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"Management of Advanced Genital Cancer" –Social Aspects

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In a hospital setting, the social aspects of any case really means the medico-social aspects rather than just social. This is because purely from the social point of view, the care of a Pre-eclamptic Toxaemia patient, Cancer patient, or the Pulmonary Tuberculosis patient is the same. But it is an entirely different matter when we consider "medico-social" care, because the moment we take into consideration of the patient's medical condition, then the case of a patient with one particular diagnosis will naturally be different from another patient with some other diagnosis. Problems concerning care of the advanced genital female cancer patients are therefore both medical as well as social. The medical problem seems to be more acute than social problems because of the nature of nursing care which is required. Let us therefore examine the facilities available in the way of chronic nursing wards, chronic sick homes and district nursing care.

There is now an Almoner who is in charge of the chronic sick, and he is stationed at the Chronic Hospital in Woodbridge. This Hospital provides for the male and female medical chronic sick and hence including our female cancer patients. There is a total of 27 female beds. 19 of these are in Chronic Hospital at Woodbridge and 8 are in Mandalay Hospital at Tan Tock Seng Hospital. For the past 4 years we have managed to admit 2 cases of female cancers to the Mandalay Hospital as there are various medical chronic patients who are there for good. In Woodbridge, out of the 19 beds, 17 are medical chronic cases and no genital cancer cases.

The admission to the Chronic Sick Hospital is by application. There is a point system. However, the turnover is so small that the chance of getting a female patient admitted is very slim. Because of this, few applications were made in the past. This unfortunately created a vicious circle. As less applications are received, it seems to indicate less need for provision of female chronic beds and this in turn will result in the same number of beds as time passes and the shortage will continue to remain. We are therefore now trying to send just names of patients likely to require beds in due course, and nearer to the time, we will forward the actual application. This, we hope, will create some statistics, even though as things are, few of our patients will survive long enough to be admitted.

Very often, one of the Almoner's duty is to create facilities and sometimes using stop-gaps in the face of shortage of amenities. One of these stop-gaps is the "Chronic Sick Homes." This is provision for the medical chronic patients who do not as yet require a great deal of nursing care. Such patients can apply to go to the Chronic Sick Homes. These are in real fact just ordinary attap houses and Chinese Temples acquired by the Almoner service and turned into 'homes' for the medically chronic sick, both males and females.

Critiera for admission are (1) Patients have no homes or (2) they have homes but no one to provide the necessary care. Catering and care of patients are the responsibility by the private owners of the places, and the Almoner-in-charge of the chronic sick will be responsible for payment, admission and discharge, arrangements for nursing care, and keeps general supervision regarding hygienic condition of the place and reasonable adequate care for the patients. There are 4 such homes in Singapore, but only a total of 14 beds are available for the female medical

chronics. According to the figures on 18.3.1963, there were 6 vacant beds.

Though beds are available in these Chronic Sick Homes, they are not suitable for our cancer patients except those who require very little nursing care. The District Nursing Service provides the nursing care in these homes and should patients eventually become fit for discharge, the District Nursing Service has undertaken to continue with the nursing care of these patients in their own homes.

The District Nursing Service has been a long felt need among those whose concern is the care of chronic medical sick in their homes. At present General Hospital has extended its District Nursing Service to 4 branches situated at 4 Out-Door Clinics. These are the Out-Door clinics of Kallang, Pegu Road, Jalan Kayu, Bukit Panjang, and the specially arranged service for the Aljunied Road Chronic Sick Home, one of the 'Homes' mentioned above.

Now, the District Nurse is an invaluable help, bringing to the patients her skilled nursing care. To the relatives she teaches about diet, cleanliness, and general care of the patient, and above all she brings along much needed encouragement and moral support. Unfortunately, because of some administrative reason, the District Nursing is not available for the use of Kandang Kerbau Hospital e.g. our Medical Officer here cannot refer a patient discharged from Kandang Kerbau Hospital direct to the District Nursing Service for her subsequent nursing care. Nowadays, we get round this problem by a referral from our Medical Officer to the Medical Officer of the particular Out-Door Clinic nearest to the house of the patient and which has a District Nursing Service. Should the Medical Officer there accept the case, then he will allocate this patient to the care of the District Nurse. Remembering that the District Nurse operates approximately within a 5 mile radius of the Out-Door Dispensary, she might not be able to cover the particular area that our patient happens to live, and therefore some of our patients are unable to benefit from the care of the District Nurse.

Having gone through the Medical problems, we will now proceed to some of the social problems of these patients:—

In Medico-Social work, the patient is the central figure of the family; therefore all the members are directly or indirectly affected because of the illness of the patient. She might be a grandmother, or a middle-aged woman working and bringing in an income to supplement husband's earning or she might be concerned with the care of a large growing family. When such a patient is laid up by a prolonged illness, the disruption to family life is inevitable. The patient who has to stop working will cause financial difficulties in the family apart from additional expenses incurred during the course of her illness. The woman with a large growing family will require some sort of home help to take her place. Furthermore, future plans for children have to be made in view of probability of poor prognosis. The sick elderly grandma causes probably less confusion, but then, like all our advanced cases, arrangement for her care must be considered. A patient is lucky if she has children or close relatives. But there are patients who have nowhere to return to and no one to take care of them. Few people would undertake to house and care for an advanced Cancer patient even though we are prepared to pay for such expenditure. For the in-patients, relatives will have to visit regularly which means additional expenditure. Patients who are discharged will require to attend and they may be staying in very out-of-the-way places inaccessible to transport.

To each of these problems, the Almoner tries to cope in consultation with members of the family. We expect each family to be able to cope with most of their problems, and for these who can cope what is required of the Almoner is general supervision regarding care of patient, explanation concerning treatment and medical condition, general advice, moral support, and constant follow-up. Other families will need actual arrangements to be made for the solution of their problems as mentioned above.

Financial help of course forms the basis of a number of solutions to these problems. As such the Almoner has the use of Almoner's Emergency Fund and the Samaritan Fund. The former is a Government Fund and the latter is private donations from well-wishers who are acquainted with the work of Almoners, and are in sympathy with what they try to do for the sick. This money is used for the patients' benefit at the discretion of the Almoner. From these Funds, we are able to pay for surgical appliances; for practical nursing aids, such as bedpans, rubber sheets, feeding cups; for lodging and care at Chronic Sick Home; for special diet, transport, domestic help, or rent.

The other source of financial aid is the Permanent Disability Allowance. This is paid by the Social Welfare Department direct to the pa-

tient. The Almoners' Department has been negotiating with the Social Welfare Department regarding such an allowance since the Sickness Allowance came to an end in 1959. A Disability Allowance was introduced subsequently, to benefit the blind, the deaf and dumb and patients with loss of both arms or limbs etc. This therefore was no help to patients with crippling medical conditions. As a result of various discussions with heads of units of General Hospital, the Director of Medical Services and the Social Welfare Department, the Senior Almoner tried to get the Social Welfare Department to extend the allowances to other categories e.g. paraplegia, cerebral palsy, ankylosing spondylitis, rheumatoid arthritis, malignant tumours, terminal cancers etc. This Disability Allowance was finally approved in December 1962. It is now applicable to our Cancer patients.

You many wonder why I go to such details about this Disability Allowance but I would like to take this opportunity to impress on you to make full use of this allowance for our patients. Though we have a large number of Cancer patients, there are very few who are eligible according to the ruling of the Social Welfare Department. Therefore for those who are eligible, we hope there would be no obstacles from the medical point of view. Social Welfare Department rules that (1) the family concerned must be eligible for Public Assistance to begin with. Now, many of our patients are border-line cases, their family have a small income and therefore are not eligible for Public Assistance, but the patient does require the additional expenditure as mentioned before. This patient however, will not be eligible for Disability Allowance. (2) This allowance can only be recommended if the patient is head of household. Therefore, the wife who is a Cancer patient is not eligible but a widow or a woman separated from her husband will be eligible. This condition is quite a hindrance to our Cancer patients and we are now trying to seek special privilege for female Cancer patients. (3) This allowance must be recommended by the Medical Officer and the clause on the Medical Certificate which concerns you is Clause (iv) which says "chronic sick and medically disabled to such an extent as to render him unfit for even light work". This wording is unfortunate as many of you will be rather hesistant to certify a Cancer patient under this, except the dying ones. But on the other hand, I think we should be more flexible in the interpretation of the clause. The whole idea of the Permanent Disability Allowance is to benefit those who are unlikely ever to get gainful employment. I should therefore suggest that we should bear this point in mind in considering the eligibility of a patient from the medical point of view. Besides, should there be any national compaign for Cancer Funds in the future, it is likely that such funds will be used for research work, diagnostic clinics, and in general for the care and treatment of the primary cases. What then would be more appropriate for the aid of the advanced patients then that of the Permanent Disability Allowance? The Permanent Disability Allowance is $10/- per month for the patient in addition to whatever amount of Public Assistance the family is getting.

Since the beginning of the year, the Cancer Clinic, working in conjunction with the Almoners' Department, has kept a very close contact with the Cancer patients. Advanced patients are referred to us for social aids, and most of them are in need in one way or other medico-social care and we try to give these patients priority of our time, services available, and our funds. We strive to bring all our resources for the aid of this group of unfortunate people, so as they can at least be reasonably confortable and cared for during the last days of their lives, even though they are condemned to an incurable illness.