

Home care's big hurdle: Not enough doctors

And the worry about paid services is cost



BY RADHA BASU
SENIOR
CORRESPONDENT

THE first large-scale survey on attitudes to death unveiled recently showed that most people here want to die without pain and at home.

Both wishes can morph to reality in a majority of cases, but for two hitches. First, there simply are not enough trained physicians who are able and willing to deliver quality care to the dying at home. Second, while patients may want home care, they worry about the cost.

The survey was commissioned by the Lien Foundation and polled 800 people.

Singapore currently has fewer than 20 doctors with in-depth training in palliative care, most of whom are based in the specialist centres of big hospitals.

Efforts to rope in and train general physicians and get them to provide home hospice care also do not appear to have yielded much fruit.

When Singapore's largest home hospice provider held a seminar to get general practitioners (GPs) better acquainted with palliative care in 2006, more than 125 turned up.

Lunch was free and by attending, the doctors could notch up credits for the continuing medical education (CME) programme, which requires doctors to take part in training courses every year.

After the lunch, 22 GPs said they were interested in learning more about the field, which seeks to comfort rather than cure those who are seriously ill and in the last lap of their lives.

Another meeting was duly set up by the organisers, HCA Hospice Care, but

this time without the lunch or the CME points. No one turned up.

Things have not changed much since.

In late 2007, the National Healthcare Group (NHG) received government funding to start a home hospice programme for patients with advanced heart, lung or kidney disease. The pilot was important and useful because home hospice care had until then been restricted largely to cancer patients.

But it took the NHG more than six months to find just one doctor willing to tend to dying patients at home. She signed on only for six months.

Meanwhile, patients were eager for the service - 175 people have enrolled since the programme was launched last May.

Once the first doctor's contract expired, the NHG had to turn to the Health Ministry (MOH) to get two more doctors from the ministry's pool of people who were serving bonds and had no choice but to work wherever they were posted.

Some doctors here do not even know that such services exist. When media consultant Vera Lye's cancer-ridden father

was told he had only six months to live, she asked his oncologist if he could be cared for by doctors and nurses at home.

Her 73-year-old father wanted to spend his last days at home, surrounded by family. But Ms Lye, 38, said she was made to believe that home care was not an option. A simple Internet search, however, proved the doctor wrong.

So what else can be done to get more doctors interested and involved in caring for the dying at home?

Dr Wu Huei Yaw, who heads the NHG's home hospice programme, said that wooing GPs who are already interested in palliative care to try it out is the way forward. Every year, about 60 GPs attend a three-day course to learn the basics of palliative care. Engaging and encouraging these doctors to take up home hospice care is one solution, he said.

Dr R. Akhileswaran, chief executive and medical director of HCA Hospice Care, believes that encouraging GPs to charge for home hospice services could help solve the staff crunch. Currently, such services run by groups like HCA Hospice Care and the NHG are free.

"GPs may not find it worth their while to spend time doing this," said Dr Akhileswaran. "But if it is a paid service, things may change."

However, there are no plans to make HCA services paid, as the voluntary welfare organisation is able to raise enough money through donations to sustain its operations for now, he said.

Home care nurses too are in short supply. HCA Hospice Care, for instance, has only 23 nurses looking after 800 patients at any given time.

Meanwhile, paid home-based palliative care services have already been making small inroads.

Last year, private health-care provider Parkway began offering the service for patients with advanced cancer who seek treatment at the group's cancer centre. While nurse visits are free, receiving a doctor's care at home costs between \$200 and \$400, depending on the complexity of the case and length of the visit.

Next year, Raffles Medical Group will start its own palliative home-care services, though its fees have yet to be decided.

Making home hospice care a paid service may lure more doctors, but the MOH has a tough balancing act ahead to ensure that costs do not become too high for a majority of patients.

Health Minister Khaw Boon Wan announced recently that people would soon be able to use Medisave to help pay for caring for the terminally ill at home. Details will be announced later.

The decision is significant as it is the first time the Central Provident Fund-based medical savings scheme is being extended to home care. But how effective the move is, say doctors, will depend on yearly withdrawal limits.

Recently, the MOH allowed Medisave to be used for treatment of chronic schizophrenia and depression. But patients can use only \$300 per year per Medisave account. Such a limit for palliative home care, for instance, would barely pay for a single doctor's visit and not much else.

This is probably why Singaporeans appear to worry more about health-care costs when they are dying, compared to people in other countries.

In Britain, where hospice services are largely free, the biggest fear associated with death is that of dying alone. Similar studies from the US and Ireland show that people there feared pain more.

In Singapore, those polled by the Lien Foundation listed being free from pain as their key wish when asked how they would like to die.

But when asked about their innermost "fears", their answers reflected pragmatism and a certain selflessness - being a burden to family and medical costs trounced pain by far.

radhab@sph.com.sg

PUNCHLINES

