

THE HOSPICE LINK

DECEMBER 2020 – FEBRUARY 2021 • MCI (P) 003/10/2020

**Celebrating life,
creating memories**

**End-of-life journey with
a community care team**

**Building the best
endgame of your life**



SINGAPORE
**HOSPICE
COUNCIL**

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HeARTS in
ACtion**

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“

If you are working on something that you really care about, you don't have to be pushed. The vision pulls you.”

STEVE JOBS

We often perceive that we are in 100% control as the author of our own life. Many of us are living day-to-day with hopes and dreams; trying to figure out what we want from life. As we enter into the “Thought Life Cycle”, how many of us have clearly defined our preferred endgame? It will not be distressing if our palliative care plans are made known as one reaches the end of life. In fact, knowing what to expect can minimise guessing and certainly enable all involved to support one another with dignity. Therefore, it is critical to acknowledge and accept that the palliative care plans will allow the terminally ill to avoid unnecessary pain, physical, psychological and spiritual distress and allow them to spend quality time with loved ones in a place of their choice.

Hence, your openness to accept this change by making your final wishes known and recorded as an objective legal document will enable your loved ones to carry out your plans.

This process could involve discussing all the conditions surrounding the subject of preference before one dies, as opposed to during or after. Having these discussions upfront can certainly make the process easier.

It is therefore important to communicate your Thought → Desire → Belief → Plan → Wish to your ideal endgame. Solidifying this as an end-of-life plan will help ease the minds of everyone involved and have a positive impact on your life.

Take these quick steps to navigate your thoughts as there will come a time when either death can no longer be prevented or the burden of treatments outweighs the benefits for that individual.

Step One RECOGNISE

- that it is important to communicate clearly, enable decisions to be made and actions taken in accordance with the person's needs and wishes.
- that these choices can be reviewed regularly and decisions revised accordingly.

Step Two COMMUNICATE

- with your loved ones, allowing them to know your thoughts on these important life topics like relationships, finances, personal beliefs, care preferences, death, re-addressing regrets and reconciliation.

Step Three INVOLVE

- those important to you in decisions about treatment and care to the extent that you wish.

Step Four SUPPORT

- should be expressed from your loved ones and the multidisciplinary team.
- includes understanding the needs of your family and loved ones.
- can be extending additional resources to meet your palliative care needs as much as possible.

Step Five IMPLEMENT

- the individual care plan as agreed, coordinated and delivered with compassion.

Therefore:

“

Setting goals is the first step in turning the invisible into the visible.”

TONY ROBBINS

Ms Evelyn Leong
Chief Executive
Singapore Hospice Council

Top 5 end-of-life concerns

Assisi Hospice's Psychosocial Support Services team shares the most common worries of persons at their end-of-life, gathered from their interactions with and learning from our patients.



1

TO PRESERVE DIGNITY

The word dignity originates from two Latin words — *dignitus* (merit) and *dignus* (worth). The concept of dignity is multidimensional and complex. When dying, each person is confronted with different challenges that threaten his or her physical, emotional, and spiritual

integrity. Individuals have varied and unique appreciation of what dignity means to them.

Case study:

Mr A told us that his landlord threw away his most prized possession during his prolonged hospitalisation — his dignity.

Armed with only a pair of shorts and t-shirt, and a desire to regain his dignity, he checked into Assisi Inpatient Hospice Care. His longing for dignity on his own terms soon manifested in the form of anger and hostility towards the Care Team when his needs could not be met. With much support and mutual understanding, he eventually allowed the Care Team into his personal space and taught them the value of dignity in his life and what they could do to support him the right way. With much effort on the part of the team, he moved into a rental flat and had a place to call home for a few months where he could live independently. He has found his dignity.

2

TO ENSURE PHYSICAL COMFORT TILL THE VERY END

American film director and actor, Woody Allen, famously quipped, "I'm not afraid of death; I just don't want to be there when it happens." Among the many concerns at the end-of-life, physical comfort is incredibly important. Most patients do not fear death itself but fear the pain and distressing symptoms associated with the

dying process. Maintaining physical comfort also helps one to cope better with emotional and spiritual needs at end-of-life.

Case study:

Madam B had feared seeing blood and needles all her life. She said she had zero threshold for pain. She pleaded with the hospice team to ensure that she did not

have to suffer in pain or choke to death. She did not fear death as she looked forward to returning to her heavenly home, but she feared the pain and suffering. She would rather be less awake than awake with pain and discomfort. After much communication with Madam B and her loved ones about her care and treatment preferences, the hospice team managed to ensure maximum physical comfort as defined by herself.

3

WORRIES ABOUT FAMILY AND LOVED ONES

The weight from the sense of responsibility towards those entrusted to our care impacts us especially when we might no longer be able to fulfil our commitments. A dying parent with young children may need to deal with profound feelings of loss, guilt and anxiety. Dying as adult children to elderly and frail parents may involve intense feelings of helplessness and regret. Someone living with pets

as their best companions may also be very worried about leaving them behind.

Case study:

Madam C's life was complete because she was living life with her three precious cats. Amidst coping with many transitions in life, she had an unwavering desire to find trusted cat lovers who would take over the care of her three precious cats after she departs this life. She took care not to separate the trio and eventually

found someone who was willing to take in all three with the assurance that the cats would be well loved. Madam C bade her final goodbyes to them and felt a heavy weight lifted off her shoulders; she expressed that she was ready to embrace the final days of her life.



4

TO ENJOY FREEDOM AND INDEPENDENCE FOR AS LONG AS POSSIBLE

It is human nature to seek control over the circumstances of one's life. However, we have no control over the inevitability of death. This demoralises many people. At the end of life, many seek to preserve their remaining sense of independence by fiercely protecting what is important to them and attempt to exert some form of control through words and behaviour. It is important to recognise these attempts and render the needed support for the individual to maintain some control and independence; sometimes this could just be listening to them talk about their desires and hopes.

Case study:

Mr D has lived with an elderly and frail flatmate in their humble two-room HDB rental flat for years. He was admitted into Assisi Inpatient Hospice Care due to the lack of a caregiver as he lived the final days of his life. Mr D repeatedly asked to return home as he really missed the sound of his standing fan as he rested in bed, the familiar aroma of coffee from the corner of the street, and the camaraderie with friends and neighbours whom he had grown old with. Eventually, the Care Team managed to send him home. Unexpectedly, he slipped away peacefully in his sleep on the third night. His sister told us that she hadn't seen him so happy for a long time and she truly believed the final three days of his life were filled with joy.




5

TO ACHIEVE A SENSE OF COMPLETION IN LIFE

Humans seek to achieve a sense of completion in life through meaningful connections with others as well as with oneself. We bear witness to many persons narrating their life stories of love, regret, and more. While many may seek a more perfect life, completion is what really matters in the face of one's mortality. Even in scenarios where a person has no loved ones left, there is a need to make meaning about how life has unfolded and to articulate the purpose and meaning of the life that has been lived.

Case study:

Mr E sought the help of the Assisi Hospice's Psychosocial Support Services (PSS) team to reconnect with his estranged wife and children. His family was unwilling to visit him, even though he was dying, due to the past trauma inflicted by Mr E which continued to have a profound effect on them. The team supported Mr E by finding closure and reconciliation within himself. He felt remorseful for being a bad husband and father. He found meaning in understanding that he would bring them less pain if he didn't force them towards a formality that was important for him. He penned a letter to his family, expressing his apology and gratitude towards them for being in his life and wished them well.

We hope with these insights, we learn to be more aware and are able to comfort our loved ones in ways that matter most to them. 



Clockwise from far left: Mr Tan Thian Huat, with daughter Doreen, found his place of comfort at SACH; Mr Seow Yeow Koon showed that life can still be lived with joy despite deteriorating health; Madam Rafia's last Hari Raya Aidilfitri surrounded by family



Celebrating life, creating memories

St. Andrew's Community Hospital Care Team journeys with patients throughout their stay, maintaining the best quality of life within the limitations of their illness as well as supporting their loved ones.

Together with our patients and their loved ones, we celebrate life at every opportunity. This may take the form of lively singalong group music therapy sessions as well as individual sessions at the bedside, birthday and festive celebrations, or even simple things like enjoying the sunshine in the garden.

Mr Seow Yeow Koon, our late palliative care patient, showed us that we could live life to the fullest despite deteriorating health. Though he had cancer, Mr Seow maintained a cheerful disposition and continued to enjoy his favourite pastimes — playing the harmonica and eating his favourite food. “I

don't want my life to be defined by illness. I want it to be defined by the lives and hearts of people I have touched through songs,” shared Mr Seow. Lives and hearts were certainly touched as he put up a special harmonica performance at St. Andrew's Community Hospital's (SACH) Christmas Celebration for patients. His performance drew loud applause from the captivated audience. Most importantly, it reminded the patients, caregivers and care team of the love and joy one can bring to others regardless of life's circumstances.

“The blessed journey of our papa, Mr Tan Thian Huat, began after his diagnosis of advanced stage cancer which brought

him to SACH. SACH became papa's second home, his place of comfort. Papa celebrated his fulfilling last lap of life with our family and the care team in SACH. He enjoyed a beautiful Chinese New Year family reunion dinner and his 72nd birthday celebration. Papa had a very peaceful smile when he bade farewell to us at the well-lived age of 72. Papa was a man who lived with courage, optimism and perseverance even when he was sick. The qualities in him reminded me to improve myself each day,” shared daughter Doreen Tan.

“Our last Hari Raya Aidilfitri with my grandma, Madam Rafia, was indeed a memorable experience for our family. In keeping with our tradition of family togetherness, we celebrated the joyous occasion together with her in Violet Ward of SACH. Despite the additional palliative care needs of oxygen and medications, our grandmother never failed to smile throughout. We created more beautiful memories as my grandmother sang along and participated actively in SACH Grandparents' and Parents' Day Celebration. The healthcare team explored my grandmother's hobbies and

coaxed her to make her traditional kuihs for other patients in the ward. They also interviewed her and compiled her life story and last words for our family's keepsake. Palliative care has taught our family that it was no longer about counting the days but making the days count. Thank you for showing us that palliative care could be this beautiful!” shared granddaughter Ms Rohaida Rahmat. 🙏

Together with our patients and their loved ones, we celebrate life at every opportunity

WORDS & PHOTOS SACH PALLIATIVE CARE TEAM

The final send-off

*What happens when family members disagree on a patient's end-of-life care?
A positive intervention may be the panacea.*

When an individual is very sick, the onus of making decisions on care planning often falls on the family. In some cases, a difference of opinions may arise within the family on the right way forward.

Such was the case with Madam Tan Sai Tin, who had stage 4 liver hardening, renal failure, and diabetes before she passed away in her 80s. She was then under the care of MWS Bethany Nursing Home - Choa Chu Kang, where a dedicated palliative care team met her medical, nursing and comfort needs.

Some members of the family supported Madam Tan's decision to leave peacefully, while others wanted to pursue aggressive treatments to prolong her life as much as possible.

A SPECIAL INTERVENTION

Assistant Chaplain at Methodist Welfare Services Ms Chua Chiew Poh visited Madam Tan and she could see that Madam Tan was in great emotional pain. Knowing the different views within the family, Chiew Poh called for a family gathering by her bedside.

Before the gathering, Madam Tan's sisters paid her a visit to discuss next steps in her care plan. The family finally came to an agreement to fulfil her wish of not pursuing further treatment.

When the entire family came together that day, they shared their love for Madam Tan, asked for her forgiveness and also extended their forgiveness. Through Chiew Poh's facilitation, they were able to express themselves in ways they usually would not.


"As an Asian family, we aren't used to expressing our love for our aunt," said Ms Wei Leng, Madam Tan's niece. "This bedside closure brought a sense of completion to her final journey."

The session allowed Madam Tan to feel the positive impact that she had made in



Left: Madam Tan Sai Tin enjoyed a full life till her last days; Below: A photo of Madam Tan Sai Tin (in blue) on an overseas trip

the lives of her loved ones over the years. Although she was unable to speak by then, she responded with tear-filled eyes. It also brought a sense of peace to both Madam Tan and her family, with both sides ready to say goodbye.

"The bedside closure benefited my family tremendously and I hope more families will experience this too because it was really, really special to us," said Wei Leng. 

WORDS & PHOTOS: METHODIST WELFARE SERVICES



Scan to donate

LIVE Leave WELL

by Singapore Hospice Council

As we celebrate 25 years, we look forward to more Singaporeans acting on their end-of-life care plans, making their wishes known early for a more dignified departure.

You can help to advance our cause and impact more lives by donating at
www.giving.sg/singaporehospice/_shcis25

Singapore Hospice Council Turns



Stay tuned for more updates on our
Charity Gala Dinner
happening in early 2021



End-of-life journey with a community care team

For elders who prefer end-of-life care in the familiar setting of home, community care teams are the answer.

Hua Mei Mobile Clinic (HMMC) was set up in 1993 to support frail older persons to live at home till the end. A team comprising a doctor, nurse and social worker jointly assesses, formulates, implements and monitors a biopsychosocial care plan to provide comprehensive care for these elders. The end-of-life component was started in 2010 as there was a need for a different, more intensive work process for frail elders nearing the end of their lives.

Being part of Hua Mei Centre for Successful Ageing which comprises a suite of community-based care services from primary care clinics

and a day centre to counselling programmes, the HMMC team has the added advantage of being able to refer clients to this care hinterland for further biopsychosocial intervention and support, such as engaging counsellors to work with caregivers and elders on stress-related, family-dynamic and psychological issues. This integrated, personalised biopsychosocial care at this end-stage of life is vital, but often not practised.

“In palliative care, much of our attention is usually focused on helping to make our patients’ end-of-life journey as comfortable and pain-free as possible, including the management of other symptoms,

such as constipation, nausea, or shortness of breath. However in HMMC, we take this step further and aim to make the end-stage journey of our clients a joyful and fruitful one for all partners in care as this is not a mere journey for the elder, but a journey for his/her family and caregivers too. Thus the care team will involve the family and caregivers in everything we do — discussing the prognosis and advance care plan, prognostication, accessing and coordination of community resources if need be, screening and monitoring the elder’s condition as well as that of his/her caregivers,” said Tsao Foundation Clinical Consultant Dr Ng Wai Chong.

This care stage is especially challenging, often fraught with the need to make complex end-of-life decisions and arrangements. Having an interdisciplinary care team helps: a medical doctor helps to administer the Advance Care Plan (ACP) and Advance Medical Directive (AMD) in addition to the medical aspects of care; a social worker helps with getting a better understanding of and addressing psychosocial needs and care coordination; and a home care nurse makes home visits as well as assists on all clinical matters, such as basic health monitoring, dietary advice, medication adherence, to name a few.

A care team such as that of HMMC comes with an after-office-hours helpline. “Yes, this emergency number is important, along with the number for last-rite arrangements. Keep them in mind in case of emergencies so that you won’t need to panic when something urgent or death happens. It’s about staying calm and knowing that the palliative team will support the symptoms management of your loved ones, thus allowing you to spend meaningful time with them instead,” HMMC Senior Staff Nurse Cinthia Lim advised.

“Communications is the most important thing to do at this stage too. No matter how difficult it is, caregivers should always talk to their loved ones and families about the situation and what to expect next, about the various care plans




and other arrangements. Our Counselling and Coaching team does a Planner for Dying Well — a wish list to guide the caregivers and their loved ones on starting this conversation which has been quite useful so far,” said HMMC Senior Social Worker Jasmine Wong, when asked what could be of importance at this care stage.

“In fact, at this end-of-life stage, I find that at times, too many cooks spoil the broth. Sometimes you get so many family members all talking and discussing and going through the preparations to help their loved ones that unknowingly, nobody has been really listening to the sick elder who has but one wish. I remember vividly one patient who told me that she just wants to go to church one last time. But her family members were all so busy arranging for weekly visits and communion from their pastor that none of them heard the patient’s wish. So I had to intervene and convey the patient’s wish to the family, and convince

them of the importance of helping the patient to realise her one last wish,” shared Tsao Foundation Senior Counsellor Gladys So.

“Some patients might not be conversant or might not hear what you’re saying clearly at this stage too but they will be able to feel your presence with them. Sometimes small gestures go a long way without you knowing — try applying hand moisturiser for your loved ones, or having conversations with them despite their unresponsive state while caressing their face and rubbing their shoulders, or playing their favourite tunes,” said Cinthia.

An avalanche of emotions awaits the elders, their family and caregivers — sorrow, anxiety, anger and denial, or perhaps even relief that a loved one’s struggle is at an end, or guilt that they have been let down. The palliative care team will also need to be prepared to support this avalanche of emotions in their patients in addition to addressing practical medical and social needs at this most critical of one’s life stages. However, work does not end with the demise of the elder but continues with follow-up sessions with the caregivers to check on their well-being and grief management. The team also organises an annual memorial service for caregivers who lost their loved ones. The event is a nice ending for reflections, remembrance, and celebration of a life well spent. 

“


Communications is the most important thing to do at this stage. No matter how difficult it is, caregivers should always talk to their loved ones and families about the situation and what to expect next”

WORDS: LIM YENG PENG, COMMUNICATIONS MANAGER,
TSAO FOUNDATION IMAGES: FREEPIK.COM & PIXABAY

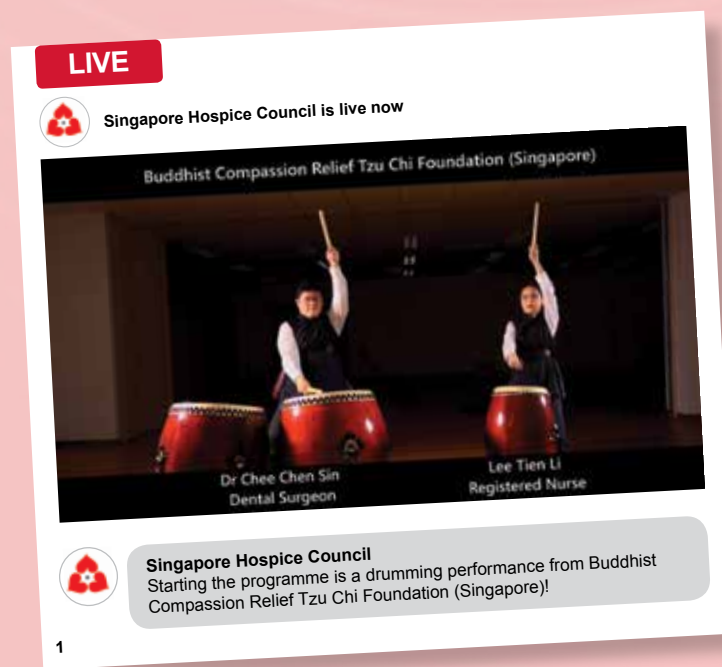
HeARTS in ACTion: a virtual celebration

*It is never too early to act on our end-of-life care plans.
After all, life is about Living Well and Leaving Well.*

This World Hospice and Palliative Care Day, Singapore Hospice Council (SHC) celebrated with a two-day virtual event on 9-10 October 2020 to honour the contributions of our healthcare workers, caregivers and volunteers in the palliative care sector. More importantly, the event hoped to increase awareness of palliative care and encourage people to take early steps in their end-of-life care plans by doing their

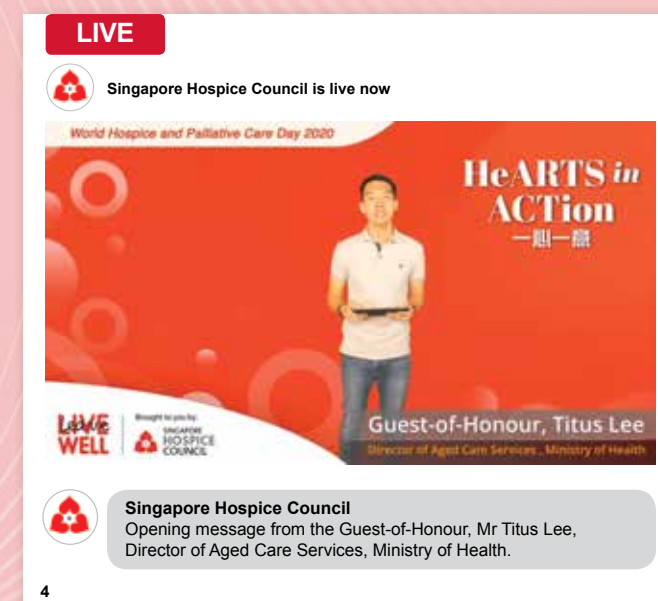
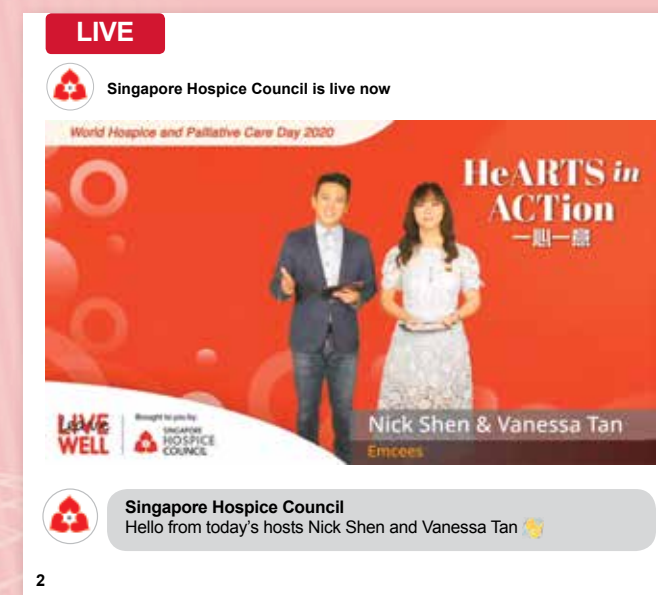
Advance Care Planning. The videos were live-streamed on SHC's Facebook and SISTIC, and to date have garnered more than 8,500 views combined. To further equip the public with knowledge from professionals on palliative care and end-of-life care matters, SHC jointly organised webinar sessions in English and Mandarin with the Agency for Integrated Care on 24-25 October 2020 respectively. 

9 OCTOBER



Hosted by Junior Chamber International (JCI) Ten Outstanding Young Persons of the World 2014 Honoree, actor Nick Shen and 2015 Merit winner, presenter Vanessa Tan, and graced by our Guest-of-Honour, Mr Titus Lee, Director (Aged Care Services), Ministry of Health, Day 1's programme started off with a bang. Artists, healthcare workers and volunteers graced the stage with their heartfelt performances. Following the 45-minute entertainment, meaningful conversations transpired with our guest speakers on palliative care, end-of-life care planning and volunteering.

WORDS & PHOTOS SINGAPORE HOSPICE COUNCIL



LIVE

Singapore Hospice Council is live now



Singapore Hospice Council
Dr Alex Su gives an important message on mindfulness, joined by Ms Evelyn Leong.

8

LIVE

Singapore Hospice Council is live now



Singapore Hospice Council
Lovely sign language performance of "Give Love" by a group of nurses and therapists from the home palliative care team at Buddhist Compassion Relief Tzu Chi Foundation (Singapore) and host Nick Shen, an active volunteer there.

9

LIVE

Singapore Hospice Council is live now



Singapore Hospice Council
SIMmeriNG performs "Me & You", composed by a group of Republic Polytechnic students from the Diploma in Sonic Arts course for their 2019/2020 Final-Year Project. The duo, volunteer Edwin Sim and Andrew Ng (Lead, Culture and Organisational Development) are from HCA Hospice Care.

10

LIVE

Singapore Hospice Council is live now



Singapore Hospice Council
Daniel Ong (winner of SHC 2019 Voices of My HeART Songwriting Competition), performs his winning song "阿嬷的歌" composed by Goh Seow Ting. The lyrics were inspired from SHC's Life Book *Granny Cool*, and the background illustration was extracted from the book.

11

LIVE

Singapore Hospice Council is live now



Singapore Hospice Council
Indeed, "these little things we do can make a big difference". Tan Yuqing and 28 representatives from SHC and her member organisations come together to present "Journey" – written, composed and sung by Yuqing.

12

LIVE

Singapore Hospice Council is live now



Singapore Hospice Council
Host Nick Shen, Edwin Sim and guest speakers, Dr Chong Poh Heng and Dr Raymond Ng (Head of Palliative Medicine Department of Integrated Care, Woodlands Health Campus), discuss about palliative care, end-of-life care planning and volunteering.

13

LIVE

Singapore Hospice Council is live now



Singapore Hospice Council
It's official – SHC's short film *The Sketchbook* is now live!

1

The highlight of Day 2's programme was the screening of SHC's first short film *The Sketchbook* which was inspired by a true event. It tells the story of how a young artistic boy suffering from cancer found friendship in a palliative care nurse during the darkest moments of his life. In the end, with

the help of his loved ones and caring nurse, his dream of holding his own art exhibition became a reality. This was followed by a live panel discussion on coming to terms with dying, joined by the actual nurse who attended to the young patient in the film, a palliative care doctor and caregiver.

10 OCTOBER

LIVE

Singapore Hospice Council is live now



Singapore Hospice Council
Insightful sharing about dealing with death and palliative care from Nick Shen (caregiver), Nicole Peng (Senior Palliative Care Nurse from HCA Hospice Care) and Dr Yee Choon Meng (Head of Dover Park Hospice Home Care Service). Moderated by Sherman Ho from Singapore Film Society.

2

If you have missed the two-day event on 9-10 October, you can still watch the broadcasts on SHC's Facebook at www.facebook.com/singaporehospice

"Palliative Care and End-of-Life Care Matters" Webinars

24 OCTOBER (ENGLISH)

25 OCTOBER (MANDARIN)



Clockwise from top left: Speakers Dr Chong Poh Heng (Vice Chairman of SHC, Medical Director of HCA Hospice Care) and Mr Sammy Leong (Case Manager of SATA CommHealth). Facilitated by Mr Edwin Sim (SHC volunteer).



Clockwise from top left: Speakers Dr Koh Lip Hoe (Council Member of SHC, Chief and Senior Consultant of Palliative Care Services in Changi General Hospital), Mr Dan Chan and Ms Chuah Xing Jun (Social Workers at Hougang Sheng Hong Family Service Centre). Facilitated by Mr Peter Mao (Social Worker at Life Point - Society of Sheng Hong Welfare Services).

Regrets, reconciliation, resolution

What truly matters at the end of life? Addressing unresolved hurts and regrets bring much-needed peace before death.

The sobering reality of impending death often spotlights unresolved hurts and regrets. Fragmented relationships, old wounds and nagging regrets are brought to the fore, as we approach the end of life.

This can result in total pain, a concept determined by Dame Cicely Saunders, the founder of the modern hospice movement. It is a complex and deep pain that affects one's physical, psychosocial and spiritual well-being, arising from issues left unresolved over the years.

A core aspect of holistic palliative care is to provide psychosocial and spiritual support for patients and their loved ones. Oftentimes, this encompasses journeying with them through thorny issues and enabling them to find resolution.

COMMON REGRETS

Hindsight often brings clarity to deep-seated regrets, previously obscured by the daily grind of life. When hectic routines come to a screeching halt, the resulting void creates time and space for reflections. "Many patients wished they had spent more time with their children and family," explained HCA Medical Social Worker Paul Bashyam.

This is especially common for older men, who typically took on the role of main breadwinner for the family. While their efforts enabled them to support the family and put food on the table, they often feel they had missed out on the companionship of their loved ones, trading precious family memories for the demands of work.

When the patient's days are numbered, he or she may experience guilt and regret at missing out on quality time with loved ones in the past. "Patients might hate how things are now and act out, wishing they didn't have to burden their family," Paul elaborated.



“

Through conversation, we try to unpack these emotions to help them assign meaning to events that are often out of their control”

While there is no turning back, it is important to help patients process how they feel and empower them to find meaning and acceptance. "Through conversation, we try to unpack these emotions to help them assign meaning to events that are often out of their control," said Paul. "After all, no one chooses to fall sick."

MENDING CRACKS

Fractured, estranged relationships are a common source of emotional pain for many. These could include old hurts spanning decades, temporarily suppressed by the hustle and bustle of life. But when patients approach the tail end of life, these old wounds often resurface, sometimes manifesting as physical pain that can't be alleviated by painkillers.


HCA Spiritual Care Counsellor Irene Lee recounts an elderly patient who remained in great pain, no matter the dosage of painkillers administered to him. "He said he was holding on for forgiveness from his estranged wife," Irene shared.

Despite his wife's initial reluctance to visit him, she was eventually persuaded by the family. While there were no words of affection or tenderness in their final conversation, it was clear his wife had forgiven him for his past transgressions. "He was visibly relaxed



after the conversation and he passed on peacefully shortly after," Irene said.

Oftentimes, the act of sharing brings about therapeutic effects. "By opening up about their hurts and woes, this allows them to let go and in turn reduces their physical pain," Irene explained. "It can also improve their relationships with their loved ones."

Everyone hopes for peace, no matter which stage of life they may be at. By resolving old conflicts and hurts and making the effort to spend quality time with loved ones, this enables patients to depart peacefully and leave a legacy of love. 

Above: HCA Medical Social Worker Paul Bashyam with a patient at the hospital; Opposite page: HCA Spiritual Care Counsellor Irene Lee (right) with HCA Senior Palliative Care Nurse Miao Lan and a patient on an outing during Christmas



Nurse Nur Atika bte Saad getting ready to welcome another patient



Walking the last journey

Lessening emotional and spiritual pain also helps with the reduction of physical pain in the end.

In 2019, Mr Z, 46, was diagnosed with cancer of the rectosigmoid which had metastasised to his liver and bone with a prognosis of three to four months. His main symptom was pain and had to have multiple hospital stays for pain crisis.

He experienced not only physical, but emotional and spiritual pain, too. Being a man of few words he once told me of his deep-seated guilt that haunted him whenever he closed his eyes. As a passionate musician, he needed to travel overseas

with his band for performances. As such, he chose his passion over his family and neglected his duty to serve God.

Mr Z had an estranged relationship with his son. Maintaining patient-nurse confidentiality, I managed to speak with his son and explained his father's regret of the choice he made years back. Eventually, they managed to put aside their differences and reconnected. Having attained closure with his family, and expressing his emotional and spiritual pain, helped reduce Mr Z's physical pain.

WORDS: NUR ATIKA BTE SAAD, STAFF NURSE, HOSPICE CARE SERVICES, SINGAPORE CANCER SOCIETY



“

Family is like music... some notes are high, and some are low... but together we always make a beautiful song”

JESSE JOSEPH

Mr Z's last wish was to have lunch with his family. He wanted an opportunity to express his love and seek forgiveness from them.

Singapore Cancer Society (SCS) approached Ambulance Wish Singapore (NGO) to provide the necessary resources to help fulfill Mr Z's wishes. I was present to provide medical support during the family lunch. I was overwhelmed with emotions at that time. I recalled a beautiful quote from writer Jesse Joseph: “Family is like music... some notes are high, and some are low... but together we always make a beautiful song”.

In my opinion, it is essential to explore the contributing factors that are associated with the symptoms that patients portray. Sharing of experiences from other patients will help them understand that they are not alone in facing the endgame. As a nurse, building trust and rapport with patients is most important at the start of the end-of-life journey. Respecting every patient's personal beliefs, emotions and needs as an individual is crucial to build that trust.

With only about six months' experience in end-of-life care, I felt fortunate to have walked with Mr Z on his cancer journey. There is still so much to learn and explore given my limited experience in palliative care.

Thank you, Mr Z, for being part of my learning journey. Rest in peace. 🙏

Love and devotion magnified

A couple fought against all odds to get a flight back home to India in the midst of COVID-19 border lockdowns in order for the wife to fulfil her last wish of reuniting with their children.

Transferring a patient onto an empty plane which just landed from Chennai (a COVID-19 hotspot in June 2020) felt surreal. The crew on board the plane were in Hazmat suits and barely spoke any English. Thankfully, the captain graciously accepted our 42-year-old patient Madam R, who was on a tracheostomy and required oxygen and medication to control her pain and breathlessness on board.

Before her diagnosis of stage 4 throat cancer in early 2018, Madam R worked night shifts so that she could care for their two children in the day, while her husband was at work. Unfortunately, Madam R's cancer treatment which included surgery, chemotherapy and radiation therapy, took a toll on her physically and she could no longer care for them. Her own care needs had increased, and her husband faced challenges in having to care for her, their children and work simultaneously. The couple had to make the tough decision to send their young children back to India in early 2019 to be cared for by Madam R's younger sister.



By June 2019, Madam R's cancer had relapsed, and it progressed rapidly despite several cycles of chemotherapy. By April 2020, her oncologist broke the bad news that she was no longer able to give Madam R further chemotherapy. Knowing that her days were numbered, Madam R wished to return to her hometown to be with her children, whom she has not seen for more than a year.

Her husband Mr M was a faithful companion, a devoted caregiver and an unwavering supporter throughout Madam R's journey with cancer. He is a small-built man but has a big heart and unconditional love for his wife. He visited Madam R daily to attend to

her physical needs, hugged her when she needed encouragement, and allayed her distress over her physical changes from her cancer. He knew of her strong desire to return home and persistently petitioned the Indian High Commission to book tickets back to India for them during the COVID-19 pandemic.

There were high hopes initially when Mr M was told that there would be a flight back to Trichy, a major city near their hometown in mid-May. Unfortunately, Mr M was unable to get a confirmed flight as India continued to extend its lockdown. Two weeks later, while waiting for further updates of possible flights back home,

WORDS: DR LYNN WIRYASAPUTRA, RESIDENT PHYSICIAN, TTSH;
DR TRICIA YUNG, CONSULTANT, TTSH; MS CORINNE LEE, SENIOR
MEDICAL SOCIAL WORKER, TTSH. PHOTOS PROVIDED BY TTSH



Opposite page: Madam R and her caregivers with TTSH Drs T Yung and L Wiryasaputra & the Hope Medical Ambulance crew; Left: Dr. Raymond Ng and part of the medical and nursing team who cared for Madam R; Below: Senior Medical Social Worker Corinne Lee who supported Mr M throughout Madam R's countless admissions to TTSH

Madam R deteriorated to the extent that she was on the brink of death. As the outlook was bleak, the team began discussions with Mr M on the arrangement of Madam R's last rites. In the event of death, sending Madam R's body back to India also presented logistical challenges. There was no direct cargo flight to Trichy and the next nearest airport was Delhi. It would take about three days by land and clearance of multiple immigration checkpoints in order to get home. However, as Mr M shared, it is the Indian custom to lay the departed to rest as soon as possible and he would then have no choice, but to choose the least preferred option of cremating her body and bringing her ashes back instead. This would mean that her children and family would not have a chance to see her again.

Thankfully, Madam R miraculously pulled through and stabilised. Although it was a huge risk for her to fly, her desire to return home still burned strong. As such, the team threw caution to the wind and swung into action to make arrangements to fly her home. The next available scheduled flight was full but with assistance from the Indian High Commission, they appealed to three foreign workers, who generously gave up their seats for Madam R and her family.

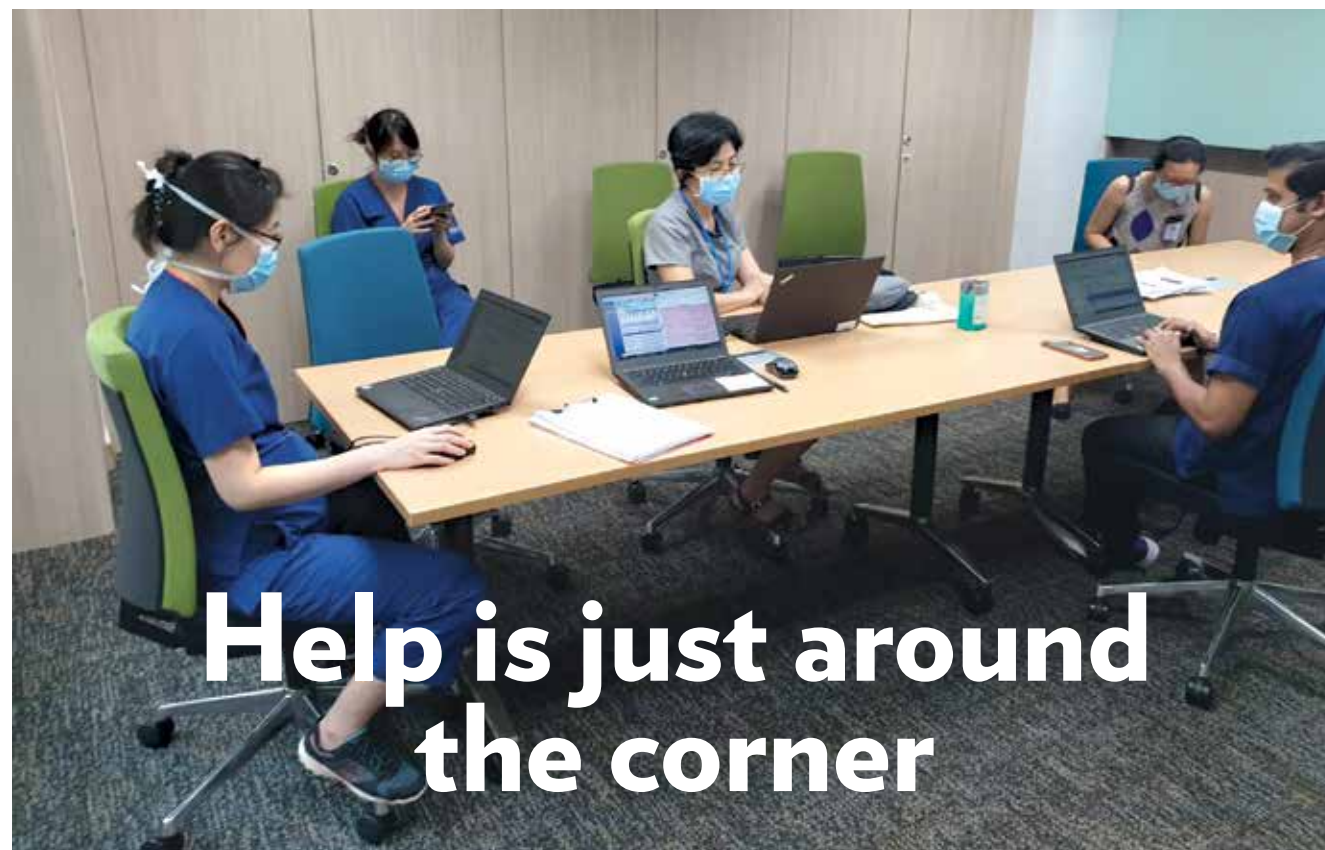
The Head of the Palliative Medicine Department Dr Mervyn Koh, together with the ward consultant-in-charge Dr Raymond Ng went down to the Air India Office the evening before the flight to purchase the plane tickets but they were told that a Medical Board in India had to accept Madam R before they could issue the tickets. They wrote a medical report on the spot to aid in the appeal. Together with assistance from Air India, the Civil Aviation Authority of Singapore (CAAS) and Singapore's Ministry of Foreign Affairs (MFA) liaising with the Singapore consulate in Chennai, approval to fly was granted just four hours before the flight's departure! It was then a race against time to prepare Madam R for the flight including giving her blood transfusions. Two ward doctors accompanied her directly onto the plane via a direct tarmac transfer by ambulance to ensure that her anxiety was allayed and that she was kept comfortable all the way.

Despite some initial hiccups at the airport, Madam R was finally able to board the plane home on 10 June 2020. She arrived safely back to India that same night and Dr Mohan, Medical Director of Sudharsana Palliative Care Hospital in Trichy, took over her care upon her arrival. Madam R's children were joyfully reunited with her at the hospital



and she was eventually transferred back to her hometown with Dr Mohan's assistance to be with the rest of her family.

Madam R passed on peacefully in the comfort of her home and with her loved ones surrounding her on 28 June 2020. As Mr M gratefully said, based on his own efforts, this flight back would not have been possible without the hard work of a multidisciplinary team, as well as external support from generous sponsors, the Indian High Commission, MFA, Air India and CAAS officials. All brought about the long-awaited family reunion and the fulfilment of a mother's wish to see her children for the very last time. 🙏



Workplace actions can lead to many different emotional responses. The Demise Patient Debrief initiative at Sengkang Community Hospital allows staff to share their concerns and be supported in a positive work environment so that they can provide the best for our patients.

It is never easy dealing with the topic of death. While there are many forms of support in palliative care focusing on patients and their family members, behind every palliative story is also a strong and dedicated healthcare team.

A confident and devoted care team will ensure the best outcome for patients and their caregivers' physical, social, emotional and spiritual needs. This support makes death less frightening and more about how to obtain peace and dignity for the patient.

On 25 June 2020, Sengkang Community Hospital (SKCH) started its first Demise Patient Debrief Session to provide support for its palliative team and have them reflect on patients who have passed on.

"Our Medical Social Workers worked with our nursing colleagues to materialise this project as we felt it was important for the palliative team to share how they feel and cope with patients' demise," shared SKCH Senior Medical Social Worker (MSW) Prabha D/O Techna Mitti.

It took the Medical Social Services (MSS) team

two weeks to prepare for the first session which saw participation from the allied health, medical and nursing teams.

COPING WITH PALLIATIVE CARE

The first session lasted for almost two hours. It kick-started with a short icebreaker where everyone introduced themselves and shared how they were coping on the palliative care ward.

"It was nice to hear from everyone in the care team. While we see each other every day on the ward, we seldom get to talk about our own feelings and perspective, especially as a palliative team member," shared SKCH Nurse Clinician Nagavali D/O Letchumanan.

After the check-in, the team then proceeded to bring up and discuss various challenges faced by patients and family members, their expectations and coping with staff's emotional stress.

"During the session, a nurse shared with us about her experience in caring for a patient who passed on during one of her shifts," said Prabha.

It was her first time working overseas and caring for palliative patients, and this experience

turned out to be quite an ordeal for her. The nurse was at a loss for words when the family members began to ask her about the patient's fading health and was unsure how to properly comfort them.

To help the care team overcome such fears, Prabha conducted counselling sessions for the nurses that helped to address their emotional needs. She advised the nurses to approach the MSS team or their colleagues whenever they needed support.

Prabha also coached them on how to connect with patients' family members by providing some communication tips. This would help them to address concerns by patients and their caregivers and understand their needs without any apprehension.

For the nurse who shared her story, being new to caring for palliative patients, she needed time to adapt. With guidance from experienced colleagues, she was eventually able to work well and grew to like her work on the palliative ward.

She felt better and continued to keep in touch with the MSS team.

SUPPORT TOWARDS PATIENTS

The Demise Patient Debrief has been on-going for eight sessions now. Through it, the palliative team at SKCH is able to stay connected and inspire one another.

The final stage of a terminal illness can be challenging for both patients and their caregivers. A care team that is armed with knowledge and confidence can help to provide comfort and support the families to deal with grief and make final decisions.

Equally important is the support given to staff who may deal with the passing of patients on a regular basis. Knowing that someone will be at their side gives them the assurance that help is always available to them.

A frequent reminder from Prabha to the care team: "Remember you are doing a great job in caring for our palliative patients. You are not alone in this!" 🙏

A care team that is armed with knowledge and confidence can help to provide comfort and support the families to deal with grief and make final decisions.



Celebrate SHC's 25 Years of Impacting Lives!



Watch SHC's first short film *The Sketchbook*

Discover how a young artistic boy suffering from cancer finds friendship in a palliative care nurse and achieves his dreams during the darkest moments of his life. Inspired by a true event, their friendship continues to live on and will never be forgotten. For the full film, visit <https://bit.ly/37RVnCS>.



Listen to the *Soundtrack of SHC - 25 Years Journey* album

Listen to seven meaningful songs, comprising the three winning composition pieces from SHC's 2019 Voices of my HeART (VOH) Songwriting Competition, composed pieces by Republic Polytechnic final-year students and the song "Journey" by a 2019 VOH winner who stepped forward to lend her voice. For the full album, visit <https://bit.ly/3jyOubz>.



Shop at our Charity Art Sales site to raise funds for SHC

More than 50 pieces of artwork by local and overseas artists are up for sale, in various media ranging from Chinese ink painting and calligraphy, to Abstract and Realism oil and acrylic paintings. Up to 80% of the sales proceeds will be donated to SHC. For more information, visit <https://fundraise.singaporehospice.org.sg/>.



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SHC @ Woodlands Regional Library

Explore and learn more about palliative care and end-of-life matters through stories, digital resources, a photo-documentary and more at the exhibition!
Venue: Level 1, 900 South Woodlands Drive, #01-03, Singapore 730900

**In view of the COVID-19 situation, please check our website www.singaporehospice.org.sg for updates.*



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