

## Interview with Dr Darren Chen

### Family Physician Working in Nursing Home

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

#### Hey Darren, how have you been?

I've been good! Busy certainly but I can't think of any physician who isn't during these challenging times. These past 2 years have been really hard work for all of us in the nursing homes. We have been silently battling COVID on this lesser-known front. Keeping our residents safe and well during the pandemic has been our top priority over the past 2 years. Now as we transition into an endemic state, we are actively trying to bring some elements of the broader community that we had pre-covid back into the nursing homes. However, we still have to be vigilant about the possibility of new waves of infection. It is challenging, but the smiles and laughter of our residents make it totally worthwhile.

#### How has your nursing home been affected by COVID?

I suppose just like any other nursing home, we have had a few waves of COVID infection. Thankfully, due to our high vaccination rate, the majority of our residents experienced only mild symptoms, and many were cared for on-site without a need for escalation of care to hospitals or Covid Treatment Facilities. Our nurses and doctors have had to step up to care for those afflicted, and these challenges were compounded by manpower shortages as some of us were also contracting COVID during these waves. Thankfully, we were supported and guided by our restructured hospital counterparts as well as AIC. They really helped us to navigate these challenging times.

#### What do think are the qualities that a nursing home doctor should have?

Nursing home doctors practice in challenging environments. The residents are often medically complex with multiple chronic and sometimes end stage conditions not unlike patients you might find in an acute internal medicine ward. Many are also psychosocially complex as well, with varying combinations of neuropsychiatric conditions mixed with challenging social backgrounds or family dynamics.

As such, an ideal nursing home doctor should possess sharp clinical acumen built upon a foundation of broad-based medical knowledge, with in depth understanding where it counts, and humanistic qualities which enables a deep regard for the resident holistically. The doctor should know when and how to investigate, evaluate, and treat, but also possess the somewhat more elusive wisdom to know



when not to. Effective communication with residents, next of kin and colleagues is a core skill. While multilingualism is an advantage given the diverse backgrounds of residents as well as staff, the ability to communicate nonverbally through sincere body language and actions is arguably more valuable.

Above all, the nursing home doctor needs to possess an unyielding desire to better the lives of the residents, sometimes even when all of medicine has failed, and all that remains is simply to care and love.

#### How do think the nursing home arena will evolve in the coming future?

I think nursing homes in Singapore have come a long way from the times when they were named Homes for the Aged Sick, mostly run then by under-resourced charities. 3 themes come to mind when envisioning the nursing homes of the immediate future – Psychosocial wellness, end of life care and shared care models.

Today, several nursing homes have embarked on programs and initiatives centred around the overall wellbeing of our seniors, going beyond providing just good clinical care, to cater more to the resident as a whole. Some of these homes are operated out of modern, airy, purpose-built facilities which incorporate green spaces and deliberately encourage a sense of integration with the surrounding community. It is a good direction and I think this approach will only gain more traction in response to the evolving demands of our seniors and this is likely to be the trajectory moving forward.

Unfortunately, many residents continue to have severe chronic end stage conditions with high care needs, and development of these conditions are often triggers for nursing home placements. Residents with such conditions will be increasingly common and this is not unexpected, given our aging population and high life expectancy, in part due to an advanced healthcare system. Some nursing homes have responded by developing capabilities to provide much

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needed complex care and end of life care, both internally and through increasing collaborations with the restructured hospitals. Such shared care models will be increasingly common-place due to necessity, and it is hoped that through such collaborations and partnerships, the overall quality of care throughout the entire sector will be elevated.

**Thanks Darren for such an insightful sharing. I believe that through more of such sharing we can work towards improving care at our nursing homes. It seems to me that moving forward we need to build up effective multidisciplinary teams to care for residents in our nursing homes. It is good to learn from doctors who have experience practising in nursing homes as we build our best practices guidelines together.**

■ CM



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# Healthier SG

## A GP's Perspective

by Dr Lye Tong Fong, Family Physician, Editorial Team Member (Team B)

**H**ealthier SG is the next big project by MOH to ensure a sustainable quality primary care for Singapore, in anticipation of the Silver Tsunami. It looks like a healthcare delivery model that seeks to provide our patients with a more customised primary care, with an emphasis on preventive intervention. It attempts to integrate our current primary care, in particular private primary care with national efforts from other agencies such as SportSG and PA, undergirding the new system with strong IT and financial system support. The objective is to ensure a seamless primary care for our patients, enabling a healthy lifestyle.

### Current state as a General Practitioner (GP)

General Practitioners and Family Physicians are in the forefront of primary care delivery during both disease and preventive state. Vaccination and screening subsidised care are available through certain schemes such as Screen for Life (SFL) and Pneumococcal and Flu vaccination programmes.

Primary care constantly seeks to improve its management of chronic diseases such as diabetes, hypertension and hyperlipidemia. As we know, if not well managed, diabetes can lead to complications such as chronic renal failure, ischemic heart disease and eye disease, resulting in high medical and socio-economic costs.

Another main concern for primary care is the management of mental health including dementia. To tackle mental healthcare well in primary care we need clear and concise national guidelines.

In terms of financing in primary care, most GPs are familiar with CHAS and Medisave. In addition, we have the Primary Care Networks (PCN) running integrated services such as diabetic eye checks and even physiotherapy.

GPs are a strange breed of doctors. Most of us try to keep our consultation fees and even total cost low, operating on volume-based model for revenue generation. Some of our colleagues with a more specialised practice such as aesthetic care, joint pain management and sexually transmitted infections management may have a pool of patients who only want to see them, and they are able to charge a premium. However, most GPs in Singapore undercharge in comparison to GPs in other first world cities.

To have a better understanding of the state of private primary care in Singapore, we have to analyze our operating

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