchant for slopes? Unfortunately poor calculations rendered the slopes too steep for the conveyance of linen and food wagons, wheel chairs, stretchers, old people, vacillating patients.
And so on.

The conditions do not make it easy to enjoy our work. Ten sheds with patients on the floor, some outward ventilation,

water hoses and decent water disposal and we would be better off and safer.
I actually prefer the African or Cambodian way to deal with hospices; those that fake modernity but which ignore all of modernity except the look are much worse.

To resist the emotional disorder, which has increasingly become the norm since 2001, some of the slaves adopted dogs that they could pamper with tenderness. They can gorge them with food and caress them in the staff room while on the other side of the window patients die of thirst because they are no longer able to pick up a glass. They chat and nibble mangoes during working hours, meanwhile the moaning continues and the scabs fester in excrement.
One day, against all diplomatic logic, I was angry. A lazy worker had already placed an open coffin next to the bed of a patient to avoid doing it later; she was still alive, though probably not for long.

Nearly all of the western volunteers have come to me at some point to complain about the behaviour of the workers. As if I didn't know? Maybe they thought I would get angry…
Then, all of those generous western volunteers, after a few weeks, go home to recover from their adventurous paid holidays and be blessed by admirers for their bravery and big hearts.

The workers are not 'generous volunteers'. Yet, two years later, these slaves, some of whom may still not yet have reached twenty years old, are still there, on this damned ward. All of their communities, rather than blessing them, fear them. Some of them might never marry, because they take care of

AIDS patients and have neither means nor time to meet someone who isn't frightened by them.

It astonishes me that they don't all sink into a pit of cruel cynicism.
Some are irreproachable, all of them confound analysis.
I am as proud of them as I would be if they were my own daughters.
But these heroines go unnoticed by their employer, the tourists or the diarrhoea of journalists who stream by. (The good or bad quality of workers in a hospice is like the vomit in the corners: one can not correctly evaluate it if one doesn't work in the room oneself.)

There is something bitter and revolting in the destiny of these girls.
I explained to the volunteers who denounced the cruelty of the slaves to me, that I have noticed it many times already. But I can't give orders or punish them. I am like him, a western volunteer and nothing else.

There is a thick wall between the workers and the patients. It might be the same wall that separated the soldiers from the Jewish in Auschwitz. It is a question of survival. In Auschwitz too, they accepted the work to avoid being sent to the Russian front. Here they accept the work because they need the money.
Like the Auschwitz soldier, they didn't realise that to get caught up here they would lose all but the most elementary sensitivity towards other people's suffering.
Would they torture, if they were asked to? For some of them, yes, I think they would. The same ones who won't give drinks to patients in order not to have so much urine to clean up.

Actually, if they didn't build this wall, they would become madder. Maybe they should have some fun by making some statuettes with the bone powder of some of their former patients? They've not got that far quite yet…

I asked that volunteer what he had been doing when he was twenty years old. Would he have agreed to work more charitably in the same conditions? That is, twelve hours a day, six days a week, no paid holiday or proper social security, for an hourly wage lower than a construction labourer. Suppose he would have done it; at that age would he not have constructed the same wall as our slaves in under than six months? Suddenly, he understood. What would he have been like at Auschwitz? It is so easy to judge as long as we don't project our own image into the context which we judge.

The same man then said:

> -…but can't you just ask her to let the patients eat their fill before taking away their food trays? Is that asking too much?

I answered him that she would do it only if she wants to please whoever asks, but not for the patients; therefore, his first target should be to please her. It is more difficult to please a worker than a patient; I am in a good position to know.

> - So, why don't they go and work elsewhere?

Slave logic: here the salary is lower than official scale, but they can get paid over-time. Officially it is not allowed, but the officialdom here is perverse.

They want to save as much money as possible, perhaps to pay for the studies of a younger brother, to pay off a family debt, or, more prosaically, to buy a mobile phone.
They actually choose to work twelve hours a day, six days a week.
Their employer understands this in such a cunning way that for each hour of over-time he pays just a bid more than what they earn for a regular hour. All together, they earn a little more than a worker of the same level would earn working only 40 hours a week, in legal conditions without professional risks and with true social security.

What is the motivation for this nineteenth century payment structure? Money doesn't seem to be the problem; there are expensive and superfluous buildings all over the complex. Sumptuous and absurd expenditures are made all the time. In other regards, the employer doesn't seem particularly avaricious.

To understand this paradox better we need to return to the past, to the heroic beginnings.

At that time AIDS patients in some hospitals were abandoned to their fate on the corridor floors. Some nurses would use a stick to push a bowl of rice towards the patients, assuming they were still able to eat. The whole nation was a victim of a stupid and aggressive prevention campaign against AIDS inspirited by the World Health Organisation. It was a campaign wrongly adapted to local cultural realities. The dominant class is indeed very well instructed, but, as everywhere, ignoring the existential realities of its lower classes. When it began to assess the efficacy of the strategy, it was already too late. The poor felt terrorised by symptomatic

patients, the middle classes (including many doctors and most of the nurses) felt terrorised by the HIV-positive population. It was unsurprising that within ten years the AIDS epidemic had become the second curse of the nation, after the terrible drug problem.

It was in this context that a lucid and compassionate monk took in a few dying AIDS patients, without having a penny to his name.
This monk had to struggle with local villagers who feared contamination from mosquitoes.
He had to struggle with doctors unwilling to denounce their 'ethical weaknesses'.
He even had to struggle with parts of the clergy who didn't look favourably on Buddhism being contaminated by Christian values. A monk, according to some rules, should not get involved in this manner with the laity.

On the other hand, the dominant class and intelligentsia, who are very sensitive to western values, discovered that Buddhism had finally found its Mother Teresa. The bonze was going to correct past mistakes, thus he was well supported with money and promotion.
The middle classes donated so as to be seen with the elite.
Then the poor came to give too.
In short, everybody gave.

But the patients too became more and more numerous.

The monk gathered more and more colossal sums.
To keep up, it became necessary to get involved with the media.

With journalistic help, the founder's mystification was increased, and the influx of donations rose accordingly.

The patients became more and more numerous.

At that time I would sometimes see patients dying whilst clutching that monk's portrait to their chests. He, and one can understand it, no longer frequented the wards anymore except a few minutes every month to shoot new advertising sequences.
Weary of washing the rotting bodies, he quickly understood that his true mission - and on that point he was absolutely right – was to find money.

To find money, yes, but where and under what conditions? We must not think that all donors are pure philanthropists. The level of philanthropy is very high among small donors… but is clearly less so with the big donors. But we must be reasonable: what this kind of hospice needs are many big donors!

The palette of requirements of these big donors is very varied indeed.
For one, it maybe necessary for his money to be spent on 'hardware', that is, something visible, to be sure that the money hasn't been diverted!
For a second, it might be important that his name is engraved in gold letters on the wall for all to see.
For another he might insist on not engraving the wall, so long as the money is spent in pre-designated suppliers and enterprises… (you can imagine that behind such donors there might be many different profiles. Only them can explain many mysteries of our hospice)

The fourth, on the contrary, might just ask for a nominative receipt that allows certain tax exemptions.
And so on…

But with these diverse interests, it is easy for the bystander's imagination to run wild. Rumours circulate. Suspicious spies from one ministry or another come to volunteer, or investigative journalists try to gather material.
Those brave men of justice have difficulty in imagining that I can do my work without being paid, and believe I am in on a great secret. Some 'visitors' come and ask me strange questions. It must be difficult for them to imagine that actually I do not come into contact with the abbot more than a couple of times a year.

Truly, I don't know anything more than what I have just written. I see, like everyone else, the grand empty buildings, the plethora of conference rooms, the 'sala' in a shambles, the rows of useless computers or crematoriums, the excessive expenses on the gardens.

I can imagine easily that in this drama, the electricity bills, human resources costs, food, medicine and other expensive essentials of a hospice rarely concern the rich donors. Since the hospice doesn't have freedom in the way to spend money, compromises have to be made.

Who would dare to criticise? For an external observer as I am, the deception is no greater than that with which I charge the state or the NGOs who refuse to carry this burden.
Two or three dying patients arrive every day, rejected by public institutions. Should we let them die without any care, in the gutter? Anyone who wants to criticise the hospice

should be willing to take in all these dying patients if he is to prove the courage of his conviction.
They are not fighting to get in at the gate. There is nobody at the gate!

If we criticise the hospice, then we must also attack that of mother Teresa. Who would dare? You would be brave to do so.
This hospice invests more for his dying, a lot more, than mother Teresa did in Calcutta. I have frequented those two hospitals, so I can confirm it without any hesitation.
Yet Teresa, at the time when I was in India, probably had far more money than our hospice. She was supporting 69 religious foundations throughout the world, and more than 90 in India. Yet the dying in Calcutta, in grimy rooms, didn't even receive the most elementary of medical care.
Diarrhoea epidemics were organised by the flies and her hospice was considered as one of the most prolific suppliers of tuberculosis of Bengal.

When charity reaches these levels, the air burns too much for the lungs of the 'little people' or gutter press.
There is neither saint nor scoundrel, to judge becomes impossible.
Teresa's lawyer, for example, would say that she left the Calcutta hospice in medieval conditions as an advertising ploy. Money flows from the co-operative rich, but only if, when one speaks of poverty, the ideas are kept very simple. It is these very, simple images that will make them open their wallets.
To reveal a few hundred tramps in obscene conditions is precisely the kind of picture which, to the rich, corresponds to the phantasm of the poor that we should be helping.

The influx of young volunteers are used for the propagation of these images throughout the Catholic world.
Only the more lucid journalists and volunteers who really seek it can have access to the true centres of the ‘Sisters of charity’.
Where is the fault of using this logic, if thanks to this formula, the fate of thousands of destitute people can be improved.
Who is more culpable? Mother Teresa or the fickle donors?

Let us leave these questions of money and go back to the Lopburi hospice. The source of our misfortune, to the workers, to the volunteers and to me, is elsewhere.

The monk, who first imposed himself as a creator of projects, also proved gifted in fundraising, public relations, an expert in the psychology of the masses and a connoisseur of the media.
But, ignoring the changing reality of the wards he created, he now manages what has become a death factory in the same manner as he directed what was a small family enterprise.
There is the source of our misfortune. He is not a scientist.
He studied neither medicine nor hospital management. It is impossible to demystify his remuneration strategy, his recruitment practices, his criteria for merit, and so on.
The human resources management at the hospice is, like the architecture, the height of counter-productivity.

Compared with what could be done with less money, the professional risks are enormous. We lose a quarter of our energy fighting against microbes stagnating in the poorly ventilated air. Another quarter lost by the poor ergonomics.
The next quarter by the mysterious assessment of personal expertise.
These are our main problems.

GURU?

Is he a great spiritual guru? Like all westerners, my first tendency was to compare the spiritual value of oriental (Mahatma Gandhi, the Dalai Lama, Ayatollah Khomeyni and others) and Judeo Christian criteria of compassion and intellectual wisdom. But now I understand now, that there are possibly other criteria.

In fact, I see that this monk was purporting great spiritual charity; he showed compassion to people who had been deprived of it.
But then it seemed so ambiguous, how could this be the case of someone who is also able to create statuettes out of his patients and a display of corpses?

I had to review my position when I observed people's behaviour in front of those statues and corpses. There was no outcry or scandal, not even astonishment from the most educated classes. Only a shy remonstrance among the more westernised among them. Did that mean I was a victim of the unbridled and morbid sentimentalism which characterises the western cultures of today?
Past civilisations have embalmed corpses, or used tibias to make flutes. Even the Judeo-Christian world has had its mummies, relics and other souvenirs of death exposed or even venerated.
I suppose what had shocked me, was not really the statuettes but the possibility that patients would observe what they were about to become by looking at the statuettes.
Yes! What shocked me, was to see that those people, even those very close to death, could have such detachment with relation to their own deaths. We, on the other hand, stagnate in irresolute anguish.

With regards to the monk's spiritual value, I try to understand the judgement of his fellow nationals. All classes venerate him. The religious elite of his country now give him more and more soaring titles. If at times I hated him, because of the statuettes he made with my patients, well, today I respect and admire him, in the same way I admire all those who know how to remind westerners that they are not the sole owners of absolute values.
He is right, because his countrymen smile more than mine. I know too much about this culture to satisfy myself with a tourist's judgment.

RACKETEERS

The abbot appointed a strong man to manage his village of death. The manager holds this small, desperate world, where drunkenness is a greater temptress than wisdom, with a hand of iron. The junkies and alcoholics must behave. One can only smoke from a hiding place and sexual relations should only happen within wedlock.

This man has had to cope with gangs of drug dealers, thieves and violence. At one time the ward was infiltrated by a mafia of racketeers; we only realised because of the bruises and open wounds.
The terrorised victims dared not complain, no more than their bed neighbours would.
No, it is not only angels who come to die here.

So I recognise a genius in the man who has prevented this small society from imploding. However I should have accepted that he confuses the word 'organisation' and 'authority'. There is no organisation, only Bedlam, that is prevented from imploding as a result of it's manager's fear. I

should also have accepted that in spite of fulfilling his responsibilities, he has a trait which he shares with nearly all his countrymen: he has no compassion. Absolutely no compassion. So much so, the suffering of his staff and patients are outside his conscience.

GENEROSITY AND COMPASSION

I have dragged my boots through more than thirty countries, and I am sure that this is one of the most generous on earth. Conversely, it is devoid of compassion. Westerners rarely understand this paradox.
Rich and poor alike come at the end of the month to give a quarter of their wage packet. Then they troop through the ward as if it were a zoo. The take snaps of the tortured faces as if they were the grimaces of a monkey. I might be in the middle of examining a patient when suddenly the door will open and they surge through in a group. They will stop just by us and surround us with that unmentionable curiosity which can be so painful. That the patient is already dead, that he is naked, that he has my index finger on his prostate, isn't enough to avert their dazed looks. I raise frilly eyebrows to them. They don't understand. So I might show my ill-temper and face them with blood or shit on the finger which I point at them, and finally they admit that the patient doesn't like their curiosity anymore than they would like it themselves.

- But they are dying, and we are generous donors!

They don't understand my anger.
To avoid adding to my displeasure, and through fear of further altercations, they pass by, to look at the other patients.

As most of the Westerners who like to judge, I sank in the temptation which consists in believing that on such point, the western morality is universal, that it is therefore the hospice which is rotted, that this place is not representative of the Thai morality.
I had again to review my judgment by reconsidering a fact that had surprised me since the my arrival: I saw hundreds of mothers infected by insane husbands (sometimes having one or several infected children in charge), dying and receiving a funeral ceremony celebrated by monks receiving expensive antiviral medicines since years. This monks sang also the ceremonies for the dead children. I was shocked, shocked... Why those monks are privileged patients?

No, it is not an accident like we can observe so much in Christian world as well. Those infected monks were helped by a kind of “social security” for monks. Top of the clergy had to make a choice according to what they considered as religious priorities of course. At least one clergy in the world, the clergy of the Thais, admit officially that to save a life of a monk is better than to save the life of a mothers.
No, it is not an accident like we can observe so much in the Christian world. This judgment is support by the elite of the country. It is one of the most prestigious university of Thailand which provide the cares to our infected monks. One can not imagine that physicians of that level act like that without being perfectly in conformity with the national morality.

More than seven years later, the hospice doesn't yet offer one kopeck to initiate a treatment to the mothers. Volunteers have to pay all from their pocket, even the fuel for the car, if they want offer to the sick laymen an access to those treatments!

(Fortunately, since October 2003, Thailand take them in charge when the treatment is initiated).
Compassion is not an universal value. It is the terrifying question, for us, foreigners, of what the Thais call " tam boun." (literally “make merit”). I can not judge. I just have to try to understand why the Thais are more smiling than the Westerners and why the poor in Thailand are less suffering of their poverty than in the Christian world.

THE THIRD FLOOR

He was very gentle, he was very shy. I suppose he was lead astray by a swindler one day, and as a result got this virus that consumed his flesh. He had strength enough that I could tell him to leave the ward, but he was already too skinny to really be able to think about starting a new life. So he lived on, in the village of death. Then, one morning, he went up to the fourth floor and plunged head first down on to the concrete tiled ground below.
A visitor not speaking Thai may have blamed depression, despair or even morbid lucidity, bound by the irreversibility of the illness. Another western analyst would say the patient was afraid of the sufferings of the future, or, that he had a legitimate desire not to fall into absolute decay.
The truth?
It is simple. This poor suicidal man didn’t have any money. From time to time he had stolen money from an absent-minded or comatose patient, in order to be able to buy a Coca-Cola, until he was found out. When he discovered he had been observed he thought he would be reported to the hospice authorities and that he would be expelled from the village of death. These are the rules of the game. The prospect of the public humiliation and then to be cast out without family, home or money, was too much for him. He would rather take

the big leap, and not have to care about the rest of his wretched life.

Down below on the concrete, death was reluctant to accept him. He had to wait an hour or so. When I grasped his head, the bones of his skull moved in the bag of skin that served him for a face.

A worker to whom I had made part of my commiseration, who thought I was unaware of the story of the theft, told me in all purity from her heart that I did not need have mercy on him, for he was not as holy as he seemed!
Everything we observe in this place is strange. Even how a worker's pure heart manifests itself.

BONES AND TEARS

Eight years old, eight kilograms. Amnat was completely conscious and perfectly lucid. He would remain so until his last moment. His mother was at his bedside. She didn't have, for her part, more than thirty kilograms. Her spouse who brought the virus home had been on the other side of death for five years.

The boy knew that other children had passed before him on this bed, children that went on to be treated with expensive and effective medicines. He also quickly understood that he would not get the same treatment. I had decided in cold blood. It was too late to help him. He shouldn't be separated from his mother. The certitude that her son would die before her was the source of a strange happiness for her.

Enough said?
Nearly.

The child didn't die. After a month I cracked. I negotiated with the Germans that they would take charge of both mother and son if, with 'blind' antiretroviral therapy I could make the child survive for two more months. They agreed, but were sure that the child would not survive the heavy therapy. So I administered the antiretroviral therapy.
I only prolonged the boy's torment, or so I thought. Until, after about ten days he asked me himself stop the treatment. He died the following day.

The 'orphan' mother entered my ward of her own accord about a fortnight later. She had no special symptoms, nothing at all in fact, but weariness. I sent her back to her room with psycho tonics.
Nevertheless she came back, she'd stopped eating, no longer drank. I agree to rehydrate her intravenously. The next day she asked me to remove the drip.

- Is Amnat calling you?
- Yes, he calls me.

I removed the drip and a few hours later she died.
Hope can be a fearful poison.

THE KID AND HIS JAR

The 'after death room' is served by a large glazed door. It allows a good perspective on the arrangement of the corpses. One evening it was wide open. Inside four monks fumbled with a lamp so they could tinker with something on the wall. The shadows of both the monks and the bodies sometimes reached outside to caress the gravel.

Seated on a parapet, not far from the door and illuminated from time to time by the moving light, a boy looked at the

monks and the glass coffins. In a month, or a year, the orphan would be stark naked in one of those strange aquariums. He knew it too. He was too young to oppose it. He was accepted in this village because it is clear that dead children are more fascinating than adults. The boy saw that there were already two little girls there, but not yet a young boy. They were waiting for him, he knew. He knew. He knew. Some imbecile had even had the tactlessness to mention it to him.

I was gripped with terror. He saw me looking at him from afar, in the shadows. He recognised me and turned away and I knew that, for him, I symbolised death. I am the one that he never saw, apart from in the room where people suffer and never come out alive. He had been brought to me three times, by force, so that I would treat one or other of his illnesses. He would always scream in terror.

He was called Thonn

Once, only once, when I was outside of the ward, did he come and attach himself to me. For maybe thirty seconds, no more. During those thirty long seconds we exchanged something inexplicable that still gives me goose pimples if I think about it. For thirty seconds, no more, I experienced an absolute closeness. I'd like to be able to relive it, because for me it was a delight. Yet I despise myself for this pleasure; I despise myself for the delight, because it is an enormous risk, and it frightens me.

This was not the first such episode in my life. Sometimes I emit something which provokes this queerness. A few years ago in Bangkok the same thing happened. It was in a consultation room of a very big hospital where I was talking to

another doctor and a Franciscan. A beautiful boy, a little younger than Thonn, entered the room and came immediately to me, only to me. He didn't know me at all, whereas he knew the Franciscan and the doctor very well.
He glued himself to my legs until I held him in my arms and we exchanged this ineffable and powerful 'something'. Those assembled were intrigued and confused, seeing that this was not a question of a cuddle. I don't know how to cuddle.
That child was also HIV-positive. At home that evening I was perturbed by the memory. I had the feeling that the event was charged with a premonitory sense that I was unable to decode. I've thought of it often, and always try to translate it. It worried me.

Those who force intimacy with patients who are no longer very small children should be held back. When I was a medical student, in a paediatric oncology ward, I met the frightened gaze of a paralysed boy thus 'raped'. An 'unknown generous lady visitor' came '*to give love*' as she put it. I will never forget it, she glued the poor adolescent to her bust like a hysterical American would her adored dog (*who unlike the others never lets her down!*…) The boy ended up vomiting.

These mad men and women full of a frustration of which they are unaware are numerous. They rush to the orphanages, shelters for mistreated children, the children's wards of Europe, Asia and especially Africa. Africa more than anywhere, the rookie abuses the right to be ignoble, without realising it. I don't want to be one of them. I am afraid of being one of these humanitarian tourists.

When I first came to the hospice there would be dogs waiting for me every day by the entrance of the ward. Since the first

day, the dogs loved me. One bitch made it known particularly clearly.
Smelling my arrival from afar, she moaned. She cast herself at my feet and demanded I hug her. When I released her, the bitch jumped up to glue herself to my leg in an obscene fashion. Those present, all women, rather than laughing, watched me blushing in silence.

Now that I have turned to ice, these dogs fear me.

The world seems to want to confound me by the complexity of its plot. That half minute of fusion with Thonn, who would be naked in a coffin of formalin a few weeks later, is absolutely the only thirty seconds that contains anything miraculous since I became tough.
In the last four years that I have been working here I have become a 'hard man'. During all those years, with all those patients, never did any true kindness flow from my hands.

558 deaths this year…. I saw them as bursting abscesses.

There are occasions when I don't manage to control the pain. Then I observe as they wriggle like a condemned man, suffocate with eyes wide open, full of terror, staring at me. I wonder how it is possible that it doesn't hurt me anymore.

A child dying in the middle of the ward called for a massage. It was Thonn.
I wasn't able to massage him, and he died a few hours later, pulling me out of my stupor as he did so. By some law of alchemy that I ignore a cerebral transmutation occurred. I observed at last, with the appropriate fright, the deleterious power of fear. Then, the deleterious power of sentiment.

Thonn died in horrific conditions.
God almighty! Enough! It was too much !

THE METAMORPHOSIS

"HAPPY BIRTHDAY"

'Happy Birthday' was playing on the radio. A patient who knew some English started to sing, 'Happy dead day to you.' They all understood. They all sang it together. They laughed and laughed. I also laughed.

SENTIMENTALITY

A western volunteer asked me to take an interest in a depressive patient who had been crying. When I went to speak to him, he cried again, for what appeared to be valid reasons. Being the 'hard man' that I have become I quickly got bored and left him under the pretext of having to attend to an urgent case.
A third westerner came to take over, and again he cried. Eventually a worker who had been watching at a distance came over to his bed and instead tried to make him laugh. She had succeeded within a few seconds. It is possible her approach was too light-hearted, but the westerners on the other hand are mad.
Our immaturity gives us pleasure. It gives an odour of unconscious or badly assumed sadomasochism. We go to the hospice as we would go to see a weepy movie, on the quest for strong sensations.

- Don't extort my death. They should suffer a lot, in order to offer me the pretext for beautiful miracles!

In their suffering I become great! I am so beautiful when I bathe in their tears. Look at me! Look at us! At the tears transfigured by my compassion!!

I watch a new volunteer working. I look at myself. The mirror of myself! The me before I became 'ice'. Me too, I let my soul simmer in this soup of tears, tragic confidences and miracles flowing from my hands.
Me too I don't shine in the sciences, nor art, or in business, or by producing a splendid offspring… but I thought I had found the means here to like myself and to justify my existence. I too was on a quest for an artificial holiness which exhausted me…
Yes, I too fell into this obsequious sentimentalism that degrades the patient rather than empowers him, and it ridicules us until we learn how to see it.

I moaned to a close friend that, since I became a 'strong man', I am no longer able to offer true compassion to a suffering patient.
The friend asked me who I took myself for. He added that, probably, these suffering patients made fun of my sentiments.

- They want your medicines, not sentiment! Expertise and efficiency, not tears! Sweetness, if you can. A lot of sweetness. But, a mechanical, impersonal sweetness, like the curve of a cello or the texture of old leather. To play the mother unduly has been the cause of too many fucked-up people in the world. One shouldn't go about making babies of everyone who suffers, as well as those who are under fourteen or sixteen years old!

I was shocked by the pertinence of this subject. I was particularly astonished about sweetness, of which I am an impenitent fan; suddenly I was released from this loving molasses in which I believed it was bound. I realised at last, that my most beautiful experiences of sweetness were anonymous and without inference to the future, like the two flowers of Khorat.

Some experts at sweetness, who might have seemed as cold as marble, imbue it with such power that one reverberates from it for years, without really knowing its identity.
This intense sweetness has, in sexual terms, allowed me to be fearless of the 'other', to abandon my self to the subtlest pleasures. Apparently sentiment also allows these experiences, and I believe it, but it makes us as vulnerable as prey, and consumes us.

An icy Dutchman arrived. He didn't speak much. He watched the ward for a few days; the fed up workers who cherish their dogs when the patients are thirsty, the westerners who try to play the miracle game with or without success. Then he put on a pair of gloves, and a mask to protect himself from tuberculosis, and without a word of reproach to anyone, without sentiment, without even knowing a name, he started to clean the pee, excrement, and vomit of a patient. Without a word he passed on to the next one. Then the next, and the next.
If he had good reason to believe I had overlooked it, he would tell me, briefly, of a patient's pain. He wouldn't add any superfluous comment, repeat it if I forgot to attend to it, or bother me if the pain was stronger than my medication.

At the start, seeing this zealous cleaner, the patients would call him for every pee, excrement and vomit. They were stupefied by his efficiency. Alone he achieved the equivalent of five workers. The slaves were moved by such an impressive volunteer. They mentioned him to me because he is so discrete they think I might not have noticed his work. They wanted me to express their admiration to him, an admiration which he had no interest in knowing about.

Then, the patients talked about the Dutchman between themselves. They respected him so much that they hardly dared call him. They would simply wait for him to do his rounds. They don't want to cry on his shoulder; in fact they would rather consider him than themselves.
Then the Dutchman returned home. The survivors, the names of which he still didn't know, were confused by his absence. Then, we missed his sweetness.

That is probably holiness.

I have been both a witness and an actor in the dissolution of our dignity. I also contributed to the disfigurement of that which gave consistency and esteem to Western morals. There are only some shaky remains of true charity. The rest has collapsed under a misunderstood romanticism, or a deleterious sentimentalism.
The media encouraged this misunderstanding. Today, the whole of the West is sick and the rest of the world is in peril.

Sentiment, I love you, but I have learned to mistrust you henceforth.
You are playing a game which confuses true values, you are playing a game with me. You have become a master at the art

of making vice look like virtue. At each mass grave I've denounced, I have seen your shadow there, that which sustained the tyrants. But, you who are more fickle than the wind offer me your services to denounce that which I have seen.

Sentiment, I love you, but I hate you too, for disguising anguish unduly, on the pretext of religion, race, homeland or family. Magnified by your eloquence, the fear of the difference could organize exclusions and political massacres with impunity.

Sentiment I love you, but I hate your cowardice. I know you are scared of love, because love is superior and wouldn't hesitate to arrange your crucifixion if you work against him. The genius of your parade has only one equal, your baseness: knowing that love has a possessive, blind, jealous and authoritative instinct, which helps mothers to take care of newborns, you cause confusion between this instinct and the love from which it is born. We've known since the dawn of time, that this instinct is as dangerous as a plague, once it is allowed to move from the cradle; yet your action invades vast territories. To a newborn the maternal instinct promotes life. In the older child or in the patient it only engenders regression or death.

It is a perverse pleasure that makes us treat a child, a suffering patient or someone with nervous disposition like a baby. It is the pleasure of dominating the weak. In truth it is weapons that the weak need, not embraces that only serve to grind them down further.
One needn't be astonished that, '*having done so much for them*!', the babies rebel as soon as they find or recover the

necessary strength. The crises of adolescence are terrifying, and soon we will even have to disarm primary school children before school starts. By dint of having been sexually denied in the name of mental and bodily immaturity they become geniuses of pornography, or obscene militancy.

The insane who never obey, who refuse to be treated like babies, who wound us with their eternal liberty, in past times lived with us, (and our kings!) to help us understand reality. Now they are confined to asylums. They are furious, but no one dares to mention how they are demeaned in the asylums.

The weak and the nervous don't rebel, they do worse: they play that morbid game! They become peevish, demanding, capricious, egocentric and are lost in awful values. For one he will choose drugs, another deny the differences between peoples, the next might use the psychiatrist to find a justification for his weakness.

Tie up sentiment!
Don’t give us sentiment, but something more relentless and revolutionary which will drive us to symbiosis rather than fusion.
And the children? The parents? The insane? The patients?
They need not fusion, symbiosis or leash; merely kindness.
Nothing but kindness, the highest form of love.

Always quick to serve instinct and slow to praise reason, the charm of today’s sentiment frightens me.
A dead child healed me of my blindness.
Today, I am nearly healed of my atavistic sentimentalism.
Henceforth I will be more intellectually functional.

A social worker came to my house to present me with two HIV-positive boys, one of nine and one of eleven years, and already gnawed with tuberculosis. They were both illiterate having not been accepted at school.
I spoke of getting anti-retroviral treatment. The social worker answered that they had been refused treatment by the hospital because they are orphans. Other patients had taken priority. Cold, frozen to the marrow, I understand that the doctors are right about this.

I am nearly healed of my sentimentalism! But I still suffer. My God, is it possible that those two children are not an absolute priority? Yes, it is. Mothers go first, then those who know how to fight to survive. The only ones behind the children are the drug addicts.
The West will never accept it, but the West is wrong.

Indeed the West is going to win. There was a Thai tourist, full of cannibal desires, in the middle of a ward of thirty dying patients. She asked hysterically without realising how grotesque she was:

> - Where are the dying children? Where are the dying children?

PART FOUR

THE HIGHER LEVELS

In the beginning, the Thai elite never really stopped to consider AIDS. The first alarm signal came from the royal court. It marked the start of a long anti-HIV offensive.

The first battles were, alas, defeats. The prevention policies heavily influenced by the West were ineffective. Officially there are one million Thais infected with HIV. The reality is probably worse. Two million? Three? In the higher echelons of state, a counter-offensive was prepared.

While installing significant changes in the health system, the intelligentsia had tried to join the Thai industrial expertise with the medical needs of the nation. The most spectacular product of this marriage was 'GPO-vir', which was introduced in 2002. It is one of the cheapest combinations of triple anti-retroviral therapy in the world, made generically in Thailand. One tablet in the morning and another in the evening; it is an intelligent strategy if we consider that the main reason for the failure of antiviral treatments is patient adherence problems. Incontestably, the Thai elite did a very good job!
Of course, the medicine remained too expensive for the majority of patients, but there were some free quotas available from hospitals.

It became clear that the Thai medical profession was running in two different gears.
On one hand, the beautiful race, the noble doctor who knuckles right down. Some hospitals will even get into debt to help their patients

On the other hand, in other provinces, no headway has been made, except for the rich. The patients are shunted on to the hospices. Some health workers are still simply afraid of those patients. Yes! I can say this with assurance: some doctors are afraid of AIDS! AIDS patients are allowed to die of banal pneumonias, toxoplasmosis, or even scabies! I have photographs to prove it.

The second big breakthrough, came in October 2003, the real bombshell for the world of AIDS hits.
The government backed the war and decided to join the adventure reserved for rich nations: Three protocols of triple anti-retroviral treatment would henceforth be free for all symptomatic AIDS patients!
Those in the medical world were exultant! Some hospitals were already perfectly able to tackle the implications of the good news; thousands of patients had already received the treatment from places like Chonburi even before the October revolution.
On the other hand, there are other hospitals where there still is no doctor available with enough knowledge to manage the HIV drugs. The quotas bestowed by the state remain unfilled, with expensive drugs left unused until they reach the expiry date, because of a lack of expertise. Some ophthalmologists rather than treating the eyes afflicted by opportunistic infections suggest the patients seek solace at the meditation centres instead! There are even those doctors who are wondering if it is appropriate to isolate AIDS sufferers in routine tests to avoid worrying other patients.

The third offensive will be of a less turbulent nature, but more symbolic: the International AIDS Society's conference of

2004 will take place in Bangkok in July. We are already starting to feel the effects now (January). Some refractory doctors are converting and attempting to get to the height of their profession. Researchers have started coming to our hospice. I sense that we are being sent fewer patients with banal conditions such as toxoplasmosis and psoriasis; more who are seriously incurable. I even feel that the patients that we refer on are better welcomed, and examined more seriously.

A THAI GENTLEMAN

In May 2003 a young HIV negative, respectable, amiable and smiling young Thai presented himself in the ward. Thai volunteers are sufficiently rare to leave us astonished. But this one is remarkable indeed. He speaks Thai, English and Spanish fluently. He owns several cars and stays in a good hotel.
Yes, he was probably born in luxury, wearing silk and fed on milk and honey. Let's wait and see.

On one occasion this clumsy lad left his mobile phone lying about on a table. A worker found it, returned it to him and tried to make him aware of the frequency of theft. The indelicate boy answered, with a lightness that is found more in the middle class than in high society, that it was unimportant since it was only a cheap phone. The poor slave gulped; for her to buy the equivalent she most work twelve hours a day for a whole week. The prognosis didn't look good for the young bourgeois who was already taking the liberty of giving professional advice to the workers. More and more I thought this kid was just another of these abject new rich of the middle class of which there is now a plethora in Thailand.

Before long I had to review my judgement. The rivers of vomit and diarrhoea couldn't stop his charitable impetus. He would take paralysed patients for a walk and clean the most repulsive scabies patients. He would throw himself passionately into the needs and woes of the most desperate and despairing patients. He would forget to rest, forget his weekends. And he has stayed with us, for weeks, months...

It is so astonishing for an unpaid Thai to behave thus; even the hospice authorities were suspicious. Rumours circulated: He is doing medical research, he is a ministerial spy, he is doing a social thesis on the dysfunction of Thai society, he is in a sect, he is a drug dealer...
Actually, as with most volunteers who really work for something long lasting with the patients, he had to endure a thousand humiliations, a thousand misunderstandings. But like all of those volunteers, if he survives, it is because of his patients.

This lucid boy, more Thai than the Thais, quickly had enough of crying over deaths, of seeing me fail my medical challenges, of realising that it was futile to transfer patients to hospital. He refused to accept that AIDS always, always had, the last word. Whereas in other countries treatments existed and had proved their utility.

I had taken Eak for a true fighter. An infantryman, not an aviator. Someone who is in the heart of problems, not above them. But he came from above. It finally occurred to me that Eak was of a different and 'higher' realm. A worthy descendent of those conciliatory masters who were able to maintain good relations with the French and the English

simultaneously, whilst on the other side of the borders the colonial powers ravaged the whole of the rest of Asia.

Eak chose his crusade. The access to antiretroviral treatment for these most destitute of the destitute.
It was July 2003. That is to say that Eak started his crusade at a pertinent time. The rumours were that the state was going to carry through its ambitious projects.

There I saw the confrontation of two classes of men, the little ones of the middle class and the masters of upper class. Behind the fighters, the untouchables, my bedridden patients began to hope.

A relentless fight, but as always in Thailand, one fights politely and with smiles.
No support from the abbot.
Not an ounce of logistical support from the hospice administration.
Meanwhile in the hospitals it oscillates between condescension, good will, contempt, absolute incompetence, poor administration.
When understanding his tenacity some physicians and nurses go as far as to humiliate Eak publicly in order not to have to justify their own incompetence and their own laziness.

At the beginning, Eak only had a few "farangs" for support. First there was, Lenie, our queen of volunteers, a Dutch woman who has been working with us for years. Lenie is not what you would call a novice: there must be about 3000 deaths in her tracks! Her support is something powerful; it is probably the reason why Eak has managed to survive psychologically. (Over time Lenie became the chief of the

volunteers, her nature allows her to be able to judge their value by smell!)
Then a nurse from Lopburi also engaged herself in the crusade.
Then a doctor from Chonburi also gave her support…

Eak has spent hundreds of thousands of Baht from his own pocket. He has driven thousands of miles by car from one hospital to another, often to be turned away.
Some doctors played that game of creating interminable delays, whilst actually hoping that our patients would die.
And patients did die, full of hope, a few days before their precious medication would come through.

Good luck Eak. Can your people recognise your value?
Your battle is a battle for a Thai, mine isn't. Me, I will continue with the patients who arrive too late to be treated...

Mo Yves
Lopburi - January 2004

This text is an extract from a more ambitious work to be published in French (but whose principal theme is not AIDS). It has been adapted here for the needs of the occasion of the international AIDS conference in Bangkok of July 2004.

It is important to bring attention to the fact that the majority of AIDS patients alive now in the world will never have comprehensive access to antiretroviral

therapy. Shouldn’t it possible for the realm of conferences and science to recognise the validity of clinical research for these patients? We have a dire need for improved and cheaper diagnostic tools for AIDS related diseases some of which are still unknown or untreatable. With that, there is much potential for improved quality of life and greater life expectancy for our patients.

I suggest visiting the website www.AIDS-HOSPICE.com for those specifically interested in the medical issues of terminal AIDS sufferers in a resource limited setting.

… There are already many hundreds of thousands of deaths on the battlefield. Many millions more Thai citizens are tottering on the brink... Thailand has never confronted such an enemy since the Burmese attack of a few centuries ago. We must be realistic. A defeat would mean an Africanization of Thailand and the loss of Thai cultural identity due to physical weakness. It would also mean the loss of Thai regional and international influence to the benefit of the strongest nations of the world who know how to deal with the AIDS pandemic. AIDS is an absolute priority for the politicians, teachers, monks and doctors of Thailand.…

Paul Yves wery (MD)