

Most laud Medisave for home care

But hospices worry that charging for the service may dry up donations

By JESSICA JAGANATHAN

HER organs have been failing one by one and she is now hooked up to feeding tubes, with doctors unable to say how much time she has left.

Yet, Madam Goh Soh Lan, 65, does not qualify for hospice home care. Her daughter, Ms Natalie Yong, 34, pays up to \$1,000 a month on medical bills especially when complications arise.

Which is why Ms Yong, a land banker, is cheered by news last week that new rules will come into effect soon, allowing the use of Medisave for home palliative care.

"I cannot keep on paying like this in the long run," she said.

"There is still about \$30,000 locked up in her Medisave, so it will help if we can use that."

Health Minister Khaw Boon Wan reckons that the extended use of Medisave would encourage those who do not need in-patient hospice treatment to spend their last days in their own homes.

Palliative medicine is about improving the quality of life for patients with terminal illnesses such as end-stage cancer and advanced renal failure.

This type of care is provided free by charities, hospices and other organisations - which Mr Khaw thinks is not sustainable in the long-run given the ageing population here.

The use of Medisave, he said, will prepare "the ground for this growth".

Dr R. Akhieswaran, chief executive officer and medical director of HCA Hospice - a charity that is the largest hospice home care provider in Singapore, said home palliative care is provided for free if the patient has an incurable or terminal illness and is not expected to live out a year.

HCA Hospice has about 800 patients under its home-care programme at any given time, and cared for 3,236 patients last year.

For in-patient care, the life expectan-



Palliative care is provided free by charities, hospices and other organisations here, but this may not be sustainable in the long run, given the greying population, says Health Minister Khaw Boon Wan. ST FILE PHOTO

cy is usually three months or less.

In the case of Madam Goh, doctors cannot determine how long she can live. Her neurological illness - cortico basal ganglionic degeneration - cannot be defined as terminal.

This was why she does not qualify for free hospice care. Her daughter has to hire the services of a doctor and nurse

from MW Medical, a private mobile clinic, to come to Madam Goh's house every week to care for her.

Home care includes helping patients manage their pain and teaching family members basic caregiving skills like bathing, feeding and cleaning.

Doctors and nurses who visit the terminally ill also perform nursing procedures

such as changing urinary catheters and feeding tubes.

The number of visits depends on the condition of the patient, and could go up to several times a week.

Although most palliative-care doctors applaud the use of Medisave for home care, many queried the extent of the coverage.

COST CONCERN

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Dr Cynthia Goh, centre director of Lien Centre for Palliative Care and head of department of palliative medicine at the National Cancer Centre Singapore

Dr Madeleine Chew from MW Medical wanted to know if Medisave could be used for medication and equipment.

Many of those running the hospices also opposed the idea of charging the patients for the service, saying it could dry up donations from the public.

Dr Cynthia Goh, centre director of Lien Centre for Palliative Care and head of department of palliative medicine at the National Cancer Centre Singapore, said patients might opt to stay in hospitals to utilise the heavy subsidies instead, if they are charged for home care.

As hospice funds are largely made up of donations from family members when their loved one dies, they might not feel obliged to do the same when a charge, however nominal, is involved, she said.

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Those who use the services of private health-care providers would benefit more from the liberalisation of Medisave.

Services such as visits by doctors and nurses, medication and equipment rental are largely provided free in the hospices, but come at a price in the private sector.

Parkway Cancer Centre charges \$200 to \$400 for a home visit by its consultant doctor and for medication, although a home visit provided by a nurse is free.

jessica@spth.com.sg