

THE HOSPICE

LINK

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12th Asia Pacific Hospice Conference

Of duty and
passion: Allied
Health Workers in
hospice care

THE POWER OF ART THERAPY

A NEW PLATFORM
OF RESPITE AND
RECONCILIATION



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Building a city of compassion

“

A patient's needs go beyond just physical care. Their inner sense of living meaningfully, to connect, express, reflect and create, also have to be addressed.”

T

he palliative care community was bursting with life at the recent Asia Pacific Hospice Conference. The growing need for palliative care in Singapore and the region had attracted more than 1,600 professionals coming to learn and discuss current trends and challenges. The theme of the conference, “Greater than the Sum of Its Parts”, expresses this strong belief that much more can be achieved when people work together.

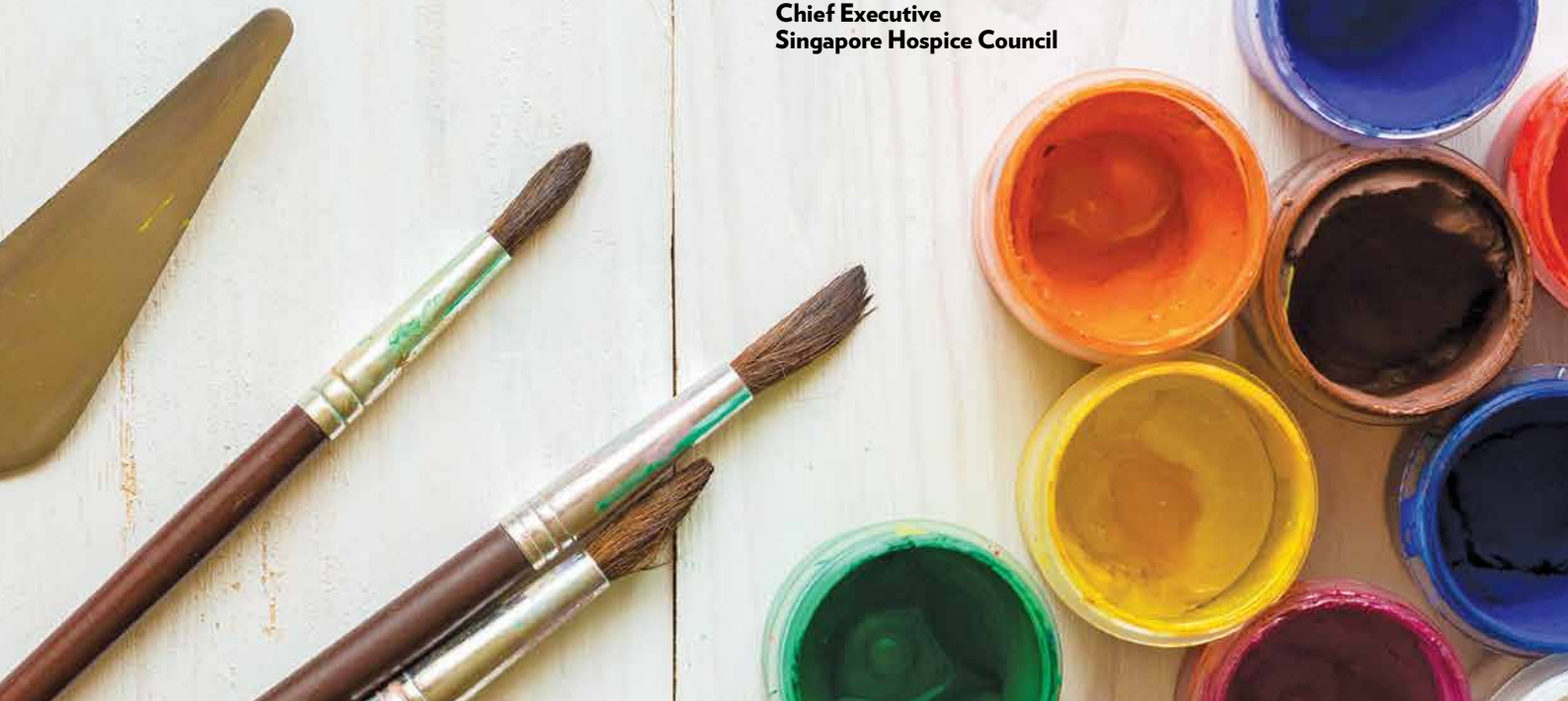
Indeed, a multidisciplinary palliative care team of doctors, nurses, social workers, physiotherapists, occupational therapists, and art therapists, among many other professionals, is needed to journey with a patient.

Although serious illnesses may weaken the physical body, a patient's needs go beyond just physical care. Their inner sense of living meaningfully, to connect, express, reflect and create, also have to be addressed.

This issue highlights the multifaceted nature of palliative care through the stories of allied health workers such as art therapists and social workers, as well as how some of the care programmes were tailored to meet the needs of different patients.

May these stories give insights to each of their experiences.

Ms Yeo Tan Tan
Chief Executive
Singapore Hospice Council



Asia Pacific Hospice Conference 2017

Greater than the sum of its parts

APHC 2017 saw the largest conference participation since it started in 1989 and was a resounding success.



Over four days, the 12th Asia Pacific Hospice Conference (APHC) 2017 was held at the Suntec Singapore Convention and Exhibition Centre. The Conference kicked off with welcome speeches by Dr Cynthia Goh, Chair of the Asia Pacific Hospice Palliative Care Network and Co-chair of the Organising Committee, and Minister for Health Mr Gan Kim Yong. ¹

¹

More than 1,600 delegates from 30 countries attended the four-day APHC 2017 which featured 669 posters and 84 speakers, local and foreign.

²

Minister received the Singapore Hospice Council's (SHC) commemorative book, "The Singapore Hospice and Palliative Care Story", from Dr Angel Lee, Chair of SHC after his speech.

³

In his opening speech, Mr Gan highlighted Singapore's efforts in developing qualitative palliative care services to cater to the needs of Singapore's ageing population. He noted the importance of raising public awareness of palliative care through different channels, including collaborations with the Singapore Hospice Council on community engagement.





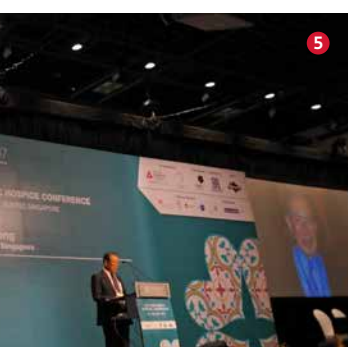
4 Plenary speaker Professor Allan Kellehear said Singapore can work towards becoming a “compassionate city” by engaging its society to support the terminally-ill and their caregivers. Professor Kellehear, who is the 50th Anniversary Professor (End of Life Care) at the Faculty of Health Science, said with today’s multiple morbidities, support structures and better access to them need to be developed.

5 On the last day of the conference, delegates paid tribute to Dr Shigeaki Hinohara, who died on July 18 at the age of 105. Dr Hinohara was a patron of Asia Pacific Hospice Palliative Care Network (APHN) and the President of St Luke’s International Hospital in Tokyo, Japan.



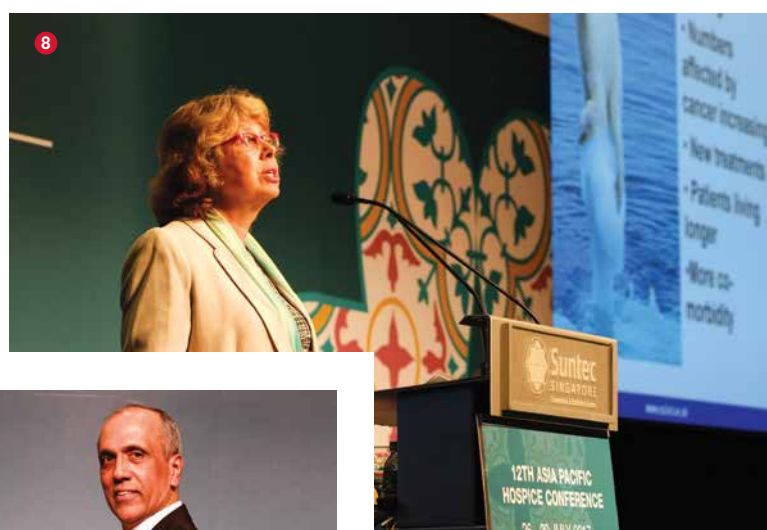
7 When communicating about end-of-life issues, “The way you tell is as important as what you tell”, said Professor Phyllis Butow (pictured, left). Communication for patients and families is a critical aspect of care at the end-of-life. In addition to medical information and treatment options, the specialist should be prepared for difficult conversations.

8 Professor Irene Higginson presented the 2017 Hinohara Lecture on “Greater than the Sum of Its Parts”. One of the challenges for health systems is their response to the need to provide better treatment and care for those with multiple illnesses. She said dedicated and visionary leaders are needed to develop palliative care, and they must be willing to work together to integrate research, education and care.



6 Dr Urip Murtedjo (left), Chair of the Centre for Development for Palliative and Pain Relief, receiving a plaque from Dr Ramaswamy Akhileswaran, Co-chair of the organising committee, to continue the tradition as the next hosting sector for the 13th APHC. Caring is about change with a positive attitude, and caring involves many helping hands. We will become a compassionate city if everyone in the community gets involved and contributes to the care of patients and their caregivers.


“Caring is about change with a positive attitude, and caring involves many helping hands.”



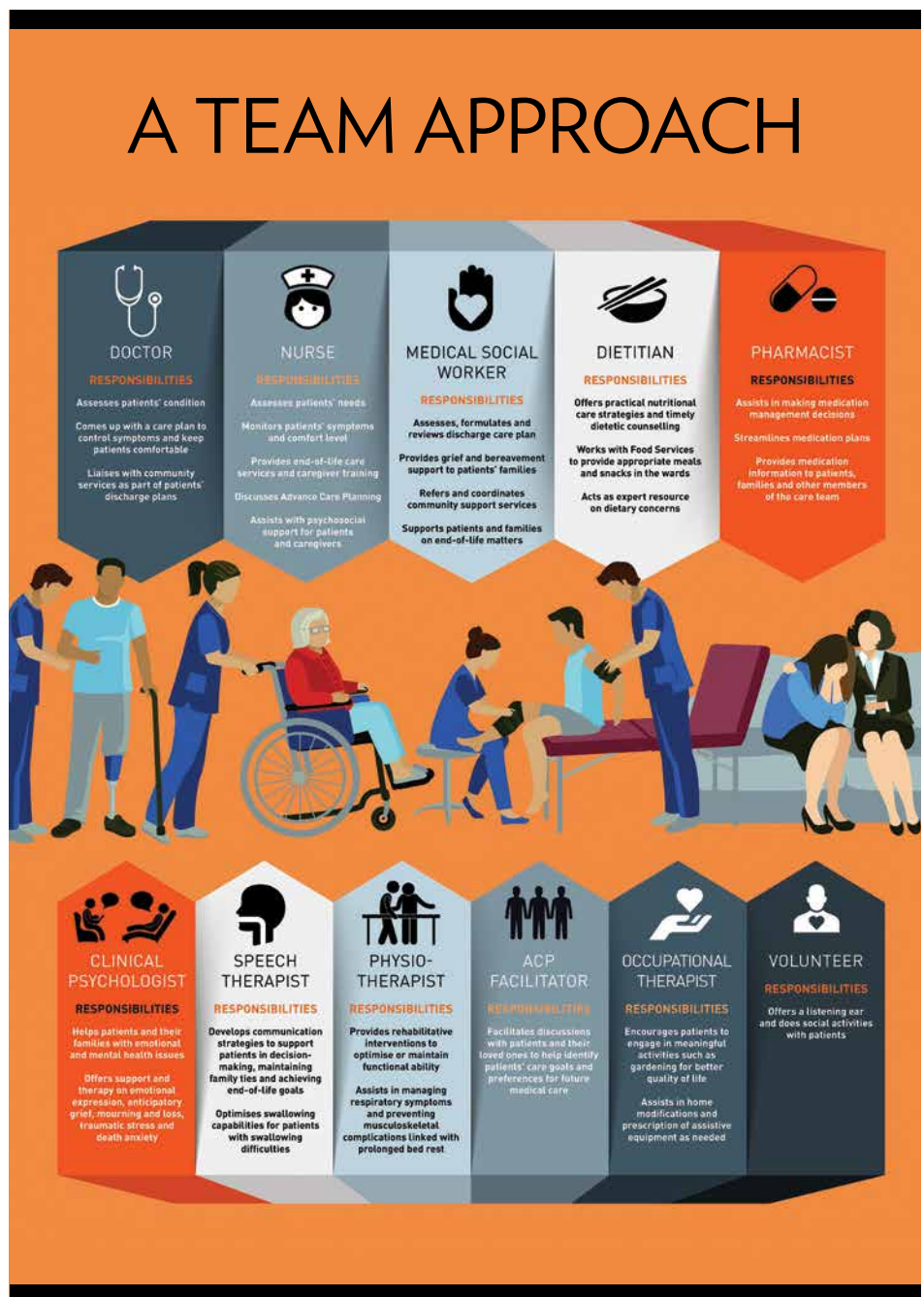
A multidisciplinary approach to palliative care

No man is an island, and neither is the provision of palliative care a one-man show. Khoo Teck Puat Hospital palliative care team brings together specialists from different departments.

A multi-disciplinary team is vital for the delivery of the best possible holistic care to palliative care patients. Doctors, nurses and allied health professionals, such as medical social workers, therapists and psychologists work together as a team to support the patients and their family members. They try to understand the needs of the patients and their caregivers, and formulate the best possible care plan in the given circumstances.

The multidisciplinary team of palliative care doctors, nurses, allied health professionals and administrators in Khoo Teck Puat Hospital was formally formed in January 2013 to help patients and their families live a good life to the very end. 

“A team approach is needed to help patients live a good life.”





A therapist brings rehabilitation to a patient's bedside.

Rehab on Wheels

Taking rehabilitation to the patients' bedside.

At Bright Vision Hospital, a team of occupational therapists and physiotherapists run a specialised rehabilitation programme for palliative care patients called “Rehab on Wheels”. This rehabilitation programme was designed to address the needs of patients who have less functional capacity.

The programme was developed after therapists observed that patients who could not sit in a wheelchair or were bedbound were less participative in the Hospital's rehabilitation programmes than those who had better functional and physical capacities.

To address this, Rehab on Wheels was designed to be mobile so that activities and exercises could be brought to the patients' bedside. A variety of strengthening equipment, games and hobby materials were selected and placed on a trolley, enabling patients to select the activities they wanted to participate


in without requiring them to be seated on a chair. The activities were specially chosen so that they could be set up easily at the patients' bedside and modified to be accessible for the bedbound patient.

One such patient who benefitted from the programme was Mr J, a 50-year-old patient who was unable to sit in a wheelchair because of extensive sacral sores. Because he was confined to his bed, therapists wheeled his bed out into the Hospital's garden area where he was positioned such that he could water and tend to a variety of plants. Mr J looked forward to his rehabilitation every day as it gave him freedom from his room and the opportunity to be outdoors.

The occupational therapy team traced the utilisation of Rehab on Wheels and found that out of the 58 patients surveyed, 26 patients had participated in the Rehab on Wheels programme over a period of three months. Patients chose to use the programme as they were unable to

sit in a chair due to pain, fractures, large sacral sores or fatigue. The therapists also found that patients who initially refused to engage in rehabilitation were more responsive and could be successfully engaged using Rehab on Wheels.

Madam T was a patient who was previously able to participate in a variety of activities. But as her condition deteriorated, she became easily fatigued and could not sit in a wheelchair for more than 15 minutes at a time. Rehab on Wheels was therefore introduced to her at her bedside. Thanks to the programme, she was able to continue her strengthening exercises, and even managed to create art, have a facial and her nails done!

Rehab on Wheels highlights the importance for rehabilitation programmes to be accessible to all patients regardless of their physical function and disability. It is especially important at the end of life to enable patients to remain engaged. 

Going Beyond

The CGH palliative care team came together and helped fulfil a patient's wish – with a wedding.

In our mundane daily work, sometimes, we are called to go beyond our usual duties.

On 22nd January 2017, Changi General Hospital (CGH) Palliative Care Service (PCS) helped to fulfill the wish of a critically sick patient: she wanted to witness the solemnisation of one of her sons' wedding. The event was planned to take place on 14 February 2017.

Our patient, Madam RM, was diagnosed with cancer in 2010. During her current admission, she was getting weaker due to an infection in her bloodstream. She was getting breathless,

nauseated and needed close monitoring and oxygen support.

To make her dream come true, our team of palliative care doctors, nurses, medical social workers as well as nursing leaders and nurses from the Nursing Department, Hepatobiliary (HPB) Surgical Team, Inpatient Operations Team and patient's family worked together. We were able to hold a simple but meaningful wedding in which Madam RM was able to participate. The solemnisation was held on a 22 January 2017, a Sunday afternoon, in the CGH Patient Discharge Lounge.



WORDS: SSN RASIDAH BINTE ALIAS, PALLIATIVE CARE NURSE
PHOTOS: FAIZAL RAHMAN AND CGH SPECIALTY CARE NURSES



With the help of the hospital staff, Madam RM was able to witness the solemnisation of her son's wedding at the hospital.

“

“You matter because you are you. And you matter to the last moment of your life. We will do all we can, not only to help you die peacefully, but also to live until you die.”


– DAME CECILY SAUNDERS



In a miraculous turn of events, Madam RM's condition improved after the wedding. She was able to be discharged home to spend quality time with her family members.

Recently in April 2017, PCS reviewed Madam RM in the ward for continuity of her symptom management. She felt and looked better than before.

Her “secret” to living well: “I accept whatever God has given me. Maybe something good awaits me after every trial and tribulation. God does not give undue suffering to humankind. My goal in life is to serve and not wait for death to come.”

CGH Palliative Care Service would like to thank Madam RM and her family for allowing us to participate in this meaningful wedding and for allowing us to share this heartwarming story. 

A day in the life of an art therapist

Working with patients as young as four years old to senior citizens, Ling Choon Lian, HCA Hospice Care's art therapist, witnesses the healing power of art.

My day begins with a routine, involving catching up on administrative and logistic tasks, such as scheduling visits with my patients, attending to new referrals, and preparatory work before and after patient sessions. It starts to transform into a tapestry as I make my way to patients' home nestled in different parts of Singapore.

As an art therapist, I bring to the patient or the family member another form of care experience that aims to achieve inner wholeness through creative expressions.

"What is art therapy? Can it benefit someone who has never experienced art-making or does not like art?" Such questions are commonly raised by patients and family members, and at times also by members of our multidisciplinary team.

The answer is an unequivocal "yes".

PERSONALISED THERAPY

The needs of the patients referred to palliative home care services have become increasingly varied and complex. Hence, central to the care provided by HCA is an integrated and holistic approach to ensure that our patients and their family members are adequately supported.

Art therapy brings to our multidisciplinary team unique and distinct plans to enhance a sense of personalised care for our patients and their family members.

The therapy sessions are customised based on careful evaluation of the physical or psychological impact of illness on the patient and their family.

I usually arrange the appointments with the patients in advance. This



may not seem significant to us, but it gives many of our patients, who often experience a sense of helplessness due to lack of physical choices, a sense of maintaining control and decision-making.

The duration of therapy is instrumental in promoting engagement and change in patients. It is not uncommon for a session to last up to two hours when the individual grows into the role of an active agent in the search for new expressions and meanings for his/her suffering.

My encounters with patients are usually marked by a degree of unknown. I have, on various occasions, been intrigued and amazed by their innate ability to create, and to generating new ways of hearing, looking, feeling and making sense, choices and connections.

SUSIE

One of our patients, Susie*, left a deep impression on me.

Susie was a patient in her early 30s with brain cancer. She suffered short-term memory loss, her speech and motor functions were also deteriorating.

Susie's parents found her increasingly quiet and passive, and often came across as dull and emotionally flat. They became worried as it got harder to engage Susie in conversations or activities. Though they were caring for Susie round the clock, they felt painfully distanced from their only daughter.

At the start of our first meeting, with very few words, Susie expressed her willingness to try art therapy. That began a process which saw her reconnecting with herself and her parents.

Susie's first piece of artwork was a collage with many hearts: 'Love me' she wrote on one of them. "I need love," she whispered.

From that quiet, seemingly unresponsive soul, there was a need to be loved. Her parents were moved to tears the first time they heard

Susie verbalising her longing.

Susie was often captivated by the sensorial experience of art making. In another piece of work, she gave a form to what was unspeakable — the impact of illness on her visual-sensory processing.

Susie struggled with each stroke, as it seemed like she was “stuck”, tracing the same line again and again. As the cluster of lines soon loosened to become defined strokes, her face brightened up with a sense of accomplishment.

Through the therapy, Susie’s mum came to see Susie’s impassivity in a new light. She began to comprehend the looming sense of being stuck that she struggled with when she tried to talk to Susie.

Art became a safe expression for Susie and her parents to grieve together as they faced her illness.

In later sessions, the family showed their unyielding will to love and hope. In response to an image of a stormy sea, Susie muttered:

“Worried... my parents.” Tears raced down Mum’s face, and Dad rushed to assure Susie.

After completing a collage painstakingly, Susie faltered and scribbled her inner feelings: ‘peaceful’ and ‘I feel loved’. It was a tender moment.

As an art therapist, I appreciate the gift of images as a non-verbal tool for expressing one’s losses and inexpressible pain. Yet, I remain amazed at how Susie and her parents chose to proceed with art therapy even as she deteriorated.

We worked on new ways of keeping a sense of connectedness for Susie. Her parents took the plunge and made art alongside her. They spoke more about their experiences with her. Dad recalled how Susie enjoyed a particular way of being held physically. Mum celebrated with tears and laughter her daughter’s courage and willpower that shined in the midst of trials and suffering.

I remember the peace that filled

Susie’s room on that last visit I made to say goodbye. Her parents remained tender and calm as family members gathered at Susie’s bedside.


I took so much away from the encounter with Susie and her parents. I continue to feel deeply grateful. Without their consent and generosity, it would be impossible for me to share their stories and images.

“Is there any meaning in my life that the inevitable death awaiting me does not destroy?” wrote Leo Tolstoy, in *A Confession*. There is tension in these realities. But I will march on in tension, with lessons from my time with the patients and their family members.

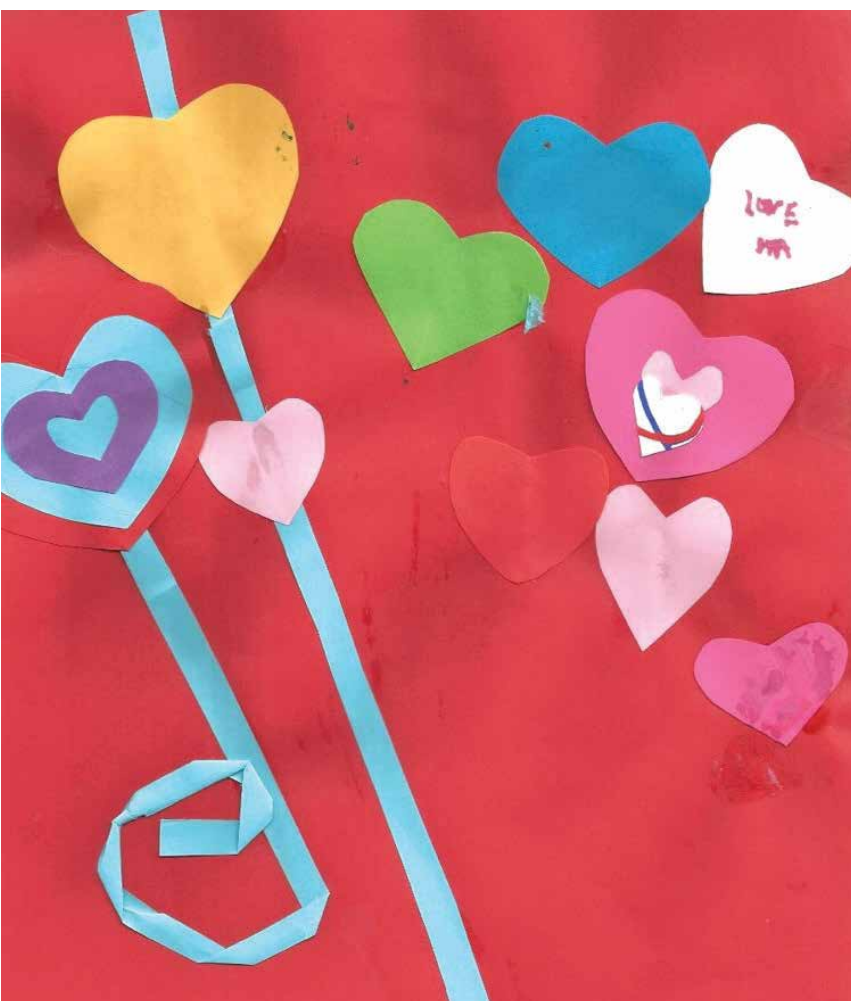
It’s ok to take time to grieve, and ask for support if needed.

I learn to live with the reality of my mortality and limits, and try to look gently and honestly at my fears.

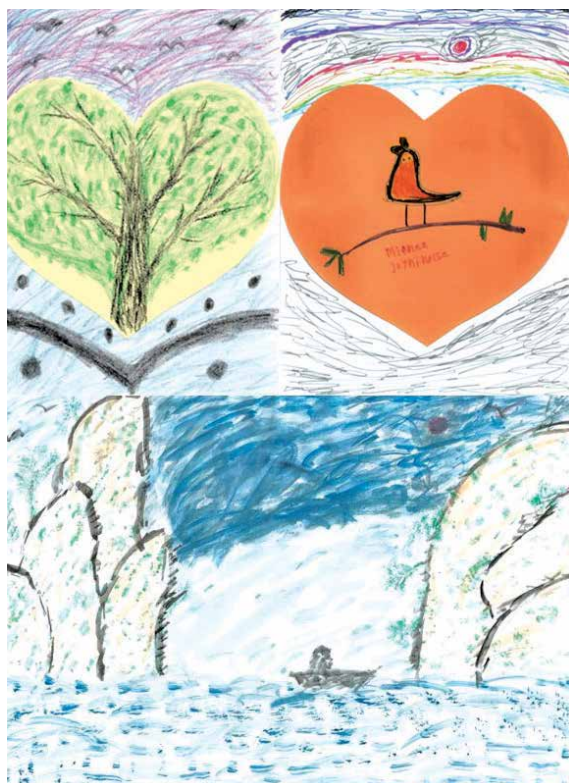
Denying pain, fears and real needs only forces them to become greater problems and limitations.

Self-care demands not merely the self-discipline of individual palliative care practitioners. It also calls for the community to put in place necessary initiatives, measures and resources to make it a way of life. 

**Patient’s name has been changed for privacy reasons*



Through art, Susie was able to express her inner thoughts, and reconnect with herself and her parents.



The power of art – a language beyond words

Art therapy as a platform of respite and reconciliation.

A blob here. A swish of colour there. Simple lines drawn. To the uninitiated, the mashes of colours and lines may appear crude and mean absolutely nothing.

But for individuals with terminal illnesses, their unassuming art pieces bear the weight of surging emotions boiling deep within, expressing feelings that words cannot fully convey. Their creations provide another language through which they can express how they truly feel. Fear. Hope. Desperation. Acceptance. Anger. Peace. And much more.

To Dover Park Hospice (DPH) Art Therapist, Ms Gillian Ong, there are gems in all the art pieces of her patients created during art therapy sessions in the Hospice or during her home care visits. It is through her art therapy sessions that she enables and empowers her patients to express their feelings through the work of their hands.

KEY ELEMENTS FOR SUCCESS

Before creation of art begins, several key elements must be aligned:

1. An authentic connection must be established with the patient

According to Gillian, “one must remain curious about the work and the person you work with, fueled by a genuine interest in that person. It is important to keep in mind that every patient is their own individual and truly unique in their personhood and circumstances.”

2. Every environment the therapist enters with a patient is different

It is important to be respectful and non-judgmental. No matter where the personal space is (at the Hospice or at home), building and working on the therapeutic relationship is paramount.

3. One needs to be flexible and be able

to work in an “adaptive” manner

One has to be prepared for the unexpected. For instance, the patient may become unwell during a home visit, or there may be family members present or unexpected visitors. Such factors must be considered for creating a safe therapy space for the patient to enter and trust the therapy process.

These elements are crucial for Gillian because changes may affect how she could best respond. “Things are never static and a motivating factor is knowing that there are always discoveries to be made,” she said. “And also the potential for growth.”

A SAFE PLACE

Gillian remembered an encounter with a patient who would repeatedly refuse to participate in scheduled art therapy sessions. Gillian was even turned away at the door. “She said that she did not feel well and preferred not to have any social interaction,” Gillian recalled. “She was suffering from anxiety and depression.”

Much as the patient was reluctant, Gillian did not withdraw the availability and accessibility of support, and continued to encourage and reassure the patient.

“Part of the work is to allow pacing,” Gillian explained. Eventually, the patient took to Gillian’s patience and encouragement. “She had a few sessions with me during which she confided of much pain and suffering in her childhood years, which led to the circumstances of her adulthood. In the last session, she allowed her closest and only kin to be part of it as a means of reconciliation with her past before she passed on.”

In another instance, Gillian worked with a patient, who was dying,

at the Hospice. “She was growing increasingly confused. In our second and final therapy session, she created an image of squiggled lines mashed together in red and black. Although severely weakened, and with the very few words she could muster to speak, she communicated that this was what was happening in her mind,” Gillian said.


“Through her art, she expressed a sense of loss and displacement. She was not fearful but rather, expressing her helplessness in her own awareness that she was slowly ‘losing her mind.’”

Gillian added: “She remembered me though we had only two sessions together... As we sat for a while in each other’s presence, she seemed comforted and said ‘thank you.’”

ART AS RESPITE AND RECONCILIATION

Art therapy provides a safe platform where the therapist can help patients “play,” as well as discover their strengths and abilities. Such creative expressions can help draw out joy, pleasure, and delight, while providing great emotional relief and respite. It is also possible for a patient to gain a sense of confidence and mastery, enabling a sense of control at a stage where much control has been lost. It can also promote reconciliation; with the acceptance of circumstance and self.

Ultimately, one of the most important elements of therapy work is presence – being fully present with the person you are working with. This can reduce the sense of isolation that many patients often face.

Every interaction matters for the patient, so it helps to remember to always try to make it count. Because to them and their loved ones, every moment matters. 

“

When the session ended, she held my hands in silence. As we sat for a while in each other's presence, she seemed comforted and said 'thank you.'”



Why I am passionate about hospice social work

Reflections of a social worker.

My journey with hospice work began as an intern while I was studying my master degree. Later, I joined a palliative and dementia nursing home as Social Work Associate.

I was motivated by the chance to share about the numerous opportunities for joy, laughter, closure, acceptance and meaningful change with patients and their families. I feel a sense of duty to impart the knowledge to them that this opportunity exists. I also get to share the importance of life, and that is “to value and appreciate those we care”.

People usually avoid talking about end-of-life topics, either for themselves or for family members. Many of them are not aware that they do have options out there.

EMPOWERING PATIENTS

My job as a Counsellor/Social Worker is to provide psychotherapy, psychosocial support, finance assistance and other care-related services to my patients and their families at one of the most difficult periods of their lives. When they benefit from the services, it brings peace of mind to the patients and their families. That's a great feeling to go home with at the end of the day.

I help facilitate communication between patients and caregivers, helping them come to terms with the realities of illness, and coordinate needed resources.

My primary function is to empower them to discover their strength, enable them to avoid being overwhelmed by the experience, and help them find ways in coping. I am also mindful that every decision is the patient's and not mine, including discussion about life-end issues.

I have to respect their decision to decline discussion.

UNLOCKING RESILIENCE

One of our hospice patients is 96-year-old Madam Pang. The widow stays with her 56-year-old daughter. Mdm Pang was diagnosed with cancer in 2011 and she was referred to Metta Hospice Care in early 2016 with a prognosis of six to 12 months.

Mdm Pang's daughter works full-time to make ends meet. Mdm Pang is home alone during the day and she uses walking frame to move around inside her flat. She'll heat up the food her daughter prepared beforehand for lunch and dinner.


Mdm Pang is one of the most resilient patient we've ever seen. Although frail and weak, she strives to be independent so as to reduce being a burden. She lives with constant pain which often affects her sleep. During a recent home visit in May 2017, Mdm Pang said she felt weaker every day, but she is determined to be independent as long as she possibly could.

I find patients who were treated effectively by hospice

care professionals in their own homes gained inner strength and motivation. Regular contacts and timely treatments from the medical staff and the emotional support of being with their loved ones help motivate patients to carry on with the interest and activities they enjoyed. In the case of Mdm Pang, she has outlived her prognosis.

FINDING MEANING

Over the years, I volunteered and did my practicum with various VWOs including nursing home, mental health step-down care, Girl's Home, neighbourhood schools, and home health. But it is in hospice care that I have experienced the intense emotions of deep sadness and immense joy. I've learned and grown throughout this overwhelming journey, and I have never been more satisfied in my professional life.

With the help and support of my supervisor and colleagues, I am encouraged and energised to do what I do, and continue learning and growing every day. I feel privileged to be tasked with this role, I now live each day with a sense of gratitude. 



Although Madam Pang lives with much pain, she is determined to be as independent as she can.

THE SINGAPORE HOSPICE AND PALLIATIVE CARE STORY

The Movement
that Refused to Die



Copies are
available right now!

For more information,
please contact
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hospice.org.sg](mailto:book@singaporehospice.org.sg)

A movement that refuses to die

Commissioned by the Singapore Hospice Council, “The Singapore Hospice and Palliative Care Story” documents the thirty-two-year hospice movement. It chronicles the early days of Singapore’s first hospice – St Joseph’s Home, the bumpy journey of setbacks to the formation of a network of hospice service providers today.

This book also honours the many people who have contributed to the movement of bringing care, hope, dignity and love to the dying – from the pioneers, volunteers, medical professionals, to the President of the Republic of Singapore. What started as a grassroots movement, palliative care has become a part of the local medicine discipline and developed into services integrated into the health and medical care ecosystem.

Providing holistic palliative care

Medical Social Worker Edlin Hu of Agape Methodist Hospice, a home-based palliative service by the Methodist Welfare Services, gives an insight into the challenges and rewards of homecare service.

Q. Can you briefly describe your job?

A. My work aims to meet the practical as well as psycho-social needs of terminally ill patients and their family members. It involves case management, which includes linking community resources to my patients. For example, if they need financial help, I'd point them to the right agencies. I hold advanced care planning discussions with the family on a patient's preferred place of care and place of death. I facilitate referrals. I manage communications between the patient and family members, and prepare them to cope with the illness and impending death. In a way, medical social workers serve as a broker for patients.

Q. What is the work process for each new case?

A. Counselling and referral services complement our core medical and nursing care. I would first scrutinise the submitted referral form to see if there is a need for me to step in. If so, I would make an initial home visit with our nurse. Even if there is no immediate need, our doctor and nurses would monitor each patient and inform me accordingly. For patients with pressing psychosocial issues that need closer monitoring, I would visit them once a week. If the patient is fairly stable, I would focus on

counselling, and visit them once every three to four weeks. My colleagues and I also convene for a weekly team discussion to update one another on our patients' progress and discuss various issues.

Q. What are some unique features of medical social work in a homecare setting?

A. We see each patient for a longer period as patients under home hospice care tend to have longer prognoses. I travel island-wide to visit all my patients regularly. As a guest in my patient's home, it is harder to know what to expect as the environment is less controlled than an institution's. At times, I can be in the middle of family dynamics and interaction. Other times, I am able to get a glimpse into the patient's everyday life and see how he or she is coping with existing resources.


Q. Tell us more about your key challenges.

A. It is harder for me to call for family conferences as some members may not show up despite prior arrangements. I also have to be mindful of their house rules, and be aware of saying the right things at the right time. The biggest challenge is learning how to journey with the patient and family without taking over their problems or crossing boundaries.

Q. What is the one case that made the deepest impression on you?

A. There was a female cancer patient in her 60s. She was a single mother whose son was working in Japan. Even though he came home to look after her during her last few months, he struggled with the guilt of not spending enough time with her. He felt a lot of self-blame and could not sleep well after she passed away, so I saw him for three more counselling sessions. In my line of work, we are mindful that death ends a life but not a relationship, which we hope grieving families would honour and remember.

Q. What keeps you going?

A. I have a passion for caring for family members of the terminally ill. To me, the greatest pain a person can experience is losing a loved one. If I'm in their shoes, I hope that someone could be there for me too. There were also positive episodes when patients and their families expressed their love and concern for one another before the eventual departure. This made me feel like I had done my job in the facilitation process. This would not be possible without a strong support system at work. My colleagues and I talk to each other a lot, and it lifts my spirits knowing that I am not alone in journeying with my patients. 

Serving and journeying with cancer patients

The Singapore Cancer Society Rehabilitation Team is a multidisciplinary team of rehabilitation therapists critical for a holistic approach to rehabilitative management.

With the improvement in cancer survivorship along with medical advancement over the past few decades, the need for holistic and integrated rehabilitative management in cancer becomes increasingly crucial. With this in mind, the Singapore Cancer Society (SCS) brought together a multidisciplinary team comprising of rehabilitation therapists and the Psychosocial team to be part of the rehabilitation programme. We speak to two team members about their work and challenges faced.

Aw Hui Zhen (pictured below left) is a Senior Physiotherapist in the cancer rehabilitation team.

Q: What is your role in the team?

Hui Zhen: As a Physiotherapist, I assess a patient's fitness on their initial visit. The individualised session allows us to identify patient's rehabilitation potential and side-effects caused by different cancer treatments, and help customise an exercise programme to decelerate negative impacts such as fatigue and muscle mass loss.

We engage our patients to take an active role in setting meaningful, achievable and modifiable goals while taking into account their symptoms. We assist our patients to transit back to the community by educating them about the need to have meaningful physical activities in their daily living such as taking the stairs instead of the lift or taking a walk in the park instead of sitting at home.

Q: What are the challenges faced in rehabilitating the survivors?

Hui Zhen: Every survivor is unique and they have different physical and mental challenges at various stages of recovery. There is no one-size-fits-all approach. The emotional toll that cancer survivors face in addition to their physical impairment make adherence to exercises very challenging. Misconceptions and fear such as 'If I am feeling unwell, I should just rest and take it easy' or 'Will I injure myself if I start exercising now?' are some of the concerns survivors encounter. It is a constant challenge for us to dispel such ingrained myths. Therefore, it is essential for the therapists to establish a strong

relationship with our patients to address their concerns. We advocate rehabilitation at all stages of cancer treatment, as it has shown to help recovery and fight fatigue.

Jeanette Chan (pictured below right) is an Art Therapist who serves in the SCS Hospice Care, established in 1987.

Q: What is your role in the care of hospice patients?

Jeanette: Being part of the Psychosocial Services (PSS) team, I provide a platform for patients to express any thoughts and feelings through their artwork and art making process. The goal of art therapy is neither to teach nor appreciate art, but to use it to help patients share their voices through their creations.

Q: What is your greatest gain in being a part of the SCS home hospice rehabilitation team?

Jeanette: I'm grateful that SCS believes in the Trimodal approach of care in providing comprehensive management of patients' needs. I feel blessed to be part of the multidisciplinary team, where we work together to journey with our patients. I also feel more supported in a team setting as it allows us to approach our patients' needs and care management from individual area of expertise. It is especially heartening when our patients' therapeutic goals are fulfilled and their quality of life is enhanced through the care and kindness of the team. 🌟

For more information about SCS Cancer Rehabilitation Centre and our programmes, please visit our website at www.singaporecancersociety.org.sg





Care for chronic breathlessness

A collaborative pilot programme between Tan Tock Seng Hospital and Ren Ci Hospital gives patients with lung diseases a new breath of life.

The I-CARE (Integrated Care for Advanced Respiratory Disorders) programme is a specialised rehabilitation programme specifically developed for patients suffering from chronic breathlessness as a result of advanced lung diseases. It is a close inter-disciplinary collaboration between Ren Ci Hospital and Tan Tock Seng Hospital (TTSH), aimed at improving the quality of life of patients by providing alleviation of breathlessness and other physical symptoms, providing psychological support and treatment of anxiety and depression, delivering patient-centric rehabilitation that promotes community re-integration, as well as facilitating Advance Care Planning (ACP) to enhance informed decision-making regarding treatment.

“Patients with chronic lung conditions frequently suffer from many distressing symptoms that affect their daily activities. Therapists form part of the multidisciplinary

team at I-CARE so that the patients receive rehabilitation that addresses their long-term unmet needs” said Dr Neo Han Yee, Palliative Medicine Consultant at TTSH.

Physiotherapist (PT) Chng Hui Xian and occupational therapist (OT) Wang Xiao Yan have been working in the wards of Ren Ci Community Hospital since they joined the intermediate and long-term care sector, working with elderly patients to regain their functional abilities so that they may continue to self-care after being discharged home. When I-CARE was launched, both of them gladly took up the assignment to help this group of patients.

Therapists play an important role to improve symptom control, enhance self-mastery of breathlessness, and promote quality of life of patients suffering from chronic breathlessness. They provide rehabilitation targeting the physical, psychological and functional domains of health of the patients. These interventions include

education on effective coping strategies during episodes of breathlessness, clearance of throat secretions, and neuromuscular electrical stimulation (NMES), to improve physical symptoms and optimise function.

“From the initial assessment, the patients’ activities of daily living (ADL) and rehabilitation potential are mapped out, leading to setting of goals. The difference in I-CARE patients is that their medical conditions are progressive. Hence, a huge part of therapy focuses on imparting skills and knowledge such as energy conservation and self-pacing to the patients so that they can manage their own conditions upon discharge,” said Hui Xian.

While most I-CARE patients are frequently admitted for disease exacerbations and have been taught previously about useful breathing techniques and the proper methods of using inhaler medications, the therapists would actively review and reinforce these techniques.

Additionally, the I-CARE programme formulates an individualised nine-step management chart for each patient so that they are empowered to manage their breathlessness and the accompanying anxiety, thereby reducing the need to be admitted to the hospital during attacks of breathlessness. Where necessary,

From top left: Therapist Wang Xiao Yan, working with her patient during a therapy session; Dr Neo Han Yee from Tan Tock Seng Hospital helped pilot the I-CARE programme.


therapists will also make home visits to modify the patients' home environment. Often, this involves the installation of oxygen concentrators and renovation of bathrooms to help with their functional independence at home.

"We have patients that refuse to participate in therapy sessions as they are afraid of breathlessness. To address their anxiety, I learned that understanding the patients' routines and activities they value helps to individualise the rehab session. By targeting rehabilitation towards achieving goals that are important for these patients, they can better appreciate the importance of therapy and are more motivated towards overcoming their fear of breathlessness," explained Xiao Yan.

Be it teaching breathing techniques, reinforcing pacing strategies, or practising activities of daily living with the patients, both PT and OT work hand-in-hand to prepare the patients for discharge and for them to continue their daily living in the community, while managing their episodes of breathlessness.

"I had a patient that was almost discharged to a nursing home due to her condition, much to her reluctance. She was hoping that I can help her get better to go home. Seeing her level of motivation, the Hospital granted her an extension of stay and we worked closely to help her regain her functional abilities while coping with breathlessness, and eventually we were both overjoyed that she was able to return home," recalled Hui Xian.

"It's very fulfilling when I see that my patients are no longer being restricted by their conditions and are able to accomplish tasks that they would normally be doing at home. I'm ready to help more I-CARE patients so that their quality of life will not be hindered by their chronic breathlessness," said Xiao Yan.

Since the start of the programme in July 2016, I-CARE has cared for some 40 patients with advanced respiratory diseases and has helped them to be discharged to their own homes. Current data suggests that the programme has been effective in improving patients' physical function and ability to care for themselves, and in reducing readmissions to acute hospitals. 



Tips for Caregivers

DR JAMIE ZHOU

Associate Consultant, National University Cancer Institute, Singapore
National University Hospital

There is no single definition for caregiving, but for the purpose of this article, a caregiver is any relative or friend, who provides a wide range of (unpaid) care to a person with a chronic or serious illness.

Decisions, decisions, decisions. It is said that an average adult makes 35,000 decisions a day! Things get more complicated for a caregiver when their loved one is unable to do so. The added responsibility to help with decision-making can be a significant burden.

It is especially unnerving when you have to meet with the medical team during a medical crisis to discuss about life-sustaining treatment. Even though the medical team ultimately makes these decisions, your involvement helps them understand what your loved one would want. But what if you don't know their preferences because you have never talked about it?

The following tips help you prepare for such situations:

Tip #1: Learn more about your loved one's perspectives

As a caregiver, you are their trusted person who has committed to their daily care in their vulnerable state. This places you in a privileged position to initiate important conversations.

There are resources available to help you. A good example is The Conversation Project website where they have starter kits to guide your conversations (www.theconversationproject.org).

While these conversations may be emotional, it is worthwhile and will prove useful in future.

Tips #2: Find out about Advance Care Planning

If you prefer a more structured discussion with the support from a healthcare professional, then find out if Advance Care Planning (ACP) is available in your settings.

ACP discussions are conducted by a trained facilitator who will guide the discussion process in a structured manner. It is done with the aim of finding out the patient's future healthcare preferences based on their values and goals.

You can find out more on the Living Matters website:
<https://livingmatters.sg>

Upcoming Events

9 SEP 2017 - 22 OCT 2017

Charity Walk for Palliative Care

This year, the TTSH Palliative Care team is organising a Charity Walk campaign to commemorate the annual World Hospice and Palliative Care Day 2017! Participate by organising your own walk to support and raise funds for palliative patients, and stand a chance to win attractive prizes.

How to participate:

Step 1 - Download Runkeeper app to record the distance of your walk
Step 2 - Screenshot the total distance you completed and upload it together with the photos of your walk on Facebook or Instagram
Step 3 - Hashtag #WalkforPall and tell us in your caption why you are walking for Palliative Care
Step 4 - Tag 3 of your friends to get them to do it!

Email: whpc@ttsh.com.sg

10 SEP 2017

Race for Charity - Covering the Distance for the Needy @Bright Vision Hospital

Race against time and solve clues for a good cause all in one day.

Venue: Ang Mo Kio Central Stage

Time: 8.30am to 12.30pm

Contact: Ms Wendy Koh 6248 5755 ext. 5427

Email: community@bvh.org.sg

Website: www.bvh.org.sg/race-for-charity.html

23 & 24 SEP 2017

DPH 25th Anniversary Road Show

A fun-filled and educational Community Outreach endeavor to inform the public about Palliative (End-of-Life) and Hospice Care in Singapore. Expect fun and games at Bishan CC and know more about Palliative Care from talks by the Hospice, Tan Tock Seng Hospital, and other Community partners during this two-day event.

Venue: Bishan Community Club

Time: 10.00am to 4.00 pm on both days

Contact: Ms. Kaitlyn Ng

Email: kaitlyn_ng@doverpark.sg

17 OCT 2017

SHC-LCPC Multidisciplinary Palliative Care Forum

Topic: Managing the Gut Feeling

Speakers: Dr R Akhileswaran, Dr Laurence Tan & Dr Lin Hong Hui

Venue: Khoo Teck Puat Hospital Auditorium

Time: 1.00pm to 2.00pm

Contact: secretariat@singaporehospice.org.sg

28 - 29 OCT 2017

SHC Community Engagement Event

Join the Singapore Hospice Council and its member organisations to celebrate the World Hospice and Palliative Care Day with health screening, information booths and live performances to engage the public to learn about palliative care.

Venue: Ang Moh Kio Central Stage

Time: 10.00am to 4.00pm

Contact: secretariat@singaporehospice.org.sg

28 OCT 2017

WHPCD Outreach Talks

The talks are part of the wrap up for WHPCD 2017, and will feature topics such as nursing and community services, and other social care related issues. There will be a mini prize presentation for winners of the Charity Walk categories, and information booths by our community partners.

Venue: TTSH CareConnect & Atrium

Time: 9.00am to 3.00pm

Registration: <http://bit.ly/whpc2017talk>

Website: FB @ WalkforPall

Instagram: @ WalkforPall

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