

## *College of Physicians Singapore Lecture*

### **L5 Palliative Care in Singapore—Good Medicine given with Compassion**

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In March 1994, the Annals of the Academy of Medicine Singapore for the first time devoted a whole issue of the journal to Hospice and Palliative Care. The title of this talk is taken from the Editorial to that issue, written by the joint editors, Dr VK Sethi and myself. Since that time, Palliative Medicine was recognised as a medical subspecialty in 2006. Advance specialist training in Palliative Medicine was instituted from 2007 and 8 doctors have completed the training. Together with 28 specialists grandfathered into the subspecialty in 2011, the subspecialty is set to have 36 accredited and registered specialists in Palliative Medicine. This year also marks the formation of the Chapter of Palliative Medicine at the College of Physicians, Singapore as the 15<sup>th</sup> chapter of the College.

Despite this, and the increasing number of palliative care services in Singapore, there is still much misunderstanding as to what palliative care is. Both medical practitioners and patients and their relatives still believe that going for palliative care means giving up on treatment or giving up hope, things most people try to avoid.

Over the past 45 years since the modern hospice movement started, palliative care has evolved from care of patients at the very terminal stages of life, to cover progressive life-threatening illness at a much earlier stage when disease-modifying treatment is still effective, but where symptom palliation, optimisation of function and sustenance of morale plays a major role in enhancing quality of life and the fight against cancer. The diseases covered by palliative care expanded from cancer to neurological degenerative diseases, organ failures, and frailty and dementia.

Increasingly, there is evidence to show that far from shortening life, patients with advanced disease receiving palliative care may actually survive longer than patients on aggressive disease treatment. This may be explained by the avoidance of dangerous therapy in a frail population, and the beneficial effects of a higher quality of life and maintenance of the will to live.

The essence of palliative medicine goes back to the basics of practising good medicine. Astute clinical evaluation, and avoidance of over investigation and over treatment by thinking through the consequences of each action is key. The core skills that need to be honed include pain and

symptom management, excellent communication skills and ability to function in an interdisciplinary team. Carefully eliciting a patient's own goals by going to listen to a frail patient, and discussing with family members is part of good doctoring. Keeping abreast of medical advances in the relevant fields in order to advise one's patients is a requirement. Compassion and empathy, the ability to be with the patient, with commitment to care for the patient through thick or thin is the hallmark of a good doctor, something that we all aspire to. Perhaps what is unique is that at the end of life, more than at any other juncture, our patients need us to have the combination of all these skills which brings out the best in us and the best in our patients.