

Providing Palliative Care – An Emerging Role for the Community Physicians?

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Preferred Place of Death

- 2/3 of people with incurable diseases in economic developed countries wish to die at home but less than 1/3 succeed in doing so (Higginson IJ et al 2000).
- 52% of patients admitted to a general medical unit and a geriatric medical unit preferred to die at home (A Lee & WS Pang 1998).

Deaths by Place of Occurrence in Singapore 2006

Place of Death	Total Number	%
Total	16,393	100
Public Sector Hospitals	9,168	55.9
Private Sector Hospitals	526	3.2
Nursing Home & Clinics	323	2.0
Public & Charitable Institutions	572	3.5
Licensed Sick Receiving Houses	665	4.1
Residence	4504	27.5
Other locations	635	3.9

Achieving More Home Deaths

- More resources to support care at home.
- Develop primary-care based services for the dying in the community.
- More involvement of community physicians :-
 1. Community-based palliative care physicians.
 2. Community physicians in nursing homes /chronic sick units, community hospitals and home medical services.
 3. Family physicians.

Current Community Palliative Care Services in Singapore

- **4 In-patient Hospices**
 - Dover Park Hospice, Assisi Hospice, Bright Vision Hospital and St Joseph's Home (GP).
- **6 Home Hospice Services**
 - HCA Hospice Care, Assisi Home Care, Singapore Cancer Society, Bright Vision Hospital, Metta Hospice Care (GP) and Agape Methodist Hospice (GP).
- **2 Hospice Day Care Centre**
 - HCA Day Care, Assisi Day Care.

Definition of Palliative Care?

- An **approach** that improves the **quality of life of**
- patients facing the problems associated with **life-threatening illness,**
- Through the **prevention and relief of suffering** by means of
- **early identification and impeccable assessment and treatment**
- of **pain and other problems – physical, psychological and spiritual**

Palliative Care

- Includes non malignant conditions that are life-threatening – organ failures.
- Starts early, not just at the terminal phase.
- Involves a team approach which includes the community physicians.

Early Involvement of Palliative Care

- “Would I be surprised if my patient were to die in the next 12 months “ – if the answer is “No”, then a palliative care approach is needed (Murray 2005)
- Patients are still likely to be ambulant and under the care of their family physicians.

Principal Causes of Deaths in Singapore 2006

Causes	% of Total Death
Cancer	28.5
Ishaemic Heart Disease	18.5
Pneumonia	13.7
Cerebrovascular Disease (including Stroke)	9.8
Accidents, Poisoning & Violence	6.3
Other Heart Diseases	4.3
Diabetes Mellitus	3.3
Chronic Obstructive Lung Disease	3.3
Urinary Tract Infections	2.3
Nephritis, Nephrotic & Nephrosis	1.7

Community Physicians (Palliative Care)

- Palliative Medicine will be accredited as a subspecialty (same status as other 35 specialties)
- Subspecialty Training in Palliative Medicine started in May 2007.
- MMed (Family Medicine) is accepted as one of the entry criteria for the 3-year Advanced Specialty Training in Palliative Medicine
- 2 out of 6 trainees - MMed (FM)

Other Community Physicians will face dying patients

- Community Hospitals
- Nursing Homes
- Home Medical Teams
- Dying in the places where they are care for.

Family Physicians are well placed for Primary Palliative Care.

- To identify patients at diagnosis, hospital discharge or disease progression, who may benefit from early palliative care approach.
- To deliver simultaneous active treatment and patient-centred supportive care.
- Consider the needs of the family after the patient's death.

Initiative overseas

- UK – Gold Standards Framework encourages holistic, patient-centred care in the community.
- Australia – involving GPs in multidisciplinary team care and increasing their knowledge & skills in palliative care.
- US – evolving models on chronic care delivery and reimbursement.

In Singapore

- Palliative Care Services are seeing more patients with non-malignant conditions – 4.6% in 2003 to 7.3% in a local hospice.
- Home care deaths can be as high as 54% in hospice home care service vs national average of 27%.
- Involvement of Family Physicians in end-of-life care is perceived to be low (no local figure).

Palliative Care Experience among Singapore Family Physicians - YS Tan and PH Chong 2008 (unpublished study)

- Qualitative Study
- Interviewed 16 family physicians.
- Attitudes, understanding and perceived roles, motivation and barriers to providing palliative care in their practice.

Perceived Barriers

- Time constraint and the need to attend to patient urgently.
- Inadequate knowledge and skills.
- Emotional strain.
- Affordability – patients cannot afford.
- Controlled drugs issues.
- Perceived difficulties with relatives.

Being excluded as providers of palliative care

- Patients bypass GPs and interact with hospital-based services and hospice home care services directly.
- Lack of communication. GPs have no idea of the current medical conditions and the exact plan.
- Does not always receive communication from hospitals or hospice services.

Factors that will encourage more GP participation

- Being kept in the loop.
- Specific area of training – drugs, counselling skills.
- Financial remuneration/compensation.
- Support from professional colleagues.
- Support from patient's family.
- Shared model of care.

Emerging Role for Family Physicians - yes

- Well placed.
- Identify patients early.
- Rapport with patients.
- Manage concurrent problems.
- Share the common values with palliative care – holistic, patient-centred, empowerment and involving the families, etc.

Challenges Ahead

- Increasing the pool of Community Physicians in palliative care – some will become Palliative Medicine Subspecialists.
- Training of Community Physicians in Community Hospitals, Nursing Homes/ Chronic Sick Units, Home Medical Units in Palliative Care.
- Getting more Family Physicians to be involved in palliative care (major challenges).
- Co-ordination of community hospice services to support community physicians and family physicians.

Challenges of involving Family Physicians

- Time Availability of Family Physicians – in between sessions for home visit.
- Willingness of home hospice services to “share care” with Community Physicians – better control with own doctors.
- Support from specialist palliative care physicians – for advice on difficult issues.
- Remuneration – who pays? Patients? Government? Hospice Services?

Conclusion

- Community Physicians will certainly play a greater role in palliative care in an ageing population. More palliative care physicians will be needed.
- The barriers to Family Physicians providing palliative care are many and require multi-agencies cooperation and co-ordination (MOH, hospices services, hospitals, etc).
- Every person with a progressive illness has a right to good end-of-life care including good care in the community.