Reflecting back on the Sweden trip experience

by Dr Low Sher Guan Luke, FCFP(S), Chief Editor, Team D Editor

Back in 2017, I was asked to plan for my own healthcare manpower development programme (HMDP) trip and it suddenly struck me that I could finally get a chance to observe inspiring healthcare systems and models of care in other countries. Being a family physician in Singapore, we are very privileged to have an accessible healthcare system and a fairly well-balanced healthcare financing, even though there is still some room for improvement especially given our context of an ageing population and the need to shift health beyond hospitals into the community. A good family physician in the community setting of the polyclinics, general practitioner (GP) clinics, family medicine clinics (FMCs), home care or community hospitals can do so much more to shift and consolidate care from the acute hospitals and deliver a more holistic and streamlined care experience for our residents in the community.

Our team was really delighted when our Swedish counterparts in Jonkoping agreed to have us for a month's attachment. We planned various places to attach to, including their primary care clinics, home care services, nursing homes, Esther programme (about person centric care) as well as various people to speak to, including their local municipality mayors and healthcare authorities and staff.

One of their highlights was their Esther programme which really centres care around their Esthers. "Esther" is a persona of a patient who wishes to be cared for in her community instead of the hospital. Healthcare providers then went about doing what is best for "Esther", including primary care and home care coming together to provide care for her in the community instead of having her admit and readmit to the hospitals due to her chronic conditions with their inherent complications. It was wonderful to see how healthcare financing has shifted to the community such that doctors and nurses were encouraged to train for community work, work in the community, receive commensurate salaries (sometimes better on certain occasions), and the ministry provided a very responsive system that provides home modifications, wheelchairs, commodes and various walking aids to the patients' home in order to customise it for their functional status. We also know Sweden to be a very green country, and this is manifested in the fact that they have a recycling facility for used commodes, wheelchairs, walking aids etc. Patients who have either passed on or have no further use for them will donate them for refurbishment and reassignment to other patients who need it, at a more affordable price tag compared to a brand new one! Their recycling facility also

(continued on Page 8)

(continued from Page 2: Reflecting back on the Sweden trip experience)

looks very much like IKEA's warehouse, with shelves of many of such equipment!

One of the reasons why their Esthers can be cared for in the community is the strong focus on home care. They had a big pool of district nurses (like our community nurses) who after a period of training in the acute hospitals and passing certifications and exams, then proceed to work in the community. On top of what Singapore home care nurses are able to do, the Swedish district nurses were also empowered to deliver palliative care at the other end of the spectrum, and sign death certificates for patients who had expectedly demised from their known advanced condition, be it malignancy or organ failures. The doctors in home care take on a more consultative role for the pool of district nurses, delivering remote advice to the district nurses who are the actual hands and feet on the ground. Jonkoping has a lot of district nurses because it is seen as a form of specialty nurse who have completed community training, and they are remunerated better than their hospital counterparts. This helps to draw in talented nurses in huge numbers to train into district nurses. They also have healthcare assistants who assist in more mundane tasks e.g. personal care and grooming, toileting. Even a bedbound patient with no family members as caregivers but who needs 2-hourly turning can be cared for in their homes round the clock. These healthcare assistants gain access into the flat through a central lock and key mechanism and go in every 2 hours to turn the patient. Had the patient been in Singapore with no willing caregiver, he would have landed up in a nursing home.

Dining in a nursing home

Speaking with healthcare authorities

Their nursing homes were also included in our itinerary. Most of them are built close to forests or lakes, making for a very nice living experience. They have 1-bedded or in the worse case scenario, 2-bedded rooms, each having their own unit number. Family members are encouraged to customise the room and decorate with personal belonging to help the resident feel more at ease in their "own rooms" in the nursing home with a sense of belonging. It certainly did not feel like a nursing home experience at all. When we ended that day, we were even invited to have dinner with their residents and they made us feel so welcome that we were able to feel and appreciate their joy and happiness (even despite being in a nursing home). Of course, we know that Sweden has a vast expense of land that makes for a more pleasure experience, but beyond that, there was a very healthy culture amongst staff and patients that made the nursing home feel almost like a real home.

Their primary care clinics are not unlike the private GP solo clinics and groups that we find in Singapore, with the exception that Sweden has many mini clinical pathways created for conditions that require advanced imaging and investigations, and allows for primary care clinics to draw on subsidies from public healthcare funding for patients who requires such investigations as stipulated in the clinical pathways. It is not uncommon for their primary care clinics to be able to order CT scans or other advanced imaging according to what is prescribed in the clinical pathway, and patients get their subsidised scans in the community without having to choke up hospital specialist outpatient clinics (SOCs). This empowers primary care to do more for the patients in the community without having them to step inside a hospital.

The patient experience would not be complete if the patients did not have a voice in healthcare. They frequently hold Esther

A wheelchair bound patient with his lower body prothesis

With the district nurse

Surviving a hike

cafes in healthcare settings such as hospitals or senior care centres in order to bring Esthers together and conduct forums for them to hear their needs out. I also had the privilege of sitting in a hospital's orientation program for their new hires, and the hospital brought in inspiring Esthers who narrated their personal experience in that very hospital. One of them had a road traffic accident and went through multiple surgeries to fix broken bones, depression over loss of function, as well as a long period of rehabilitation in order to regain modified independence. He described how he felt as a patient and how he was grateful to the many healthcare providers who have touched his life along his journey to recovery and gave him another chance to live independently again. Such patient centric care being described by the very patient himself at a hospital orientation programme, sent a very powerful message that brought tears to many, inspired and fired up many passionate hearts and reinforced the very reason why we entered healthcare in the first place!

The Swedish experience would never be complete if we had not squeezed in some time to explore the place and culture beyond healthcare! Yes, the meatballs in Sweden IKEA tastes much like Singapore's, but they also have venison (deer) meatballs. Their environmental responsibility also featured very strongly in their daily lives. Staff and visitors alike who dine in the hospital canteen queue up for food like in IKEA, but also have to queue up to return their trays, and they expect us to separate the food waste from the utensils. I often queued up for a good 5-10 minutes just to return my used tray. A lot of spirit of self-help there that Singaporeans can do more with. Definitely a good habit to inculcate in our hawker centres which often relies on a few aged table cleaners with arthritic joints.

When we said we had plans to explore and walk in the forest, we were told we had to wear a reflective vest so that we would not be mistaken as a deer or moose and be shot by a hunting rifle… so much for a peaceful walk in their forest. It also started snowing at the last week of our trip and though the winter wonderland was beautiful, it also made driving much more tedious for a typical Singaporean who is used to driving on normal roads with a right-hand drive car.

Having been back in Singapore for the past 2 years, I have tried to work with our team to bring some of the good practices over e.g. person centric care, knowing what our patient wants, prescribing beyond just medications but also social activities which helps in overall well-being of our patients. We are also starting to see Ministry's focus on care beyond hospitals to community, though it will take monies, resources and time to attract more healthcare providers into community nursing and family medicine training and practices. It is my fervent belief that with the right drive from Ministry and right minded healthcare providers who wants to help our residents receive better care in the community, we can all look forward to a better health system of the future!

CM