

The Pivotal Role of the GP in Eldercare

A Sharing by Dr Ajith Damodaran

by Dr Irwin Clement A. Chung Wai Hoong, MCFP(S), Editor

SUPPORTING THE ELDERLY

With Singapore facing a silver wave, general practitioners (GPs) could enhance their capabilities in eldercare through the Graduate Diploma in Palliative Medicine (GDPM), Graduate Diploma in Geriatric Medicine (GDGM) and Graduate Diploma in Family Medicine (GDFM) programmes. GPs enrolled in these programmes stand to benefit from the Community Care–GP Partnership Training Award, which co-funds the course fees and lets GPs gain valuable experience with sponsoring Community Care institutions. This started as an award for GDPM candidates in 2014, and has now been extended to suitable candidates undertaking any of the 3 graduate diploma courses. This was officially launched at the recent ILTC Manpower Awards Ceremony on August 27, 2015.

The intent of this training award is to encourage more GPs to explore working with the community care sector to support services that care for the elderly, disadvantaged and chronic sick, through sponsoring an opportunity for achieving post-graduate qualification. Palliative care award recipient, Dr Ajith Damodaran of Serangoon Garden Clinic & Dispensary, shares with us in AIC his thoughts on palliative care and geriatric care, and the working experience he has with his sponsoring Community Care institution, Orange Valley Nursing Home.

What made you decide to be involved in palliative and geriatric care?

Very early in my career, I did repeated house calls for an elderly patient with terminal prostate cancer who was always in pain, and I didn't know how to help. A Hospice Care volunteer later introduced me to the concept of palliative medicine, and I decided I wanted to learn more, so I took up the GDPM and GDGM.

How has studying palliative and geriatric medicine helped you in your practice?

It opened my eyes to a whole new world — when I see an old patient, I immediately notice the way he walks or sits, little details that reveal things about his health. You also know the kind of questions to ask and understand the concerns elderly patients have. There was a lady, who seemed quite fit in her sixties, and her family worried about why she ventured out of the house less and less often. It occurred to me to ask if she had difficulty controlling her urine, and she said yes. She was afraid to



go out because of that, and she didn't tell anyone. Another patient of mine living with lung cancer was having breathing problems. With my knowledge from the GDPM, I was confident in prescribing him medicines to ease his discomfort effectively.

Could you name some challenges you face in helping elderly patients?

Old people think that growing older means that they will become frail and their health

will decline all the way, which isn't true. It's because they stop doing things, or rather, everyone around them is too helpful in ensuring that they don't do things for themselves. This deconditioning causes them to become weak, and preventing frailty is really about keeping them active and retaining function.

Another thing is end-of-life issues. For elderly patients with chronic or terminal illnesses, we need to discuss with the patients and their families on the role of care. Sometimes, it's no longer about the patient fighting the disease, but living with the disease.

Tell us about your experience of working with Orange Valley Nursing Home.

I go to Orange Valley twice a week, about two hours each time. I look at day-to-day concerns of the residents, and manage their chronic illnesses, such as high blood pressure and diabetes. Working here has taught me much about initiating or adjusting medications for the elderly. I've learnt things from the nurses, like wound care. I also get more exposure to geriatric ailments such as dementia, and all the concurrent problems such as infection, bedsores, and falls. In palliative care, we plan with the patient's family in advance so that when anything happens to their loved one, they know what to do.

Would you encourage your peers to take the graduate diploma courses and the Community Care–GP Partnership Training Award?

Yes, gaining the knowledge in palliative and geriatric care is satisfying, as it makes a big difference to families, because you know how to manage the last days of their loved ones well. That should be why a doctor would want to take the courses, to make life better for families.