

New centre aims to lift standard of palliative care here

It also seeks to train more professionals in it and help to normalise death and dying

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Mr Mah Yook Loong, 74, put off seeing a doctor for two months in 2019, preferring instead to endure excruciating pain down his spine. He slept while seated as the pain prevented him from lying down.

"My father said if his time was up, he did not want to go for any treatment and wanted to pass on in the comfort of home," said his daughter, Ms Mah Siew Heng, 41, a financial consultant.

When Mr Mah finally went to a doctor, he was diagnosed with end-stage prostate cancer.

"The doctor told us that if (the cancer is) untreated, he was probably left with just three weeks," she added.

Mr Mah subsequently went for treatment, and received palliative care to help him manage his pain, condition and mood.

Palliative care is aimed at helping someone live with a serious, complex illness in the best way possible, improving the quality of life for patients as well as their loved ones.

As Singapore's population ages and awareness of palliative care grows, demand for such care will rise. In line with this, the newly launched SingHealth Duke-NUS Supportive and Palliative Care Centre (SDSPCC) and the Singapore Hospice Council held a virtual forum yesterday.

"We're not just looking at life prolongation of curative means, but giving patients what matters to them during their final days and giving them a good closure," said SingHealth group chief executive Ivy Ng in her speech.

"It takes time, effort and commitment to hear each patient out to know what matters to them... and what will help them have closure. And then to try and meet those as part of holistic care that must include compassion, pain-free comfort, dignity and peace."

The head of SDSPCC, Clinical Assistant Professor Patricia Neo, said it wanted to raise the standard and capacity of palliative care, train more professionals in it and, in the process, help to normalise death and dying.

SDSPCC will integrate all supportive and palliative care services within the SingHealth cluster. Among other things, it has targeted to build general palliative care capacity and capability as well as specialist palliative care expertise.

Prof Neo, who is head and senior consultant at the Division of Supportive and Palliative Care at National Cancer Centre Singapore, said there is a need to change the culture of death and dying in Singapore.

"There's still in this old generation a kind of cultural belief that death should not be spoken about, and that it's just something that you hide away and not engage until it's in your face."

Up till some 60 years ago, people were sent to death houses in Sago Lane to await their deaths. Palliative care began in the country in 1985 with the 16-bed St Joseph's



Mr Mah Yook Loong, who was diagnosed with end-stage prostate cancer, is undergoing treatment to prolong his life.

Hospice providing end-of-life care. Later, more hospices were built and home hospice services were offered.

Today, there is also a focus on early palliative care, which is called supportive care, and this can be offered concurrently to, say, a person who is undergoing active aggressive treatment for a newly diagnosed cancer with large tumours and may be suffering pain, Prof Neo said.

This is somewhat different from late-stage palliative care for a patient who is no longer on chemotherapy and may be in the last stages of his life.

The palliative care team also helps the patient's family to cope, not just during the illness but also after the death.

"If we notice that some of these families need further bereavement support, that is when the hospice team comes in," said Prof Neo.

At the forum, guest speaker Fliss Murtagh, a palliative care expert from Hull York Medical School in Britain, said a positive difference may well take the form of preventing deterioration, maintaining mobility or lessening the impact of symptoms, rather than an improvement in a patient's condition.

Research done over the past 30 years showed that what mattered most to patients in advanced stages of an illness included good pain and symptom control, support for the family and a reduction in the caring burden, she said at the lunchtime forum.

"The patient wants to achieve a sense of resolution and peace, and wants the time and support to prepare for death," said Professor Murtagh.

Prof Neo, who is also chairman of the Singapore Hospice Council, said that by educating the public and healthcare workers on palliative care, setting standards for it and talking about it, people will start to think of palliative care as a good option.

It is not to think about palliative care as giving up but to focus on the "dignity, personhood and maximising of the quality of life".

Mr Mah in the meantime is continuing to undergo treatment aimed at prolonging his life.

When he was hospitalised for two months after spinal surgery, he became depressed as he was going through a lot of pain. The palliative team helped and was there for her father when he could not sleep, said Ms Mah.

"We felt they were not giving up on us just because it's the end stage... It gave us hope that my dad can have quality of life."

Mr Mah not only regained his appetite but also went on to have physiotherapy, and was able to return home to enjoy his daily activities such as practising qigong and reading, said Ms Mah.

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GIVING PATIENTS A GOOD CLOSURE

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