

Studying Cost as a Factor in the Choice between Quality and Quantity of Life amongst Patients with Cancer and their Caregivers at a Cancer Centre in

chemotherapy is declined in favor of maximizing comfort and quality of life [19-34]. On the other social expectations to provide continued care of patients see families sometimes opt for sometimes 'futile' treatments in order to meet their filial obligations.

Singapore's Health Care System

Singapore's healthcare structure combines government subsidies with compulsory individual medical savings accounts called Medisave, which all working Singaporeans and their employers pay into monthly [20]. The compulsory individual medical savings account scheme, which allows practically all Singaporeans to pay for their share of medical treatment" may be supplemented by Medishield insurance, the government's basic healthcare insurance plan [19-21]. More comprehensive cover may be purchased through an integrated Medishield insurance plan [21]. All these schemes are subject to withdrawal limits and co-payments. Despite generous government subsidies, patients and their families may have to bear some out-of-pocket expenses [2,19-25]. Such expenses may include costs of renting medical equipment for home care and fees for some professional caregivers [22,23]. When the patient's Medisave account is depleted, the family member's savings may be used as they dip into their own Medisave accounts or own savings to make payment instead [22,23].

Although it may be argued that family members are not obliged to do so, they do in the face of regnant sociocultural beliefs that deem it their

English or Mandarin. Patients [Xbl] YX

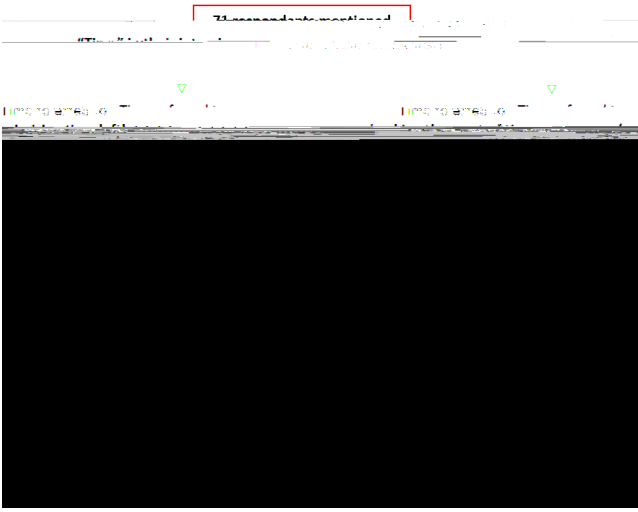


Figure 2 How 'Time' is interpreted. Note the ratio of percentage of

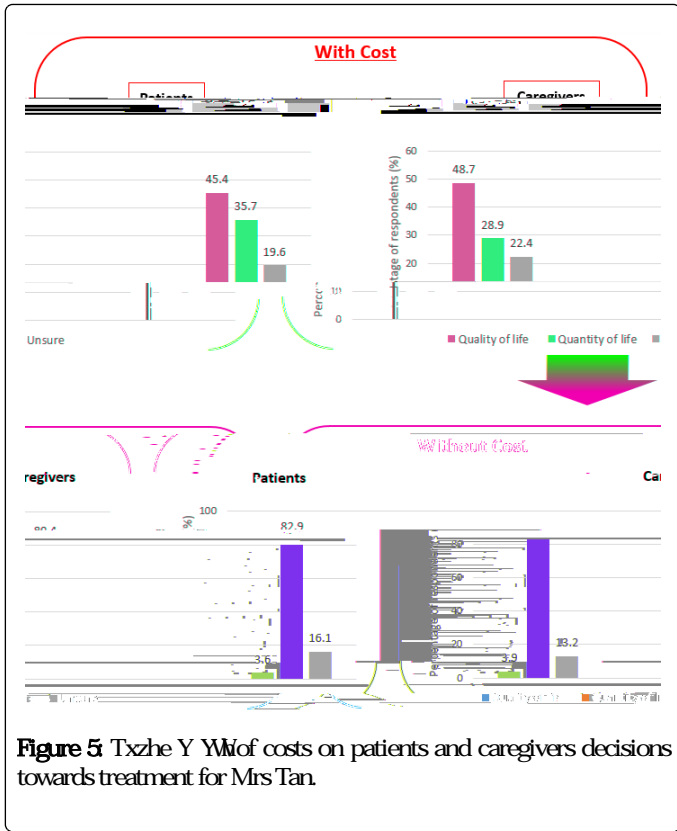


Figure 5 The effect of costs on patients and caregivers decisions towards treatment for Mrs Tan.

Discussion

Our data suggests that decisions between QoL and QuoL options in terminal cancer are often influenced by cost concerns. But the truth is more nuanced. A review of participant responses revealed that there was a poor understanding of QoL measures and palliative care, which was equated to 'giving up' and abandonment. So, it is unsurprising that most participants believed that a QoL approach is only acceptable when care costs are prohibitive, and when there was little realistic chance of improving the patient's condition. Patients and caregivers believed free treatment cannot be rejected when the patient looked as

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