

07-29

PROJECT EPILOGUE

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First Year project



Project overview

Area of concern

Many today still believe hospice care was a place for chronic illness patients who have given up treatment to await their deaths, that they have given up hope on life.

Studies showed how the public endorsed higher levels of negative stereotypes about terminally-ill cancer patients who chose palliative care over chemotherapy, viewed them more negatively and saw them as less afraid of death. Other studies prove how palliative care stigma was associated with less prospective usage of palliative care for self and for one's family member. This relationship was mediated by negative stereotypes about individuals receiving palliative care.

HCA hospice care is the largest hospice care in Singapore. Its services are provided at no charge to 3,600 patients annually. Besides medical care for patients, it also entails psychological support for patients and caregivers. HCA's services include day hospice care, paediatric palliative care (Star PALS), bereavement support and outreach programmes like the Young Caregivers Programme (YCG) and palliative care training programmes for patients' caregivers.

Challenges identified

The COVID-19 pandemic has severely limited face-to-face activities with patients, especially since our beneficiaries are mostly terminally-ill elderlies, a high-risk population.

We are a first year project, hence we have difficulty organizing large scale events and activities that require more funding. We sought to come up with alternative ways to promote interaction between beneficiaries and the public and to find possible needs that can be met.

Underlying problem

Given that the concept of hospice care is still being largely seen as an unfavourable option for chronic illness patients in Singapore, how might we raise awareness and reduce the stigmatization so that Singaporeans can be more accepting towards it as a favourable option from 2020 onwards? *The stigmatisation refers to the public regarding hospice care as synonymous with impending death.

Plan of action

Our plan of action is detailed in the table below. We brainstormed activities for interactions between patients and the public, allowing participants to be more empathetic and understanding towards the patients.

Date	Action	Objective(s)	Successful?
Jan - March	<ol style="list-style-type: none">1. established a connection with the beneficiary (HCA hospice care)2. Setting up of Instagram page	<ol style="list-style-type: none">2. Increase outreach, educate youths	Yes
April - June	<ol style="list-style-type: none">1. Social media publicity about beneficial activities at the centre and debunking myths of hospice care2. Plan for potential activities that can take place amidst the COVID-19 situation	<ol style="list-style-type: none">1. Awareness2. Maintain interaction between patients and public	Yes
June - August	<ol style="list-style-type: none">1. Brainstormed ideas for interaction with patients at HCA hospice care and were in talks with the coordinator about the feasibility of our plans	<ol style="list-style-type: none">1. Maintain interaction between patients and public	

	<p><u>Care tree collage</u></p> <ol style="list-style-type: none"> 1. Through social media, encouraged youth to send in short sweet messages to patients to help them pull through in these tough times 2. Hand transfer messages on to post-its, stick them on an A1 paper in the shape of a tree before framing it up and presenting it to the hospice centre 	<ol style="list-style-type: none"> 2. Find a way for the community to express their support and care for the patients 	<p>Yes</p>
	<p><u>3 part-interview</u></p> <ol style="list-style-type: none"> 1. Conduct online interviews with a caregiver, patient, ex-patient 2. Publicise the material collated on social media <p><u>Nature trail live-stream</u></p> <ol style="list-style-type: none"> 1. Live tours of different parks in Singapore 2. For patients to use in tandem with exercise sessions <p><u>Exercise live-stream</u></p> <ol style="list-style-type: none"> 1. Live Exercise and Dance routines 	<ol style="list-style-type: none"> 1. Awareness 2. Interaction 3. Interaction 	<ol style="list-style-type: none"> 1. No, as the centre preferred face-to-face interviews 2. No, as the centre is not set up for live engagements

Message from coordinator regarding why we could not carry out the unsuccessful plans above:

Just received a reply from my colleague about this. The comms side really think that a zoom interview won't be good or create content that you or our organisation can really use as it can be too taxing and distant for our uncles and aunties you have not met or connected with physically. We are requesting that your group goes back to the drawing board and thinks of another way to engage our uncles and aunties first (for example a recorded exercise video that I've discussed with you guys about) and if possible wait till your school approves of the physical visit before scheduling and coming to visit and talk to our beneficiaries."

Implementation of Action Plan

Action	Date of implementation
Social media publicity	13 May - 11 August
Care tree collage	5 August - 11 August

Project outcomes

Accomplishments

Over 70 people sent in kind messages for patients at the hospice care for our care tree collage initiative. Through social media posts, we were able to educate the youth on the benefits of hospice care and rectify any preconceived perceptions about hospice care they once had as we debunked myths regarding hospice care, thereby reducing the stigmatization against hospice care. We were able to outreach to over 300 people through our social media publicity and have 492 likes on instagram.

Reflections

We have learned that we have been taking luxuries in life for granted and that our understanding and knowledge of the less fortunate groups of people in our community is limited due to our lack of exposure. The experience has made us appreciate Hospice care and its mission even more due to a better understanding of what hospice care is about. The success in our initiatives proves we made a substantial impact on our community. In hindsight, had we planned for possible implications of COVID-19 and limitations on the beneficiary side, we could have found alternative solutions and still push out initiatives we planned for, which could have increased our impact on the community. However, this journey has been fruitful and we will work with Project Epilogue 2021 to ensure that they are able to push out more initiatives next year.

Scope of impact

Community impact

The public could learn more about HCA Hospice care Singapore, along with various stigmatizations of hospice care. We hope that the public are aware that hospice care is not for chronic patients who have given up treatment to await death, but a place for them to enrich their last lap.

Community involvement:

We obtained heartfelt messages from youths in Singapore containing encouraging messages to the hospice care patients, effectively showing their care and empathy for the patients.

Resolution of AOC/UP:

We educated the public through social media publicity about why hospice care services are beneficial for the well-being of chronically-ill patients. We got youths in Singapore to empathise with patients through our care tree collage. More importantly, we sowed the seeds for sustainable development of this project as we established a strong connection with the beneficiary. We are eager to carry out activities we had planned for this year with next year's batch of project members and are looking forward to interacting with hospice care patients.

References

Shen, M. J., & Wellman, J. D. (2019, August). Evidence of palliative care stigma: The role of negative stereotypes in preventing willingness to use palliative care.