

## CORRESPONDENCE

## PROVISIONS FOR THE CARE OF THE CHRONIC SICK IN SINGAPORE

You very kindly published my article on "the care of patients suffering from malignant conditions in Singapore" and there I gave a very brief summary of the provisions for the care of the Chronic sick in Singapore. I would like to give more details of the provisions for the care of the chronic sick in Singapore as I would like your members to be aware of the inadequate medical attention that the patients receive when a 'chronic' patient is discharged from the ward to a "chronic" ward.

There are in Singapore the following Institutions that provide some sort of care for chronic sick patients.

## GOVERNMENT

(1) "*Chronic*" Wards in Tan Tock Seng Hospital for males: 70 beds.

There are two wards with 35 patients to a ward. Application forms for admission are signed by the Medical Officer treating the patient and the Almoner adds a social report. These forms are sent to the Almoner-in-charge of the Chronic Wards who submits them to the Medical Superintendent at Tan Tock Seng Hospital and if they are approved for admission the forms are returned to the Almoner, Chronic Wards who puts the patient on a waiting list.

The patient is allotted points for medical reasons e.g. if he is in pain or needs attention with his toilet, or is unable to walk etc.; and the patient is also allotted social points e.g. if he has no home or no family to look after him. His medical and social points are totalled and the patient with the most points is allotted the first vacant bed.

Once the patient is admitted to the "Chronic" ward, treatment recommended by the Medical Officer sending the patient for admission is carried out. There is a Medical Officer "on call" for the "chronic" wards. However there are no ward rounds and no special attention is given to these patients except perhaps in a crisis, or where a death certificate has to be signed!

Patients on social welfare relief get \$5/- per month pocket money, whilst they are in the ward.

(2) *Mandalay Road Hospital for females*: 8 beds.

The same procedure regarding admission is followed but the nuns provide the nursing care and here more attention is paid to the patients, perhaps in view of the small numbers. The same

Medical Officer is "on call", as for the Chronic Wards at Tan Tock Seng Hospital; there are no ward rounds. \$5/- pocket money is paid to patients whilst they are in the ward.

(3) *Chronic Hospital — Yio Chu Kang Road*: 35 beds.

16 Males      19 Females

Admission procedure is the same as at Tan Tock Seng Hospital Chronic Wards with a Medical Officer at Woodbridge Mental Hospital "on call". There are no ward rounds. \$5/- pocket money is paid to patients whilst they are in the ward.

## VOLUNTARY ORGANISATIONS

*Cheshire Home*: 42 Beds 24 Males 18 Females

A trained matron — a nursing assistant and two Hon. Medical Officers.

Admission is through the Admission Committee of the Cheshire Home. Special forms are used and an Almoner is Secretary of the Admission Committee. Special arrangements are made for Occupational Therapy and many voluntary workers give time to entertain patients; and patients are also asked to contribute to the running of the Homes e.g. help with cleaning vegetables or mending clothes, or helping in the garden.

The Hon. Medical Officer does a ward round once a week on Sundays and patients are referred back to the Units from which they were admitted if a specialist opinion is required.

Basic medicines are supplied by General Hospital and unclaimed bodies are buried by arrangement with the Medical Superintendent, General Hospital.

The Social Welfare Department pay \$30/- per month for the keep on each patient at Cheshire Home. If the patient is a non-citizen \$30/- is paid from the Almoner's Samaritan Fund.

*Little Sisters of the Poor*:

32 Beds    12 Males    20 Females

Most of these elderly sick patients are those who were admitted to the home because they were old and destitute and they are looked after until they die. This Sick Bay is on the ground floor — it has a very homely atmosphere. There are visiting Hon. Medical Officers on call who also do ward rounds. Under very special cir-

cumstances the Home considers the admission of a chronic sick patient who has never been an inmate of their home.

*Hylam Sick Bay for Hylam patients only:*

38 Beds 32 Males 6 Females

This Home has no Medical Officer on call nor any nursing facilities except orderlies to attend to toilet needs etc. Patients continue to attend the various hospitals for treatment. If they are bed-bound the Supervisor of the Home collects their medicines. Arrangements are made for patients to be brought by ambulance if necessary, so that they can see a specialist in any hospital. Admissions are recommended through the Almoner. The Social Welfare Department pay \$35/- per month for the keep of a destitute patient. If he is a non-citizen his keep is paid from the Almoner's Samaritan Fund.

*Khek Sick Bay:* 40 beds.

32 Males 8 Females

Of these beds ten are "paying" beds i.e. patients have to pay 50 cents per day. Ten beds are set aside for chronic tuberculosis patients. Same arrangements are made as for Hylam Sick Bay, regarding care of the patients and payment for their keep. No medical attention is available and patients continue to attend as out-patients unless they are bed-bound.

*Aljunied Road Home:* 25 Beds.

15 Males 10 Females

This was set up by the Almoners using an old house with a caretaker.

Patients continue to attend at the various Units, but a general practitioner has volunteered his services in an emergency. Social Welfare allowances are supplemented by the James Craig Trust Fund to pay for the keep of each patient.

*Temple at Woodlands:* 10 Beds.

No medical facilities are available. The caretaker takes patients up to Jalan Teck Whye Clinic for routine medicine, but to General Hospital those cases who have to attend a specialist unit.

*Kwong Wai Siew Hospital:*

No formal arrangements have been made for the admission of chronic patients. Cantonese patients may on their own accord apply for admission, but patients are paid their full rates of allowances if they are in a "paying" ward and \$5/- pocket money in a free ward.

From this it can be seen that the chronic sick patients get very little medical attention and Almoners have to make 'ad hoc' arrangements for their care where very little medical attention is available except in Cheshire Home.

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