Address to College of Family Physicians Singapore
at the Basic Home Health Care Seminar, 25 January 2003

Involvement of Family Physician in Elderly Care

1. Background:

With the increased effectiveness of preventive and curative health care, the number of people living to

an advanced age has increased enormously in all societies.

People as they age tend to need an increased level of support to enable them to function happily.

Traditionally in many countries, especially in Chinese countries and communities, this support has been provided by extended families. For a number for reasons, this support is less likely to be available than in the past, mainly because of the much larger numbers involved.

The attempted solution, in many countries, has been a government-subsidized scheme to accommodate old folks in retirement villages like serviced apartments, hostels and finally in nursing homes. This solution has proved to be a very expensive option and many governments are looking for alternative solutions over the past few years.

Not all, but most old people, have spent their lives acquiring their own residences and thus when they stop work, they want to live in their own homes.

Governments have come to realize that the option of home care is the least expensive way of caring for the old. So in many countries they have started to divert more funds to provide an increased level of community care and support to enable more elderly citizens to remain in their own homes.

We thus have seen the development of government funded community care programs – you have some of them here [Singapore] – to provide this option for the care of its ageing population.

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The overall care of old people, i.e. Geriatric Medicine, has become the province of Specialists in Internal Medicine. However, these clinicians have always worked in institutional settings and are uncomfortable with working in the domiciliary situation.

Family Physicians, at least those who work in the private sector, have been accustomed to work on their own, or perhaps with a practice nurse. They, on the other hand, literally feel "at home" in the domiciliary situation.

So, firstly because of a shortage of Geriatricians, i.e. Specialist Internists, to meet this need many areas in Australia some years ago, the Health Departments created "Area Geriatric and Rehabilitation Services". These consisted of multidisciplinary teams with district nurses, social workers, physiotherapists, occupational therapists, home-aids, meals-on-wheels services, etc. They appointed senior Family Physicians to head up these teams and co-ordinate the provision of these Services.

2. What happened next?

This is where I came into the picture in the early 1970's. I have been in family practice for 20 years and I was approached by my local District Hospital to take on the role of Community Physician in Geriatrics and Rehabilitation, as a salaried medical officer employed by the Hospital to head up this newly created service. The hospital changed it name from "The Hornsby-Kuringai Hospital" to the enlarged "Hornsby-Kuringai Hospital and Area Health Service". There were 360 hospital beds servicing about 250,000 people, out of which about 25,000 of the old were aged over 65 years. This created a stir because the local family physicians did not want the health service and government hospitals to come into their territories. They were resistant, for a good reason too, as historically this has happened in a bad way before in other departments.

Over the next 15 years, a miracle seemed to happen. The service grew into a service provider for Family Physicians who take care of elderly patients. It was available to family physicians or GPs as a consultancy service. These GPs would consult me about a patient and I would tell them what I think we could do. From then, they would manage the case, not me.

We had many growing pains but gradually we obtained the blessing of our professional colleagues. The best way to win the approval of one's specialist colleagues is to bail them out of a difficult situation when one cares for their ageing parents!

We were fortunate that the funds made available to us were adequate to supply back up, such that we could cope with any problem presenting. We also eventually attracted additional funds from the private sector to further our operation. If you deliver the goods people will usually show their appreciation. It was a very rewarding experience, especially working in a multi-disciplinary team.

3. Lastly, a possible career path for family physicians

Once upon a time most specialists had to spend a period of time in general practice prior to their specialist training. This is no longer the case. You have to start early to get to the top. So once a family physician, you usually remain one for a long time.

The role of community physician, geriatrics and rehabilitation offers a new career path opportunity for family physicians, especially experienced and skilled family physicians. He or she can become a Consultant in Geriatric and Rehabilitation. The recognized post graduate qualification for this position, in Australia, has to be someone who possesses a post graduate Diploma in Family Medicine or the Fellowship of the Royal Australian College of General Practitioners.

That's the challenge. Go for it!

Thank you.

RBG

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