

PLANNING FOR END-OF-LIFE CARE



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The approach of the silver tsunami brings new challenges for our healthcare. By 2030, 1 in 5 Singaporeans will be over the age of 65. With more elderly residents, longer life expectancies, and increasing complexities of healthcare conditions, healthcare services are set to face increasing demand.

Healthcare utilisation has been shown to increase sharply as one approaches the end of life. Repeated hospitalisations, long hospital stays and deaths in hospital are commonplace at the end of life. This is a consequence of receiving aggressive medical treatment at the hospital till the end. Studies of patient preferences indicate that given a choice, those at the end of life would prefer not to have frequent transfers between their places of care, be it the home or long-term care setting, and the hospital, and also not to pass away in the hospital.

However, most patients do not have documented plans of their preferences for treatment or location of death in the event of being seriously ill. Without this, it is challenging for the medical team and family to decide on a conservative medical management and palliative care for the patient. Studies have shown that palliative care management improves the quality of life of patients. In addition, opting for conservative management also meant fewer hospital transfers and reduced costs.

Amongst the gamut of strategies to prepare the healthcare system for future needs, is the decision to strengthen palliative care services for patients in the last stages of life. The World Health Organisation has defined palliative care as "...an approach that improves the quality of life of patients and their families facing the problem 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, psychosocial and spiritual." Whereas routine medical treatment is curative in intention, palliative medicine seeks to relieve pain and suffering through a multidisciplinary approach addressing physical, emotional, spiritual, and social concerns.

There is a need for palliative care to be strengthened in the nursing homes. There are 61 nursing homes in Singapore with a total capacity of approximately 9,200. About half are voluntary welfare homes and half are privately-run.

Presently, nursing homes do not provide palliative care services due to manpower constraints and the lack of training in palliative medicine and management. Purchasing services from external palliative care providers would also not be a viable option for nursing homes with their limited budget.

In 2009, a pilot project – Project Care for Residents in Elderly homes (CARE), was funded by the Ministry of Health to examine the effectiveness and costs of offering palliative care in nursing homes in Singapore. A palliative care team from Tan Tock Seng Hospital (TTSH) comprising of doctors, nurses, and medical social workers were brought together to offer palliative care in 7 nursing homes within the catchment area of TTSH.

The Project CARE team screened all residents in the nursing homes to identify those with a prognosis of 1 year or less. This determined the eligibility for palliative care. If the resident and/or their family were interested in receiving palliative care, a meeting was organised between the Project CARE team, the resident and his/her family. An advance care planning discussion took place where the Project CARE team document the resident's preferences for treatment type and place of death. Treatment choices included comfort

measures in the nursing home, limited additional treatment in the nursing home and/or hospital, or full treatment in the hospital. Residents who chose to receive comfort or limited additional intervention in the nursing home came under the care of the Project CARE team.

Residents who were under the care of the Project CARE team were expected to have fewer hospitalisations and shorter cumulative length of stay. In order to evaluate the effectiveness and costs of Project CARE in reducing hospitalisations, we designed a quasi-experimental study to compare hospitalisations in the last month and 3 months of life in residents under Project CARE with a historical cohort of residents who were deceased prior to the introduction of Project CARE. Results showed that Project CARE residents had lower odds of being hospitalised, fewer hospitalisations, shorter cumulative length of hospital stay, and lower healthcare costs in comparison to the historical cohort of residents in the last month and 3 months of life.

Additionally, families were surveyed 1 to 3 months after the demise of the residents regarding their satisfaction with the care that the resident received in the last week of life. Overall satisfaction levels were higher in families of Project CARE residents, who reported fewer problems in being informed and involved in the residents' medical condition, and felt more satisfied in their ability to manage residents' medication and condition at the time of death.

Project CARE is one example of strengthening palliative care services in our nursing homes. More programs such as home palliative and hospice care are also being rolled out in an effort to ease the suffering, ensure quality of life, and preserve dignity for patients nearing the end of their lives.