

ADVANCE CARE PLANNING AND END OF LIFE CARE

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Singapore's population is one of the most rapidly ageing in the world and has an increasing chronic disease burden, especially dementia. By 2030, almost a quarter of Singaporeans will be aged 65 years or older. As family physicians providing patient centred care, it is important to provide good end of life (EOL) care to our patients that are aligned to their preferences and needs. Studies show a gross mismatch between patients' preferences and actualization of their EOL care. In a local survey of death attitudes in the community conducted in 2013, it was reported that 77% of the Singapore population desired home as their final place of death. However, the latest national statistics showed that only 27% of deaths occurred at home. This could arise from lapses in communication between healthcare providers and patients regarding preferences for EOL care and life-sustaining treatment. Currently, Advance Medical Directives (AMD) and Advance Care Planning (ACP) are two avenues of indicating one's preferences and wishes with regards to EOL care in Singapore. In particular, ACP discussions are broad in scope and aims to discuss with the patient regarding goals of care, preferences for EOL care and life-sustaining treatment and the appointment of a substitute decision maker in the event one suffers a catastrophic event and/or in the event of loss of mental capacity. Family physicians providing EOL care should be familiar with the causes and approach to common symptoms such as pain control, agitation and breathlessness to support the patient and their caregivers in the outpatient and home settings. A family physician skills course on ACP and EOL is timely, as both topics have taken on greater importance in light of changing demographics and expansion of roles of family physicians into home care and palliative care.

The upcoming Family Practice Skills Course on Advance Care Planning and End of Life Care and this issue of the Singapore Family Physician will touch on evidence of ACP in the healthcare setting; approach to different personalities in the ACP conversation; roles of advocates in the ACP process; and approaches to pain control, agitation and breathlessness in EOL care. The College of Family Physicians and the Institute of Family Medicine would like to put on record our thanks to the Agency for Integrated Care Singapore for sponsoring the skills course, the authors for contributing to this issue of the Singapore Family Physician and speaking for the Skills Course.

Palliative Care Overview by A/Prof Goh Lee Gan touches on the definitions of hospice care, end-of-life care, using the SPICT (Supportive & Palliative Care Indicators Tool) tool to identify patients in the 12 months of their lives for EOL discussions and the principles and practice of palliative care. The article also discusses the three phases of palliative care, various advanced disease illness trajectories and Singapore's current palliative care landscape and national strategy for palliative care.

Unit 1 on Advance Care Planning in the healthcare continuum: a narrative synthesis – by Dr Raymond Ng Han Lip examines effects of ACP on end-of-life care, and presents evidence that advance care planning strengthens patient autonomy and improves quality of care near the end of life. Factors influencing people to want to engage in ACP as well as strategies that healthcare providers can use to increase readiness for participation in ACP and improve the feasibility of making ACP a standard of patient centred care at all points in the healthcare continuum were discussed.

Unit 2 on the Primary Care Physician (PCP) as an ACP advocate by Dr Siew Chee Weng and Mr Andy Sim started with 2 case scenarios and the considerations undertaken in making of difficult decisions. The unit also covers the important role of the PCP to introduce ACP, provide relevant information based on patients' health status, and offer advice, encouragement and guidance to enhance understanding, reflection and discussion. ACP should begin by listening and exploring the patient's story. If done well, ACP can uphold the respect and dignity of patient and allow for patient-centric care continuation. PCPs as the primary and personal physician to their patients are well-placed to initiate timely ACP discussion with adequate ACP and communication training.

Unit 3 on Handling different personalities in ACP conversations by Ms Sharon Ganga provided guiding principles and approaches to carry out ACP discussions with the "Angry"; "Anxious"; "Families or caregivers who wants the medical team to be in collusion"; "The patient in denial"; and common blocking behaviors exhibited by the patients and possible strategies PCPs can adopt.

Unit 4 on Pain Management at the End of Life – by Dr Peh Tan Ying covers a review of the definition, classification, assessment and management of pain at the end of life based on available guidelines and evidence. The unit covers indications, dosages, titration, side effects and key considerations for commonly used analgesics. Pain is a common symptom among populations with life-limiting illnesses, and family physicians should have good knowledge and an approach to provide good pain control in order for the patients and their caregivers to achieve optimal quality of life.

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Unit 5 on Dyspnea in Palliative Care: The Why, What and How for Primary Care Physicians?—by Dr Laurence Tan covers the validated scales used to measure the severity of dyspnea such as the Visual Analogue Scale (VAS), Numerical Rating Scale (NRS), Modified Borg scale, and Functional Assessment Scales like the Medical Research Council Dyspnea Scale and Baseline Dyspnea Index (BDI). The unit also reviews the evidence for both pharmacological and non-pharmacological approaches to the management of dyspnea and provides recommendations for these modalities.

Unit 6 on Agitation – by Dr Tan Yew Seng reinforces the importance to recognize the signs and symptoms of delirium, identify the underlying cause(s) and institute prompt treatment. The Confusion Assessment Method (CAM) is a useful screening tool with high sensitivity and specificity. Mixed and hypoactive delirium are difficult to recognize and under-recognized. The unit also covers features that are useful in differentiating between hypoactive delirium and depression. Non-pharmacological interventions are key in the management and the unit outlines beneficial non-pharmacological measures in orientation and care provision. Haloperidol remains the first line pharmacological therapy to relieve agitation without undue sedation. When agitation is still not controlled with first line treatment with haloperidol, or when a more sedating approach is consistent with the care goals (e.g. for patients who are agitated and close to the end of life), benzodiazepines may be considered. This also reinforces the need to carefully explain about the patient's condition, treatment goals as well as the patient's location in the dying trajectory

The ten readings selected by A/Prof Goh Lee Gan from current literature related to advance care planning and end of life care will reinforce the various modules on the skills course. The first four readings are on communications in ACP discussions and an overview of the actual practice of ACP in primary care. Subsequent readings reinforced the modules on symptom control of common presentations in palliative care. Additional readings on palliative care management to non-malignant end stage organ failure such as heart failure and renal failure end stage will provide a rounded perspective on the spectrum of palliative care practice. Finally, an interesting article highlights the importance of paying attention to the psychosocial, cultural and spiritual aspects of the patient's experience of illness that are often neglected in clinical practice due to the focus on biomedical concerns and staff discomfort in engaging with beliefs and culture.

This issue of the Singapore Family Physician concludes with four original articles by both local and overseas authors. A/Prof Gerald Koh et al. evaluated a student-led faculty-supported inter-professional Student Medical-Nursing Education Conference (SMEC), already into its 8th edition at the time of writing. The study evaluated the learning value of 4 plenary lectures and 20 workshops run by experienced healthcare professionals and current senior or recently graduated students, and the process measures associated with student evaluation scores for the workshops. This provides excellent feedback for the students to become better organizers for future conferences.

Dr Wee Liang En and A/Prof Gerald Koh interviewed twenty rental flat patients and nine providers on the barriers to cardiovascular disease screening. The study found that procedural issues including pain, needle phobia and the costs of screening and treatment were barriers to cardiovascular screening. These barriers perceived by both patients and providers were largely concordant. The third article by A/Prof Gerald Koh et al. evaluated the association between patient profile and caregiver factors amongst recent stroke survivors admitted to community hospitals in Singapore. The study identified interesting patient factors associated with identity of caregiver; presence of caregiver and greater number of potential caregivers. In the 4th original article, Dr. Fung evaluated the antibiotic prescribing behaviour of community doctors during public holidays in a primary care centre in Brunei. Although limited to data during public holidays, the study provided baseline information on potential antibiotic prescribing behavior for future comparison with more generalizable studies. It should stimulate studies to achieve a deeper understanding on antibiotic prescribing behavior among primary care physicians in the context of their healthcare settings. The College would like to encourage residents and family physicians to contribute original articles and case studies with valuable learning points to the PRISM section of the Singapore Family Physician. Patient details should be de-identified and consent obtained for publication of the case study.

Finally, Dr Tan Ngiam Chuan will be completing his term as Honorary Editor of the Singapore Family Physician journal. Dr Tan has been editor since July 2013 and has been instrumental in ensuring regular publication of the journal. In particular, Dr Tan introduced the PRISM (Patients' Revelations as Insightful Studies of their Management) section in 2012 to encourage case studies submission from family physicians and residents. To date, 12 PRISM articles have been published. The College thanks Dr Tan for his leadership over the past three years and look forward to his continued contributions in the College.

Dr Tan will pass the baton to Dr Low Lian Leng, who has been the associate honorary editor since July 2015. Dr Low is a fellow of the College and completed his Master of Clinical Investigation with the National University of Singapore in 2016. Dr Low will guide the editorial team into the next lap as the journal aims to be indexed in PubMed Central and various bibliographic databases.