

A Day in the Life of a Homecare Doctor

Interviewed by Dr Ng Liling, Family Physician, Editorial Team Member (Team B)

College Mirror (CM): Hi, Dr Lai, thank you for taking the time to do this interview for The College Mirror.

Can you tell us more about yourself? (How long you have been working as a homecare doctor)

Dr Lai Junxu (LJX): I have been doing home care since May 2014. My patients are usually the chronic sick with mobility issues (post-CVA/TBI/ICH; end-stage dementia/Parkinson's) OR end-stage organ diseases of the heart, lung, kidney, liver or cancers). They cannot get to a physical medical facility hence I am the family physician in the comfort of their home. My daily routine is to drive around Singapore doing "ward rounds" in the homes of patients.

I have hired a nurse 3 years ago and am always on the lookout for like-minded younger doctors to join me. I always go by the phrase "age gracefully and die peacefully at home" and "doing less may be the right thing".

I have three young boys. I like to eat and have a weakness for watches and fast cars.

CM: What made you decide to go into homecare initially?

LJX: My maternal grandma had metastatic colorectal cancer to the liver. She was under a home hospice programme which was overwhelmed. I faced huge difficulties getting a doctor to come to the home to palliate her. I managed to get a senior to come in. I was thus inspired to improve the state of home care in Singapore. I realised that the mechanics (back-end purchase of medication, clinic management system, laboratory support etc) were easy to set up. However, the problem lies in getting suitable patients to agree to home care (private home care is expensive and out of reach of most Singaporeans) unless there is some form of subsidy or co-payment model. I then saw that there were many poor Singaporeans with mobility issues who have difficulties accessing medical care. This became the foundation and basis of my home care – chronic subsidised home care to the chronic sick or dying with mobility issues.

CM: How different is homecare compared to seeing a patient in the outpatient setting?

LJX: There are different challenges.

a) I do not have the luxury of doing investigations all the time anytime (as I drop off all investigations at the

laboratory myself; removing out of pocket cost to the patient). Unlike a physical clinic which has point-of-care test kits; scheduled timings for the lab couriers to take the samples back to the laboratories. Home care is very much clinical medicine (looking up the NEHR; taking a history often from the caregiver which is usually a foreign domestic helper, followed by a physical examination)

b) I carry mainly acute medications as well as some chronic medications that my patients need. I don't have the luxury of a huge inventory of medications, unlike a physical clinic. Hence, I have to continually refine my drug list to ensure that the common drugs to treat most conditions are included. This is important when treatment is time-sensitive eg drugs to keep a dying patient comfortable at home and reduces inconvenience for caregivers to top up medications at external pharmacies.

c) Clinic doctors usually finish work when they leave the clinic and reach home. But for me, patients who are very sick or dying have my number so there is no definite end time for work.

d) I get to see how the patient lives at home (physical home environment/set up) and observe the interactions with the rest of the family or the caregiver unlike in an outpatient clinic setting.

CM: What were the challenges that you faced when you were doing homecare?

LJX: a) Patients who choose home care often do it as they are unable to get to a clinic (mobility issues), so the aim is definitely to try not to send them to a clinic or hospital.

b) "Playing god" - I need to sometimes convince patients that it is ok not to send the patient to the hospital and that keeping the patient at home is the best for the patient and the family members (and this is knowing the patient will die).

c) Driving can be frustrating – bad traffic or bad weather (either too hot and I sweat a lot OR raining heavily and I am drenched going into and out of my car and from my car to and from the patient's home)

During the COVID period,

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Dr Lai Junxu is a Family Physician and Director of OmniMed Healthcare Holdings.

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a) patients and their families are worried about going to the hospital due to visitor restrictions and isolation protocols. This is not ideal for the patient and caregivers as there is a concern that the patient will die alone.

b) I have to wear PPE in the patient's home which may have poor ventilation and have a fan at the very best, unlike a clinic/hospital where ventilation is better.

CM: Are there any memorable stories to share from your time working as a homecare doctor?

LJX: a) The love and bonding between family members, for example, my 108-year-old patient who still worries about her son who is 88 years old, as he has ill health from chronic diseases

b) Family members cooking for me or preparing food for me each time I visit them

c) A husband and wife (in their 80s) whom I saw regularly (from chronic disease to diagnosis of cancer to their demise at home). I was invited by their daughter to give a talk to other residents at a Resident Committee meeting.

d) The many gifts and cards from the family members of deceased patients to thank me for walking the last journey with them.

CM: Any pearls of wisdom for our readers who are interested to do homecare?

LJX: a) Train well in family medicine, palliative medicine and geriatric medicine.

b) Must enjoy driving around.

c) Must be ok with unpredictable hours (24/7 standby). My family members always say I am addicted to my phone as I am on it most of the time)

d) Must be good with multitasking (using the car GPS, driving, taking a call from a pharmacist/nurse/patient/family member while Whatsapp messages beep in the background (from a nurse/patient/family member).

Thank you, Dr Lai, for your time and your inspiring sharing with all of us.

■ CM

Reflections from Family Medicine Review Course (FMRC) 2021

by the Organising Committee, FMRC 2021, Trainees of FCFP(S) 2020-2022

This year's Family Medicine Review Course is titled: Navigating the New Normal in Primary Care: Key Updates and Practice Pearls. It is jointly organised by the Chapter of Family Medicine Physicians (Academy of Medicine) and the College of Family Physicians Singapore, and this will be the first time the FMRC will be conducted via a virtual platform in view of the current pandemic. The COVID-19 pandemic has evolved to be an important health and social care crisis globally. Even as Singapore takes cautious steps with strategies aiming to further contain the infection, it is important for Family Physicians to remain relevant going forward while caring for our population through these challenging times.



In this edition of the course, we endeavoured to bring an exciting variety of topics including updates on National Immunisation Schedule and subsidies, availability of community resources for our patients, recognising tricky ECGs in daily practice and management of obesity.

The course also coincides with the celebration of World Family Doctor's Day (WFDD), and we thank all of our participants, frontliners and Family Physicians for their tireless contributions during this pandemic. We also want to thank our advisors and faculties, as well as Joel from College of Family Physicians for their support and guidance over half a year of preparation leading to the course.