"Reversed Mortgage, Family Physician's role and perspective"

Dr Mark Chan
MBBS MPainMed
DFM PDipComPsychMed
PDipCommunityGeriatric
FRACGP FHKCFP
HKCFP Council member
Vice Chairman Public Education Committee
Newspaper column writer
Reversed Mortgage

* Roles of Family Physician
* Perspective
What is reversed mortgage

* Reviewed in earlier part of this workshop
What is Family medicine?

- Hong Kong College of Family Physicians
- American Academy of Family Physicians
- Royal Australian College of General Practitioners
- Royal College of General Practitioners
一家人的好朋友

家庭醫生

家庭醫學手册之三

香港家庭醫學學院
Roles of Physicians

What are family physician’s traditional roles?

* The Domains are
* The Roles in Patient cares are
* The Roles of Family Physicians in Healthcare system
* The Skills are
2010 “海峡两岸四地全科/家庭医学学术大会”
Four Parties Conference on Family Medicine
2010年6月22日-24日，北京

主办单位：卫生部全科医学培训中心
首都医科大学
中国医师协会全科医师分会

协办单位：香港家庭医学院
澳门全科医生学会
台湾家庭医学学会

支持单位：卫生部
中国高等教育学会医学教育专业委员会
中国医学会

承办单位：首都医科大学公共卫生与家庭医学学院
北京卫生教育技术培训中心
The five domains of general practice

- The Royal Australian College of General Practice, 2011: lifelong teaching and learning based on these domains.
- Represent the critical areas of knowledge, skills and attitudes necessary for competent unsupervised general practice.
The five domains of general practice

Domain 1 –
Communication skills and the patient-doctor relationship  
(eg. communication skills, patient centred, health promotion, whole person care)

Domain 2 –
Applied professional knowledge and skills  
(eg. examination and procedural, decision making)
Domain 3 –
Population health and the context of general practice (e.g. public health, prevention, family influence on health, resources)

Domain 4 –
Professional and ethical role
(e.g. duty of care, standards, teaching, research, self care)

Domain 5 –
Organisational and legal dimensions
(e.g. information, records, confidentiality, practice management.)
The five domains of general practice provide a comprehensive, robust framework for ensuring that the key skill areas of general practice are included in education and training.
Roles in Patient care

5 Family medicine principles
Roles in Patient care

5 Family medicine principles

* 1. Context of Care
   * Evidence-based

* 2. Continuity of Care
   * Continuous Healing Relationships

* 3. Comprehensive Care
   * Whole Person Care
4. Coordination of Care
   *- Integration of complex care

5. Centered on the Patient
   *- Bio-psychosocial Approach
7 Roles of Family Physicians in Healthcare system

1. Family medicine in Primary, Personal, Preventive, Comprehensive, Continuing, and Co-ordinated Care

2. Communicator

3. Collaborator
The 7 Roles of Family Physicians in Healthcare system

4. - Advocator / Leader

5. - Manager

6. - Medical Professional

7. - Researcher and Teacher
Skills

1. define reason(s) for consultation and consider other possible reason(s) for consultation
2. be aware of little cues, hidden agenda or "door handle signs", and somatization.
3. competency in distinguishing self limiting problems from acute emergencies and management outside specialized hospital units with limited facilities for investigation
4. exploring and interpreting both the disease and illness experience

5. prioritization when presenting with multiple complaints

6. finding a common ground with patient about the problem and its management
* 7. incorporating prevention and health promotion

* 8. enhance doctor-patient relationship

* 9. use time and resources appropriately

* Reference: HK Pract 2006;28:193-195 A Lee, Professor, Department of Community and Family Medicine, CUHK
The issue
-Before-During-After

* Reversed mortgage will affect
* The patient and The family
* The family doctor
* That demands New skills and considerations
* -Before
* -During
* -After
Perspectives as family doctor

What parts do we play in this?

As
* A doctor
* A business man
* A referee
* A Government agent
What are the FP’s aim?

- The best interest of the patient
- The interest of the carer / family
- The interest of the community
**Potential Problems**

- Problems:
  1. Are there conflict of interest within the family?
  2. Conflict of interest between the patient and the doctor?
  3. Conflict of interest between the patient and the family?
  4. Will the interest changes over time?
FP’s strength

- Rapport: patient, family and the doctor
- Continuity: year long relationship
- There are
- Trust
- Community
- Knowledge
- Availability
How does this affect the patient?
How does this affect the patient?

- How does this affect the patient?
- There is no studies on this

- The patient will? Become reassure? Anxious? Comfortable……
- The carer : higher motive vs guilt vs….  
- The family : hidden agenda  
- The extended family : the cultural influence, Gender difference, legacy
How does this RM affects the FP?

* 1. Do I agree with the basic principle
* 2. Do I know enough to help
* 3. Level of intervention
* 4. Proactive
* 5. Instrumental, as one of the medical team
* 6. Referal network
FP’s weakness

* 1. Knowledge Mental, Legal
* 2. Conflict of interest: as self interest? Do I agree with the RM?
* 3. Conflict of interest to different members of the family?
* 4. The strength is the weakness?
How can we help

- Help the patient
- The family/carer
- The community
- The deal
The patient and family

Beforehand:

* Patient / Family knows, not knows the availability — clinic setting, promotional materials.

* Need to prepare patient / Family to know this service is available. — Training course, Proactive, life stage / retirement counseling.

* A specific form of advance directive

* Does the patient and family share the same agenda?
Family Physician

- Proactive vs
- Information provider
- Motivational
Assessment of the Patient

* A comprehensive geriatric assessment

Functional
* Barthel Index
* ADL: BADL
* IADL

Cognitive function: mental capacity
外出活動的應付能力

*「買家電煮飯，
* 華材行洗衫」
*日常生活的應付能力
BADL 十個日常生活活動評估

* 「梳洗大小去廁所
* 衣食落床行樓梯」
退休而不「憂」

康佳医生／

退休而不「憂」

退休後的幸福生活，一個關鍵因素是能否正確調整心態。工作時，工作就是全部；退休後，生活就是全部。因此，退休後的生活需要特別的規劃和調整，以確保能夠過得開心、健康。本文將從以下幾個方面來討論退休後的生活：

1. 心態調整
   - 退休後的生活是一個新開始，需要有新的目標和樂觀態

2. 健康管理
   - 保持良好的作息和飲食習慣，定期進行體檢，及時治療疾病的苗頭，防止病情惡化。

3. 社會活動
   - 參加社區活動，與其他人建立友誼，增強自信心。

4. 家庭關係
   - 退休後的時間，可以多陪陪家人，增進親情。

退休後的生活是一個新開始，需要有新的目標和樂觀態度。只要做好準備，退休後的日子一定會過得開心、健康。
The patient and family
Assessment of the Family

Is the family a stable structure?
Eg
*1. The communication model
*2. Carer vs Patient’s wishes
*3. Hierarchy?
*4. Any hidden agenda
*5. When will be a suitable time for action
*6. Need for Family conference?
*7. Will the RM make the whole family happier?
What are the Issues to Family Doctor

Knowledge and skills
A. Applicability of
1. Enduring Power of Attorney, EPA
2. Part II Order under Mental Health Ordinance,
3. Guardianship Order
How canFP assist mentally incapacitated persons
* Need training / update to doctors on EPA and Part II Order
1. Selection of appropriate patient / family for consideration of RM
   Need for research, follow up studies

2. Assist mentally incapacitated persons
   * Need training on EPA and Part II Order
Mrs. Lam, aged 75, widower, has a clear mind, lives independent, able to care for her own living.

Mrs. Lam has no children. Mr. Lam left her one property, she would like to use her own money to care for her own expense.
Selected few would be

*Straight forward, simple, direct for all parties concerned
Scenario 2

* 78 years old Mrs. Cheung lives with her 50 years old unmarried son in her own property.
* Her son has been out of work for 2 years and Mrs. Cheung would like to know about how to mortgage her property.
* She is illiterate, only speaks chiu chow dialect.
Scenario 3

* Mr. Wong lives in OAH, he has 3 children, one lives overseas. He has a home unit. They have arguments over who should pay for Mr. Wong’s living cost.
* Mr. Wong is demented and his elder daughter would like to mortgage Mr. Wong’s property to pay for his living cost.
* Second son objected, as he was living in the unit. He is not paying any rent nor contributing to Mr. Wong’s living cost.
Thank You