



THE College Mirror

VOL. 38 NO. 4 December 2012

A Publication of College of Family Physicians Singapore

The Greying World: What does it mean for Family Medicine, Society and Health?

Highlights from the Sreenivasan Oration 2012



Professor Ranga Krishnan delivering the Sreenivasan Oration 2012 at The Tanglin Club on 18 November 2012.

This year's Sreenivasan Oration was delivered by Professor Ranga Krishnan, Dean of Duke-NUS Graduate Medical School Singapore on 18 November 2012, during the College of Family Physicians Singapore Family Medicine Convocation Ceremony held at The Tanglin Club.

Mortality rates have decreased in conditions such as diabetes, heart disease accidents and hypertension.

The net effect is that we are living longer. Two thousand years ago, the average Roman would expect to live to the age of 22. In the 1900s, life expectancy grew to nearly

60 years. By 1960, life expectancy was nearly 70 years. Today, new-borns can expect to live close to 80 years.

In Asia, Japan has the highest life expectancy and Singapore is not far behind. This increase in life expectancy has happened at a very rapid pace in a relatively short time frame. One should

(continued on Page 8)

(continued from Page 1: The Greying World: What does it mean for Family Medicine, Society and Health? Highlights from the Sreenivasan Oration 2012)

look at the change taking place in China. In 1960 the average life expectancy was 36 but today, a mere 50 years later, life expectancy in China is 74 years. In one lifetime, life expectancy has actually doubled.

The more important effect is that this increase in life expectancy has led to an ageing society. The number of 80 year olds has reached 150,000,000 – a veritable tsunami of elderly. With women living longer than men, it will slowly turn into a woman's world. The ratio of women to men will be 2 to 1 amongst 80 year olds.

Why are people living longer?

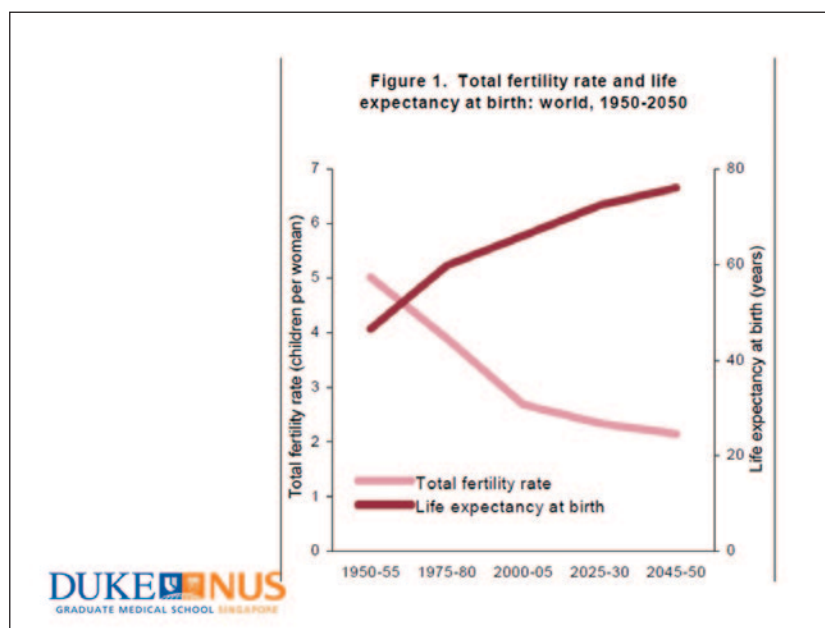
The reasons include low infant mortality due to better vaccination, clean water, improved sewage, better education, reduced smoking and better medical treatment. Although we think of healthcare as a major factor, it is a much lower contributing factor in relation to mortality.

What is of particular concern is that fertility rates have also decreased. This has led to a changing balance in the number of working individuals compared to the number of individuals that they support, i.e. the population aged below 18 and above 65 are the so-called support ratio crucial for the health of the economy. In Singapore for example, the support ratio was above

17 in 1970 and now it is less than half at 7.9. In addition, surveys suggest that people above 65 want to work less than they used to in the past.

Another factor to keep in mind is that as the population is ageing, healthcare costs are rising. The costs are increasing mostly because of the increased expenditure in the last year of life. When one looks at Medicare costs, 27 per cent of its budget was spent in the last year of life and 12 per cent was just for the last month of life. One of the reasons why costs are going up so fast is the lack of education for patients at the end of life who are not educated about death, dying and the dignity of life. Palliative care is an important and critical piece as we work with the elderly and end of life issues are integral to the delivery of optimal care.

In addition, many incentives which led to increased healthcare costs in the last year of life need to be evaluated and addressed. The nature of disease is also changing. The prevalence of diseases like diarrhoea, respiratory diseases, which were globally very important in the early part of last century, are likely to rapidly decrease in the next 20 years while diseases such as depression, cardiovascular diseases and cancer are likely to increase. The needs of populations and types of disease will therefore be very different in the next 20 to 30 years. In particular, as a population ages, the incidence and prevalence of cognitive impairment and dementia will increase.



Slide reproduced with kind permission from Duke-NUS Graduate Medical School Singapore.

What do we need to do?

While we would like a reduction in disease morbidity and mortality, this wish may not happen. Consequently, public health and population health with a properly incentivised system of healthcare becomes essential. The key component of such a system would be the education of the population with regard to prevention as well as the end of life care.

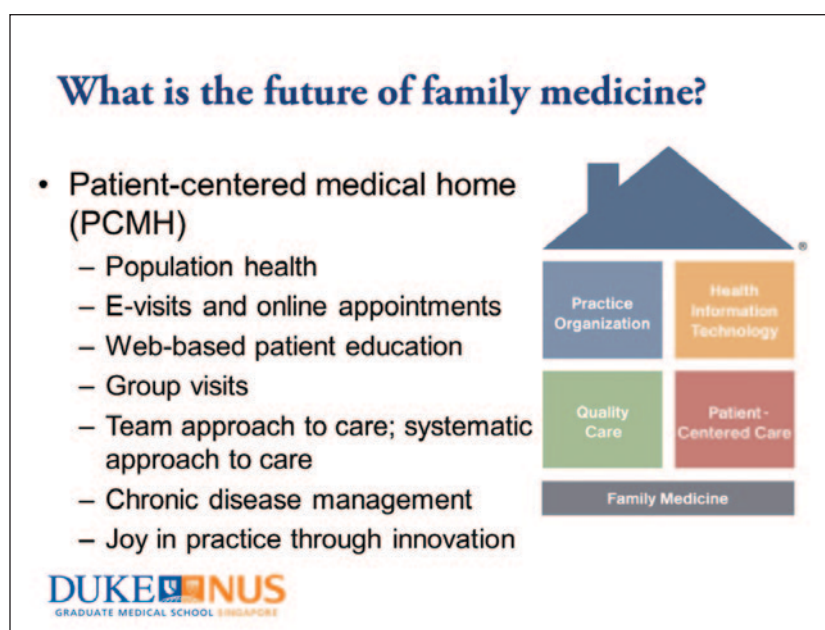
Moreover, integrated solutions become critical. It is in this context that family medicine and family medicine practitioners can be the building blocks of the healthcare system. Family practitioner care leads to better health, more patient satisfaction and lower healthcare cost. In many cases, the care tends to be activated earlier and can lead to better detection of diseases like cancer. Family practitioners are able to provide preventive healthcare and continuity of care. They are more importantly taking care

of the whole patient and not just the different organs. In this context, the attributes of the excellent family physician include the understanding of the patient as a whole person, the ability to act as a partner to the patient through many years, the command of medical complexity and most importantly, humanising of

care. Family care physicians are now at the top of the wish list from most healthcare systems, the most important and desired specialty in 2012 and on the list for the last seven consecutive years. The future of family medicine includes the patient care centre, medical homes, and integrated care.

However, even with increased numbers of family physicians and healthcare workers, there will still be insufficient family care physicians to support the needs of the community.

Thus, it will be very critical for the elderly population to actually become involved in the healthcare system as direct care providers. One such approach is the *Grand Aide* system. Grand Aides are elderly but healthy persons trained in specific aspects of medical care who serve as extenders to a physician. These aides often best understand the problems of the elderly and while they themselves are healthy, can play a major role in supporting other elderly who are not as fortunate as they are.



Slide reproduced with kind permission from Duke-NUS Graduate Medical School Singapore.

In the next 20 years, family medicine will become the key and integral pillar of an integrated healthcare delivery system that provides evidence-based patient care to individuals in the community.

■ CM

Highlights of speech reproduced with kind permission from Duke-NUS Graduate Medical School Singapore.

