National Strategy

Ministry to promote palliative care

It accepts recommendations on integrated system, training for caregivers, public education

BY SALMA KEKAL
HEALTH CORRESPONDENT

MORE Singaporeans with terminal illnesses will in future get treatment designed to relieve their pain in their dying days. They will also be given more care and companionship.

This will come with the implementation of a country-wide strategy to deliver palliative care in a coordinated format, instead of as is the case now.

Health Minister Gan Kim Yong yesterday said his ministry had accepted the recommendations in the report on the National Strategy for Palliative Care prepared by the Ministry of Health’s task force.

In particular, the ministry will make palliative care a key part of each regional health system, and increase the number of people trained in it.

Each of Singapore’s regional health groupings currently includes an acute hospital, community or convalescence hospital, nursing homes, polyclinics and general practitioners. These groupings will in future have hospice services to provide palliative care.

An integrated system for the delivery of palliative care will ensure that patients are cared for in an appropriate setting, and allow for seamless care as they move from one setting to another,” said Mr Gan at the opening of a new wing of Dover Park Hospice yesterday.

Palliative care will be a part of the curriculum in public and private training schools, medical schools, residency programmes, specialty training boards and postgraduate programmes.

The ministry will also promote research in the field and mount public-education drives to raise awareness of its benefits.

Palliative care is meant to raise the quality of life for patients with chronic life-Threatening illness by preventing or minimizing all aspects of their suffering.

For example, doctors might calibrate pain-killers to ease a dying patient’s discomfort. Other care providers will help him or her as actively as possible until he dies, or discuss his concerns about dying. His family will also get help to look after him, and to cope with his death.

Palliative care was at first given to end-stage cancer patients in a lot of pain but has since been delivered as well to those with, for example, organ failure or neurological diseases.

Prof Pang Weng Sun, senior consultant in geriatric medicine at the Khoo Teck Puat Hospital, said, “They are more likely to develop chronic diseases marked by pain that can be relieved through palliative care. This form of care can be given to children with terminal illnesses.

The report estimates that by 2020, more than 30,000 people a year would need palliative care beds, up from 8,500 in 2009.

In anticipation of this, the Health Ministry called on February 6 for the report to be done last February. A team of 38 led by Associate Professor Pang Weng Sun, a senior consultant in geriatric medicine at the Khoo Teck Puat Hospital, took on months to put together and submit a 72-page report.

The Lien Centre for Palliative care is a collaboration between the Lien Foundation, a charitable organisation, and Duke-NUS Graduate Medical School to train palliative health-care professionals.

The team found that although the role of palliative care was recognised, it is still being provided on an ad hoc basis. Care could be improved if it adheres to uniform standards and links with other medical services.

The report on the National Strategy for Palliative Care was prepared by the Lien Centre for Palliative care.

The ministry will also promote research in the field and mount public-education drives to raise awareness of its benefits.

The ministry will also promote research in the field and mount public-education drives to raise awareness of its benefits.

The ministry will also promote research in the field and mount public-education drives to raise awareness of its benefits.

Palliative care providers in the public and private sectors and voluntary welfare agencies also need to collaborate and coordinate their services.

Mr Gan noted that patients nearing the end of life often need intravenous antibiotics, blood transfusions and pain relief, and many are admitted—unnecessarily—to hospitals for these. Such transfers can be avoided with good palliative care in place.

Prof Pang said implementing the suggestions in the report was needed to help patients.

He added that the greatest challenge is the need to “close the knowledge gap” and allow the needs of patients and their families “to be heard and understood”.

In busy health-care settings, it can be difficult for staff to set aside time to talk to patients and families, and manage their discomfort and concerns,” he said.

“The most important goal, Prof Pang added, was “delivering palliative care in a coordinated manner that ensures continuity of care across settings and over time.”

salma@sph.com.sg

See also Home Pages B4 and B5

A12 FRIDAY, JANUARY 6 2012
NATIONAL STRATEGY FOR PALLIATIVE CARE

Calls for more awareness of end-of-life care

Patients, families need to discuss dying and care options, say experts

By MELISSA PANG

The report outlining what is to become Singapore’s national strategy to develop palliative care has called for greater awareness and understanding of end-of-life health care.

Health-care professionals have identified the lack of open discussion on death, dying and palliative-care issues as a key challenge to overcome.

Mynd Pang talked about these issues, pointing to what happens when palliative care is not discussed in advance.

The report, titled National Strategy for Palliative Care, said: “Patients or family members may carry the misconception that palliative care is meant only for patients at the end of their life and associate it with giving up hope and treatment, thereby refusing appropriate care.”

The report said patients and families need information and training on how to provide care.

Caregivers also need emotional support, short breaks from the work of caring for a patient and bereavement support.

The report said bereavement support should be given to a family both before and after a patient’s death – family members may even need counseling or psychological services.

Dr Jeremy Lim, the executive director of the Lien Centre for Palliative Care, which put together the report, identified the lack of open discussion on death, dying and palliative care as the most critical barrier to the palliative-care service needs of the public.

He noted that hospices traditionally have a “virtuous cycle” when the public becomes aware and starts to ask for more better palliative-care services.

“The public education and awareness of palliative care comes aware and starts to ask for more. It’s our way of life. But how do we get over this fear so that those who need these services are not denied it?”

A survey by the Lion Foundation in 2006 found that families and caregivers play a big role in deciding after a patient’s death whether palliative care should be given.

Mr Lim said: “There’s nothing wrong. It’s our way of life. But how do we get over this fear so that those who need these services are not denied it?”

A survey by the Lion Foundation in 2006 found that 47% of caregivers felt it was inappropriate, 33% felt patients would object, 24% felt it was too late and 23% felt they would be stigmatized.

Mr Lim added: “There’s nothing wrong. It’s our way of life. But how do we get over this fear so that those who need these services are not denied it?”

A survey by the Lion Foundation in 2006 found that 47% of caregivers felt it was inappropriate, 33% felt patients would object, 24% felt it was too late and 23% felt they would be stigmatized.

Mr Lim added: “There’s nothing wrong. It’s our way of life. But how do we get over this fear so that those who need these services are not denied it?”

A survey by the Lion Foundation in 2006 found that 47% of caregivers felt it was inappropriate, 33% felt patients would object, 24% felt it was too late and 23% felt they would be stigmatized.