HEALTHCARE

Care for the dying

Khaw lays out plans to improve palliative care

If HEALTHCARE had a report card, acute care in Singapore would score an A, while chronic disease care would get a C.

But when it comes to care of the dying, Health Minister Khaw Boon Wan would give Singapore below C for “underperforming”.

Of the 17,000 deaths last year, only 4,400 of them benefited from subsidised hospice or homecare services.

“Not all people need palliative care, but I’ll be very surprised if the needs are just 4,400,” he said, adding that the numbers show that current voluntary welfare organisations which care for the dying are “not really” doing very well.

Recognising this as an area the Ministry of Health (MOH) has “neglected” — in part due to memories of the Sago Lane death houses, which existed until the ’90s, where the dying spent their last months in misery — Mr Khaw said: “Fortunately, the limited support from MOH has not been disastrous, purely because our population is still young.”

Now with an ageing population, and to exploit advances in medical science, the MOH has laid out five ways to support palliative care.

In the next year, it will roll out a pilot scheme to bring end-of-life planning into nursing homes.

The MOH is working with the palliative care community to develop a set of guidelines for healthcare professionals on advance-care planning and providing patients with information on the options of care.

This provides patients with a holistic care plan that respects their wishes for end-of-life care.

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THE ‘E’ WORD...
It is a topic that has caught the Health Minister’s attention: Euthanasia.

And Mr Khaw Boon Wan has been reading every letter published in The Straits Times recently to “have a feel” of what Singaporeans think.

“I don’t know if Singaporeans are ready for euthanasia. But I do know that ageing will throw up many more human stories of agony and suffering,“ he said, recalling a letter on the subject.

The writer said she would rather die than suffer like her bedridden parents.

Even if good hospice care is available, long-term terminal illness can be “horrible” for some, said Mr Khaw.

“All societies will have to prepare for longer life spans and the many dilemmas that they will have to confront. We must seek a humane way out of such dilemmas.”

Dr Richard Payne, a pain and palliative medicine expert, said cries for euthanasia are often “cries of frustration”. The best way forward is “making high-quality palliative care available”.

Care for the dying

Mr Khaw announced this yesterday at the official launch of the Lien Centre for Palliative Care, Asia’s first palliative care research and training centre.

Dr Cynthia Goh, director of the centre, expressed support for the MOH initiative.

“Nowadays, the minute anything goes wrong with a patient, the nursing homes would send them straight back into the hospital. We hope that by being able to add measures that would support people being cared for in nursing homes, that sort of reflex referral back to hospital will become less.”

Chairman of Dover Park Hospice Tay Boon Seng said the level of care in nursing homes “would have to improve somewhat”.

However, manager of Margaret Cio Nursing Home, Mr Tony Chia, said it is also important to “keep costs competitive” while upgrading standards.

The Ministry will also be holding public consultations early next year to promote the Advance Medical Directive (AMD), which states that a patient does not want to be artificially sustained if he becomes unconscious while terminally ill.

Less than 10,000 Singaporeans have signed up since its introduction in 1997, so Mr Khaw is looking to simplify the AMD, such as providing multilingual registration forms in plain language and clearer FAQs.

Taking his wife, who has yet to sign an AMD, as an example, Mr Khaw said: “Here is a convert who knows what it’s all about ... but the inertia is real!”

“We have been too cautious and unduly squeamish in promoting the AMD. But timely discussion and planning about the dying process should be an integral part of holistic care of any patient whose death is imminent,” Mr Khaw added.

To boost palliative care, the MOH is also supporting the expansion of hospice care in the community and recognising palliative medicine as a medical sub-speciality with doctors and nurses trained in this area.

Taking a long-term view, Mr Khaw also wants to extend palliative care to address the needs of the dying person’s relatives, an area “even more wanting and challenging”.

The Lien Foundation, which will provide $7.5 million over five years to the centre, will hold dialogues, or rather “dia-logues,” to broach topics on death. Details will be announced later this month.