

THE HOSPICE LINK

MARCH – MAY 2017 • MCI (P) 118/01/2017

Building a
future of care

Caring for
the young

Music therapy for
dementia patients

A SPARKLE FOR PALLIATIVE CARE



PLUS
Before-I-Die
Global Art
Project

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Welcome to the first issue of *The Hospice Link* for the year 2017!

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There are many young people who are patients, as well as doctors and student volunteers, who all contribute in one way or another to the hospice cause.”

A new year always inspires new resolutions and new projects. The redesign of the Hospice Link newsletter was ours for 2017. We had been working with the old design since September 2012, and felt it was time to refresh the look.

In this issue, we take a look at young people in hospice. People usually associate hospice with the elderly, and that it is all about dying and the terminally ill. It is much more than that. There are many young people who are patients, as well as doctors and student volunteers, who all contribute in one way or another to the hospice cause.

You can read about the young doctors being moved to do their best for patients in hospice, about the young volunteer whose experience in working with hospice patients changed his outlook in life, and also about how members of the medical team try to help young patients, and the patients' young family members come to terms with the situation.

We hope our readers will find inspiration in these stories, and it is our hope that more people – young or old – will step forward and participate in the cause.

Ms. Yeo Tan Tan
**Chief Executive
Editor, The Hospice Link**



Smiling apples for palliative care

Project Happy Apples is a medical student initiative which partners the Singapore Hospice Council to raise awareness about palliative care in Singapore. SHC spoke to project founder Dr Mervyn Lim Jun Rui on how it was born.

SHC: What inspired you to start Project Happy Apples (PHA) and what was your vision for it at the start?

Dr Lim: I started volunteering at Bright Vision Hospital (BVH) with two army friends after disrupting from national service. We were befrienders, trying to talk to, understand, and hopefully accompany inpatient palliative patients during their last journey. Many of these patients held regrets towards the end of life, and at times I felt inadequate, unable to alleviate their suffering. I wanted to do more. So when I started medical school, I found a group of friends who were interested in starting a project to raise funds for the palliative patients at BVH. Thus, Project Happy Apples was born.

SHC: What happened after that?

Dr Lim: We wanted to promote health while raising funds, and crazily decided to sell apples to do so. As the saying goes: "An apple a day keeps the doctor away", right? That's how the name for our project was first conceived, and the smiling apple became the face of the project. Our initial vision was to set up baskets of apples at various companies and public places to raise funds. What better place to begin a pilot project than at the National University of Singapore, the home of our medical school?

SHC: Tell us more about the like-minded individuals who helped you found PHA.

Dr Lim: We were simply all students who just

wanted to do a little good in society. It always starts with volunteering and getting to know the patients. From there, the desire to help contribute in other ways comes about. With PHA, I was lucky. I reached out to fellow students interested in learning more about palliative medicine to volunteer at BVH with me. From there, we found the first 7 people who would make up the core committee of PHA.

SHC: *What were some the challenges you faced in starting PHA?*

Dr Lim: There were so many challenges that we had to overcome during our first steps. It was difficult finding enough manpower to settle the logistics and sponsorship for the project. Miraculously, a good-hearted apple wholesaler donated over 3,000 apples to us. Above all, nobody told us when we started that it wasn't a good idea to sell perishables and we soon, realised that our initial vision was not going to be feasible in a sustainable way.

During our pilot project, we raised approximately S\$2,500 for BVH's palliative department, but a single day's cost for one patient can come up to almost S\$500. During the project, we realised that the Singaporean public does not have much awareness of palliative medicine. That was when our vision for PHA evolved to raise awareness for palliative medicine amongst the Singaporean public by telling the stories of palliative patients.

Over the years, we established our volunteering network as the ground for befriending palliative patients and sharing the stories of willing patients to Singapore. We aimed to do this through different media. We created posters, videos, a telephone booth, and started the Before-I-Die Boards in Singapore since our inception. We are extremely grateful to the Singapore Hospice Council, NUS Yong Loo Lin School of Medicine,




as well as Dr Noreen Chan, our project mentor, who have guided us and supported us since the inception of the project.

Project Happy Apples team members at an event raising funds and awareness for palliative care.

SHC: *How has PHA made a difference in your career as a doctor and in the way you approach your work now?*

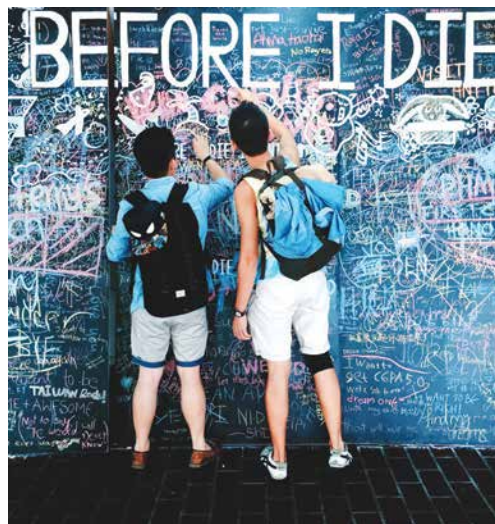
Dr Lim: I have recently graduated and am carrying out my hospital rotations as a House Officer. PHA and my experiences with palliative medicine have taught me so much. Above all, I feel it has taught me to have real, meaningful conversations with my patients and their families about their goals of care and the quality of life that they want.

SHC: *What would you say to aspiring youths hoping to make a difference in the hospice and palliative care sector?*

Dr Lim: As in all of medicine, our patients are our teachers, and there is a wealth of knowledge about life that we can learn only from them. Taking the time to have real conversations with them will go a long way in helping us carry the heart of palliative medicine and making a difference in society. 

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Singaporeans sharing their final wishes for the Before-I-Die art project.

Before I Die: A personal reflection

What do you want to do before you die? Sometimes, a person's last wish can just be as simple as being with their loved ones.

The 'Before-I-Die' (BID) Board is a global art project that invites people to reflect on their lives and share their personal aspirations in public spaces. A group of medical and nursing students from the Yong Loo Lin School of Medicine (NUS), in partnership with the Singapore Hospice Council, brought the BID boards to Singapore in 2016. It was an attempt to engage Singaporeans to actively think about, and discuss the subject of death with their loved ones. For more information, visit the Before I Die Sg page on Facebook.

PERSONAL REFLECTIONS ON BEFORE-I-DIE 2016


It starts with a question: "If I have only 1 year left to live, what do I want to do before I die?"

This was the question we posed to Singaporeans from all walks of life through the 'Before-I-Die' project. Chalkboards were set up in various locations across Singapore, with a simple tagline, "Before I Die: My Last Year".

The response was enthusiastic. From seeing the Northern Lights, to finding true love, to chasing that dream job, Singaporeans laid down their plans and aspirations.

One response struck a chord with me: "Take photo with my loved ones & hold her hands till I blackout". A simple wish, but one that means so much.

When I was involved in another project working with palliative patients, I remember that all one patient wanted before she died, was to take a nice family portrait. She wanted to leave something for her family to remember her by. It was simple request so easily fulfilled, but yet one that made her so happy. When my uncle passed away from pancreatic cancer a few years ago, he too asked for one final family portrait. As people approach the end, it's often the simple things that matter the most to them.

It starts with a question: Do you know what your loved ones truly want before they die? 

www.facebook.com/beforeidieboardsg/



Side by side, till the end

A few months ago, medical student Jonas Ho spent his attachment with the National University Hospital palliative care team. It was an eye-opening experience for the young doctor-to-be.

A couple of months ago, I spent five days with the palliative care team at the National University Hospital, I learned many lessons that I will cherish as I continue to learn to be a useful doctor.

A HOLISTIC APPROACH

I see now that practising palliative care is about viewing each patient in a holistic manner, appreciating their beliefs, values, and understanding that each one of them has a story that we only know a little of. The medical aspect of ensuring the patient's comfort is only a fraction of his care. The patient and his family's concerns, worries and preferences must all be considered thoroughly and addressed well.

During my attachment, I also found out how important it was for the Palliative Care (Pal Care) team to acknowledge the family's burden and let them know that the team was there to support them. This awareness gives comfort to the family members.

BE SENSITIVE

In facilitating Advanced Care Planning (ACP), which can be a very delicate process, the team has to be as sensitive as possible. During ACP sessions, the patient, family and Pal Care team discuss the patient's wishes regarding life-sustaining treatments, where he would like to spend his final hours, and to whom he will entrust the responsibility of decision-making on his behalf when he loses the ability to.

Though difficult, this is an important conversation, and the Pal Care team has to ensure the



Jonas Ho:
Caring for
patients is more
than just a job.

best is done for the patients so that they can live out their final days on their own terms. Being there for the families during such trying times becomes an incredibly meaningful and important task.


The team also needs to ensure that all the patient's worries and questions are fully addressed in a terminal discharge. In one session, I saw how Dr L, Sister P and Dr Y spoke at length with a man who wanted to bring his wife home from the hospital. The level of patience and amount of guidance required of the team to address all his questions was a striking lesson for me. Having the team explain the different precautions he could take and how he could prepare their home for his wife was definitely comforting for him.

Preserving the patient's dignity, and relieving pain or discomfort is a critical aspect of the Pal Care team's responsibilities. During a terminal extubation for a patient in ICU, I witnessed how gently the

team approached the entire removal process, having warned the family that the process could be a traumatic experience for them. When the patient grimaced a little during the extubation, Dr Z stopped everything to ensure that another bolus of analgesics was given to minimise the patient's pain and discomfort. This episode taught me what it meant to help a patient pass on with dignity.

SIDE BY SIDE

Sometimes all that is needed is a gentle touch on the shoulder, giving time to the patient, allowing a family member to be emotional, or the offering tissue paper or a drink. These actions go a long way in helping patients and their families feel supported.

The clearest lesson I learned from my attachment was this: Caring for patients is much more than just a job. Instead, it is a walk alongside each patient who is on his or her final journey — that is the genuine mission of the Pal Care team. 

Building a future of caring for others

Youth is not lost on the young, if they know how to harness it well, as young Aloysius and Dr Pravin demonstrate in their desire to help patients in palliative care in their own ways.

One of the cornerstones of character building is the ability to recognise the transformative power of empathy and caring for others. Nurturing youths as they explore the various paths for future careers is something that HCA Hospice Care (HCA) has long invested in. One of our fundamental beliefs is the need to raise awareness among the young about eldercare issues as, in time, they will become the next generation of caregivers. It is this belief that led HCA to establish the Young Caregivers Programme. The programme aims to inculcate in our youths the values and benefits of building meaningful relationships with the elderly and aged who are sick. HCA has fostered many young people in their career paths in palliative care. We are proud to have journeyed with these young persons as they continue in their paths and align their aspirations with their career goals.

ALOYSIUS LIM: YOUTH NOT WASTED

Whoever said youth is wasted on the young never got the chance to meet Aloysius Lim. With his cheerful and congenial demeanour, one never would have known that this 18-year-old has endured many hardships. His is a



remarkable story of endurance, resilience and indeed, a testimony to the triumph of the human spirit. Aloysius came to be a part of HCA Hospice Care (HCA) through the Young Caregivers (yCG) programme. ITE College East had arranged for Aloysius to spend 10 weeks with HCA, and it was here that he was introduced to the world of palliative care at the Kang Le Day Hospice Centre.

A TROUBLED CHILDHOOD

Aloysius speaks openly and candidly about his early life, seemingly unaffected by the trauma he suffered. As a child, he saw his family torn apart by his parents' acrimonious relationship, which ended in divorce when he was barely five years old. His single mother ended up being a drug mule, and was soon arrested in Japan for her illegal forays. She was sentenced to six years in prison, leaving Aloysius and his siblings in dire straits. His father in Singapore also went in and out of prison for gang and drug related offences. Eventually, Aloysius became a ward of his maternal aunt after his mother signed over her parenting rights.



Aloysius never thought that spending time with elderly patients in hospice care would change his life.



“

These patients became such a source of inspiration to me. I witnessed how they were still happy and jovial on a daily basis, even though they knew their days were numbered.”





“

I've always known that I wanted to help others. I didn't know how I was going to do it at the time, but eventually, I realised that being a doctor would truly fulfil my dream of giving back and healing others.”

His aunt made a difficult decision after that and sent Aloysius to Chen Su Lan Methodist Welfare Home, where he spent the next five years. “Looking back, I think it's a good thing that I was sent to the Home,” he said. “They provided me the guidance and discipline I needed at that age — if I had been left on my own, I think things wouldn't have turned out this way.”

CAREER GOALS IN COMMUNITY CARE

Aloysius credits his social worker for all the positive changes in his life, and is now inspired to pursue a career in social work and community care. While his initial interest was working with troubled youths, his exposure to HCA's patients at Kang Le has broadened his interests.

“I wasn't that keen about working with the elderly initially, but I was determined to make the best of my attachment,” he said. “I thought the 10 weeks would be boring, but these patients became such a source of inspiration to me. I witnessed how they were still happy and jovial on a daily basis, even though they knew their days were numbered. That really changed my mind about working with the elderly who are sick.”

As with all his experiences in life, Aloysius says he will always carry a part of HCA and its beneficiaries with him. “I still want to come back and visit them!”

DR R R PRAVIN: I ALWAYS KNEW I WANTED TO HELP OTHERS

This multi-talented young doctor is a soft-spoken 24-year old new graduate from the Yong Loo Lin School of Medicine. His youth belies his illustrious achievements in other fields — he's a published author of fiction books and poems, a playwright, and a composer.

His passion in caring for others started in at an early age. “Since my school days in ACS, I've always known that I wanted to help others,” he says. “I didn't know how I was going to do it at the time, but eventually, I realised that being a doctor would truly fulfil my dream of giving back and healing others.”

But why palliative care, especially the field of paediatric palliative care? “When I told my mother I wanted to focus on

Dr Pravin enjoys spending time with some of his young patients, and their families.



Gone Too Soon

Is there anything I can give
To make you stay a while more
All those times the doctors said
You have a day more to live
I would hear you had
a year longer
No parent wants to
let go of a child
A child like you my angel.

Excerpt from poem by Dr R R Pravin

palliative care, she was hesitant and told me that she wanted my hands to help in healing, rather than dealing with the dying.”

His interest in working with children was piqued by a chance encounter with HCA's Nurse Geraldine, who introduced him to the world of Star PALS, a service by HCA that's dedicated to improving the quality of life for children aged 19 and below with life-limiting or life-threatening conditions. Dr Pravin was highly inspired after having worked with some of our paediatric patients and he's done many voluntary stints with Star PALS.

One of his fund-raising efforts is called Project Harmony Heals, for which he wrote and produced a music single called 'Face the Fight' and video for sale to raise funds for the cause. He even involved some Star PALS patients in the recording of the song.

Aloysius and Dr Pravin never allowed their youth to hinder them from aspiring to help others. Instead, they used it to their advantage. While it may still be a long road ahead, it can only be a path that leads them to a brighter future. 🌟



A Blanket of Love

Twenty students from Hougang Secondary School laboured over six months to create a beautiful patchwork blanket for one of HCA Hospice Care's patient, Madam Siah. This simple but powerful gesture, was an outward expression of their love and empathy for the elderly – something they learnt from HCA Hospice Care's Young Caregivers Programme's "A Touch of Love" workshop.



When cancer affects the young

When illness strikes, the young caregivers needs just as much help and emotional support as the patients.

Being a social worker is like being on a rollercoaster ride. It takes you on a journey of all the highs and lows of emotions. It is sad, scary, and, at times, frustrating. It is heart-warming, yet heart-breaking. One needs to be patient, and impatient when necessary. It involves analytical thinking, self-growth, and constant learning. Just having a “kind heart” won’t be enough to keep you going in this profession. Being a social worker may not be found in any list of “The best-paying jobs”, but my job has also made every cent I earn mean much more to me.

I started my palliative care journey as a medical social worker in late 2012. Since the beginning of 2015, I have been a social worker with the Singapore Cancer Society (SCS). As part of the SCS Home Hospice team, I am exposed to patients and their caregivers on a daily basis, and I help to address psychosocial concerns that they may have. My job has also given me the opportunity to work with young patients and young caregivers.

Regardless of age, being a caregiver to a patient

with cancer is not an easy task. Being a young caregiver doesn’t make it worse, or more difficult, but it does present different sets of challenges and complexity.

JUGGLING DIFFERENT CONCERNS

Typically, when working with adults, the topic of education is not necessarily the first thing we discuss or plan. But when it comes to younger caregivers, education is a prevalent concern, as was the case with a patient I worked with.

At age 16, Mary (not her real name) had to struggle between her studies and caring for her sick mother. Her poor attendance, inattentiveness in class, and the frequent ringing of her phone with calls from the hospital, family service centre, and community care service raised many red flags with her school. On one hand, Mary’s father felt she should focus on caring for her mother as the latter’s time was limited. On the other hand, Mary’s mother felt it was imperative for Mary to study, despite her desire to be cared for by Mary until the end.

Mary was highly stressed as she struggled with caring for her mother and her studies. After multiple meetings and conversations with various stakeholders, a plan was formulated to better facilitate Mary's role as a caregiver and as a student.

But such intervention plans will always change, because working with young caregivers or patients involves overcoming numerous challenges, such as working around the parents' protective instincts, and having access to the children. As such, interventions plans often need to be changed and tweaked along the way to better cater to their needs.

ENGAGING PATIENTS' CHILDREN

Working with children also often requires a think-out-of-the-box mindset. One of my greatest challenges was learning how to engage with children. Usually, I have some coloured paper and pencils ready when I know my scheduled clients have young children.

I remember an instance when I had a client who was in her late 30s with a young daughter. The little girl was always hanging around in the hall during our sessions. I tried, but always failed to engage her, because she was very quiet. Once, she was playing the piano before I came in. So I attempted to engage in small talk with her about her piano playing; we ended up sitting there in awkward silence. Quiet and shy, she would simply sit next to me and just smile.

On another occasion, I noticed some drawings on the wall. I decided to take my coloured paper out and asked her to draw her favourite flower. We both ended up drawing flowers and she would laugh

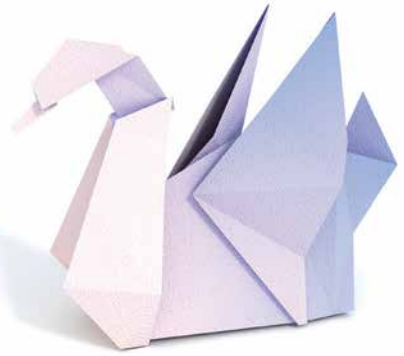
at my abysmal drawings. As we drew, I would write questions and she would reply. We once had a 35-minute conversation without having to utter a single word; we just wrote to one another.

In subsequent sessions, I introduced origami to her. I would refer to Youtube videos on my phone during the sessions. Sometimes her father would join us, and we would all laugh and have a good time. I remember when her mother was in the hospital, the little girl would always bring our origami pieces to her. We also made a Mother's Day card together, just before her mother passed away.

These sessions helped me understand more about the little girl and how she was coping. It certainly made the subsequent bereavement visits easier.

A BALANCED APPROACH

Working with young caregivers or clients with young children presents different dynamics compared to working with adults. Often, as social workers, we grapple with how to maintain a balanced approach, ensuring the rights and needs of the child are protected and taken care of in such circumstances, when their parent is afflicted with a life-limiting illness. But when done well, it can go a long way in ensuring the well-being of the child. **HL**



Although being a social worker has its ups and downs, Maygalai takes it all in her stride.





For Tammy Lim, being a music therapist is about helping people cope with their situations.



I am not a musician

If there is one thing Music Therapist Tammy Lim could change, it would be the misconceptions about music and music therapy.

The young and bubbly Tammy Lim had just begun a full time stint at Assisi Hospice and has been setting up a brand new programme.

While music therapy has been widely known in the West, Singapore has some way to go in using music therapy in healthcare settings. The practice first took root here in the form of music therapy programmes in special schools for special needs children. The goal was educational rather than for healing. The small team of music therapists who received training in the field overseas faced implementation challenges in

other healthcare settings because of the difficulty in assimilating western practices into the local context.

It was only in 2015 that music therapy began to gain acceptance in treatment of chronic pain, cancer and autism in restructured hospitals and later found its niche in palliative care.

Studies have shown its relevance in hospice care as it addresses pain and helps to increase physical comfort, encourages self-expression and helps patients create positive memories. It is also an effective medium to help family members process the anticipatory death of their loved one.

Recognising the benefits of music therapy and how it complements the

clinical, psychosocial and spiritual paths that hospices in Singapore adopts in caring for end-of-life patients, Assisi Hospice began offering the service more regularly for its patients when it moved to its new premises.

“With 85 beds available in either single, double or quad rooms, as well as a larger Day Care Centre and communal spaces indoor and outdoor, we are able to do more for patients,” says Tammy. “I am also glad that we have more dedicated resources to create a variety of music with more musical instruments available.”

Dr Patricia Neo, Clinical Director

elaborates: “Often, patients at end-of-life and their caregivers need emotional support to help them manage anticipatory death and loss of loved ones. We hope that in addition to the medical/nursing/psychosocial services support and art therapy programmes, music therapy would also help us manage the patients’ and caregivers’ needs more holistically.”

Typically, every patient is assessed individually on their needs, which can range from the need to alleviate pain, anxiety, depression, and emotional difficulties. Using a preferred genre of music which may not necessarily have associations to race, personality or background, patients express what they are going through. This can culminate to song writing, music making in different mediums, including videos.

Music therapy still needs acceptance from patients and family members. Tammy explains: “People see it as a form of entertainment where the therapist performs and hence regarded as a musician. While it can be therapeutic listening to music, it is not therapy in itself. It is not about creating beautiful music, or whether the patient has musical talents or if the therapist is a good musician. What is important is the ability to solicit the patient’s participation, be it in singing, tapping or clapping to the beat.”

Though she can play the piano and the clarinet, what piqued Tammy’s interest in becoming a music therapist is the effects of depression that plagued someone close to her. She felt helpless seeing the emotional pain they are going through, yet at the same time is aware of the difficulties these people have relationships and connection with others.

She then set her mind on learning how to help people and enrolled in a psychology programme at University of North Texas (USA). When the calling to help more people came and wanting to leverage on the extensive music training she had, she went on to pursue a master’s programme in Music at Texas Women’s University (USA).

Tammy looks forward to contributing to the field. “Music plays a unique role in people’s life. It brings potential for wholeness in each individual. I hope I can continue to serve people by bringing them joy and peace through music.” 🎵

Tips for Caregivers

DR JAMIE ZHOU

Associate Consultant
National University Cancer Institute, Singapore
National University Hospital

There is no single definition for caregiving, but for the purpose of this article, a caregiver is any relative or friend, who provides a wide range of unpaid care to a person with a chronic or serious illness.



We often do not give caregivers enough attention that they deserve. Many caregivers are put into the role without any warning or choice, and are left feeling overwhelmed and helpless. Here are some tips for caregivers who are experiencing this.

Tip #1: Allow yourself to grieve.

When you’ve been thrown into a new role as a ‘Caregiver’, it is NORMAL to feel overwhelmed, sad, angry, frightened, or even numb. It is important for you to be aware of your own emotions and to acknowledge them. Allow yourself to grieve. It means you are brave enough to face your own emotions. You need to understand what you are going through before you can help others.

Tip #2: Deal with uncertainty.

Amidst the turmoil and uncertainty, you have to find some way to adapt. One thing you can do is to ask questions, preferably of someone who is reliable and knowledgeable, about your loved one’s condition. This takes courage because the answers may not always be what you wish to hear.

The most constructive way of replying to unfavourable news is to deal with it squarely — which means to accept it. Acceptance does not equate to admitting defeat; it means that we have the capacity to make the best decisions for that matter at that moment. Learning to live with uncertainty means that you don’t run away or avoid the difficult problems. It means you take things in your stride, and use your abilities and available resources to support your loved one. Even just your presence is a tremendous support to your loved one.

Upcoming Events

4 MAR – 4 NOV 2017 (EVERY 1ST SATURDAY OF THE MONTH)

SCS Knit of Love

The programme aims to provide comfort and warmth to cancer patients who are affected by hair loss due to chemotherapy. Volunteers will help knit hats which are then distributed to patients through hospitals and SCS Look Good Feel Better programme.

Organiser: Singapore Cancer Society

Venue: SCS Cancer Rehabilitation Centre (JEM Office Tower, 52 Jurong Gateway Road, #08-04, S (608550))

Time: 10.00am – 1.00pm

To volunteer, please contact volunteer@singaporecancersociety.org.sg

11 MAR – 11 NOV 2017 (EVERY 2ND SATURDAY OF THE MONTH)

SCS Crochet of Love

Volunteers will help crochet merchandises such as EZ-link pouches to raise funds for SCS programmes and services.

Organiser: Singapore Cancer Society

Venue: SCS Cancer Rehabilitation Centre, JEM Office Tower, 52 Jurong Gateway Road, #08-04, S (608550)

Time: 10.00am – 1.00pm

To volunteer, please contact volunteer@singaporecancersociety.org.sg

19 MAR 2017

Metta Charity Carnival 2017

Organiser: Metta Hospice Care

Venue: Metta Building/ Metta School

Time: 9.00am – 4.00pm

Theme: Superhero

Register at www.metta.org.sg/mettacarnival/index.php/register-for-the-walk/

Contact Andy at 6580 4688 or email: events@metta.org.sg

19 APR 2017

Every Moment Matters 2017

An educational and networking event to learn about partnering with Dover Park Hospice as part of their Corporate Social Responsibilities.

Organiser: Dover Park Hospice

Venue: Roof-top Library of the (NEW) Clinical Science Building at the LKC School of Medicine Building (Novena Campus) [opposite TTSH, from Jalan Tan Tock Seng]

Time: 6.45pm – 8.30pm

Dress code: Office attire

Light refreshments will be provided

For enquiries or for more details, please contact Mr. Allard Mueller at: 65007269 or email: allard@doverpark.sg

25 APR 2017

SHC-LCPC Multidisciplinary Palliative Care Forum: Integrated Care for Advanced Respiratory disorders (ICARE) - a model of palliative rehabilitation for patients with end-stage organ failure in a community hospital

Speaker: Dr Neo Han Yee

Contact: Singapore Hospice Council
secretariat@singaporehospice.org.sg

26 APR 2017

DPH Charity Golf 2017

Venue: Sentosa Golf Club (Serapong Course)

Time: Afternoon shotgun start

GoH (Dinner only): Mr Chee Hong Tat, Minister of State, Ministry of Communications and Information & Ministry of Health

For enquiries on flight reservations or for corporate sponsorships and donations, please contact Ms. Tan Yijing at 65007254 or email: yijing_tan@doverpark.sg

26-28 APR 2017

33rd LCPC-SHC Postgraduate Course in Palliative Medicine

Venue: HCA Hospice Care, Auditorium, Level 3, 12 Jalan Tan Tock Seng, Singapore 308437

For more information, please contact LCPC at lcpc@duke-nus.edu.sg

28 JUL 2017

1. LCPC-APHC-SHC Workshop 2017: A Holistic Assessment of Patients
2. LCPC-APHC-SHC Workshop 2017: The Role of a Pharmacist in Palliative Care

Venue: Duke-NUS Medical School, 8 College Road, S (169857)

Time: 2pm – 4.30pm

For more information, please contact LCPC at lcpc@duke-nus.edu.sg

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