

# 福理会调查： 临终病人不知有慈怀护理服务

国家福利理事会展开的调查发现，弱势年长者不但对慈怀护理服务缺乏认知，给予临终病人与看护的社会心理支持也有待加强。

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一项由国家福利理事会展开的调查发现，新加坡弱势年长者对本地所提供的慈怀护理服务缺乏认知；给予临终病人与看护的社会心理支持也有待加强。

国家福利理事会于去年6月至今年3月展开这项调查，希望全面了解弱势年长者对慈怀护理的需求与现有临终服务的不足，从而提升服务质量。

调查小组是通过考察现有服务，并结合相关文献回顾来勾勒目前的临终课题与服务，并对近百名来自本地七家年长者护理与慈怀护理（也称临终护理）机构的业者进行访谈，展开这项调查。

◀ 太太过世后独自一人居住的叶福来（左）其实并不忌讳谈论死亡课题，也可接受慈怀护理服务，只是不识英语，也不会上网，因此之前并不知道有这类服务的存在。（陈渊庄摄）

领导调查的福理会研究员李兴业博士接受本报访问时说，那些低收入家庭、缺少家庭照料或是独处的弱势临终患者，其实对本地提供的慈怀护理服务并不了解，或是相当抗拒。

“受访者也指出，公然谈论死亡在本地还是个社会禁忌。总体而言，文化上的一些观念，可能会阻碍病人尽早就临终护理做出选择。”

## 住家临终护理免收费

李兴业补充说，虽然各大政府与私人机构已展开不少与慈怀护理相关的公共教育活动，但由于这群弱势年长者即不识英语，又不擅长使用互联网，因此无法通过目前的宣传方式获得信息。

HCA慈怀护理总裁阿齐利瓦兰（Akhileswaran）医生受访时说，一些弱势年长者拒绝慈怀护理的另一原因，可能是觉得所有的慈怀护理服务都有收费，其实不然，住家临终护理服务是免费的。

针对这些不足，调查建议可让一

些社区联络点，如乐龄活动中心的员工具备慈怀护理知识，并与那些需要这类服务的年长者分享。

同时，李兴业认为，在一些宗教场所如寺庙或教堂内进行宗教探讨时，可能更容易带入临终课题，因此他建议将宗教组织拉入慈怀护理的公共教育活动内，协助社会克服这个文化禁忌。

独自一人住在一间一房式租赁屋的叶福来（74岁）便是这类弱势临终病患。他本身对慈怀护理并没任何了解，他是在去年前往中央医院求医时，医生发现他已患上大肠癌后，将他转介给本地最大的住家临终护理机构HCA慈怀护理。

叶福来说：“我之前完全不知本地对我们这些患癌病人还有提供上门探访的服务。刚开始不知道是什么，还有些抗拒，但之后每个月都有人来看我，看我吃的药对不对，需不需要经济援助等，让我觉得很窝心。”

“对我来说，死亡不是个不可碰触的课题，我平时看报纸，看见一些病

人跟我的病情一样，我还会跟护士谈这个病人，告诉她我很怕走后没人帮我办后事，我并不排斥慈怀护理服务，只是不知道而已。”

另一方面，调查也发现，给予临终年长者与看护的社会心理（psychosocial）支持也有待加强。

李兴业说：“有八成60岁及以上的年长看护在老伴过世后需要社会心理支持，尤其是那些独处或是没有孩子，或是鲜少与家中其他成员来往的年长看护。”

“调查发现，需要社会心理支持的看护以华族与欧亚族居多，相信与他们的信仰有关，因为有时较长的葬礼过程，可能加长他们的悲伤期。”

对此，调查建议慈怀护理机构可利用社区资源，例如鼓励有经验但已退下的看护担任义工，或是培训一些义工来为临终病患或是看护提供社会心理支持服务。

调查也建议设立一个共同平台，让提供社会心理支持的工作人员分享资源与优秀点子。



## **Study by NCSS:**

### **Terminally ill patients unaware of palliative care services available**

Reported by Li Yuan Yi

A study conducted by National Council of Social Services (NCSS) reveals that the disadvantaged elderlies in Singapore do not know much about the palliative care services provided here, and psychosocial support for terminally ill patients and their caregivers need to be further enhanced.

NCSS conducted the study from last June to March this year to fully understand the need of the disadvantaged elderlies for palliative care, as well as to find out any inadequacy of the current palliative care services, so as to enhance the quality of such services.

The study team surveyed the current services and reviewed related journals and documentations to outline the current situation of palliative care and services. It also conducted interviews with close to a hundred staff from seven local elderly care and palliative care operators.

Dr Li Xing Ye, NCSS researcher leading the study said in an interview with this newspaper that terminally ill patients from low income families, those with little family support or those who are staying alone in fact do not understand and may even be resistant to the palliative care services available here.

“The interviewees also pointed out that it is still a social taboo to discuss death openly here. In general, certain cultural perceptions may deter patients from making their choice early about palliative care.”

### **Free home-based palliative care**

Dr Li added that although the various major public and private institutions have conducted many public education activities related to palliative care, the group of disadvantaged elderlies do not understand English and are not familiar with the internet. As such, they are not able to obtain such information via the current modes of publicity.

Dr Akhileswaran, CEO of HCA Hospice Care said when interviewed that another reason that some disadvantaged elderlies refused palliative care could be that they thought all the palliative care services are chargeable. In fact, home based palliative care services are provided free-of-charge to patients.

To address these inadequacies, the study suggests to equip some staff or personnel from community contact points, such as senior citizen activities centres with knowledge on palliative care so that they can share it with elderlies who may need such services.

In addition, Dr Li feels that it may be easier to approach the topic of palliative care in religion studies conducted in places of religious worship such as temples or churches. He suggests to reach out to religious organisations in the public education programmes on palliative care to help the society overcome the cultural taboo.

Ye Fu Lai (74 years old) who lives alone in a one-room rental flat is one such disadvantaged terminally ill patient. He did not know anything about palliative care until his

doctor referred him to HCA Hospice Care, the largest home based palliative care centre in Singapore. Ye was diagnosed with colon cancer when he sought medical help at Singapore General Hospital last year.

“Prior to the referral, I did not know that such home based services are available in Singapore to cancer patients like us. I was a bit resistant at first as I did not know what it is all about. However, as time passed by, I realised that someone will visit me monthly to check if I am taking my medications correctly, to see if I need any financial help etc, and I felt cared for,” said Ye.

“To me, death is not an out-of-bound topic. When I read about patients with similar medical conditions as me in the newspapers, I will discuss the cases with the nurse. I will tell her that I am afraid that no one will attend to my funeral matters when I pass on. I am not repulsive to palliative care services, I was just not aware of them.”

On the other hand, the study also finds that the psychosocial support for terminally ill elderly and their caregivers need to be further enhanced.

“Eighty percent of elderly caregivers who are 60 years old and above require psychosocial support after their life partner passed away, especially those who live alone or do not have any children, or who are seldom in contact with other family members,” said Dr Li.

“The study shows that most of the caregivers who require psychosocial support are Chinese and Eurasians. This could be related to their religions, as sometimes, longer funeral rituals may prolong their period of grieve.”

To this end, the study suggests that palliative care organisations tap on resources from the community, such as encouraging experienced caregivers who have since been relieved of their obligations to become volunteers or training volunteers to provide psychosocial support services to terminally ill patients or caregivers.

The study also recommends setting up of a common platform for people involving in providing psychosocial support to share resources and great ideas.