

Lien Foundation's study on how to improve Singapore's quality of death draws 30 leading voices

These leaders map out the top end-of-life issues confronted by Singaporeans and suggest how to overcome them

Singapore. June 2, 2011

1. Entitled **“Living with the End in Mind”**, this first-ever study of its kind is the result of the Lien Foundation's consultations with 30 movers and shakers from the medical, community and academic fields¹. Their vigorous responses reflected a shared sense of urgency for the need to improve end-of-life care in Singapore, as part of the overall quality of life. This study is a follow-through from the results of the global Quality of Death Index conducted last year by the Economist Intelligence Unit (EIU) that placed Singapore 18th among the 40 countries surveyed.
2. Spurred by the findings of the Index, the Lien Foundation commissioned this Singapore study to promote greater thought, discussion and action on end-of-life care in Singapore. “End-of-life issues are complex and cut across many realms – economics, ethics, healthcare, the law, religion and technology,” said Mr Lee Poh Wah, CEO, Lien Foundation. “That’s why we invited a diverse and distinguished panel to deliberate on how to raise the quality of death in Singapore. This study is part inquiry, part policy analysis and part idea generation. To meet the needs of a fast-aging population, we need to turn up the national level of discussion and debate to come up with robust solutions. This bottom-up approach seems timely in the post-General Election climate of more open consultation.”

¹ See Annex A for name list of the 30 leaders

Let's all talk about death - a 'national conversation'

3. The strongest desire voiced by the 30 leaders was the wish for a “national conversation”. Everyone in Singapore should start talking and thinking about the quality of death, at home and in society. Sparking island-wide ‘die-logues’ would move end-of-life issues higher up the national agenda. For example, have conversation multipliers like a national event for mass conversation about end-of-life marked annually with a festival of activities, or have insurance agents, life coaches and lawyers prompt such talk. Advanced care planning, where a patient discusses with healthcare professionals his or her choices and preferred plan of care, are little conversations that could be promoted to more widespread use in hospitals or nursing homes.

4. The Principal Analyst and author behind the study, Mr Koh Buck Song, noted: “Because a better quality of death involves almost every aspect of life, the whole community must get involved. The public has to become much more aware of the real issues and start to change attitudes, beginning with the tendency to avoid talk of death. Then it has to act to both demand and deliver higher standards of care.”

Your dying wish

5. “We need to signal to the population that dying is something you can have your say about,” said Dr Kalyani Mehta, President, Singapore Association of Social Workers, in the study. Several other experts echoed her sentiments. Of utmost importance is the empowerment of the individuals’ personal wishes for the way they would like to be cared for at end of life. They should be able to make informed decisions and have the reassurance that their wishes will be respected.

6. For that to happen smoothly, we need to review the present laws that support this. The National University of Singapore’s (NUS) Faculty of Law Associate Professor Terry Kaan remarked: “Currently, the laws provide only walkways where it is not clearly swampy.” The Advanced Medical Directive

(AMD) is cumbersome and needs updating since it came into use in 1997. Presently, the certification for granting the lasting power of attorney under the Mental Capacity Act can only be issued by psychiatrists, practising lawyers or some 80 accredited doctors on the list of the Office of Public Guardian.

Reform the medical sector

7. The study pointed out that the dominant culture and incentive structure in the medical system today rewards cure more than care, and discourages doctors' attention on palliative aspects of healthcare. Instead, doctors and healthcare practitioners need to be trained differently to adopt a more patient-centric focus and 'wellness' mindset for better end-of-life care. Doctors need not see themselves as 'heroes' all the time, but be willing to become "midwives of death" when curing is no longer a possibility.

8. The study also stressed the need to review and realign the medical sector's resources and capacity. "The economics of it are perverse," said Associate Professor Benjamin Ong, CEO, National University Health System, on the misallocation of resources away from palliative care. For instance, in a typical hospital intensive care unit a patient pays about ten per cent of costs after subsidy, whereas in the case of inpatient hospice care, the portion paid by the patient is usually double. "Hospitalisation seems cheaper only because it is heavily subsidised," said Associate Professor Pang Weng Sun, Chairman of the Medical Board, Khoo Teck Puat Hospital.

9. A suggestion to increase healthcare spending was mooted so that more resources can be given to palliative care and VWOs running hospices, as well as the training of caregivers, allied workers and public education. With palliative care, more people can be cared for, for much less money in total because there would be less spent on expensive acute care.

Make palliative care commercially viable

10. A look into how to develop end-of-life care as a private sector industry is also long overdue. The government could develop and spur the growth of an industry sector providing end-of-life care, encourage the formation of commercially-run hospices and inject private sector practices into non-profit service providers. Insurance companies should also explore offering healthcare policies that cover hospice inpatient and home care. Lien Centre for Palliative Care Chairman Ng Kok Song remarked: "People will see it's good business over time." Such moves could help fight the scarcity of palliative care professionals and bring relief to the heavily burdened charitable hospices.

Sandwich generation - upsized

11. The need to grow eldercare and palliative care services is becoming more pressing. "The family needs a great deal of support," said Mrs Ann Wee, Associate Professorial Fellow, Department of Social Work, NUS. "Especially as we move towards the era when four-generation families become the norm – they are with us already, but not nearly as common as they will become as longevity expands." With longer life spans, more working couples will have to care for their grandparents in addition to their parents and children. Relief can come in the form of extended operating hours in elderly daycare centres, or having playgrounds built in nursing homes to encourage more family visits.

Dignity in death care

12. Families facing the loss of a loved one go through a very difficult time. To the bereaved, the way the deceased is treated is very important. The notion of "death care" is about how the very end of life – the dead body itself – is cared for. There should be deep abiding respect, and this attitude should extend beyond doctors and nurses, and include other ancillary staff in hospitals and hospices. "The dead patient is not just a body but Mum or Dad," said Jeffrey Chancellor, Managing Partner, TransLifeCare death care consultancy.

13. Greater attention also has to be given to the way people die. “I hope more people will be able to say goodbye at home and not in the coldness of the hospital,” said Professor Low Cheng Hock, President, National Healthcare Group College. More can be done to help people realise their wish to die at home, like expanding home hospice care and promoting greater awareness of its services and value. Families need support to equip them to handle end-of-life care matters themselves. Maids who care for the elderly can be sent for training and the community may be a source of help.

Death and the community

14. Better end-of-life care need not mean costly solutions, but reshaping cultural mindsets, sustaining free homecare and promoting altruistic neighbourhood volunteerism. For example, harnessing the kampong spirit and tapping “neighbourhood aunties” or retirees as volunteers in a network of community-based services that care for the dying in place.

15. A community-based type of approach to address the need for a cohesive plan on palliative care for Singapore is in the process. “Lien Centre for Palliative Care is coordinating a bottom-up development of a national strategy for palliative care, in close consultation with the palliative care community,” said Dr Jeremy Lim, Executive Director, Lien Centre for Palliative Care. “The strategy will shape our local care delivery models based on the best clinical evidence available here and overseas, and will help determine the resources needed to realise this vision in our local context. We will be submitting our findings to the relevant authorities upon completion of the strategy development.”

16. He added: “The palliative care community is strongly supportive of this initiative. As part of this project, members of the community are working closely with the Lien Centre to study the strategies and service models in top-tier countries like the UK and Australia, as well as solicit views from a wide

range of stakeholders. Today's report by Mr Koh Buck Song will be useful in this respect and constitute an important resource for us."

A new mindset towards death

17. While the study may hold many suggestions, efforts for improvement will not go very far without a change of culture and attitude towards death and dying. There is an urgent need for the whole country to address death, embrace it, think of it, talk about it, and prepare for it.

18. For instance, the area of death and dying goes beyond the responsibility of just the Ministry of Health. Other government ministries can review how their policies can impact better care for the dying. The Ministry of National Development can look into how to help the elderly live closer to their caregivers; the Ministry of Transport can facilitate the provision of taxi services for the frail elderly; and the Ministry of Trade and Industry can support commercial end-of-life care initiatives.

~oOo~

About the Lien Foundation

The Lien Foundation is a Singapore philanthropic house noted for its model of radical philanthropy. It invests in innovative solutions, convenes strategic partnerships and catalyses action on social and environmental challenges. The Foundation drives institutional capacity building to address crucial community needs, and empowers individuals to reach their full potential. It seeks to enhance educational opportunities for the disadvantaged, excellence in eldercare and environmental sustainability in water and sanitation.

The Foundation advocates better care of the dying as part of its mission to advance eldercare. It first conceived and spearheaded a "Life Before Death" initiative in 2006 to create greater public awareness about end-of-life issues in Singapore. Since then, the Foundation has continued its drive to highlight the urgent need for improved care for the dying. It also sought to de-stigmatise death and dying by spurring 'die-logues' amongst the public. In 2010, the Foundation commissioned the Economist Intelligence Unit to conduct the first-ever global Quality of Death index ranking 40 countries on their provision of end-of-life care.

www.lienfoundation.org

Media Contact: Genevieve Kuek Qeren Communications Tel: +6597633110

These 30 leaders provided their perspectives and insights on how to increase the quality of death in Singapore:

Healthcare Group Heads

Dr Jennifer Lee

- Chairman, Agency for Integrated Care
- Senior Consultant, Ministry of Health

Mr Liak Teng Lit

- Chief Executive Officer, Khoo Teck Puat Hospital

Dr Lim Cheok Peng

- Executive Vice Chairman, Managing Director, Group President and CEO, Parkway Holdings
- Member, Singapore Medical Council
- Cardiologist, Mount Elizabeth Hospital

Dr Lim Suet Wun

- CEO, National Healthcare Group
- CEO, Tan Tock Seng Hospital

Assoc Prof Benjamin Ong

- CEO, National University Health System
- Member, Singapore Medical Council

Prof Tan Ser Kiat

- Group CEO, Singhealth Group
- Member, Singapore Medical Council

Medical Academic Heads

Prof Ranga Krishnan

- Dean, Duke-NUS Graduate Medical School

Assoc Prof Tan Kok Chai

- Master, Academy of Medicine
- Senior Consultant, Singapore General Hospital

Prof John Wong

- Dean, Yong Loo Lin School of Medicine, National University of Singapore (NUS)
- Member, Singapore Medical Council
- Deputy CEO, National University Health System (NUHS)
- Director, National University Cancer Institute

Medical Experts

Assoc Prof Roy Joseph

- Dept of Neonatology, NUHS

Prof Kua Ee Heok

- Professor and Senior Consultant Psychiatrist, Dept of Psychological Medicine, NUHS
- President, Gerontological Society

Prof Low Cheng Hock

- President, National Healthcare Group College
- Emeritus Consultant, Tan Tock Seng Hospital

Assoc Prof Pang Weng Sun

- Chairman, Medical Board, and Senior Consultant, Geriatric Medicine, Khoo Teck Puat Hospital

Hospice and Palliative Care

Dr Noreen Chan

- Senior Consultant, Palliative Care, Ministry of Health
- Visiting Consultant, Dover Park Hospice
- Senior Consultant, Dept of Haematology-Oncology, NUHS

Assoc Prof Cynthia Goh

- Centre Director, Lien Centre for Palliative Care
- Head, Dept of Palliative Medicine, National Cancer Centre Singapore

Dr Seet Ai Mee

- President, HCA Hospice Care

Sister Geraldine Tan

- Administrator, St Joseph's Home

Dr Tan Yew Seng

- Medical Director, Assisi Hospice

Community Leaders and Experts in other Fields

Prof Alastair Campbell

- Chen Su Lan Centennial Professor of Medical Ethics, NUS
- Director, Centre for Biomedical Ethics, NUS
- Member, Bioethics Advisory Committee

Community Leaders and Experts in other Fields (cont'd)

Assoc Prof Angelique Chan

- Dept of Sociology, NUS
- Dept of Health Sciences and Systems Research, Duke-NUS Graduate Medical School
- Director, Tsao Foundation Ageing Research Initiative, NUS

Mr Jeffrey Chancellor

- Managing Partner, TransLifeCare death care consultancy

Mr Gerard Ee

- Chairman, Council for Third Age
- Chairman, National Kidney Foundation
- Chairman, Changi General Hospital

Assoc Prof Terry Kaan

- Faculty of Law, NUS

Mdm Low Mui Lang

- Executive Director, The Salvation Army Peacehaven Nursing Home

Dr Kalyani Mehta

- President, Singapore Association of Social Workers
- Associate Professorial Fellow, Department of Social Work, NUS
- Associate Faculty, UniSIM

Mr Ng Kok Song

- Chairman, Lien Centre for Palliative Care, Duke-NUS Graduate Medical School
- Group Chief Investment Officer, Government of Singapore Investment Corporation

Mr Samuel Ng

- CEO, Marine Parade Family Service Centre
- Principal, YAH! Community College

Assoc Prof Phua Kai Hong

- Associate Professor of Health Policy and Management, Lee Kuan Yew School of Public Policy, NUS
- Chair, Asia-Pacific Health Economics Network

Bishop Dr Robert Solomon

- President, National Council of Churches of Singapore
- Bishop of The Methodist Church in Singapore
- Medical doctor by training

Mrs Ann Wee

- Associate Professorial Fellow, Department of Social Work, NUS

The titles and designations of the experts are correct as at time of interview in 2010.