

# THE HOSPICE LINK

SEPTEMBER – NOVEMBER 2019 • MCI (P) 108/12/2018

**Forming a community  
of care for patients**

**Doing more together**

**HONOURING THE  
MULTIDISCIPLINARY  
TEAM IN HOSPICE CARE**



**PLUS**  
Tips for  
caregivers



SINGAPORE  
**HOSPICE  
COUNCIL**



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# Contents



- 10
- 2 Members' Contacts
- 3 Chief Executive's Note
- 4 The final goodbye
- 6 A day in the life of...  
Lyndsay Mathews,  
pastoral counsellor
- 8 Doing more together
- 10 Live Well. Leave Well.
- 15 Going the extra mile
- 16 Forming a  
community of care  
for patients
- 18 The touch of love
- 20 The root of  
palliative care
- 22 Taking time to care
- 24 Upcoming Events &  
Announcements

# Alone, we can do so little. Together, we can do so much.

**G**iven the complexities of multimodality treatment for patients, no one medical professional can possess all the necessary background to make optimal treatment decisions independently or avoid inevitable unconscious bias toward their own area of expertise.

Therefore, the composition of our Multidisciplinary Team (MDT) is dynamic — a team of professionals that often goes beyond the call of duty, so dedicated are they to address the sector's needs. The members' MDTs have brought together more than their own professional activities in a shared workspace, emphasising the value of aligned goals and objectives, delivering a coordinated service to patients, their families and even training peers and allied health users with the relevant knowledge to better enhance the deliverables of:

- Culture, collaboration and shared decision-making processes in patient-centred care
- Physician integration
- Shared information technology and access to patient data
- Addressing the concerned population

Good multidisciplinary work is made possible with empowerment, dedication, leadership and, most of all, timely intervention and decision-making. This is usually derived through shared experiential learning, deliberation as a team with the interest of the patients and caregivers at heart. There is respect for professional expertise which is applied in a plan. With clarity about each team member's roles and

capability, the synergy to improve aspects of activities for living, coping and functioning is achieved.

In essence, it is all about care and support to help such individuals through everyday living. Similarly, The World Hospice and Palliative Care Day (WHPCD) 2019, a unified day of action, aims to celebrate and support hospice and palliative care around the world.

Let us echo the importance of recognising the professionals and individuals who have made an impact on and paid attention to prioritising palliative care and services. On this note, I am very pleased to announce that the Singapore Hospice Council has now 20 member organisations that actively provide palliative care in Singapore. The three new additions are:

1. Buddhist Compassion Relief Tzu Chi Foundation
2. Tsao Foundation
3. Woodlands Health Campus

You can read more about them on page 24 of this issue.

Certainly we can concur — alone, we can do so little; together, we can do so much. Will you be there also to make our voices heard in a wave of concerts to raise awareness and understanding of the needs — medical, social, practical, spiritual — of people living with life-limiting illness and their families? Come and join us as we celebrate WHPCD on Saturday, 5 October 2019 at \*SCAPE, Orchard from 12pm to 6pm!

Ms Evelyn Leong  
**Chief Executive**  
**Singapore Hospice Council**

“Life's most persistent and urgent question is, what are you doing for others?”

— Martin Luther King, Jr.





# The final goodbye

*The recently established Palliative Huddle at Bright Vision Hospital, where a multidisciplinary palliative team gets together three times a week to discuss the patients' previous 24 hours, was instrumental in bringing about an end-of-life couple's last meeting.*

**T**heirs were two hearts separated by an unfortunate twist in life. The wife in Bright Vision Hospital (BVH) was diagnosed with advanced dementia and cancer, and her husband was receiving treatment for cancer at another hospital. The care team knew that the husband will be admitted to BVH for palliative care and thought that it would be a good idea to reunite the couple. Associate Consultant Dr Loo Yu Xian was the doctor-in-charge of the couple's care.

As a generalist in a community hospital with an interest in end-of-life care, Dr Loo has been caring for palliative patients for the past three years. "We knew her husband was getting referred to us but we did not know the exact day and time. As a team, we kept a look out for this as we knew it would be of utmost importance to reunite them," he shared. But as time went by, the patient's condition deteriorated and her husband's admission was delayed. Things did not look too good with each

passing moment and the team resolved to work together to bring about this reunion.

Using the Palliative Huddle as a platform, the multidisciplinary team updated each other on the situation and made plans to coordinate the reunion by working with other colleagues in the hospital.

They knew that teamwork would be an integral component, and thanks to the combined effort from everyone, the couple eventually met. The team ensured that the admission process went

WORDS AND PHOTOS BRIGHT VISION HOSPITAL

“

With the Huddle in play, the palliative team can send the right person to help because every staff has different strengths and services that they can bring in.”

well, each member of the team contributing their strengths and expertise to the situation.

The wife passed away that very night, but both of them got the chance to say their final goodbyes. The husband was also able to make arrangements for his wife's funeral.

The team was happy for the couple to have their final meeting, as they could sense the value it had for both of them.

"None of us could have done this alone because of the critical timing. Having the Huddle allowed us to come together and coordinate team-based efforts," explained Dr Loo.

## HOW THE PALLIATIVE HUDDLE WAS BORN

The idea of a Palliative Huddle stemmed from the team's overseas study trip to St Christopher's hospice in the UK. While it was not something new, the Huddle was a step-up from what was the norm in BVH.

The challenge was to catch everyone at a common timing, not always easy as the medical, nursing, social work and rehabilitation teams were on different schedules.

"It was not easy to gather everyone. We currently meet three times a week, but our aspiration is to move towards having a daily Huddle," said Dr Loo.




Opposite and this page: The palliative team gathers thrice a week to discuss patients' conditions for the past 24 hours. Dr Loo Yu Xian has been caring for palliative patients for the past three years

This Huddle ensures that the team would not go more than two days without being updated on how patients are doing. In doing so, the team experience benefits that arose for both patients and staff.

Depending on patients' needs, with the Huddle in play, the team is able to send the right person to handle the situation. This allows the team to be more efficient in care delivery while also reducing the blindspots to issues that matter most to patients and

families. The Huddle can also be a support platform for members to check on each other, offer support and to spark discussions on how care can be better delivered.

"Patients benefit from the Huddle as the team is empowered to deliver person-centred care. This requires additional effort from every member of the multidisciplinary team, but at many times the reward proves worthwhile, just as it did in this case of reuniting a couple before the final departure. 



# ‘A day in the life’ of...

*Lyndsay Mathews, the new Pastoral Counsellor at Dover Park Hospice, is part of the multidisciplinary team that takes care of patients’ spiritual needs. We find out what a day’s work would involve.*

## **How long have you been with Dover Park Hospice?**

I joined Dover Park Hospice in January 2019. Prior to my current stint, I had undergone training in the USA to provide spiritual care to patients in a hospital setting. I find the work incredibly meaningful. I was thrilled when I saw the job listing for a pastoral counsellor at Dover Park Hospice, and applied immediately!

## **What does a pastoral counsellor do?**

Pastoral counsellors provide spiritual care to patients and their families. Spiritual care is about journeying with others, providing a listening ear and reflecting on what the person values and finds meaningful in their life. Unlike what most people would expect, spiritual care can be given regardless of race or religion, or in absence of religion. Every one of us, regardless of these identifiers, have a search for meaning in life.

## **What’s a typical day like?**

I split my time between visiting patients and family members, both in our Inpatient and Home Care service. I also participate in our “Multiple Disciplinary Rounds”, when our team of doctors, nurses, medical social workers, therapists and rehabilitation team members meet to discuss how we can best care for our patients. Further, I support various activities in the Hospice by helping out with group work such as art therapy, music therapy, “Lim Kopi” sessions and our Namaste Care group. On top of various administrative duties such as charting, these responsibilities can keep me quite busy!

## **How has it been working at DPH?**

It has been a very rewarding experience. I view my time with each person as a gift. One of my most indelible experiences was being present at a patient’s house when she passed away. Bearing witness to the family’s love for their mother at the end of her life was extremely touching. On a daily basis, I encounter human resilience and amazing love between family members and friends that transcend words.

## **What are some of the challenges you face in your job and how do you overcome them?**

As this is a new role at the Hospice, we are all learning how my skillset fits into the larger team. Everyone has been incredibly welcoming and willing to work together to see how my role can benefit our patients and their families. Another challenge stems from the fact that I am not a local. Sometimes, there are cultural differences that I do not fully understand or languages that are new to me. However, I try to overcome this by taking a posture of learning. I learn from my co-workers, my patients, and their family as they teach me about local culture and values. (Also, my Singlish is definitely improving!)

I’m incredibly grateful to be able to experience life in Singapore and to have the privilege of journeying with those who are nearing the end of their lives through my role at Dover Park Hospice. 🙏

“  
On a daily basis, I encounter human resilience and amazing love between family members and friends that transcend words.”

WORDS AND PHOTO DOVER PARK HOSPICE





# Doing more together

*Khoo Teck Puat Hospital's Programme IMPACT is a home palliative care service that aims to reduce re-admissions and keep patients comfortable at home.*



“More Done Together” was exemplified by Dame Cicely Saunders, who founded the modern hospice and palliative care movement. She was a one-woman multidisciplinary team (MDT): trained nurse, almoner (today's medical social worker) and doctor. Her skills helped her patients so much that she founded the St Christopher's hospice in the UK in 1967, it was important that the services it provided — inpatient, home and day hospice — had strong MDTs.

Over the years, these MDTs have evolved to include caring for both non-cancer and cancer patients. Working together with organ specialists in hospitals, MDTs have helped care for End-Stage Organ Failure (ESOF) patients wherever they may be — in an acute hospital, sub-acute community hospital, specialist outpatient clinic or at home. As we look at healthcare today, Dame Cicely Saunders' belief of doing more together as an MDT is still as relevant as it was 50 years ago.

Built on the same beliefs and principles, Programme IMPACT (Integrated Management &

Palliative Care for the Terminally-ill non-cancer patients) was started at Khoo Teck Puat Hospital in September 2018. It is a home palliative care service that delivers end-of-life care through a multidisciplinary home palliative care team and aims at caring for non-cancer patients with ESOF of the heart, lungs and kidneys, specifically.

As these patients have a prognosis of six months or less, the programme's main outcomes are reducing unnecessary re-admissions to the hospital and keeping the patient comfortable at home. Hence, it is essential for each member to have a committed patient-owned and person-centric care.

As ESOF patients are in the final stages of life, they may have unpredictable prognoses

and fluctuating clinical conditions. While it is important to deliver patientcare and medical help, the Programme IMPACT MDT also strives to reinforce their patients' personhood, recognising that their dignity and comfort are also important as they prepare to leave well, and this can only be done best when more is done together.

It is worth remembering what Andrew Carnegie, the famous philanthropist, said, “Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organisational objectives. It is the fuel that allows common people to attain uncommon results.”

## Members on Programme IMPACT

**Specialist Consultant:** This is the doctor who refers the patient to programme IMPACT. As the patient would have been managed by this specialist for a relatively long period of time, the input of this doctor is vital for continuing the quality care of the patient and caregiver, especially when the patient has to be cared for at home.

**Team Administrative Staff:** The referral is usually received by the administrative staff who ensures that the required details have been given. They may also check on the Medisave status of the patient as that can be used to defray the costs of the home visits by the doctors and nurses.

**Team Doctor:** Whether a medical officer, resident physician or the consultant, this doctor visits the patient at home and liaises with the referral doctors whenever required. The primary duty of this doctor is to ensure that the patient's symptoms like pain, breathlessness, nausea, or vomiting are well-controlled. They also look out for the patient's family and help them cope as caregivers.

**Team Nurse:** Along with the team doctor, the nurse who oversees the patient plans the frequency of the home visits depending on the patient's condition. He/she also ensures that the patient is comfortable at home and supports the patient's caregiver.

**Team Medical Social Worker (MSW):** The MSW looks into the social, financial and emotional issues of the patient and family, and renders the required assistance as quickly

as possible. With the doctor and nurse, the MSW can also complete a Preferred Plan of Care as part of the patient's Advance Care Planning.

**Team Allied Health Staff:** The role of the Physiotherapist (PT), Occupational Therapist (OT) and Speech Therapist (ST) depends on the needs of the patient and they can be activated accordingly. The PT can check if the patient's muscles can be strengthened by active or passive exercises; the OT can ensure that the home environment is more patient-friendly by fixing hand rails, grab bars, and non-slippery flooring; and the ST can make sure the patient's diet is consistent with the swallowing ability.

**Team Health Care Assistant (HCA):** The HCA supports the nurses, checks the patient's parameters during the home visit, and helps with communication when needed (for example, translation).

**Patient's Caregiver at Home:** A caregiver is also a vital member of the MDT as he/she is with the patient most of the time at home. They help to monitor the patient's condition daily, ensuring that medication is taken as planned, and reports to the nurse or doctor if the patient's condition changes at any time. It is important for the IMPACT team to help the caregiver understand the patient's evolving clinical condition, changing prognosis and their role in supporting the patient at home.

WORDS: RAMASWAMY AKHILESWARAN, SENIOR CONSULTANT, GERIATRIC MEDICINE, KHOO TECK PUAT HOSPITAL PHOTO: KHOO TECK PUAT HOSPITAL





Right photo (left-right): Secretary of South West CDC Mr Walter Lee, Mayor of South West District Ms Low Yen Ling, Senior Minister of State for Law and Health Mr Edwin Tong, Chairperson of SHC Dr Angel Lee, and former Chief Executive of SHC Ms Yeo Tan Tan, launching the Caregiver Resource Booklets and Life Book at the opening ceremony. Other photos: More than 1,700 people visited the two-day event



# Live Well. Leave Well.

*Singapore Hospice Council's community outreach event continues to raise awareness of palliative care and the rich repository of resources available to support caregivers on their caregiving journeys.*

**C**ollaborating with South West Community Development Council (South West CDC) for the first time, Singapore Hospice Council's (SHC) "Live Well. Leave Well." community engagement event reached out to the residents living in the west region of Singapore. Together with SHC member organisations and community partners, SHC welcomed more than 1,700 visitors on 11 and 12 May 2019 at the Westgate venue. The event, hosted by Mayor of South West

District Ms Low Yen Ling, was graced by Senior Minister of State for Law and Health Mr Edwin Tong.

It takes a leap of faith for caregivers to entrust their loved ones to others, as the feelings of guilt, and perhaps, anger and frustration, take over. Some may grapple with their newfound caregiving roles and struggle to provide the best care for their loved ones. This is where SHC endeavours to fill the gap by supporting and helping caregivers manage their expectations and

overcome the struggles and challenges they may encounter on their caregiving journey.

SHC Chairperson Dr Angel Lee said, "Caregivers play a vital role in supporting seniors. By moving away from individual to collective caregiving, SHC hopes to continue to work alongside the Ministry of Health and South West CDC to strengthen support for senior caregiving." SHC sees the importance of providing support and resources to improve the lives of patients with serious life-threatening illnesses and

WORDS AND PHOTOS SINGAPORE HOSPICE COUNCIL





**Resources launched at  
“Live Well. Leave Well.”  
— a caregiving community  
@ South West**

**Life Book *Granny Cool***

*Granny Cool* is the latest addition to the three-book series to raise awareness about palliative care by engaging the public with the community's rich repository of stories. Inspired by true stories, each book is beautifully illustrated to be an easy read for all. Taking its readers on a discovery and to revisit palliative care from different perspectives (i.e. patients, caregivers, doctors, nurses, social workers, therapists and volunteers). We hope readers can better understand the holistic approach and multidisciplinary team in palliative care through these different lenses.

*Granny Cool* tells the caregiving journey of Melisa with her cancer-stricken grandmother.

Download the book (<https://singaporehospice.org.sg/lifebook/>) to read more about the optimistic and cheery duo.

**Caregiver Resource Booklets**

The three booklets equip caregivers with tips on caring for their loved ones. These booklets are designed to walk caregivers through the various stages of their caregiving journeys:

- **Nutrition in Advanced Illnesses** – The booklet contains tips and recipes to maximise your loved ones' nutrition, comfort and quality of life especially when your loved ones have lost their appetite and are losing weight. Also included are a few food recipes.
- **Understanding the Final Hours** – The “final hours” refers to the period just before death occurs. It may range from the last hours to short days. This brochure will walk one through the process as one prepares to bid goodbye to a loved one.
- **Caring for Yourself after a Death** – Grief is a natural response to loss. This booklet provides tips on how to help oneself as one grieves.

These booklets can be downloaded from: <https://singaporehospice.org.sg/caregiver/>

Clockwise from right: Guest appearances by Vincent Ng, Shaun Chen, Li Nanxing and Constance Song; Ms Margarette Yong inspired the crowd with her caregiving journey, Ms Eslinda Hamzah learned to administer medication and manage the medical equipment with the help of the Palliative Care Team KTPH and SCS, in a session facilitated by Dr Teoh Ren Shang



lighten the load for their caregivers as they journey together. Mr Tong shared in his opening speech that based on the feedback gathered from the Ministry of Health's interaction with caregivers, caregivers' stress derives from not knowing what their loved ones want, especially at the end-of-life phase when they are no longer able to express their wishes. He therefore encouraged Singaporeans to normalise end-of-life conversations as it is important to understand the values and care preferences of their loved ones.

At the event, visitors were introduced to palliative care, caregiver resources

and services available by the staff and volunteers at the exhibition booths. There was not a dull moment on stage. The elderly and shoppers were highly entertained by a variety of songs and skits, educational talks and sharing sessions by healthcare professionals and caregivers and there were also special appearances by celebrity artistes over the two days.

Through community partnerships and media engagement, SHC hopes to continue to develop more resource materials in the future to generate public awareness and encourage Singaporeans to start discussing end-of-life matters with their loved ones and to “Live Well. Leave Well.”

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By moving away from individual to collective caregiving, SHC hopes to continue to work alongside the Ministry of Health and South West CDC to strengthen support for senior caregiving.”

— SHC Chairperson, Dr Angel Lee





The Singapore Hospice Council (SHC) created a month-long buzz in May 2019 to debunk myths about hospice and get Singaporeans more comfortable talking about death and encouraging them to plan for end-of-life care. Apart from the traditional and out-of-home advertising such as TV, radio, print, digital, table-top stickers and bus shelter panels, the engagement on Instagram took the public by storm!



## #LendYourInstagram

# 5

### INFLUENCERS

(Pornsak, Suhaimi Yusof, Chew Chor Meng, Eswari Gunasagar and Jamie Yeo) visited hospices to learn a skill from the patients, and they exceeded their usual engagement rate

# 30

### SHORT QUOTES

and compelling images of patients and healthcare professionals were posted by SHC to educate Singaporeans about palliative care

# OVER 700,000

(and counting) views and over 80,000 shares (still counting) of the video which has gone viral with PM Lee Hsien Loong reposting the video

## OVERVIEW PERFORMANCE

**2,403**  
WEBSITE  
CLICKS

**966,195**  
UNIQUE VIEWS OF  
OUR POSTS

**8,399**  
NEW  
FOLLOWERS

**1,338,973**  
IMPRESSIONS OF  
OUR POSTS

**279,510**  
UNIQUE LIKES, COMMENTS,  
SHARES AND SAVES

\*Figures are only totalled from our posts. It is not inclusive of the extended reach, impressions and engagements from thousands of people who have shared our posts. The numbers are still increasing by the day!

# Going the extra mile

*Caregiver Ms Eslinda Hamzah was thankful for the all-round care of the multidisciplinary team at Singapore Cancer Society that eased the final journey for her aunt.*

**C**aregiving for the dying requires sacrifice and commitment. It can be heartbreaking.

However with awareness of the assistance available and having the right support system in place, it can be an entirely different experience.

As a family, we could not have managed without the outstanding support of two teams of healthcare workers who never allowed us to feel isolated as caregivers.

My aunt, Ms Rohana bte Ahmad became a hospice patient when she was 55 years old, having been diagnosed with pancreatic head cancer and liver metastases. She was attended by Khoo Teck Puat Hospital's (KTPH) palliative team. With their support, the quality of life improved for both my aunt and our family.

The KTPH team referred my aunt's case to Singapore Cancer

Society (SCS). Upon discharge, the SCS Hospice Care team seamlessly settled us at home.

What struck us most was the immediate bond that we formed. We were heartened by the SCS Hospice Care team's consistent, tireless will to always go the extra mile, above and beyond the call of duty for my aunt and family. The team provided symptoms control, and emotional, social and spiritual support.

The SCS Hospice Care team's regular visits greatly benefited us. They taught and guided me on the processes involved to be a caregiver for a hospice patient. They were always empathetic and encouraging. Their dedication taught us to better appreciate our extraordinary healthcare workers and the depth of work they do for our community.

With their support, my confidence to take care of my aunt

increased. There were days when my aunt just needed some quiet moments, and the nurses would just sit with her, holding her hands.

The SCS doctors and nurses always attended to the family's welfare as well. Everything the team did was geared towards helping us find acceptance for my aunt to pass on with as much dignity and as little suffering as possible. They brought a great deal of sensitivity and compassion with their services.

The SCS Hospice Care team became an integral part of our lives as we experienced this journey with my aunt till she passed away earlier this year. We are eternally grateful to each one of them and everyone else who played a part in my aunt's final journey. 🙏

WORDS: CAREGIVER MS ESLINDA HAMZAH (FAMILY MEMBER OF LATE SINGAPORE CANCER SOCIETY HOSPICE SERVICE PATIENT, MS ROHANA BTE AHMAD) PHOTO: SINGAPORE CANCER SOCIETY





# Forming a community of care for patients

*The Allied Health Team is an integral part of the multidisciplinary team at Assisi Hospice. We speak to Senior Occupational Therapist Ms Celine Yong (CY) and Senior Music Therapist Ms Tammy Lim (TL) to find out more about their work for the patients and their families.*



## **Describe your roles in Assisi Hospice.**

**CY:** My primary role is to enable patients to continue to enjoy and participate in activities that are important and meaningful to them, despite facing deteriorating health. I problem-solve, modify activities and the environment so that the patient is empowered to participate in activities of their choice.

**TL:** I use music interventions such as singing, instrumental playing, music-assisted relaxation, songwriting or lyrics analysis to meet our patients' multidimensional needs. The common clinical conditions that music therapists address include physical discomfort, emotional distress, neurological conditions, spiritual needs, and imminent death. The ultimate goals are to enhance our patients' quality of life and to promote a sense of dignity, through the power of music.

## **What is unique about your roles in a palliative care setting?**

**CY:** The fact that our patients are unlikely to get better. We have to constantly think of new and creative ways to keep patients engaged in things that are important to them. Inevitably, we need to address the patients' strong emotions, such as anger and hopelessness.

**TL:** Music helps connect the patients with their family members, caregivers, friends, and healthcare staff. Being a music therapist, we empower everyone on this journey to embrace the beauty of life through the lens of music in the midst of chaos. When words fail, music speaks.

## **What is your greatest challenge?**

**CY:** We need to build rapport and strong relationships with patients. When they start to deteriorate and eventually pass away, some deaths may hit us harder than others. What keeps me going is the knowledge that there is a next patient who will need me. No two patients are ever the same and with each, I take away different lessons.

**TL:** Oftentimes, patients, their families and even some members of my team think that I am a singer or musician! But of course, many begin to understand my role once they see me in action.

## **What gives you the greatest sense of satisfaction about your role?**

**CY:** I have always loved the process, and the strength that comes in working with the multidisciplinary team. I really value that I do not work alone and that I get to witness how each discipline contributes and ultimately enhances the patients' stay here at Assisi Hospice. I give my time, skills and knowledge to patients and their families but in return, I am rewarded with meaningful relationships with them and they teach me so much about living and dying.

**TL:** My greatest sense of satisfaction is when I can sense a beautiful chord striking in my clients' hearts and minds! That's when I know the music has spoken to the person's soul and I will just let music do what it is supposed to do. Music speaks the unspeakable. It is a time machine, and it can bring us to the past, stay in the present, or imagine the future.

## **Describe one memorable incident of your interaction with a patient.**

**CY:** I will never forget Mr M who was very determined to walk and be independent. It was tough professionally because I had my reservations and I was worried about his safety. But we got to work and I did everything I could to balance out the risk and benefits. Over time, he started to deteriorate. I thought that he would fight it, but instead, he was the one who told me that he could not carry on with his exercises. That gave me



the chance to help him reframe his expectations of himself. I had the honour of journeying with him until the very end, witnessing his immense courage in the face of a cruel disease.

**TL:** Mr L was a 76-year-old gentleman who was a loner most of his life and did not have friends nor family. His isolation worsened as he developed a significant hearing impairment. I discovered that Mr L loved music and, in particular, karaoke. I finally set up a sound system that gave him the ability to hear himself and the music, and to perform for others. He told me

Opposite page:  
Ms Celine Yong  
taking a walk in  
the garden with  
a patient; Above:  
Ms Tammy Lim  
conducting music  
therapy with a  
patient

about a final song that he wanted me to sing for him called “迟来的爱” (“The Love that Came Late”). I knew instantly that it was his way of thanking me and the team for reaching out to him, never giving up on him and loving him for who he was. In the end, I believe Mr L found the self-worth he so deserved. 🎵

## **Calling all Allied Health Practitioners!**

In celebration of Assisi Hospice's 50th anniversary, we will be organising a symposium “Allied Health in Palliative Care: A Paradigm Shift in Care” for occupational therapists, physiotherapists, music and art therapists; especially for Allied Health professionals

**Date:** Saturday, 26 October 2019

**Time:** 9am-12.30pm

**Venue:** Assisi Hospice, Level 6 Essery Hall, 832 Thomson Road, Singapore 574627

**Content:** Panel discussion with Allied Health Therapists and workshop sessions catering to the respective professions

Free registration for Allied Health professionals at <https://tinyurl.com/AHinPal> by 23 September





Touch Therapy is an important aspect of palliative caregiving as it creates feelings of closeness between caregiver and patient

# The touch of love

*Since the start of the Palliative Caregivers Programme by HCA Hospice Care, the fortnightly training of caregivers by nurses have enabled patients with life-limiting illnesses to spend the remainder of their days at home.*

**F**ormer First Lady of the United States, Rosalynn Carter once said, “There are only four kinds of people in the world. Those who have been caregivers. Those who are currently caregivers. Those who will be caregivers, and those who will need a caregiver.”

It takes the unity of a community to enable patients with life-limiting illnesses to spend their remaining days in the comfort of their home, surrounded by their loved ones.

Caregiving is often an offshoot of relationships — it stems from a sense of duty and love to those with whom we share a close bond.

It is a great personal commitment that demands time, energy and the support of others.

For the caregivers of HCA Hospice Care’s (HCA) patients, it is a final act of love that is charged with mixed emotions as they prepare for the last lap in the familiar sanctuary of home. HCA is very much part of that community, journeying with families and providing clinical and psychosocial support at no charge.

## PALLIATIVE CAREGIVERS PROGRAMME

HCA’s Palliative Caregivers Programme started in 2004 with the objective of equipping

caregivers with the requisite skills to care for their loved ones at home. The fortnightly training covers a comprehensive spectrum of topics related to palliative caregiving, including basic hand hygiene, oral care and feeding, lifting and transferring, and urinary catheter care.

Conducted by HCA’s nurses, the five-hour session provides participants with the opportunity for hands-on practice. “Participants get to take turns to practise what they have learned on the mannequin, to simulate a real-life caregiving situation,” HCA Director of Nursing Angela Tan said.

WORDS AND PHOTOS HCA HOSPICE CARE

Caregiving is often a lengthy marathon, but with all hands on deck, HCA is able to soothe the hearts and souls of those we care for.

Participants are encouraged to try out techniques such as lifting and transferring on each other, in order to build confidence when it comes to caring for their loved ones at home.

## FACILITATING THE TRANSITION


Most of HCA’s patients are referred from acute hospitals to their homes, a transition that can be overwhelming and disconcerting for patients and their families. Rather than a futile endpoint, the holistic support HCA provides is akin to a comfortable and homely rest stop on a long-drawn journey.

Following HCA’s internal triage process after a referral is made

HCA’s Patient Care Administrators make contact with patients to establish the accuracy of personal details such as their residential address. The patients are then assigned to one of HCA’s satellite centres or Day Hospices, depending on need and/or geographical location.

After a home visit to find out more about the patients and their families’ needs and dynamics, the primary care nurse will then recommend that the patients’ caregivers attend the Palliative Caregivers Programme if they are not familiar with caregiving, or simply need a refresher.

HCA’s Medical Affairs department collates the registration for all the fortnightly training sessions, ensuring a seamless service flow to set patients and families at ease. The Palliative Caregivers Training is held either at HCA’s headquarters or at patients’ homes, if needed. Caregivers are given a comprehensive guidebook and caregiving demonstration videos are also available on the HCA website for easy reference.

Caregiving is often a lengthy marathon, but with all hands on deck, HCA is able to soothe the hearts and souls of those we care for. 

## Tips for Caregivers

### DR JAMIE ZHOU

Consultant, Division of Supportive and Palliative Care  
National Cancer Centre, Singapore

*This issue of Hospice Link focuses on the multidisciplinary Palliative Care team. As caregivers, you are very much part of the multidisciplinary team! In fact, your perspective gives the team much insight to the patient. Here are some tips on what will be helpful to share with the team:*

#### #1: Share the caregiver challenges you face at home

The challenges you face at home with caregiving may not be apparent to the team unless it is highlighted. You can volunteer the information and the team may be able to address these challenges with appropriate support or services.

#### #2: Share about who the patient is as a person

An insight to the patient’s personhood is extremely valuable. It helps the team deliver more person-centred care. For example, you may want to tell the team that ‘my father is a very clean person’, or ‘he never likes to trouble others’.

#### #3: Identify anyone who may require additional support

It is important to identify anyone who may require additional support, whether in terms of physical, emotional, or spiritual. This may be a blindspot for the team and if it is raised earlier, the team may be able to address and support the person appropriately. Some forms of support are:

- Physical: equipment loan, caregiver training, etc
- Emotional: counselling, professional psychological help, etc
- Spiritual: religious support, meditation, etc





# The root of palliative care

*Staff Nurse Koh Ker Sin shares her experience working with MWS Home Hospice patients and talks about her passion for palliative care nursing.*

## **Why did you decide to become a home hospice nurse?**

When I was an oncology nurse, I realised I did not have enough time to talk to patients and get to know them and their stories. Now, as a nurse providing palliative care, I'm able to do what I love: speaking to patients one-to-one and getting to know more about them. Home Hospice work has also allowed me to hone the nursing and diagnostic skills I picked up for my Specialist Diploma in Palliative Care Nursing.

## **What was your first home visit like?**

My very first home visit was to a MWS Home Hospice patient with breast cancer. She had a large fungating wound over her chest wall with metastases to her ribs and lymph nodes that resulted in poor lymphatic drainage. Her left arm was very swollen with discharge oozing from it. I saw how my doctor did a holistic assessment and dressed her wounds patiently. I was touched by the doctor's reassuring words, the patient's facial expression, and her words of gratitude that she finally met someone who understood how she truly felt. At the same time, I was saddened and felt that better nursing care could have been delivered to her earlier to relieve her suffering.

## **Could you describe what you do during home visits?**

A typical home visit is like visiting a friend who is feeling unwell on top of assessing them comprehensively. We take a history of their concerns

and do a thorough physical examination. At the same time, we will watch out for emotional and non-verbal cues to pick up on any issues that they may not be comfortable putting into words. Besides managing the medical and nursing aspects, we have to evaluate their psychosocial well-being which affects how we care for them.

We also go through their medication regularly to make sure both the patients and their caregivers understand the regime and potential side effects.

Before each visit, we call our patients to check for any new symptoms and how they're doing. This enables us to better prepare for the visit such as bringing along medication that the patients may need. We also do follow-up phone calls after our visits to check on patients who have started on strong opioids on the same day or following day to find out if there were any side effects and the effectiveness of the medication in relieving discomfort.

Staff nurse Koh Ker Sin provides nursing care to MWS Home Hospice patient Mdm Haliza bte Jantan during a home visit

## **What is your most memorable experience working with patients?**

One of my most memorable experiences was working with a patient who passed away in 2014. He was a 60-year-old man diagnosed with lung cancer which had spread to his bones. A man of few words, he was quite suspicious of me initially. I visited him twice a week as he suffered from worsening symptoms such as breathlessness and pain. Over time, I observed that he had some issues with his wife and together with my medical social

worker, we helped him to reconcile the relationship. He was pleasantly surprised that I noticed this even though he did not mention it at all. From then on, I sensed that he trusted me and began to confide in me more. His wife told me that whenever he knew that I would be visiting, he would sit by the window to wait for me.

I still vividly remember the day that he died. I visited him that day but he was not very responsive. He was unable to speak and was in a very drowsy state. His wife wanted to bring him to the bathroom to bathe but I advised her not to as he was very ill. Instead, I told her to prepare a pail of warm water to clean him. He struggled a little when I first started to clean him but I held his hand and said to him, "I'm KS. Trust me, I will make sure you are clean and comfortable." Upon hearing that, he relaxed and allowed me to continue. Next, I combed his hair, shaved his face, and changed his diapers and bedsheets. When I finished, I saw a tear falling from the corner of his

eye and he whispered in a weak voice, "Thank you." Afterwards, I called his son and told him things did not look good. The patient's son called me that evening to inform me that his father had passed on. At his wake, when I saw the peace on his face and felt the gratitude expressed by his family, I told myself I had done a good deed. I felt that I also received the closure to move on.

## **What are some of the challenges you face as a home hospice nurse?**

We are often on our own during home visits and most people think that as a nurse, you should know every medical-related issue. We have to read more in order to answer questions from patients and their families, conduct better assessments, and be more accurate in our diagnosis.

I have also learned that rapport and trust are very important. When these are established, discussions with patients and their loved ones and getting them to follow your advice become easier.

## **Is there anything about palliative care that you wish more people knew about?**

I wish that when people hear about palliative care, they wouldn't think, "Oh, the patient is going to die soon." Instead, I would like them to think about the quality of life they would like to have when they are unwell. Palliative care is a very holistic approach to taking care of patients. We take care of patients as a whole person, addressing their physical, emotional, social and spiritual needs. It is about how to make happy memories till the very last day.

## **Do you have any advice for those interested to work in palliative care?**

Palliative nursing has taught me a lot and changed my perspective on life. It gives me a sense of satisfaction and achievement when patients transform from being strangers to trusting you with their lives. Most importantly, you must truly care about the patients to establish trust. This is the root of palliative care — compassion. 🌟

“  
We take care of patients as a whole person, addressing their physical, emotional, social and spiritual needs.”

WORDS & PHOTO: METHODIST WELFARE SERVICES







Samuel Hepzibah Beulah (below: on the right with her mother) wanted to be a palliative care nurse and graduated with a Specialist Diploma in Palliative Care Nursing



# Taking time to care

After moving more than 6,000km from her home village, palliative care nurse, Samuel Hepzibah Beulah, has found her calling in St Luke's Hospital.

When she was young, Samuel Hepzibah Beulah accompanied her mother to visit the elderly who needed medical help in their village in Tamil Nadu, India. Due to the lack of medical facilities and awareness among the villagers, her mother, a nurse, would provide nursing care, bringing low-cost or free medicine, and taking those who need more treatment to hospital. Hepzibah was inspired to follow in her mother's footsteps.

When Hepzibah's grandfather had colon cancer, he suffered greatly. There was no palliative care in the village. Hepzibah said, "He would ask anybody who passed by his room for a knife so that he could end his life." He passed away in severe pain.

Hepzibah came to Singapore in 2010 when she was 29 and worked as a registered nurse. In 2012, she started working in St Luke's Hospital, the first hospital


in Singapore dedicated to the elderly sick.

The hospital had started admitting patients for palliative care and Hepzibah had the chance to care for end-of-life patient Madam Lee (not her real name) for a month in her ward. Hepzibah helped with activities of daily living, wound care and assessing the need for pharmacotherapy.

Hepzibah also interacted with Madam Lee to find out her wishes, and relayed them to her family and the multidisciplinary team. They worked together to help colour her hair and nails, which was what she used to do. When Madam Lee looked good, her mood was also better. As she wanted to taste fast food and coffee, these were brought to her. The music therapist also offered support and facilitated communication. Hepzibah realised that comfort and psychosocial care were very important for palliative-cared patients.

In 2017, St Luke's Hospital was preparing to open its dedicated palliative care ward. Hepzibah wanted to be a palliative care nurse and went for further studies. She graduated with a Specialist Diploma in Palliative Care Nursing and in 2018, she started working in the hospital's palliative ward.

Besides gaining palliative care nursing skills, Hepzibah has also developed her character. She said, "Palliative care is different from general nursing care. We need to know how to give the right kind of care that palliative-cared patients need. I have also learnt to slow down and take the time to attend to such patients, to be more sensitive to their needs and to put myself in their shoes."

As working in palliative care can be emotionally challenging, Hepzibah is thankful for the support from her colleagues. She also finds meaning in being able to fulfil patients' wishes, including their last wishes. 

WORDS & PHOTOS ST LUKE'S HOSPITAL

To: My Fellow Human

Re: Reaching Out With Our Hearts In Our Hands (A pledge to patients with life-threatening illness)

In commemoration of World Hospice and Palliative Care Day on 12 October 2019

Dear Fellow Human,

Thank you for allowing us into your life. Surely, many thoughts and questions are swirling in your head as you come to terms with events unfolding in your life. You feel helpless, afraid and wonder if anyone cares at all. We pledge not to abandon you. In fact, we will pursue you because you matter to us. Our care is total and unwavering.

Your anxieties, fears and worries are important to us. So are your dreams, hopes and prayers, which you must cling on to especially when the hour seems darkest and your life spirals out of control. We will work with you and your loved ones to soothe and comfort the pain, in whichever form it takes. We will always be by your side. Don't ever think that you will be a burden to us or your loved ones. To be given the opportunity to care for you is a privilege. By being part of our life's journey, you are teaching us personal growth too as we learn to treasure life and our own family members. Most importantly, we learn to face our own mortality with strength and courage.

Tell us how to care for you – today, tomorrow and the days that follow. We will honour your wishes and help you live on your terms. Don't feel bad if, sometimes, you contemplate a quickened death, as life becomes a struggle between hope and futility. Forgive us though, as the power to prolong or shorten life is not ours to have. We will walk with you at your pace, without hastening or delaying your journey. Your life is like a warm, glowing candle that is precious to all within its circle. We could never bring ourselves to snuff out that light prematurely.

Your family and friends will miss you tremendously when you are no longer around but, when the storm abates, they will rediscover you alive in a corner of their hearts. They will treasure the fond memories you left behind with them and the grief that they feel now will give way to an everlasting love that transcends space and time. There will be great anticipation of a reuniting of all the departed in the not-too-distant future.

As for us, we will cherish the memories of having walked with you on your final journey and how you have touched us and taught us the importance of being human again, and to bring us back to our roots – of curing sometimes, relieving often and comforting always.

Associate Professor James Low Yiew Hock,  
Senior Consultant, Khoo Teck Puat Hospital





# Upcoming Events & Announcements

## 5 OCTOBER 2019

**"Live Well. Leave Well." —  
Voices of My HeART"**

**By Singapore Hospice Council**

A community outreach for the young and the young-at-heart, to raise awareness about palliative care through the creative arts — song competition, dance, interactive booths, movie screening and dialogue. We also commemorate World Hospice and Palliative Care Day — a unified day of action to celebrate and support hospice and palliative care around the world.

**Venue:** \*SCAPE, 2 Orchard Link, Singapore 237978

**Time:** 12pm to 6pm

**Web:** [singaporehospice.com.sg/events](http://singaporehospice.com.sg/events)

## 12 OCTOBER 2019

**The Dandelion Ride**

**By HCA Hospice Care**

**Venue:** Great Eastern Centre, 1 Pickering Street, Singapore 048659

**Start Time:** 6am

**Contact:** Ms Mei Basuki,  
Fundraising Manager,  
[melb@hcahospicecare.org.sg](mailto:melb@hcahospicecare.org.sg),  
6891 9508

## Welcome to SHC!

Singapore Hospice Council (SHC) welcomes three new members who actively provide palliative care in Singapore, making it a total of 20 members as of 30 May 2019.

**Buddhist Compassion Relief Tzu Chi Foundation** (<https://www.tzuchi.org.sg/en/>)

With over 50 years of rich history worldwide, and a locally registered charity established in 1993 in Singapore, Tzu Chi Foundation's key focus is to promote charitable activities, medical services, and humanistic and environmental education and culture, to meet the local society's needs and demands.

**Tsao Foundation** (<https://tsaofoundation.org/>)

Founded in 1993, the Tsao Foundation is a non-profit organisation dedicated to improving the quality of life of older persons in an inclusive society. Community-based medical and psychosocial programmes and services; research, dialogue and collaboration with community, academia and public service agencies; and training and education programmes empower eldercare colleagues, older persons, caregivers and the public.

**Woodlands Health Campus** (<http://www.whc.sg/>)

Slated to open in December 2021, the 1800-bed purpose-built Campus will integrate an acute hospital, community hospital and long-term care facility within the same development. This will allow patients to move seamlessly between the different care settings. Catering to the needs of patients with life-limiting illnesses, the Campus will have a total of 70 palliative care beds: 50 in the inpatient hospice and 20 in the community hospital.

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