



Medical Education for Slow Medicine and Step-Down Care

By Professor John Wong Eu-Li

As the main source of Singapore's doctors for over a century, the Yong Loo Lin School of Medicine is committed to a medical curriculum that continually evolves to reflect both international best practices and local needs. As Singapore prepares for the "greying" of its population, we must adapt our training of future doctors to anticipate significant shifts in our healthcare delivery system.

The concept of "slow medicine" was introduced by Dennis McCullough, MD, of Dartmouth Medical School in the United States, in his book *My Mother, Your Mother: Embracing 'Slow Medicine,' the Compassionate Approach to Caring for Your Aging Loved Ones*. In an era when hospital-based, usually expensive treatment is assumed to be the best approach for everyone, Dr McCullough advocates a family-centered approach which preserves patient dignity, acknowledges the limitations of medicine, and allows a more rational allocation of limited healthcare resources. "Slow medicine" evokes holistic care, taking into consideration the needs, aspirations and goals of the patient as a person, regardless of age.

How do we teach our medical students these concepts, understanding that medical school only lays the foundation for a journey of life-long education, with reinforcement through residency, fellowship, and continuing medical education after specialty certification? How do we imbue in them an appreciation of patient autonomy, principles of medical ethics, appropriate communication, and an understanding of the complex healthcare system in which they will work? In our revised undergraduate medical curriculum

launched last year, content knowledge, longitudinal tracks, and clinical experiences have been carefully integrated to address these issues and provide a multidisciplinary learning experience.

- The **Core Curriculum** has been rigorously constructed to include various perspectives. Medical students begin to learn about ageing in Year 1, with a newly developed module on Foundation of Geriatric Medicine in Year 2, and also undergo lectures in fields from Physiology ("Physiology of Ageing and Functional Impairments Related to Normal Ageing and Disease"), Pathology ("Macro and Microscopic Organ Changes") and Pharmacology ("Prescribing in Older Persons") to "Cognitive and Behavioral Issues in Ageing" and "Ageing and Society." As students explore Geriatric Medicine in greater depth during their final year, they experience multi-disciplinary rounds involving physicians, nurses, case-managers, occupational therapists, physiotherapists, speech therapists, and social workers. Palliative care has been introduced to allow exposure to the concept of "caring beyond cure."
- Interwoven with the content knowledge are the **longitudinal tracks**, which begin in Year 1 and continue throughout the five-year curriculum. In the track on Health Ethics, Law and Professionalism, faculty from the Centre for Biomedical Ethics (CBME) lead discussions on such topics as "Mental Capacity and Ageing" and "Resource Allocation and Inter-generational Justice." Here the students can reflect and engage thoughtfully with these challenging ideas.

- The **Patient-Based Programme** allows students to interact with patients beginning in Year 1. To support the learning objectives in Ageing, the programme offers visits to day care centres and nursing homes, sessions on "Functional Assessment and Cognitive Screening," and workshops on Services, Right-Siting, and Safe Transfer.

We must also ensure that medical students gain an understanding of "system-based practice" – knowledge of our healthcare system and their roles in it. Students have opportunities to interact with healthcare workers not only in tertiary hospitals, but also in community hospitals, long-term care facilities, and community services, including home visits. These exposures reinforce students' knowledge, allow them to view the system from different perspectives, and develop an appreciation of the interaction between different sub-specialties and the impact of psycho-social factors on the patients' particular needs.

The undergraduate medical curriculum is continually evolving. We may not have all the concepts of "slow medicine" in place at this time, but as Singaporeans move to embrace these principles, so too will the curriculum change and adapt. In this way, students will learn to incorporate the relatively new term "slow medicine" into the paradigm of caring for the individual, which will inform and undergird their practice for a professional lifetime. **SMA**



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