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Title : HCA Hospice Care partners GPs to improve end-of-life care

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SINGAPORE: The need for better palliative care has become more critical, as Singapore's population ages and as the focus shifts towards community-based healthcare.

Singapore's largest home hospice provider, HCA Hospice Care, is working with general practitioners (GPs) to improve the quality of care.

HCA Hospice Care handles about 80 per cent of home hospice visits in Singapore, and has about 800 patients under its care at any one time.

51-year-old Madam Yeo Guat Ngoo lost her husband to lung cancer three years ago. Even though a hospice team was on hand in his final days, she relied mainly on her family doctor for support.

"We are familiar with him. If there are any problems, he can explain them to us better. We communicated with the hospice doctor, but there are some things which we find difficult to say," said Madam Yeo.

And it's this bond that HCA Hospice Care wants to tap on.

There is generally a stigma associated with hospice care - that it's a last resort for those who have given up hope. What HCA is hoping to do is to remove some of the fear of the unknown, by involving someone whom the patient has known and trusted for a long time - the family doctor.

"When we institute any treatment, perhaps for example starting a painkiller for obvious painful symptoms, some of them will not take the medicines because it came from us, despite us being the experts. However, if it came from the GP, they will faithfully take them," said Dr Chong Poh Heng, Deputy Medical Director of HCA Hospice Care.

The GP will be brought on board only with the patient's consent.

The hospice team, which comprises a doctor, nurse and counsellor, will keep GPs in the loop on the patient's condition and provide the necessary help and training.

The team will develop a clinical management plan for each patient, which the GP will be briefed on. In turn, the team gains access to the patients' medical records much more easily.

Dr Chong speaks from experience, having formerly been a GP who also saw patients through their last days. This convinced him of the need for a closer partnership between family doctors and palliative care providers.

Dr Chong said HCA is not "outsourcing" its work, but is reaching out to GPs who are already involved in the care of terminally-ill patients.

For these doctors, the arrangement is a form of back-up.

"It's a three-way partnership where nobody feels that you're in this alone. I will have the assurance myself that whatever I offer to the families in distress, it's not limited to my knowledge and my skills, and that I'm working with people who are doing this on a daily basis," said Dr Tan Poh Kiang, a GP.

"If they come to me instead of calling the hospice team nurse or doctor, I can take note of the new developments and I can place a phone call to my counterpart, check whether the dose of medicine is

appropriate, check whether it's time to tail off something or to increase, or to add on," added Dr Tan.

For the initiative to work, communication channels between the GP and hospice team must be open and uncomplicated.

"I want to know I can just pick up a phone or send an email to them," said Dr Tan.

HCA said by being involved, the GP can also provide better emotional and psychological support for the family as they cope with the grief of losing a loved one.

In separate news, as part of efforts to raise awareness of palliative care, some 455 cyclists hit the streets on Sunday morning for the World Hospice Day Ride.

The event, now into its fourth year, was organised by the Singapore Hospice Council to mark World Hospice Month in October.

The 15-kilometre route took cyclists from Jalan Tan Tock Seng to Moulmein, Mountbatten and finally ending at East Coast Park.

There, they joined hospice patients and their families, in a performance symbolising the circle of life.

- CNA /ls

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