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# Palliative Care- it takes a village

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Bright Vision

Sengkang

Hoalth

Partner in Academic Medicine



# Outline

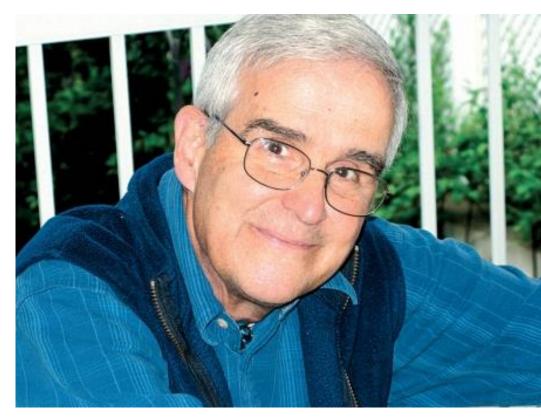


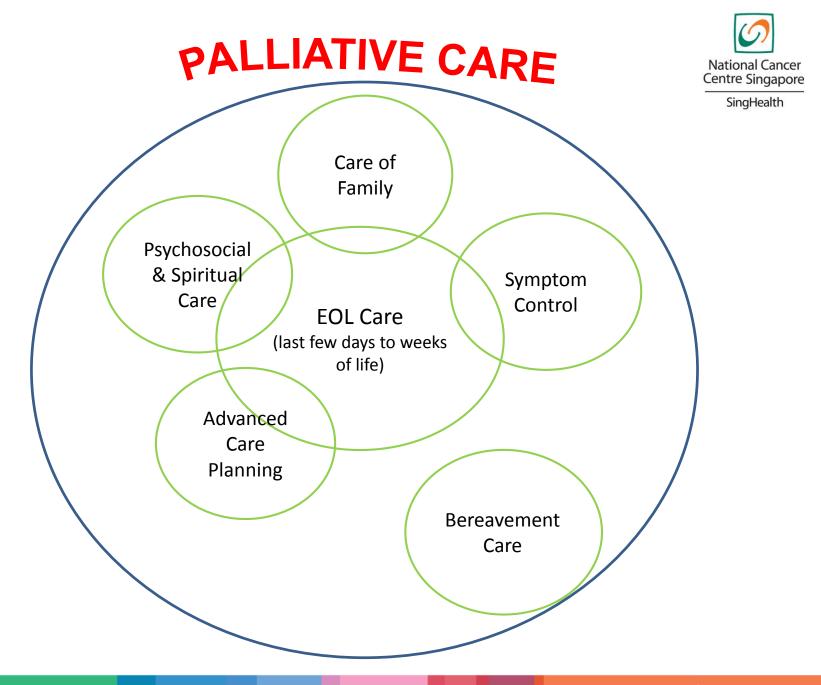
- What is Palliative Care?
- Why Palliative Care?
- When is Palliative Care delivered?
- Whom is Palliative Care for?
- Where can it be delivered?
- How is Palliative Care delivered?
- What are the challenges ?
- Looking into the future

## "Palliative"



- Means "relieve or lessen without curing"
  - From Latin root word "palliat" = "cloaked or covered"







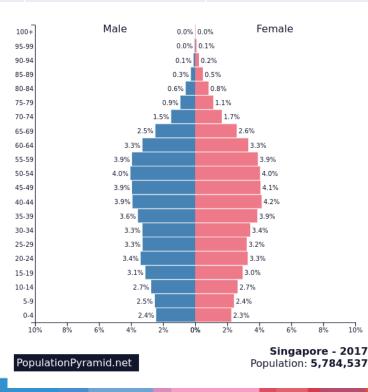




### **Ageing in Singapore**



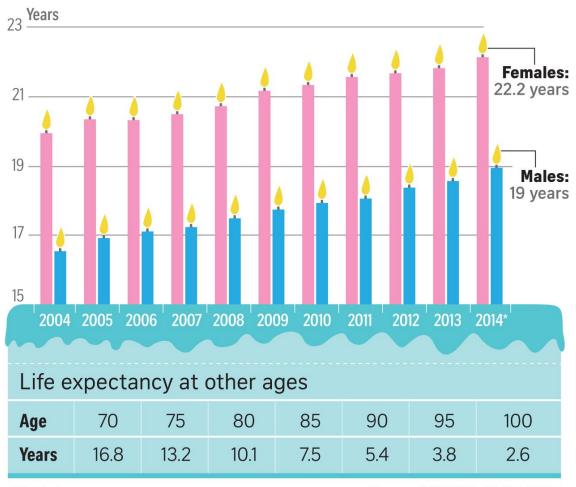
	Centre S			
	2017	2030	2050	SingHealth
Total population	5.71m	6.34m	6.58m	
>65years old	886,000	1.8m	3.08m	
<15 years old	855,00	806,000	722,000	
Dependency ratio (adult to child & elderly)	2:1		1:1	



UN World Population Ageing Report 201

#### People here living longer

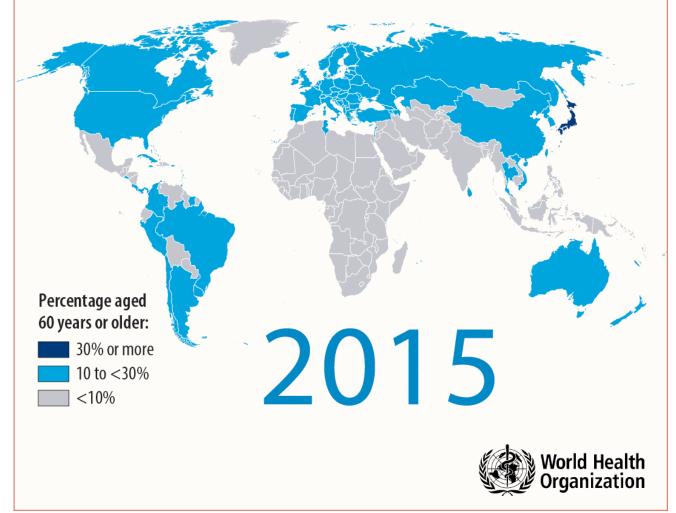
Life expectancy at age 65 of Singapore resident population



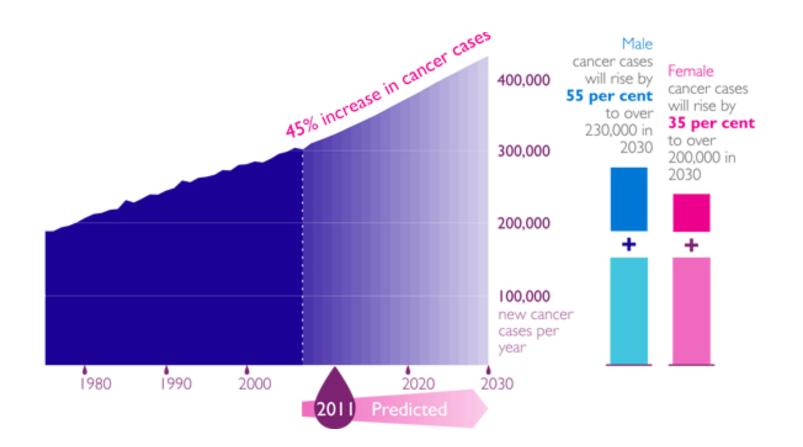
\* Preliminary

Source: SINGSTAT ST GRAPHICS

#### **Populations are getting older**



### **The Tsunami of Cancer**

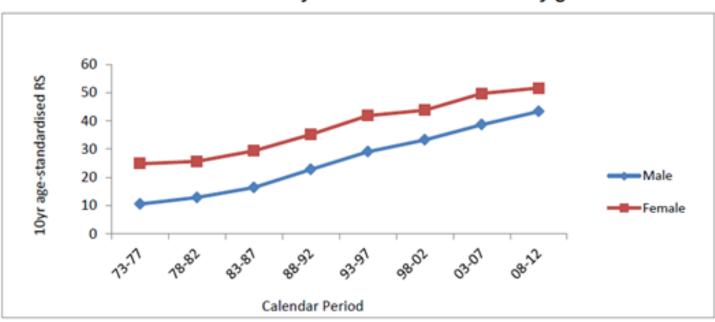


## Incidence of cancer expected to double with 17 million deaths by 2030 (Boyle, Lancet 2006)



#### **Cancer Survivors in Singapore**

• Overall survival rates for all cancer types have improved significantly owing to advancements in cancer therapeutics and detection



Trends in 10-year ASRS of all cancers by gender



# Patients with advanced cancers are also living longer

5-year age-standardized observed survival rates for stage 4 cancers

	2005 to 2009	2010 to 2014
Breast	19.92 (15.93 to 24.23)	19.47 (16.71 to 22.39)
Cervical	3.37 (0.40 to 12.48)	<mark>20.52</mark> (13.63 to 28.41)
Colorectal Male Female	<mark>6.81</mark> (4.98 to 9.01) <mark>7.72</mark> (5.57 to 10.32)	<mark>10.15</mark> (8.29 to 12.23) 10.61 (8.60 to 12.85)
Ovarian	<b>11.58</b> (6.66 to 17.98)	<mark>14.10</mark> (9.69 to 19.32)
Uterine	15.08 (8.69 to23.12)	11.32 (6.99 to 16.80)
Prostate	<mark>35.88 (</mark> 30.67 to 41.11)	<mark>38.34</mark> (34.76 to 41.90)
Lung Male	1.45 (0.92 to 2.18)	<b>3.14</b> (2.42 to 4.01)
Female	3.40 (2.14 to 5.11)	4.82 (3.66 to 6.20)



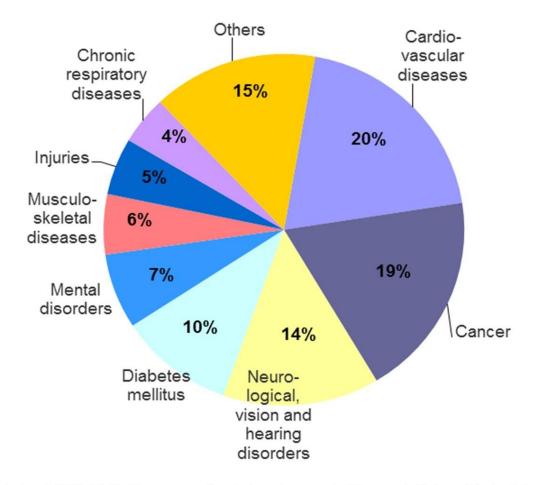
Singapore Cancer Registry. Trends in Cancer Incidence in Singapore 2010-2014.

## **Cancer is a disease of the Aged**

- 50-60% of new cancer cases are in those ≥ 65 of age
- 1 in 3 persons  $\geq$  70 years old will develop cancer
- >70% of cancer deaths are in the elderly



# Many chronic life- limiting illnesses are diseases of the elderly



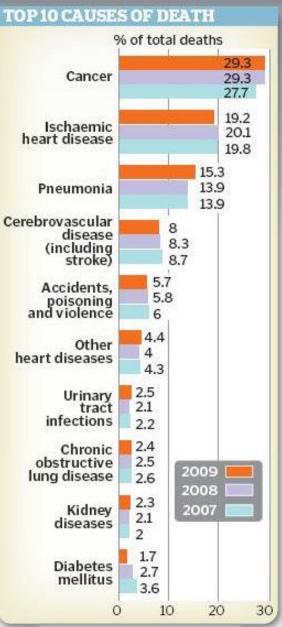
Total of 399,675 life years lost due to mortality and ill-health in 2010

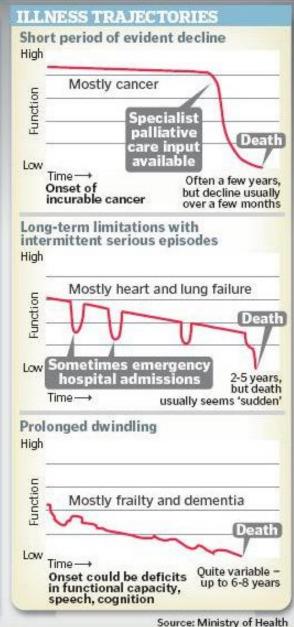


**Defining Tomorrow's Medicine** 

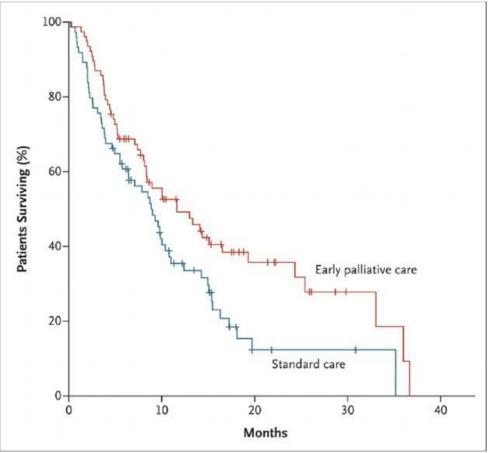
Many people will be living with cancer AND chronic life- limiting illnesses and eventually dying from one or more of the condtions







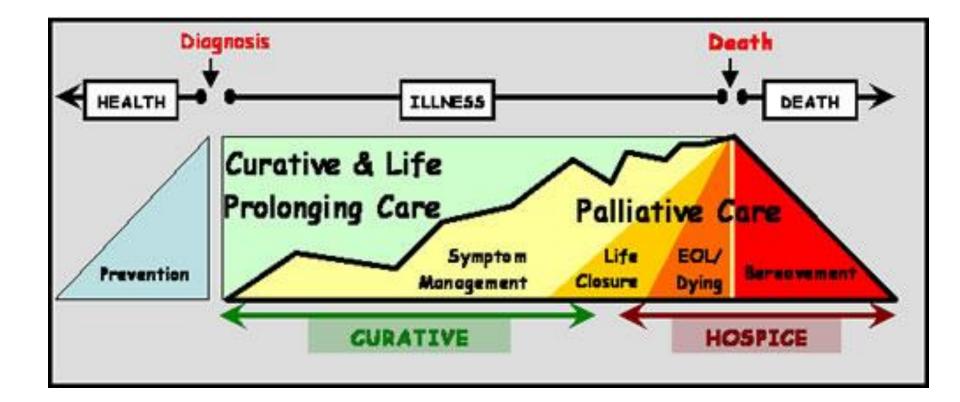
# Palliative Care is better delivered early than late



- Early Palliative Care for metastatic NSCLC
- Improvement in QoL, depression & survival
- Better quality care at EOL- lower rate of iv chemo near EOL, longer LOS in hospice

Temel et al NEJM 2010





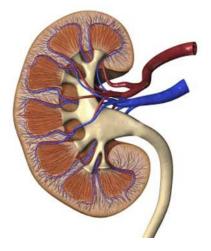
### Who is Palliative Care for ?



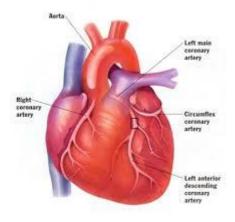












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#### Where can Palliative Care be delivered?

Wards, ICUs, ED, clinics





Peacebarea Determined

Home



Nursing Home



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#### Types of Palliative Care Services in Singapore







Home Hospice





**Inpatient Hospice** 

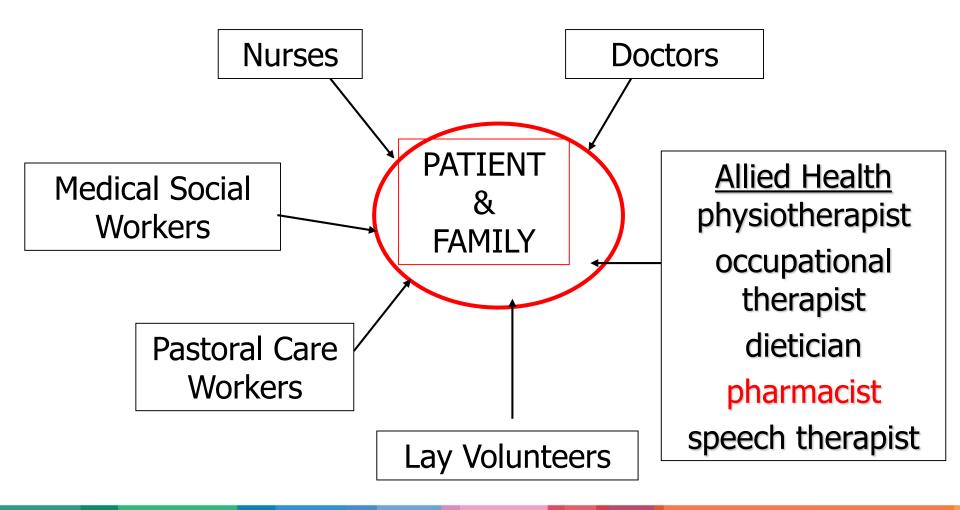


Day Hospice



Starpals

#### **Palliative Care is team work**



#### Challenges

• By 2020, >10,000 patients will need palliative care (MOH data)



UK0.8 FTE per 100,000 populationAustralia0.5 FTE per 100,000 populationSpore0.6 FTE per 100, 000 population





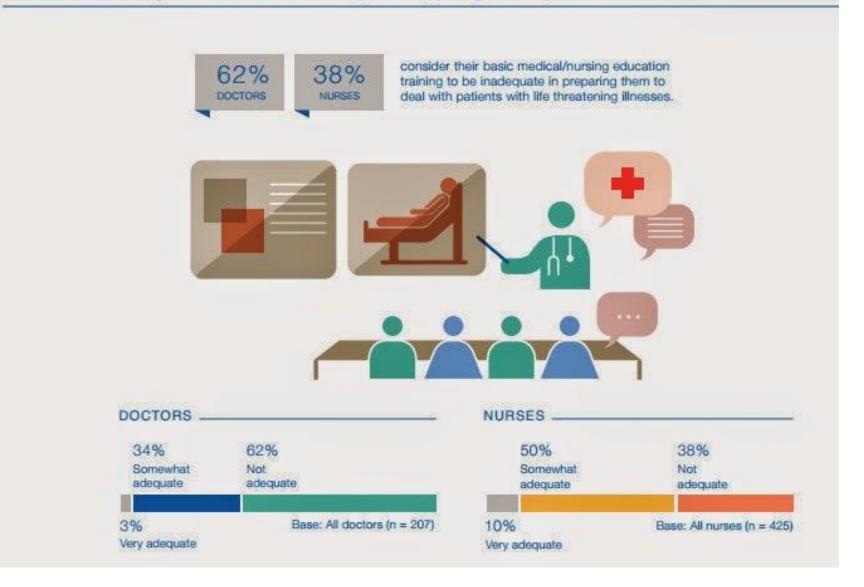
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11 APNs, 60 Advanced diploma 198 Specialist diploma

#### Basic Medical & Nursing Education Seen to be Inadequate in Supporting Terminally III Patients



#### Lien Foundation survey 2014

#### Palliative Care can be delivered at 2 levels

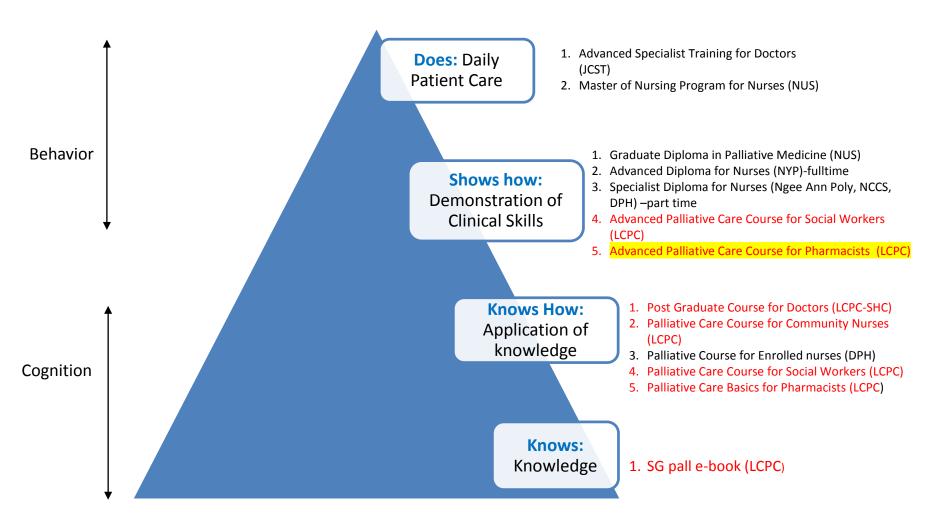


	Generalist Palliative Care	Specialist Palliative Care
Skill Sets	Basic management of pain and symptoms	Management of refractory/complex pain and symptoms
	Basic management of depression and anxiety	Management for more complex depression, anxiety, grief, existential distress
	Basic discussion about prognosis, goals of care,	
	suffering, resuscitations status	Assistance with conflict resolution regarding goals or methods of treatment within families, between staff & families, and among treatment teams. Assistance in addressing cases of near futility
Providers	In community : GPs, nursing , allied health staff	Specialist palliative care teams (multidisciplinary)
	In hospitals: General medical & surgical teams, specialist teams (e.g. cardiac, renal, neurology, respiratory, oncology, ICU)	Can be based in hospital, inpatient hospices, palliative care wards in community hospitals, home hospice services

#### Palliative Care courses in Singapore mapped to Miller's Pyramid of Clinical Competence



SingHealth



#### **Pharmacist course**



- 1<sup>st</sup> local certificate course in palliative care for in-service pharmacists.
- Part 1 : foundational principles and practice of palliative care
- Part 2 : more advanced-level topics
- Blended learning format : online, 3 face to face sessions, clinical attachments
- Taught by experienced pharmacists, doctors and social workers
- Assessments built in
- Community of Practice



#### Video



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### **THANK YOU**



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