

# Patient Engagement at the EOL

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# Dying in modern times

- Majority of us will die in hospitals

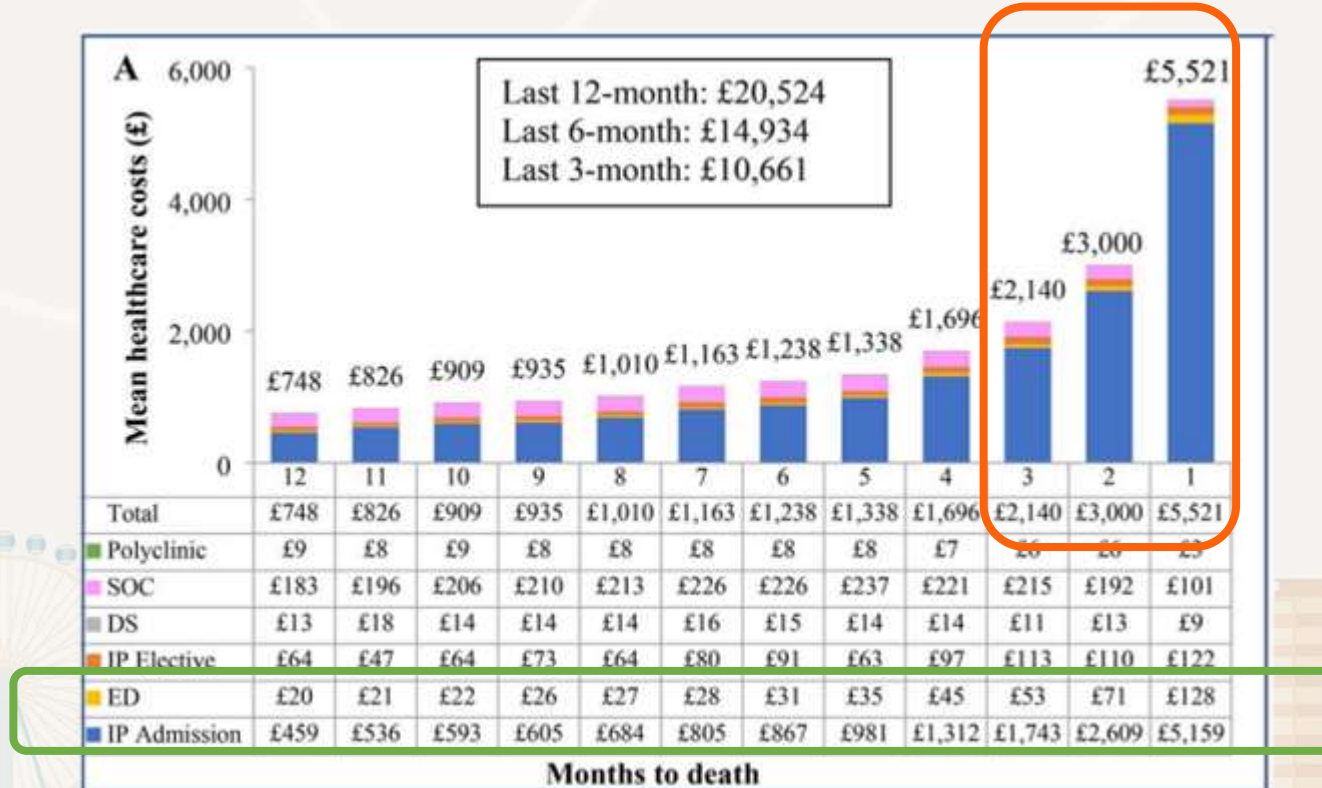


- Inconsistent with individual wishes when asked prior



# Contemporary dying

- More admissions & time spent in acute care settings before death



*Is this the right type of care as life comes to a 'natural end' for the older person with incurable cancer or irreversible end-organ failure, in the background of **reduced physiological reserve**, significant **disability** from chronic illness & overall **frailty**?*





# Consequences

- **Loss of comfort & dignity** in dying
- **False hopes** for family caregivers
- **Moral distress** among doctors and nurses



*Not to mention spiraling health care costs!*



# Caregiving, Dying & Grief



- Relegated to professional domains over time
- Communities have become estranged to these essential life experiences



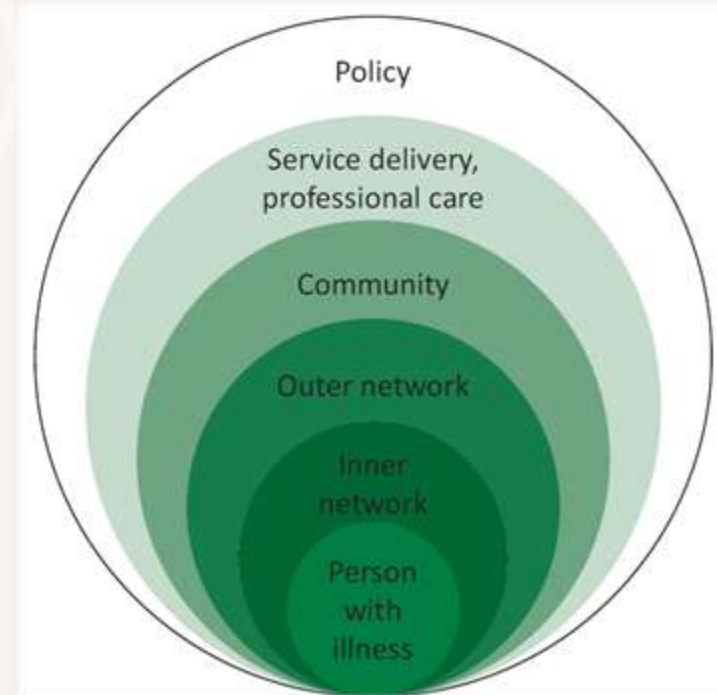
# Compassionate communities

- Seeks to **normalize** experiences of caregiving, dying and grief once more
- Through a **Public Health** approach to palliative & EOL care



# Circles of care

- At the individual-patient level, focusing beyond the person who is seriously ill, to immediate caregivers and larger **caring networks**
- Opportunities for **care continuity** between chronic disease, EOL care & bereavement







- Extension beyond the local community to the **wider population**
- Involves workplaces, schools, religious organizations, civic groups and **policy makers**



# Conceptual coherence?

Is **social prescribing** possible in EOL care? Person-centered model, less medicalized care, wider community involvement as key elements

## Actions

- What matters to the person?
- Make community connections
- Build on individual strengths & preferences





# Case study of a young person with heart failure



# Social prescribing in action

- In 1600s, Florence Nightingale remarked on the impact of flowers on soldiers' **physical & mental wellbeing** (McDonald, 2009)
- 1984 study by Ulrich of **differential outcomes** from cholecystectomies, according to whether patients' hospital rooms had a view of nature
- Access to nature can increase **longevity** (Takano et al, 2002), dietary **intake** (Christian et al, 2014) & **mental health** (Bragg & Atkins, 2016)





# Our GREENHOUSE in Oasis @ Outram!



- Dying is increasingly medicalized, risking estrangement from our lifeworld
- A public health approach to palliative & EOL care has been proposed
- Principles of social prescribing provide strategic guidance

## Recap of the main points





# Thank you for your attention!

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