

Comparison of public palliative care service between Hong Kong and Singapore



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Introduction

What is palliative care ?

- Multidisciplinary approach
- Patient with life-threatening illness and his/her family
- Relieving pain and symptoms of patients
- Improve quality of life



Introduction

Target group of the study → elderly

- Aged ≥ 65
- Majority of users



Why compare HK & SG ?

Similar Characteristic:

- Culture
- Aging population
- Advanced technology



Hong Kong



Singapore

Why compare HK & SG ?

The Quality of Death Index 2015

- Availability, affordability and quality of end-of-life care
- 40 countries
- Hong Kong 22nd
- Singapore 12th

The Economist Intelligence Unit

The 2015 Quality of Death Index
Ranking palliative care across the world

A report by The Economist Intelligence Unit



Commissioned by
LIEN
foundation



5 main categories in Death Index:

- Quality of care (30%)
- Affordability of care (20%)
- Human resources (20%)
- Palliative & healthcare environment (20%)
- Community engagement (10%)

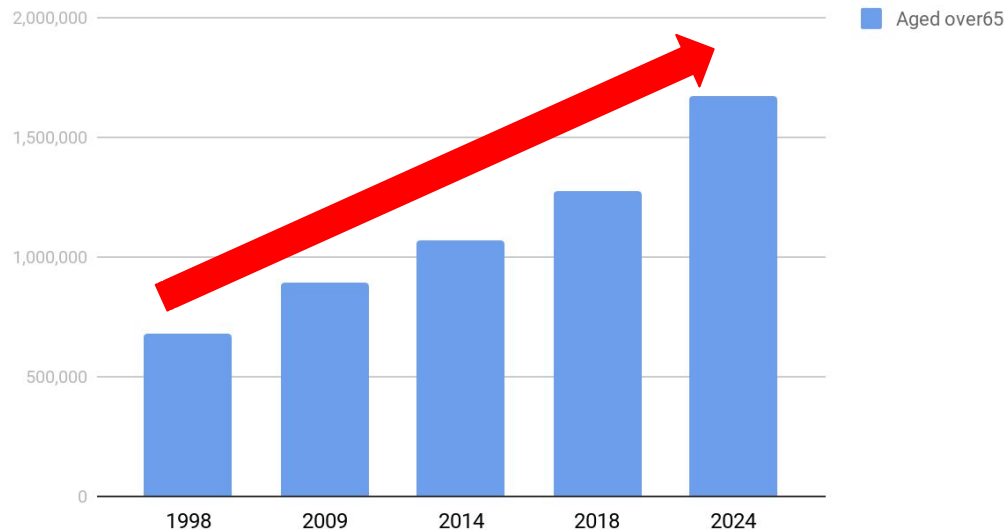


The palliative care in Hong Kong

Trend in ageing population

In Hong Kong, number of persons aged 65+ has surged near 200% in the past 20 years

Aging population of Hong Kong



Trend in ageing population

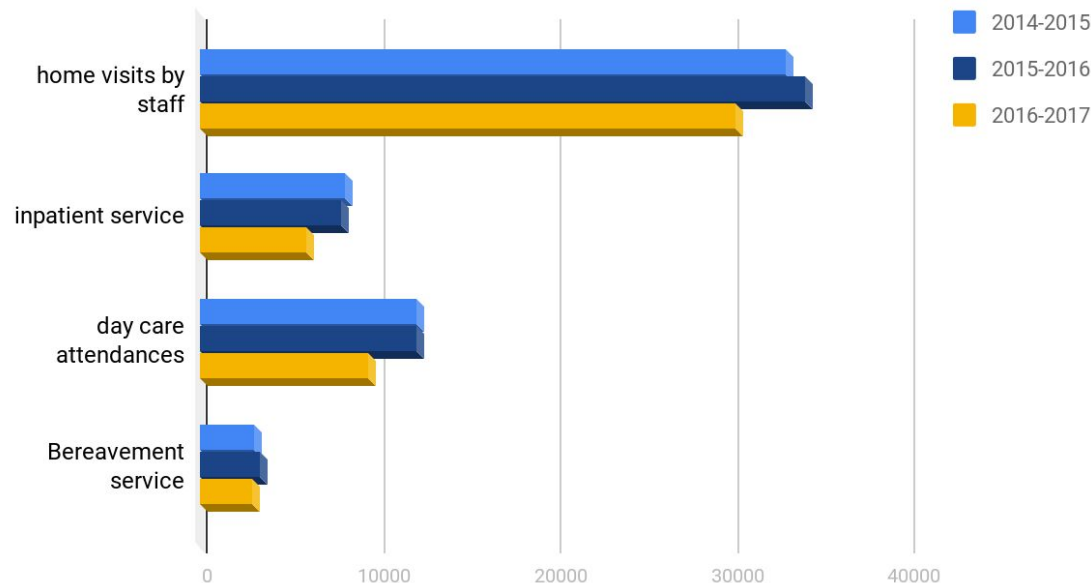
The aging rate of Hong Kong

2024	21.6%	super-aged society
2018	17%	aged society
2014	14.7%	aged society
2009	12.7%	aging society
1998	10.1%	aging society

The amount of reliance on public palliative care

The amount of reliance on public palliative care

Palliative Care Service



Public Policy

1. Subsidy
2. Advance Directive
3. Strategic Service Framework for Palliative Care



1. Subsidy

Lump Sum Grant Subvention System


- Provide end-of-life care services for elderly residents and their carers since 2015/2016
- Flexible to deploy the subventions and arrange suitable staffing
- Unable to know how much subsidy is spent on palliative care

2. Advance Directive (AD)

- No legal status for AD establishment
- Current Strategy:

Promote AD information in public

Appendix 1

 香港 Hospice Foundation HONG KONG HOSPICE FOUNDATION	Please Use Block Letter or Affix Label SORD / Hospital No. : _____ Name : _____ ID No : _____ Sex : _____ Age : _____ Dept : _____ Team : _____ Ward/Bed : _____
	ADVANCE DIRECTIVE¹

Section I : Personal details of the maker of this advance directive

Name : _____ (please use capital letters)

Identity Document No. : _____

Sex : Male / Female

Date of Birth : _____ / _____ / _____
 (Day) (Month) (Year)

Home Address : _____

Home Tel. No. : _____

Office Tel. No. : _____

Mobile Tel. No. : _____

Section II : Background

1. I understand that the object of this directive is to minimise distress or indignity which I may suffer or cause when I am terminally ill or in a permanent vegetative state or a state of irreversible coma, or in other specified end-stage irreversible life limiting condition, and to spare my medical advisers or relatives, or both, the burden of making difficult decisions on my behalf.

2. I understand that euthanasia will not be performed, nor will any unlawful instructions as to my medical treatment be followed in any circumstances, even if expressly requested.

3. I, _____ (please print name) being over the age of 18 years, revoke all previous advance directives made by me relating to my medical care and treatment (if any), and make the following advance directive of my own free will.

4. If I become terminally ill or if I am in a state of irreversible coma or in a permanent vegetative state or in other specified end-stage irreversible life limiting condition as diagnosed by my attending doctor and at least one other doctor, so that I am unable to take part in decisions about my medical care and treatment, my directives in relation to my medical care and treatment are as follows:

(Note: Complete the following by ticking the appropriate boxes and writing your initials against those boxes, and drawing a line across any part you do not want to apply to you.)

¹ The Form was prepared by the Law Reform Commission on 16 August 2006, amended as to Food and Health Bureau Consultation Paper on 23 December 2009, modifications made and footnotes added by the Hospital Authority in May 2010 and in Jan 2014.
 Rev: 10 June 2014

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3. Strategic Service Framework

1. Enhance governance by developing Cluster-based services with specialists collaboration
2. Promote collaboration between palliative care and non-palliative care specialists



3. Strategic Service Framework

3. Enhance ambulatory and community settings
4. Strengthen performance monitoring for continuous improvement



Hospitals and Centers

HA's palliative care service

16 public hospitals

- 10 palliative care centres
- 6 oncology centres
 - provide total **360 beds**

醫院管理局於以下的公立醫院提供舒緩治療服務：



Manpower

- Over 40 doctors
- 300 nurses
- 60 full-time equivalent staffs
- 7 Nurse Consultants (NCs)
 - Responsible for ensuring the nursing standards
 - Protocols in palliative care in the respective clusters



Fee of palliative care

Nursing home	\$ 68.4 per day (\$2,054 monthly)
Care and attention home for the elderly	\$ 68.8 per day (\$2,060 monthly)
Home for the aged	\$ 49.3 per day (\$1,481 monthly)
Public Hospital	\$ 100 per day

Service of palliative care

Nursing home	Care and attention home for the elderly
Staffs on duty 24 hours daily	
Basic medical care services, nursing care & social work services	
/	Nursing services
/	Regular visits by a registered medical practitioner

Fee of palliative care

Home for the aged	Public hospital
Assistance in daily living activities	Daily medical intervention
Provision of social work service	Mild to moderate psychosocial intervention for patient and family
/	Respite care for exhausted family
/	Care for the imminently dying



The palliative care in Singapore

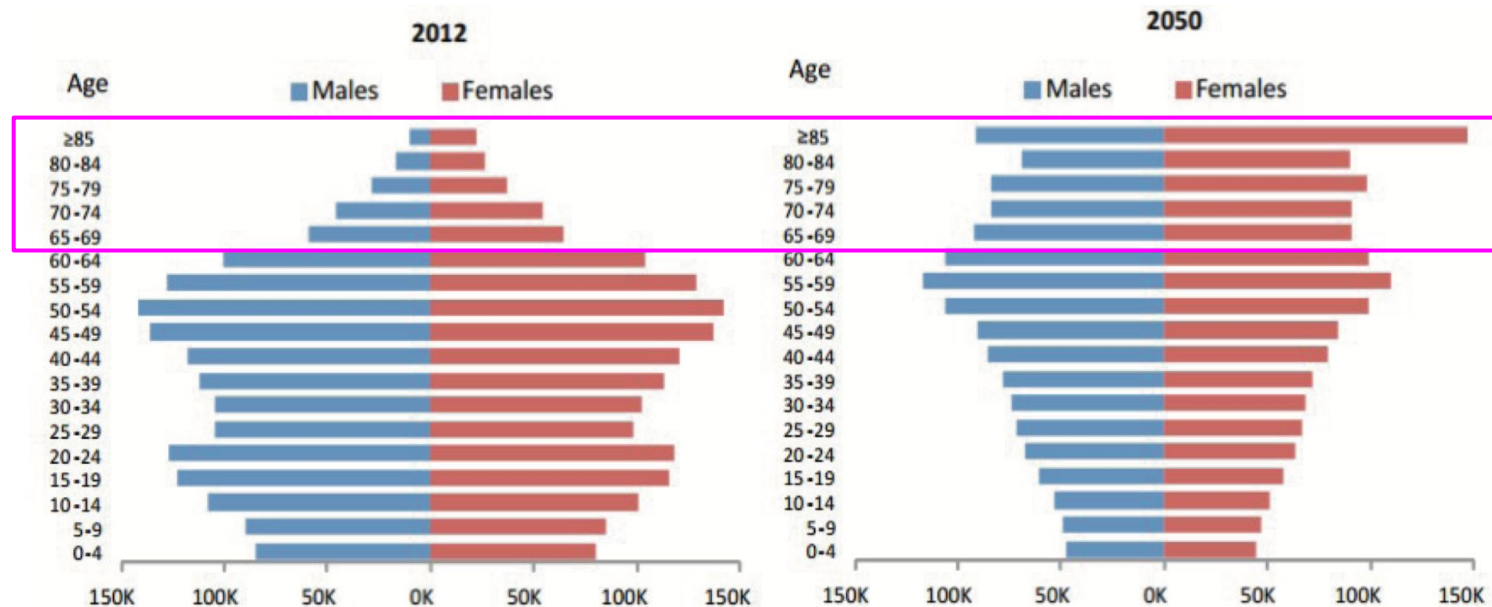
Changes in population

	2009	2018	Changes
Total population	4,987,000	5,638,000	+13.05%
Citizens aged ≥ 65	317,000	526,000	+65.93%
Ageing Ratio	6.35%	9.33%	

Source: Department of Statistics Singapore



Changing age structure (2012 → 2050)




Public Policy


1. Advanced Medical Directives (1996)
2. Subsidy Framework
3. Intermediate And Long-Term Care (ILTC) Service
4. Seniors' mobility and enabling fund (SMF)



National Strategy

- 
- Goal 1:** Identify patients' illness & assess their palliative care needs.
- Goal 2:** Ensure palliative care is provided by professionals. Patients with complex needs should have access to specialised palliative care services.
- Goal 3:** Deliver palliative care in a coordinated manner to ensure the continuity of care.
- Goal 4:** Palliative Care should be affordable to all and it should be cost-effective.
- Goal 5:** Ensure adequate health care professionals with appropriate training to meet the needs.

National Strategy

- 
- Goal 6:** Ensure adequate capacity to meet needs.
- Goal 7:** Develop local standards of care to ensure the quality.
- Goal 8:** Promote the public acceptance and awareness of palliative care services, advance care planning and bereavement services.
- Goal 9:** Promote palliative care research to improve the quality and inform policy making.
- Goal 10:** Guide the development of palliative care services.

1. Advanced Medical Directives

- Effected in 1997
- Legal document
- Protect patient autonomy
- Pre-plan for the end-of-life before incapacitated
- Avoid unnecessary and fertile treatments



2. Subsidy Framework

- Costs are kept affordable through various subsidies by government

Hospital-based services	Inpatient hospice	Home hospice
Government subvention (Based on mean-testing)		
3M (Medisave, Medishield, Medifund)	Medisave	/
/	Medifund (only available at Assisi Hospice and Bright Vision Hospital)	/

2. Subsidy Framework

- **Mean testing**
 - To determine the amount of subsidies of each applicant is eligible for and depends on their household income
- **Medisave**
 - Up to \$160 per day for the daily hospital charges
- **Medifund**
 - Primary purpose is to provide those in need with medical care.



MEDISAVE



MEDISHIELD



MEDIFUND

3. Intermediate And Long-Term Care (ILTC) Service

1. Home-based service

- Provided within the homes of frail and homebound elderly who find it difficult to access services in the community
- Home palliative care
 - Target: end-of-life patients and their families
 - Improve the quality of the patient's remaining days through services
 - E.g. pain control, symptom relief and nursing care, bereavement care.

3. Intermediate And Long-Term Care (ILTC) Service

2. Centre-based service

- cater to seniors who require care services during the day, usually on a regular basis
- Day hospice care
 - Provides medical, nursing and psychosocial care in a centre-based environment to end-of-life patients.

4. Seniors' mobility and enabling fund

- **By Singapore Pages**
 - Agency for integrated care
- **Singapore citizens**
 - Aged ≥ 60
- **Subsidies for assistive devices / home care items**
 - For daily independent living
 - Choose to stay at home



1. Assistive Devices

→ Help them to move around

E.g. Walking stick, wheelchair, pushchair

→ Items needed at home

E.g. Commode, pressure relief cushion



2. Home Healthcare Items

→ Frail seniors

E.g. Catheters, milk supplements, thickener
adult diapers, nasal tubing



Palliative care in Singapore

- 17 medical centers
- **Service major offered by:**
 - Assisi Hospice
 - Bright Vision Hospital
 - Changi General Hospital
 - Dover Park Hospice
 - Khoo Teck Puat Hospital
 - St. Joseph's Home & Hospice
 - Singapore General Hospitals
 - Tan Tock Seng Hospital



Services of palliative care

- **4 types of palliative care:**
 - Homecare Hospice
 - Inpatient Hospice
 - Hospital Palliative Care Service
 - Day Care
- **Services:**
 - Patients with serious life-limiting illnesses
 - Supporting their families
 - Providing caregiver training to family members
 - Volunteers
 - Raising awareness of hospice
 - Palliative care among public and professionals

Fee of palliative care

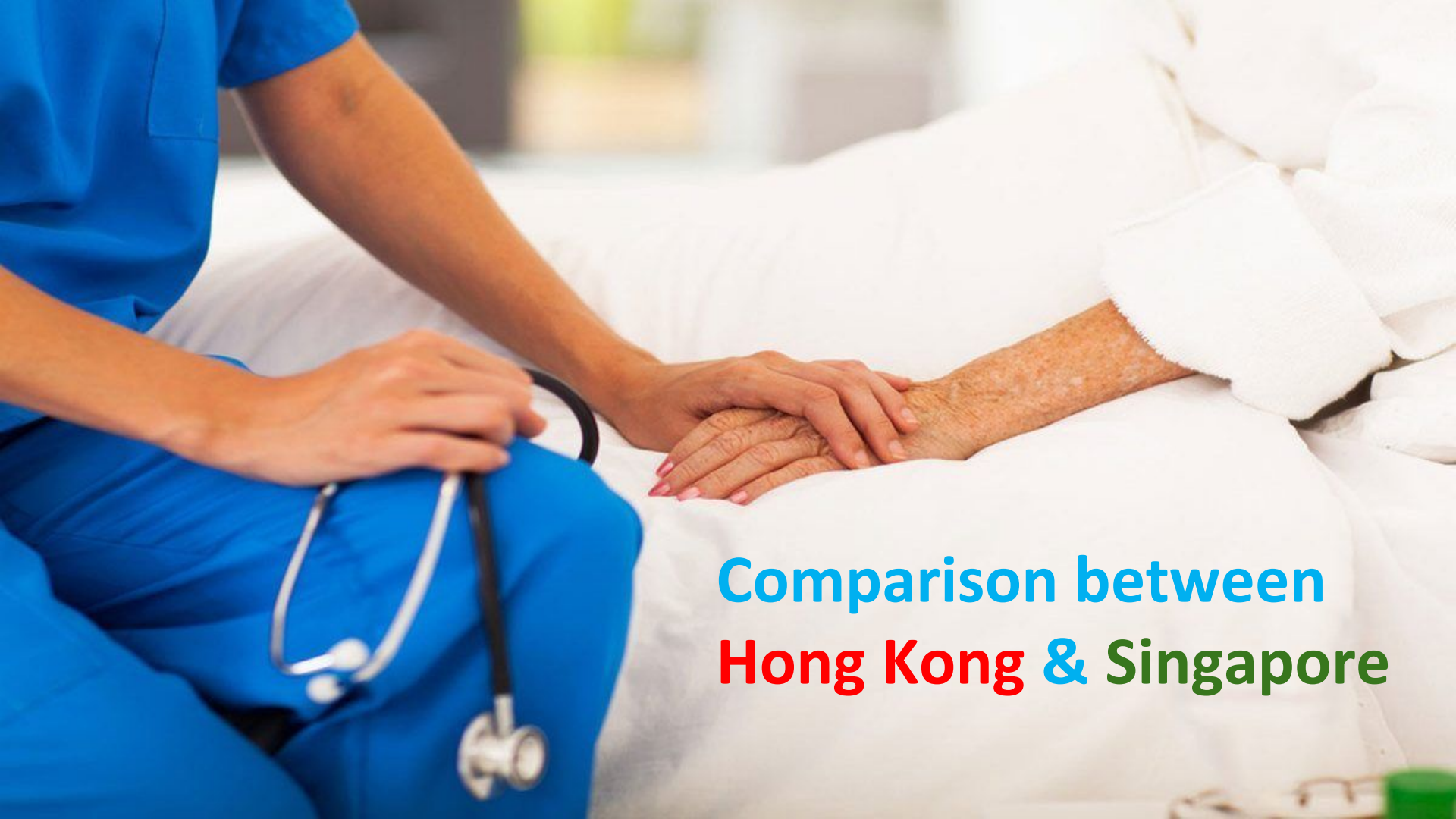
Homecare Hospice	Free consultation (home visits)
Day Care	SGD\$10-15 per day (~HKD\$50-75) (includes 2-way transport and meals)
Inpatient Hospice	SGD\$250-347 per day* (~HKD\$1250-1735) (After government grant and hospital subsidy: \$50-264 (~HKD\$250-1320) per day average)

* Medisave can be used up to SGD\$160 (~HKD\$800) per day

Manpower of palliative care

- Manages patients with life-limiting illness in hospital
- 51 qualified palliative specialists, 34 full-time.
- 24-hour coverage





Comparison between Hong Kong & Singapore

The Quality of Death Index

5 main categories	Hong Kong	Singapore
Palliative and healthcare environment	28th	12th
Human resources	20th	8th
Affordability of care	18th	6th
Quality of care	20th	8th
Community engagement	38th	22nd
Overall	22nd	12th

Resources of palliative care

	Hong Kong	Singapore
Total population to no. of palliative beds ratio	20,500 : 1	24,300 : 1
No. of specialists	40	51
No. of hospitals	16	17
Volunteer involved	unknown	✓

Human Resource: SG > HK



Comparison on policy

	Hong Kong	Singapore
Advance Directive Legal Status	X	✓
Subsidy	✓	✓
Subsidy Monitoring	X	✓

Policy: SG > HK



Fee of palliative care service

	Hong Kong	Singapore
Nursing home	\$ 68.4 per day	/
Care and attention home for the elderly	\$ 68.8 per day	/
Home for the aged	\$ 49.3 per day	/
Public Hospital	\$ 100 per day	\$ 250-1320 per day after subsidy
Homecare Hospice	/	Free consultation
Day Care	/	\$50-75 per day

Affordability: HK > SG





Recommendations

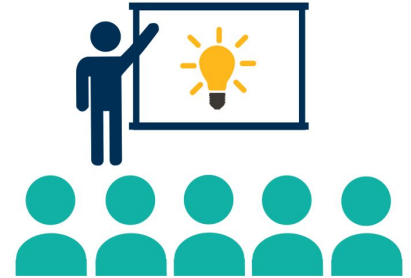
1. Develop voluntary team

- Local mainly rely on employed staff
- Recruit volunteers
- Provide basic daily care, emotional support



2. Increase training opportunities

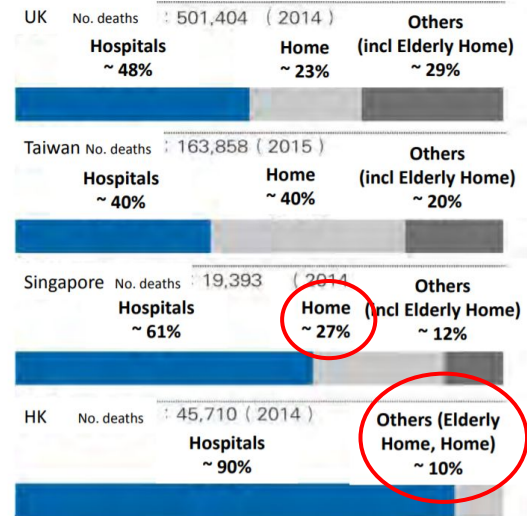
- Lack of supporting staff
- Affect the service quality
- More training opportunities
- For both employee and volunteer
- Provide daily care → relief workload



3. Strengthen public awareness

- Citizens are not familiar to palliative care
- Reduced effectiveness of services
- Provide information during consultation

Place of Death





Conclusion



Conclusion

Singapore:

- More completed policies
- Relatively more human resources

Hong Kong:

- Can learn from the example
- Improve the quality

A white, hand-drawn style speech bubble is centered on a textured, light brown corkboard background. The bubble has a soft, irregular outline and a small tail pointing downwards. Inside the bubble, the words "Thank you!!" are written in a bold, black, handwritten-style font. The word "Thank" is on the top line, and "you!!" is on the bottom line, slightly indented to the right.

Thank
you!!



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