

THE HOSPICE LINK

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**Paving the way
for better
palliative care**

**Cherish what
you have**

**A dignified
farewell**



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Contents



- 2 Members' Contacts
- 3 Executive Director's Note
- 4 Cherish what you have
- 6 Giving space and time
- 8 Growing palliative care
- 10 Paving the way to better palliative care
- 14 A taste from the past
- 16 "Dear life..."
- 20 Raising awareness of the palliative care option / Upcoming events

As I pen this message, trying to articulate a dignified farewell, I paused and wondered what kind of a farewell I wanted.

We always talk about having a good life and celebrating births, preparing for months to welcome a new life; seldom do we prepare for our dying and our farewells. But what is a good death? How do I say goodbye and leave my last footprint etched with my loved ones?

Life's farewell is personal and has no precedence as no one has experienced one's own death. I, for one, am never good at farewells. I am certain though, that when it is time, whenever that is, I must celebrate my life. It should be a party for people whose lives I have touched during my humble stint in this world. My loved ones should remember the good times we shared, the precious moments we had: the smiles, the tears, the sweat, the triumphs, the losses, the pain, the joy or perhaps just the mundane day-to-day lives we have had. I would want my loved ones to know exactly how I wish my final curtain call to be. I do not want them to be burdened with making difficult decisions for me.

A friend once shared this: from the very day we were born, we are destined to die. When we are sick and frail, we are like a baby reborn, relying on our loved ones for daily sustenance. It is a countdown to the day we finally bid farewell when life comes full circle.

In this issue of *Hospice Link*, we have a special interview with three foreign palliative care experts — Dr Marie Bakitas, Dr Chang Won Won and Dr Hyeji Kim — on page 10. As they share how their work is transforming end-of-life, we also discover what motivates them and their hope for the future of palliative care. We hope this and other stories will inspire you to start today in preparation for your swan song.

Sim Bee Hia
Executive Director
Singapore Hospice Council



I am certain though, that when it is time, whenever that is, I must celebrate my life. It should be a party for people whose lives I have touched during my humble stint in this world.

PHOTO BRIANA TOZOUR ON UNSPLASH

Cherish what you have



Helping a patient in his prime say a last farewell takes a different touch, as the Assisi Hospice care team shared.

For a young patient in the prime of his life, bidding farewell to his loved ones when facing a life-limiting illness has its unique challenges, as the care team from Assisi Hospice shares how they helped 36-year-old Dexter Chua say a loving and dignified farewell to his loved ones.

"I told my parents if I had the chance, if reincarnation was a thing, I would want to be their son again," said Dexter.

An only child, he was usually not expressive, but appreciated his parents very much. Being in the prime of his life, he loved music and playing the guitar, and was physically active with running, wakeboarding and snowboarding.

However, in April 2021, he suddenly felt unwell. A lump was discovered in his nasal passage after a nose scope. With a biopsy, he was diagnosed with stage 4 sinonasal undifferentiated carcinoma (SNUC), a rare cancer of the nasal cavity.

His parents were his pillars of strength. He said, "They are really the best parents anyone could ask for. When they heard the diagnosis, they said: 'Don't worry, Daddy and Mummy will be here to support you no matter what happens. And if got chance, we would want to be your parents (again) as well'."

He went through two rounds of chemotherapy, and a third round of chemotherapy and radiotherapy. The vision of his right eye was affected and he lost his sense of taste and appetite. Eventually, the cancer spread, and he lost his mobility. He was admitted to Assisi Hospice in March 2022.

Opposite page:
Dexter Chua and
his parents spent as
much time together
as they could; Right:
Dexter's video
with the message
to cherish one's
parents on Global
Day of Parents



Dexter was relieved that his father, his main caregiver, could be released from caregiving duties after his admission. Spending time with his parents during his final moments was most important to him. Assisi Hospice's medical social worker Angela Tan helped Dexter to show appreciation and create memories and keepsakes for his parents. Dexter did hand casting, and the completed piece was handed over to his parents. His hair was collected and placed in a metallic cigarette box for his parents. The keepsake was meaningful to his father, as they both loved to smoke.

His parents were his greatest worry. He said, "We had a talk as a family and we made promises to each other. I made them promise me that when I leave this world, they would still continue to be


happy as a couple. To live happily, to live normally. They can grieve for me, but don't be too sad for too long. I want them to be happy and continue to live their life."

As Dexter loved music, he enjoyed the sessions with Assisi Hospice's music therapist Tammy Lim. She planned and facilitated an appreciation and karaoke session for his parents for Mother's Day. Tammy observed that Dexter was struggling with whether he had fought enough for his parents. She said, "I asked him what his motivation was for fighting all the challenges and living, he said it was his parents. He said that it was very challenging and tiring for him to undergo all the treatments but he was trying to spend as much time as he could with his parents."

She also shared, "When working with an older person, you would

reminisce on what they had done in their 30s and 40s. But a younger person will speak more about their regrets, what they would do if they could live longer. For Dexter, he would encourage us not to wait, to do the things that we want."

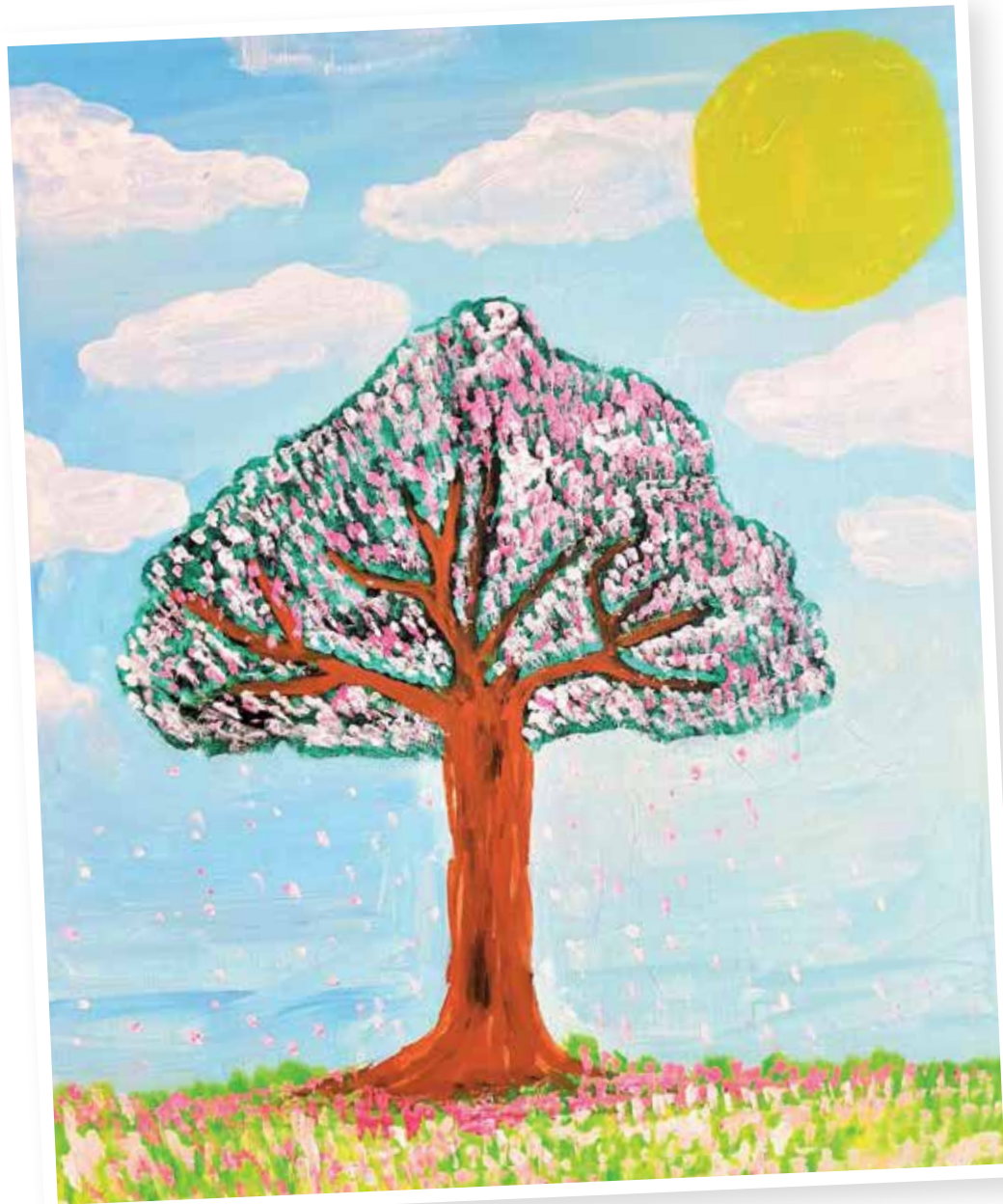
Dexter was open to sharing his regrets, to remind others to learn to cherish what they have. The Assisi team created a video for him, where he shared his appreciation for his parents and a message to all to cherish their parents on Global Day of Parents. The video on the Assisi Hospice Youtube channel garnered more than 180,000 views. His words touched many.

Dexter passed away peacefully on 3 June 2022 at Assisi Hospice, with his parents by his side. 

“

We had a talk as a family and we made promises to each other. I made them promise me that when I leave this world, they would still continue to be happy as a couple. They can grieve for me, but don't be too sad for too long.”

WORDS & PHOTOS ASSISI HOSPICE



Left: *Tribute to you, Ah Seng*, painted by Chew Jia Yu, Roxanne, acrylic paint, canvas board, 40cm x 28cm

Giving space and time

An art therapist's encounter with a patient was able to help him leave with peace of mind.

I received an urgent request to see a particular patient, whom I shall call Ah Seng for this story. The doctors were unsure how many more days Ah Seng would have and wanted to ensure he got a chance to see me for some psycho-socioemotional support. I remembered meeting Ah Seng for the first time, sitting at his bed, looking rather energetic. He was in his early 60s, a typical Singaporean-Chinese uncle who had his chest exposed due to the warmth in the ward. Ah Seng was friendly and invited me to have a seat while he switched on the lights and turned up the fan speed as a form of greeting to his guest. He did all these despite feeling physically uncomfortable and having slight breathing difficulties.

Many patients decline sessions with an art therapist and Ah Seng was no exception. However, he expressed a strong interest in verbally engaging with me.

Ah Seng shared that life at this current stage was tough for him, and it would be better if he could pass on soon. He spoke of how his physical symptoms were unbearable, making him emotionally depressed. Ah Seng has even talked to his son about a simple ritual and gave money for his funeral arrangement plans. He started to reflect on how he was not a good man to his wife and parents, hence the reason for his current retributions of suffering.

With all these recent emotional experiences, Ah Seng said he even thought of jumping off the top of the building. However, it was his best friend who knocked some sense into him. His friend advised him not to escape reality and the consequences he was facing, as it would not solve his current issues. This advice drove Ah Seng to change his perspectives, where he decided that he should now maximise each day instead of ruminating on his negative thoughts.

The mood shifted as Ah Seng fondly spoke of his best friend, whom he had grown up with in the same kampung in Geylang. Even though his friend was unable to visit him in person, he still had his ways of rationalising with Ah Seng and showed his care. Ah Seng started to share how he genuinely looked back on those good old times when they were children and played all sorts of games together without having any stress or worries. I saw this as an entry point with Ah Seng and asked him to look at various photos for making into a collage with him.

Ah Seng chose four different images that were popular Singaporean games during his childhood — marbles, mancala, chapteh, and hopscotch. He spoke fondly of these games and how he used to play them with his best friend. Ah Seng chose to add one word — “friendship” — into the collage. When Ah Seng and I completed the artwork, Ah Seng took his time looking at it and smiled. He shared that the artwork reminded him of his best friend and his cherished “good old times”. It was also a reminder that he still had someone who currently truly cared about him. I gifted the artwork to Ah Seng. He expressed his appreciation and gratitude to me for giving him a listening ear and the meaningful gift.

An art therapist's guidance allowed Ah Seng to appreciate and remember how he was still acknowledged, cared for, and loved by his friend.

That night, Ah Seng passed away. It came as a shock for everyone because Ah Seng had been energetic and engaging throughout the day. On reflection, I felt comforted that I managed to see Ah Seng that day. Being present allowed Ah Seng to comfortably share his life stories, emotions, and what gave him strength. An art therapist's guidance allowed Ah Seng to appreciate and remember how he was still acknowledged, cared for, and loved by his friend. At the very least, hours before he passed away, he was still able to smile while he reminisced on memories that comforted him.

This humbling encounter with Ah Seng shows the importance of being present and creating a comfortable space for the patient to share meaningfully.

For closure with Ah Seng, I created an artwork as a tribute to him. I hope that he will be in a comfortable space wherever he is. 🙏

WORDS: ROXANNE CHEW, ART THERAPIST, WOODLANDS HEALTH
PHOTOS: ROXANNE CHEW, FREEPIK.COM





A PGC break-out discussion session



A PGC seminar

Growing palliative care

The LCPC-SHC Postgraduate Course in Palliative Medicine having graduated its 40th batch continues to equip doctors with generalist palliative care knowledge and skills.

There are no guarantees in life except the certainty that we will die one day. *Death Comes as the End*, says an Agatha Christie book title, but does it really?

Towards the end of our lives, we would like to be given the reprieve we didn't get to make many of life's choices. We would like to be able to decide on how we leave this world: with dignity and a light heart.

For many a palliative care patient, dignity and a light heart are extremely tall orders. How does one go with dignity in a pain-wracked body? Where is the dignity and the lightness of heart?

The LCPC-SHC Postgraduate Course in Palliative Medicine (PGC), co-led by the Lien Centre for Palliative Care and Singapore Hospice Council, was first conceptualised with the aspiration to fulfil these tall orders, in order to care for patients with serious life-limiting diseases and their families. Now in its 40th run, LCPC-SHC PGC anchored in its lofty aims, has evolved to meet the growing needs of our ageing society. Originally set up to train General Practitioners,

the course has evolved to include doctors across all settings, and Advanced Practice Nurses (APN), reflecting the increased demand for and complexity of palliative care needs.

Most participants of PGC came with limited supportive and palliative care knowledge. For Dr Chermaine Chee, a participant of the 38th PGC, currently training in family medicine, it was the importance of knowing "how to care for patients both in the pink of health as well as those with severe systemic illnesses or high symptom burden" which drove her to the course.

When asked how the course has impacted their practice, the unanimous

answer from the participants was that they are now better equipped to offer comfort and care for patients with life-limiting diseases and their families in a multitude of ways. For Dr Lee Sze Yi (38th PGC) and Dr Adrian Ng (39th PGC), it was growing their confidence in conducting difficult conversations with empathy, and managing patients and families' emotions. Others like Dr Lee Li Wen (39th PGC) and Dr Rachel Lu (39th PGC) opined a keener knowledge of managing patients' pain and opioid conversions.

Perhaps what's compelling is a tacit conviction among participants that death might not be the end: death gives life meaning, and is ironically life changing for those leaving and those left behind. Dr Adrian, Dr Rachel and Dr Li Wen spoke of deaths as dignified farewells, one "which patients live their last days in a manner they prefer" and "with an emphasis on patients, on their hopes and dreams". At the core of palliative care, the focus is always on the tall orders of "quality of life", "without judgement", of light and lightness of heart, and "not death", quipped Dr Chee.

As the clinician in charge of the programme, Dr Peh Tan Ying hopes that with courses like the PGC, every healthcare professional in Singapore will have the fundamental knowledge and skills to provide basic end-of-life care to patients. Indeed, the programming of the course demonstrated to many such as Dr Akshita Agarwal (39th PGC) that it truly

Above:
Dr Peh Tan Ying
(centre) with
her family

WORDS & PHOTOS LIEN CENTRE FOR PALLIATIVE CARE

takes a village of "palliative care physicians who work closely with other specialists, nurses, allied health professionals, social health workers, and therapists to provide a comprehensive, holistic medical and emotional/ psychosocial support, not only to patients but also to their families".

In PGC, we continue to live its pioneering aspirations, that palliative care forges heart work: to offer light and lightness of heart for both its deliverers and recipients. As more healthcare professionals are trained in palliative care, quality end-of-life care for all Singaporeans can become a reality, one which Dr Sze Yi aptly summarised as "LIVING before the farewell".

Clockwise from top left: PGC graduates Dr Rachel Lu, Dr Adrian Ng, Dr Lee Li Wen, Dr Lee Sze Yi with her child, Dr Chermaine Chee with a young charge, Dr Akshita Agarwal

Paving the way for better palliative care

We took the opportunity to interview Dr Marie Bakitas and Dr Chang Won Won about the future of palliative care while they were part of the SPCC-SHC Research Workshop panel held on 27 August 2022. Dr Chang's colleague in South Korea, Dr Hyeji Kim, also added her thoughts to this conversation. The one-day event was attended by more than 100 healthcare professionals.

Dr Marie Bakitas (MB) is a Professor at the School of Nursing at the University of Alabama at Birmingham. She is internationally recognised as an oncology and palliative care advanced practice nurse and scientist. Her mission is to reduce suffering and enhance quality of life for persons with advanced illness and family caregivers, especially in under-represented populations and rural areas.

Dr Chang Won Won (CWW) is a Professor at Kyung Hee University and Director of the Senior Health Care Center at

Kyung Hee University Hospital. He is the President of the Korean Society of Sarcopenia and was Chair of the Board of Directors of the Korean Geriatric Society from 2020-2021.

Dr Hyeji Kim (HJK) focuses on family medicine with a speciality in hospice and palliative care at Seoul Metropolitan Dongbu Hospital. She leads the Hospice Palliative team, heads the planning team at the hospital, as well as sits on the committee of Korean Society for Hospice and Palliative Care. She is also a lecturer on Death Preparation Education at a welfare foundation.

What is a dignified farewell to you?

MB: A dignified farewell is one in which the patient, family, and friends are prepared and have a major voice in what the last days look like. For some, it may be at home in the presence of family; others might prefer a hospital setting undergoing experimental treatment. Our job as healthcare professionals is to understand every patient's values and preferences, and do everything we can to make their care wishes happen.

CWW & HJK: We believe that patients should navigate their own care with autonomy and make their

Below: Dr Marie Bakitas (centre, in cream and brown) with her palliative care research team and community partners

own decisions about their care and their deaths. In many cases in South Korea, patients' families are making important care decisions for the patients, and the patients are not involved. It is important for patients to advocate for themselves for their care and the end-of-life. A dignified farewell includes keeping the best quality of life for patients and their families until the end.

How does palliative care research make a difference?

MB: Over the last three decades, the goal of palliative care research has been to ensure that these services align with patients and families' needs and preferences. This research is about challenging assumptions and myths about palliative care being only about end-of-life and developing interventions that make this care available to everyone, everywhere and early in the course of the illness when it can have the most impact on improving the quality of

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Our job as healthcare professionals is to understand every patient's values and preferences and do everything we can to make their care wishes happen.”

- DR MARIE BAKITAS

life! Palliative care research is about tailoring care to the individual's cultural beliefs, values, and preferences. When done well, it has changed clinicians.

CWW & HJK: Palliative care research can provide concrete guidelines to relieve suffering as a result of serious illnesses such as pain, delirium, and dyspnea in patients who are receiving both palliative and hospice care.

What are the barriers to patients/families receiving or accepting palliative care?

MB: Probably the most significant barrier is the lack of knowledge or misinformation from uninformed healthcare providers about the timing and role of palliative care. Clinicians who say “the patient isn't ready for” palliative care are typically placing their own bias into the equation. Most patients and families are unfamiliar with palliative care, but once the service is explained properly, very few decline it. Who doesn't need or want extra support for themselves or their families when challenged by illness? Who doesn't want to have the quality of their life improved? Unfortunately, many care providers mistake palliative care for a service that only helps patients who are actively dying, and this incorrect

notion creates the biggest barrier to patients receiving this care.

CWW & HJK: In our experience, two barriers exist for patients and their families who are receiving hospice care. First, most patients and their families are having a difficult time coping with their illness and dying. Another reason is the bias surrounding hospice. For example, patients and their families strongly believe that they are abandoned by the primary healthcare team, so they have no choice but to choose hospice care. Another big misunderstanding of hospice is that it shortens the patient's lifespan. The goal of hospice is for patients to live as comfortably as possible in the last few months or weeks of their life. This is something important for patients to understand.

How can we promote upstream early palliative care involvement in cancer/non-cancer conditions?

MB: This is the million-dollar question! It takes a culture change, led by a champion, to put all the pieces in place to change the healthcare system. Societal demand and valuing quick fixes and magic bullets (pills) with the aim of curing add to the challenge. However, I believe systems change when there are opportunities to experience the value of the services. For example,





Left: Dr Chang Won Won on his rounds at the Senior Health Care Center of Kyung Hee University Hospital; Opposite page: Dr Hyeji Kim (second row, first from right) with the hospice and palliative multidisciplinary team at Seoul Metropolitan Dongbu Hospital

few people would argue that prenatal care is essential to prepare for the healthiest pregnancy and baby. Another example: years ago, no one realised they needed a smart phone, and now, most people can't live without it. Transformation is more likely to happen when a critical mass of healthcare systems provide early palliative care. The value becomes evident, and people will demand it or see it as an excellent healthcare system marker.

CWW & HJK: It is essential to educate both patients and healthcare professionals about the fundamental concept of hospice care. Korean cancer patients choose hospice care in the later phases of their illness, which is too late. According to the Korean National Hospice Center (2022), in 2020, a Korean patient used the hospice service for only for 28.3 days on average before they died. In many instances, hospital staff don't consider hospice care when really, hospice care would be a better option for patients with terminal illness. It means that education is the key not only for the patients but also for the healthcare providers so the eligible population can have a better chance to receive hospice

care, and have more time to manage their end-of-life with dignity.

What have you been busy with lately?

MB: In addition to my palliative care research, I am now in charge of the research and scholarship mission of the UAB School of Nursing, and the university's palliative care research programme. In this vital role, I ensure that early-career researchers, students and trainees have the resources, education and infrastructure to ensure their success in becoming independent investigators. It's important to ensure that the next generation of scientists are available to continue the work of discovery and dissemination of innovations to improve the care and lives of those we serve.

HJK: I am the leader of the multidisciplinary hospice care team at the Seoul Metropolitan Dongbu Hospital, and with the care of inpatients receiving hospice care. I usually participate in the various hospice events for patients and their families, as well as attend symposiums and workshops to broaden my perspective of hospice care.

What motivates you in your work?

MB: There is a very long answer to this, but I will share the brief one. When I was a 'younger' oncology nurse caring for patients undergoing bone marrow transplants, I was distressed by how patients at the end-stage of their illness were often forgotten and didn't have a good death as they were unaware that the end was coming. I also observed traumatised families watching difficult deaths and being unprepared for them. As these patients neared the end of life, I was haunted by the words: "If only I had known, I would have done things differently". These words motivate me to find ways to guarantee that patients and their families have the preparation they need, so I will never hear those words again.

HJK: Patient satisfaction is a powerful motivator for me. I am fulfilled when a patient's suffering can be mitigated by the hospice multidisciplinary team's approach, and they pass away peacefully. Also, the best part of my job is to hear the stories of patients and their families. I feel grateful when bereaved families say their loved one was happy in hospice care.

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We believe that patients should navigate their own care with autonomy and make their own decisions about their care and their deaths.”

- DR CHANG WON WON & DR HYEJI KIM



How has COVID-19 impacted palliative care?

MB: In many ways, the pandemic shone a light on the importance of early palliative care. Many people got seriously ill very quickly and realised how unprepared they were to face serious illness. It also challenged palliative care specialists to rethink how we provide palliative care — that is, the social isolation procedures challenged us to reconsider the notion that the 'best' palliative care could only be provided in person. We had to rethink that idea and become much more open to ideas like telehealth.

CWW & HJK: In the South Korean healthcare system, most public and city hospitals provide hospice care to inpatients. Since non-public hospitals have almost no profit from hospice care, the public healthcare system is in charge of hospice care. During the pandemic, public hospitals were dedicated to treating COVID-19 patients and left little capacity or resources to treat patients who require hospice care. This is an ongoing issue that has been happening for the last two years. Another issue caused by the pandemic was that palliative

inpatients were dying alone because family-visiting time was restricted as part of infection control.

What are your thoughts on palliative care for older adults and patients who are frail?

CWW & HJK: There are only five eligible illnesses for hospice care covered by national health insurance in South Korea. These illnesses are cancer, COPD (Chronic Obstructive Pulmonary Disease), liver cirrhosis, chronic respiratory failure, and AIDS. Hospice eligibility needs to be expanded at the systemic level for other serious illnesses. There are many other illnesses where patients' prognosis is only months or weeks, and these patients deserve palliative care as well. These patients receive painful medical treatment meant to just extend their lives, when really, they should be facing the end of their lives with hospice care.

What are your hopes for the future of the palliative care sector?

MB: I hope that we continue to take the innovations and lessons learned during the pandemic and remain open to the diverse ways in which palliative care can be provided to all persons at any age or type of illness. This also includes incorporating 'non-traditional' roles such as community health workers and lay navigators into our team to expand our reach. Finally, we need to increase our attention and services for family and friends of those with serious illness to minimise the trauma that can occur to those who love the person we care for. Simply put: "Palliative Care for Everyone, Everywhere!"

CWW & HJK: Although we are facing a global pandemic, patients nearing the end of life can continuously receive the extra layer of hospice care to focus on the best quality of life and maximise their comfort. In addition, we hope to raise public awareness regarding hospice care and to expand hospice/palliative care facilities to improve accessibility to hospice/palliative care. 📞

A taste from the past

Memories come in fanciful flavours for one palliative patient at Outram Community Hospital who reminiscences about old times through the taste of his self-made festive delicacy.

“I can’t wait to taste them,” said Mr Tan gleefully. He began to gently place filling in the centre of the mould followed by a spoonful of agar-agar on top.

Mr Tan and another patient from his ward at Outram Community Hospital (OCH) were preparing jelly mooncakes as part of their therapy. Although he was delighted with what was happening in the rehabilitation kitchen, Mr Tan was still showing some signs of anxiety. The delight on his face hides the scar of reality.

“This could be my last Mid-Autumn Festival and I plan to enjoy it as much as I can,” said Mr Tan.

CONNECTING THROUGH FOOD

Mr. Tan was suffering from metastatic descending colon cancer. Despite his ailing

condition, Mr Tan was known as someone who was positive, amicable and caring towards everyone around him.

Always independent, even during his remaining days, he would strive to do his best at everything so that he would not be a burden to his family or those around him.

But the most striking memory of Mr Tan was his charming smile, which he brought along wherever he went.

That was how the patients and staff at Outram Community Hospital (OCH) remember Mr Tan.

Like many other patients who suffered from colon cancer, Mr Tan had to follow a set of low-fibre diets, which restricted his choices of food.

The food-loving Mr Tan started pouring out his feelings to the care team about how he missed eating different types of food

before he fell ill. He yearned to be healthy again, even for just one day, and expressed his wish to relive one of the happy moments from his past — celebrating the Mid-Autumn festival with his family.

He knew his days were numbered, and therefore would be very grateful if the care team could help to fulfil his last wish.

The multidisciplinary care team at OCH then decided to plan a special celebration for Mr Tan.

“Food is often seen as a major aspect of a person’s life experience and identity. Since Mr Tan missed celebrating the Mid-Autumn with his family, we got him to make jelly mooncakes which were safe for him to eat,” shared Tricia Ng, Senior Occupational Therapist at OCH.

Organising this initiative was no easy feat during the COVID-19 pandemic. To adhere to safety measures, the team could only conduct small group sessions of up to two patients at a time. The number of visitors to the ward was also restricted.

To make sure Mr Tan’s family didn’t miss out on the festivities, the care team took photos of the session and sent them over to the family members who couldn’t make it into the wards. While planning for the session, Tricia and her team learnt that many of their patients were very knowledgeable about cooking and were willing to share their different methods of preparing the jelly mooncakes.

“Thanks to everyone for suggesting many great ideas to make the celebration come to fruition!” said Tricia.

MAKING LAST WISHES A REALITY

When patients are near the end of their lives, it is important that they get their last wishes fulfilled so that they can leave with no regrets. The key is to do it as quickly as possible as the patients’ days are numbered, which involves teamwork.

Teamwork is an essential component of palliative care. Patients’ needs are diverse and require everyone involved to provide adequate care.

As for the caregivers, Tricia would encourage them to have some ‘me time’ to avoid burnout.

“I would also like them to know that the multidisciplinary team will be here to support them with resources, advice and necessary training so that they can cope better in taking care of their loved ones!” said Tricia.

Working hand in hand with everyone, including the caregivers, allowed for increased understanding of the patients to achieve their goals during their end-of-life for a dignified farewell. 🌸

Teamwork is an essential component of palliative care. Patients’ needs are diverse and require everyone involved to provide adequate care.

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PHOTOS OUTRAM COMMUNITY HOSPITAL, FREEPIK.COM





In Minister Ong's words, let's aim for "a future where we can bring dignity, solace and comfort to the great majority of the dying".

The mix of games and information allowed for a light touch when approaching the topic of end-of-life at the exhibition

“Dear Life...”

An exhibition by a group of medical students returns to continue conversations with the public about the importance of talking about and planning for the end of life.

D How do you want to spend your last days? In our Asian society where death is oftentimes taboo to mention, many of us refrain from entertaining such thoughts, let alone engaging in these uncomfortable conversations. However, as Minister of Health Mr Ong Ye Kung shared at the 7th Singapore Palliative Care Conference last year, discussing the sensitive issue of death more openly and honestly is an important aspect of Singapore healthcare that we must work on. These “die-logues” are imperative in bridging the mismatch of expectations and desires between a dying patient, their loved ones, and their healthcare team.

In light of the growing importance of end-of-life conversations, together with the easing of COVID-19 restrictions, Project Happy Apples (PHA) finally brought back our annual public exhibition after a two-year hiatus. Founded in 2012, Project Happy Apples is led by a group of students from National University Singapore Yong Loo Lin School of Medicine who are passionate about serving the palliative community and raising awareness about palliative care and the importance of end-of-



life conversations. Our vision is to normalise discussions about death and dying, so as to empower future doctors and prepare society to cope with pertinent issues surrounding end-of-life planning.

This year, our exhibition was held from 11-17 July 2022 at JEM Basement 1 Atrium. The public exhibition, themed “Dear Life...”, aimed to educate, engage, and empower the public in starting end-of-life conversations with their loved ones. Representatives from Singapore Hospice Council, Agency for Integrated Care and Ng Teng Fong General Hospital were also there to share their expertise and resources with members on palliative care and end-of-life planning. Over this week-long event, we welcomed at least 3,000 members of the public, who immersed themselves in our interactive games and activities, including the PHA television, the “Dear Life” and “Before I Die” chalkboards, Snakes and Ladders, Press the Button, and Eulogy Writing stations. Our volunteers engaged participants in expressing gratitude for the life they have, reflecting deeply on what they value most, and making changes to better their lives while they



PHA volunteers interacted with younger members of the public as well because it's never too early to plan for end-of-life.



still can. One of the volunteers reflected, "I managed to interact with the public and have meaningful conversations about end-of-life and palliative care. I also appreciated the varying perspectives from the public towards these topics and that could be credited to the different games, such as Press The Button, which provided opportunities for the public to express their views without feeling judged."

We were also extremely heartened to see families and friends openly share about one another's wishes and preferences through these activities! According to another volunteer, "I spoke with many people and shared with them about Advance Care Planning and Lasting Power of Attorney. They looked very surprised when they found out the importance of end-of-life care planning and started asking more and more questions. It was very fulfilling because I felt I really managed to raise awareness and possibly change the lives of some people. Some also thanked us for organising this exhibition!"

In Minister Ong's words, let's aim for "a future where we can bring dignity, solace

and comfort to the great majority of the dying". In our rapidly ageing population, die-logues are now more important than ever. Through light-hearted yet thought-provoking activities during the exhibition, PHA wanted to facilitate a change in the discourse surrounding death and dying in Singapore. Ultimately, we strive to cultivate an environment that allows patients to die with comfort and dignity. To quote Dame Cicely Saunders, founder of the first modern hospice: "you matter because you are you, you matter to the end of your life".

WORDS & PHOTOS PROJECT HAPPY APPLES



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Raising awareness of the palliative care option

On 3 and 5 August 2022, a student-led group named Restful Retreat from Anglo Chinese School (Independent) organised a two-session advocacy programme to raise awareness among youths about the importance of palliative care and end-of-life conversations. At the first session, Singapore Hospice Council's (SHC) Executive Director, Ms Sim Bee Hia, introduced palliative care by sharing the modern hospice movement in Singapore. She also highlighted the multidisciplinary team approach that supports the caregivers of a palliative patient. "Many of us will be a caregiver for a loved one at least once in our lives. As a future caregiver, you must be aware of the palliative care option to help you and your loved ones cope when the time comes," said Ms Sim.



One of the student organisers, Cheo Hao Min agrees, "Educating youths on such topics is crucial as they will be the caregivers of tomorrow. Should an unfortunate event happen to their elders, peers, or even themselves, education on palliative care provides them with an alternative for better end-of-life care."

Ms Tan Ching Yee, Head of Psychosocial Services from HCA Hospice, facilitated an interactive

session to teach the youths how to carry out conversations about death and active listening skills. At the end of the programme, the students brought home a set of Conversation Cards and Time of My Life Journal each to help them continue the discussion with their friends and families and discover what is important to them, including their values, motivation, beliefs and life goals.

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Upcoming Events

SHC "LIVE WELL. LEAVE WELL." PROFESSIONAL SERIES @ THE PUBLIC LIBRARIES

Date: 26 September, 31 October, 28 November

Venue: Online via Zoom

Join us for open discussions on palliative care with healthcare professionals. This series will be held monthly till December 2022. Visit singaporehospice.org.sg for the latest updates.

SHC "DIE-LOGUES: BUILDING THE BEST ENDGAME" EXHIBITION @ THE PUBLIC LIBRARIES

Date: 30 September - 30 November

Venue: Geylang East Public Library, Level 2 Lounge, 50 Geylang East Ave 1, Singapore 389777

Visit us at our exhibition to find out more about palliative and hospice care, how you can get started on end-of-life care planning, and the importance of having open conversations on these topics.

WORLD HOSPICE AND PALLIATIVE CARE DAY - SHC COMMUNITY OUTREACH EVENT

Date: 1 October 2022, 10am

Venue: Kebun Bahru Community Club, 216 Ang Mo Kio Ave 4, Singapore 569897

Learn more about hospice and palliative care at this event through interactive activities and find out why having difficult conversations on death and dying is important. We welcome all to sign up as an ambassador to be an advocate for our cause.

SHC "VOICES FOR HOSPICES 2022" CHARITY CONCERT

Date: 8 October 2022, 8pm

Venue: SOTA Concert Hall

Enjoy a night of heartfelt performances by Kit Chan, SPH radio DJs, SHC member organisations and volunteers at this special concert to mark World Hospice and Palliative Care Day. Tickets at \$88, \$128 and \$188 are available via SISTIC.



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