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BONDS & ISSUES

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LONG TERM CARE AND ITS ATTENDANT ISSUES

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Just recently, the first national Silver Industry Conference and Exhibition (SICEX) was held, in which it featured our very own, Isaac Low and M. Salim, as part of its panel of speakers. SICEX drew a lot of interest from the public and was an event that received heavy endorsement from the government.

STAGES OF RETIREMENT

There is a lot of focus on retirement today, and rightfully so. While most think of retirement as a continuous period of fun, travel and enjoyment, catching up with hobbies, friends and family, studies have shown that this is really just the first of three phases. This Fun period ranges between the ages of about 65 to 75.

In the next phase, those aged around 75 to 80 tend to become quite thrifty and frugal in their outlook. We call this the Spartan period. Many in this phase prefer not to travel anymore because of their medical conditions, the change in weather or the difficulty they will face, especially on long trips. Spending patterns are reduced greatly and most in this phase would be quite content with a simple lifestyle. Hobbies start to take a back seat and many find it a hassle to keep up with the demands of maintaining these activities.

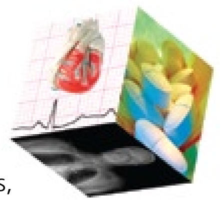
At about age 80 onwards, retirees start becoming dependent, requiring assistance or supervision in performing the following ADL (Activities of Daily Living) we take for granted:

- FEEDING
- BATHING
- DRESSING
- TOILETING
- MOBILITY
- TRANSFERRING

This is a dependent period we term as Long Term Care (LTC), and this is the phase that I would like to focus on in this article. A whole new range of issues surface for caregivers providing care for their loved ones in this phase. As I am such a caregiver, I would like to share my experience with you.

AN EXAMPLE OF LONG TERM CARE AND ITS ATTENDANT ISSUES

Safety, hygiene, medication and regular food intake are immediate concerns and become functions that need to be monitored and managed by someone else, as LTC patients may not be able to manage these activities on their own or struggle to remember if these activities have already been done.



Over the past two years, the LTC patient I have been caring for has been hospitalised 20 times in total. One of the most frightening and common occurrences during this phase is falling and injuring themselves. Sadly, most Geriatric experts will tell you that falling is not a matter of 'if', but usually a matter of 'when'. Prevention is easier said than done, requiring almost 24-hour supervision. In spite of my concern over this area, I have had to deal with three falls in the last seven years of caregiving - once, when the patient fractured her spine, requiring a stay of five months in hospital; the other two falls resulted in a fracture on the head, spine and rib. The patient was hospitalised on four other occasions for infection, highlighting the importance of hygiene. Every six weeks, she had to be hospitalised for regular blood transfusion and for endoscopy procedures, the result of a Cirrhosis condition.

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OTHER AREAS OF ADJUSTMENTS INCLUDE:

TIME: This is perhaps the biggest challenge faced by most caregivers. Assistance and supervision on a 24/7 basis cannot be done by just one person; even more so, an impossibility for someone who has to work. Options for alternative help include other family members, nurses, maids or nursing homes. Every activity that the LTC patient does takes longer. An outing that used to take just under three hours now takes close to a day. Bathing, dressing, eating and moving about all takes time, a lot more time. There are part time caregiver services, which include errand services, grocery shopping, medication reminders, grooming, bathing, meal preparation and transportation assistance. These part-time caregivers charge about $15 to $25 per hour. Their services are very useful in areas of complexity or situations where the live-in maid is unable to handle.

INCREASED TRANSPORTATION COST: In LTC, wheelchairs are usually a necessity. Therefore public transportation, as in the MRT and buses, become quite impossible, or if available, very inconvenient. Aside from the occasional visit to friends and relativities, weekly or fortnight visits to various doctors treating the patient's multiple issues, require costly transportation. In the past year, I estimated about 48 visits to the doctors; each trip costing about $9 to $13 in taxi fares. There are other services like ambulance and private transportation that specialise in transporting such patients but they cost more. Each trip to the doctor may take up to four hours, making it very difficult for the working caregiver to accompany LTC patients personally all the time.

ERRANDS: Paying the bills, marketing and cooking will now have to be done by someone else, other than the LTC patient.

Total Estimated LTC Costs for 2007 amounted to $28,200, using the lowest assumption of Class C wards for hospitalisation and the lowest time charge of $15 per hour. (The unsubsidised hospital bill alone would have come to $98,000!)

The Computation goes like this: Subsidised 'C' class admission for in-patient care brought the cost down to $11,000. Subsidised outpatient consultation amounted to $3,000, thereby reducing the medical bill to $14,000 for the year.

Transportation required for doctor visits amounted to $1,000 that year. Part-time caregiver services were used for guided activities like accompanying the LTC patient to the doctor's. I estimate about 400 man hours were needed. This brought the total to $6,000 per year.

A family member performing this function would warrant a much higher price tag if their salaries paid more than $15 per hour. The cheapest source of help is a maid, which cost about $7,200 in salary, government levy, board and lodging, and incidentals. However there are many situations where the maid cannot cope alone and require additional help.

Other options include daycare centres and nursing homes. Fees range from $1,000 to $3,600 per month. These include nursing care, food and lodging, exercises, counselling sessions and monthly medical check-ups. Community hospitals range from $1,470 to $10,950 per month, depending on admission class and subsidies.

Recently, Medisave and other healthcare schemes have been revamped and greatly enhanced by the government. Part of this development has been Eldershield, the government's CPF scheme for Long Term Care.

Although the scheme is meant for people well advanced in age, there are many claims made between age 40 to 70, as disability strikes anyone at any time. For these reasons, I feel that Long Term Care is an excellent product and I wished that the government had introduced these schemes earlier.

Although Long Term Care schemes are not meant for hospitalisation expenses, this is probably one of the best alternatives for an aged elderly whose hospitalisation plan has expired at age 80. Eldershield provides a continuous stream of income that can be channeled towards the services of a caregiver and other related cost.

There is now an excellent range of Eldercare policies provided by AVIVA, NTUC and GE. These are payable through your Medisave Account. Do consider this option and allow our advisers to illustrate to you how prudent it would be to take up this plan for yourself and your parents, if applicable.

AN EXAMPLE OF LONG TERM CARE COST IN 2007:

'C' class Hospitalisation:	**$11,000**
Outpatient Consultation:	**$3,000**
Transportation:	**1,000**
'Guided' Caregiver Services:	**$6,000**
Live-in Maid Expenses:	**$7,200**
TOTAL LTC COST:	**$28,200**

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