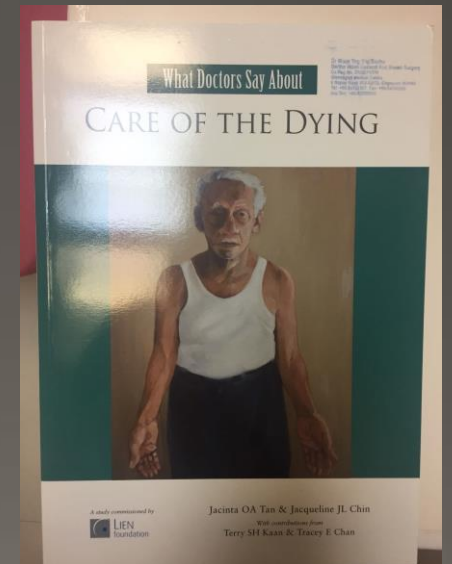


CMAAO 2017 – Singapore Medical Association  
End-of-Life care

# End-of-Life care – characteristics for Singapore

1. Aging population
2. Asian culture – death still a taboo subject
3. Facilities – availability of inpatient/home hospice care?
4. Study on What Doctors Say About Care of the Dying by Dr Jacinta OA Tan and Dr Jacqueline JL Chin with contributions from Terry SH Kaan and Tracey E Chan - commissioned by the LIEN Foundation.



# FAQs on Advanced Medical Directive Act in Singapore

- Question:

- Who will know whether I have made an Advance Medical Directive (AMD)?

- Answer:

- The register of AMD will be kept confidential and will only be disclosed to:
  - individuals authorized by you in writing;
  - your doctor, when he has reason to believe that you are terminally ill and incompetent in making your wishes known to him.

- Question:

- Who can certify that a person is terminally ill?

- Answer:

- Three doctors, including the patient's hospital doctor must unanimously certify a patient's terminal illness. Two of the doctors must be specialists.

# Answers to CMAAO Questionnaire

## [1]

- Active Euthanasia and/or Physician-assisted Suicide
  - Explicitly prohibited, no exceptions
- Legislation regarding an advance directive (living will) in your country/jurisdiction?
- Legislation (including laws and court rulings) that permits/tolerates the withholding of life-sustaining treatment for a terminal patient based on the patient's will to make dying as dignified and comfortable as possible?
  - Advance Medical Directive Act

# Answers to CMAAO Questionnaire

## [2]

- Describe the views and approaches of your medical association regarding withholding or withdrawing of life-sustaining treatment
  - SMA supports the Advance Medical Directive Act, Mental Capacity Act, and also advocates for advance care planning among patients
- What kind of treatment is generally provided for pain or suffering (both physical and psychological) of terminal patients in your country/jurisdiction?
  - Inpatient palliative care (specialists)
  - Inpatient hospice
  - Home hospice

# Answers to CMAAO Questionnaire

## [3]

- Does religion play any roles in these treatments, especially for psycho-social, and spiritual suffering?
  - Yes, some hospices have religious affiliations
- Does palliative care provided in your country/jurisdiction commonly involve modern medications such as opioid and new analgesics for pain and suffering experienced by terminal patients?
  - Yes. Fentanyl
- Although palliative care is an important part of end-of-life care, it is not limited to that stage. In your country/jurisdiction, is palliative care widely provided to patients with any serious illness and who have physical, psychological, social, or spiritual distress?
  - Yes, to some extent for heart, renal and respiratory failure clinics

# Answers to CMAAO Questionnaire

## [4]

- Question concerning the "end-of-life medical care for the super-aged"
  - Singapore Medical Council Ethical Code and Guideline, Section A7 End-of-Life Care
    - Bullet 4: *"If patients do not have the capacity to decide what end-of-life care they want for themselves and have not previously expressed their wishes, you must act only in the patient's best interests. This may include consulting family members or those close to them to help you determine what would be the patient's best interests."*
  - Also see National Medical Ethics Committee - Guide on Ethical Handling of Communication in Advance Care Planning



## A GUIDE FOR HEALTHCARE PROFESSIONALS ON COMMUNICATION DURING ADVANCE CARE PLANNING (ACP)

ACP is a **voluntary** process of discussion between an individual and their care providers and persons close to them and the purpose is to **clarify** a person's **wishes and care preferences for future care** should they become seriously ill in the future and are unable to make decisions and/or communicate their wishes to others.

### Has an intent to initiate ACP been expressed?

(by the individual, or the healthcare professional, as deemed necessary)

Yes

### Are you the right person to facilitate the discussion?

Ensure that you:

- have been trained on communication during ACP
- have rapport with the individual;
- have adequate knowledge of the individual and care/treatment options available;
- are supported by a professional with relevant specialist knowledge, if necessary;

Yes

### Are you discussing with the right person(s)?

Conduct the discussion with the individual who initiated the discussion and is ready to discuss

You *may* initiate a discussion if you think that it could benefit the individual and is appropriate and sensitive.

Encourage and allow the individual to choose who they wish to include in the discussions (e.g. their family or any loved ones).

Yes

### Are you discussing at the right time and place?

Check that the individual is ready and settled, and is open to discussion on ACP

Discuss in comfortable and unhurried surroundings.

Ideally, conduct discussions in the community (e.g. primary and outpatient care settings).

Yes

### Are you discussing in an appropriate manner?

Acknowledge and review any pre-existing plans.

Ensure that the discussion is not a single event or tick-box exercise.

Respect the confidentiality of the individual's plans.

Focus on the individual's comfort level, views, values, goals and preferences.

Give information such that the individual understands it.

Clarify any ambiguous terms used by the individual. Summarize and check that you understand the individual.

Acknowledge and respect the individual's culture, religion & beliefs. Avoid using gender, racial or ethnic, religious or cultural background to predict the individual's beliefs or values.

Avoid imposing your views on the individual.

If there is a conflict of interest, get a different opinion from your colleague.

If you are uncertain or are not suitable, do not proceed.

Ask a colleague who is suitable to facilitate the discussion.

If the individual defers or declines one aspect of or the whole discussion, or shows excessive anxiety, do not proceed.

Ask open questions, for example:

(adapted from Preferred Priorities for Care, NHS, UK and My Voice- Workbook, Fraser Health Authority, Canada)

**Q. In relation to your health, what has been happening to you?**

**Q. What are your preferences and priorities for your future care?**

**Q. Where would you like to be cared for in the future?**

**Q. What makes life meaningful for you?**

For example: "Spending time with my family and friends", or "Fresh air", or "Practising my faith", or "My dog/cat", etc.

**Q. If you cannot make decisions or communicate, what situations do you worry about?**

For example: "I worry I will struggle to breathe", or "I worry that I will be alone", etc.

**Q. If you cannot make decisions or communicate, and are being cared for, what do you want (and/or do you not want)?**

For example: "I want soft music playing", or "I want someone to hold my hand", or "I want my minister or priest to perform the necessary religious rituals", etc.

**Q. When you cannot communicate, what would you like your family and friends to know and remember?**

For example: "I love you", or "I forgive you", etc.

Allow the individual to control the flow of all information, ie. if they do not want to discuss an aspect of their future care, defer that question to another time.

Check if there are any further issues, eg. **'Are there any other issues which are important to you?'**

Yes

Yes

### Does the individual want this discussion documented?

No

Document only that the discussion has taken place.

Review the individual's plan e.g. when the individual requests a review, or when their circumstances change

Document the statement of wishes.

The individual has ownership over the document.

Ask the individual if and to whom they want copies given, e.g. care teams, family.

Document the date of all subsequent changes.

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# References

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