

THE HOSPICE LINK

SEPTEMBER – NOVEMBER 2020 • MCI (P) 052/10/2019

**Refuelling our
hearts' tank**

**Know what your
heart beats for**

**Supporting the
Palliative Care Team**

**PLUS
Gifts from
the heart**



SINGAPORE
HOSPICE
COUNCIL

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Support works both ways

Support is important, and always works both ways. A caregiver will often ask: "What is palliative care and how can my family members benefit from it?"

For individuals living with serious illness, and for their caregiving family and friends, palliative care offers pain- and symptom-relieving treatment to improve their quality of life. Healthcare professionals embrace patients' desires, values and plans when considering disease management and burden relief from pain, anxiety, fear, and other symptoms.

Similarly, for the multidisciplinary team (MDT) providing good palliative care, the aim is to provide holistic care to allow patients to live well despite their illness, support caregivers to manage their duties and have appropriate respite care.

Patients and caregivers, on the other hand, need to cooperate with the palliative care team often made up of medical, nursing and allied health professionals by sharing with the team their needs and plans. The care team will then be able to offer

the appropriate range of services to assist caregivers and patients in making informed decisions. Volunteers can also offer practical and emotional support, and may sometimes form an important part of the MDT.

Knowing what to expect and what to do allows:

- MDT to effectively execute Advance Care Planning to prepare for quality end-of-life care;
- improved access to timely support (including services, use of appropriate equipment, provision of relevant information, education and resources);
- expanded access to planned and emergency respite care services to support caregivers;

- mitigating carers' emotional and physical health needs, including during bereavement;
- MDT to address patients' needs for greater pain relief and families in financial subsistence; and
- patients and caregivers to feel relieved and supported.

This October, and in celebration of the World Hospice and Palliative Care Day, we would like to honour and show our deepest appreciation to all our palliative care health professionals for their dedication and passionate service to our community in Singapore.

Ms Evelyn Leong
Chief Executive
Singapore Hospice Council

“

Alone we can do so little,
together we can do so much.”

HELLEN KELLER



Caring from the heart

From service at 35,000 ft to palliative care, Alexandra Hospital Care Ambassador Jacinta Chan proves all it takes is a heart in the right place, backed by training and guidance.



Clockwise from left: Care Ambassador Jacinta Chan; a handmade card and hairband for a patient before discharge; Nutella tarts and honeyed cornflakes baked with patients



Amid the COVID-19 outbreak, cabin crew members from the Singapore Airlines Group have taken on the role of Care Ambassadors (CA) at various hospitals across the country as part of the effort to help Singapore overcome this difficult period. As Care Ambassadors, they are trained to assist nurses to provide basic and nutritional care for patients.

One Care Ambassador, Ms Jacinta Chan, 37, has been with Singapore Airlines (SIA) for 12 years. As an experienced flight attendant, she has travelled to no less than 30 cities, serving hundreds of passengers. When the opportunity arose to extend her services in a hospital setting as a CA, Jacinta did not shy away. She applied to be a CA and was assigned to the palliative ward at Alexandra Hospital (AH) in May 2020.

Prior to this placement, Jacinta had never heard of palliative care. She was initially concerned about caring for patients with life-limiting illnesses as she did not know what to expect. However, with the training and guidance

from nurses in the AH palliative ward, she soon learnt how to care for patients' personal hygiene, needs and wellbeing. As a CA in the palliative ward, Jacinta's duties include assisting patients during bath times, taking them out for fresh air, serving meals, and doing craft work with patients to take their minds off their illnesses.

Jacinta felt that her training at SIA had prepared her for this role. "At Singapore Airlines, we were taught 'service from the heart,'" said Jacinta. "Passengers are our own home guests. We provide good hospitality and leave them with a memorable and lasting impression. Similarly, as a CA, our care has to come from our hearts. I would put myself in the patient's shoes and imagine how I would

feel if I were a patient. We reach out to touch patients' lives and make a difference."

As she enters the ward each day, Jacinta takes the time to greet the patients, and says goodbye when her shift ends. She believes it is a simple way of building a connection with the patients and assuring them that the care team is here for them.

Her journey as a Care Ambassador has not been without challenges. There have been instances where patients have been more challenging with their needs and care. When this happens, she tries to put herself in the patients' shoes and understand that they may be frustrated with their situation or condition. "I have learnt to be more patient and understanding," said Jacinta. "On a flight, passengers are with us only for a fixed number of hours. In the palliative ward, the patient could be with us for much longer, for days or weeks. The ward is like their second home."

Care Ambassadors like Jacinta truly care for patients from their heart. When the hospital had to tighten the visitation policy, some patients were unable to see their loved ones. Together with the other Care Ambassadors, Eyra Fazira, Winnie Leong and Joseph Teo, Jacinta took the initiative to decorate the ward for Hari Raya and worked with the nurses and therapists to organise a cookie-baking session to cheer up the patients. They even went the extra mile of personally buying flower bouquets for the patients.

Working in a palliative ward and having a more personal encounter with life and death have given Jacinta much food for thought.

She reflected, "Life is fragile. It is not complicated. I have learnt not to take people for granted. To express appreciation more often to our loved ones. How we live matters, and how we leave matters as well. I am thankful to the many people in the palliative ward who have generously taught us this."

Alexandra Hospital's 20-bed palliative ward started services on 1 July 2019. Dr Yong Woon Chai, Senior Consultant, heads the palliative care programme with a multidisciplinary team of doctors, nurses, occupational therapists, physiotherapists, speech therapists, pharmacists and dietitians.



Left: Bouquets bought by the CAs to cheer up the patients; Below: (from left) Care Ambassadors Eyra Fazira, Winnie Leong, Joseph Teo and Jacinta Chan

WORDS: YEO TAN TAN, SENIOR CARE MANAGER, ALEXANDRA HOSPITAL
PHOTOS: JACINTA CHAN, JOSEPH TEO, EYRA FAZIRA, YEO TAN TAN, ALEXANDRA HOSPITAL



Shooting stars in the dark

For former marketing professional Poh Ya Nee, it was a chance encounter with a little girl that prompted her to embark on the journey of nursing.



Poh Ya Nee, a HCA Star PALS Palliative Care Nurse, is not just a nurse, but also a trusted friend and supporter to her patients and their loved ones. Beneath Ya Nee's bubbly disposition is a soft spot for children, which has motivated her to volunteer at an organisation that has been serving chronically ill children and their families for over 10 years while working as a marketing professional.

After four years in the marketing industry, Ya Nee had begun contemplating a career switch to nursing. "In the course of my volunteering, I met an eight-year-old girl who had been battling cancer for more than half her life," Ya Nee shared. "She had been in and out of the hospital countless times."

The little girl expressed a wish to attend a children's camp, a simple yearning for the usual activities her peers enjoyed freely. Ya Nee accompanied the girl to the camp, taking care of her daily needs. The experience gave Ya Nee the courage and confidence to overcome her initial reservations to proceed with the nursing

programme. "I had cold feet when I first got the acceptance letter," she says. "But after the camp, I thought, 'I can do this too'."

"I felt that as a nurse, I would be able to take better care of children."

THE TURNING POINT

At the age of 26, Ya Nee took up the accelerated Diploma in Nursing at Nanyang Polytechnic. It was a major turning point in her career and life. "It was tough adjusting to the culture initially," Ya Nee shared.

But her background and skills in marketing proved useful. "The ability to engage and talk to strangers helped me as a nurse," she said. "I like looking after people as well and it gives me a lot of satisfaction."

Witnessing the toll that illness takes on children and their loved ones is never easy. Prior to joining HCA, Ya Nee was a nurse in the Intensive Care Unit (ICU). "It might be a sad place, but there are bright lights everywhere — the children's resilience and their parents' love," she said.

WORDS & PHOTOS HCA HOSPICE CARE

STEPPING INTO THE COMMUNITY

As an ICU nurse, Ya Nee often wondered about how her patients were coping after being discharged from the hospital. "In my role as a nurse in the hospital, I could only see a part of their lives," she explains. "I could only serve them when they were ill and hospitalised."


"I felt fragmented and restricted."

When the HCA Star PALS team put out a call to hospitals for volunteers for the annual Star PALS Family Camp in 2015, Ya Nee grew curious about the idea of caring for paediatric palliative patients in the community.

The first encounter with Star PALS set the wheels in motion. In 2016, Ya Nee decided to sign up for the HCA Medi Minder programme. The HCA Medi Minders are a special group of trained volunteers, who provide care for the child so that their caregivers can have some respite from the daily grind of caregiving.

The experience provided Ya Nee with valuable insights into the daily routines and responsibilities of HCA Star PALS nurses. "I got to see the nurses in action and patients within the familiar comforts of home," Ya Nee shared. "It really inspired me to want to support this group of patients."

Today, Ya Nee is a valuable member of the HCA Star PALS team. Community care has not been without its challenges, but they are also accompanied by enriching rewards. "The Star PALS team is small, so the area of care is also expanded, but we also have more autonomy and flexibility to reach out to different resources to help our patients and their families," Ya Nee explained. "It is also a privilege for me to be able to witness intimate moments in their lives."

For Ya Nee, what began as a soft spot for children has sparked a meaningful journey, from volunteering to embracing nursing as a career. 

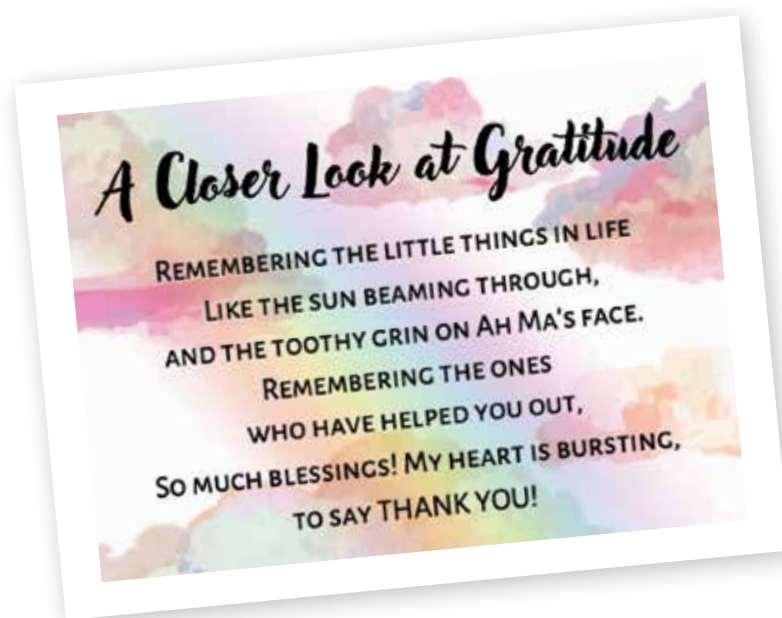
Below: HCA Star PALS palliative nurse Poh Ya Nee (second from left) and a Star PALS patient and her family at the Star PALS Family Camp in 2019; Opposite page: Poh Ya Nee examines a Star PALS patient on a home visit

Beneath Ya Nee's bubbly disposition is a soft spot for children, which has motivated her to volunteer at an organisation that has been serving chronically ill children and their families for over 10 years.



Refuelling our hearts' tank

“Wow, you’ll be flying with angels!” That was the expression from a fellow colleague just before we joined the palliative care team. We really like this analogy. But we often wonder as well — how do these angels keep their hearts’ tank full for the many goodbyes to those they care for?



Palliative care subscribes to the theory of personhood, which states that each individual is a whole, unique and holistic being. Wearing this lens, palliative care challenges one to not only treat physical ailments that the patient presents with, but to also dive deep into the intricate and extensive process of caring for the person who has emotional, social, psychological and spiritual needs. Adding to this is the fast-paced environment where we have to navigate demanding ethical considerations, be in the presence of intense emotions and face death, dying and grief on a daily basis.

With the hopes of alleviating physical and emotional suffering, the work we do could often bring to the surface experiences of stress,

vicarious trauma, compassion fatigue, existential questions and possibly burnout. In order to refuel our hearts’ tank, the palliative care team in Tan Tock Seng Hospital (TTSH) dedicates regular time to run self-care sessions facilitated by our team’s medical social workers, art therapist or psychiatrist. We have named these “Psychosocial Rounds” and “Angel Rounds”.

Psychosocial Rounds, led by our medical social workers or art therapist, are sessions set aside to allow reflective and cathartic expressions through various experiential activities. We adopt a range of approaches, including narrative techniques (storytelling, poetry writing, imagery), mindfulness practices (relaxation, centredness, grounding), tactile modalities, artwork creation,

appreciation of music, and use of concepts to foster connection and collective reflection as a team. These open up opportunities to explore our own losses, expectations, assumptions and emotions. The exchange among the team encourages healthy sharing and provides a place of safety to carry us through the weight we bear. Conducted mainly in a group setting, facilitated discussions allow the team to process and make sense of their shared experiences, and to form a connection of mutual support and understanding for one another, in turn building team strength and cohesiveness.

“Our work is so hectic that sometimes we go from day to day without reflecting what a particular patient or his death meant to us. I appreciate that Psychosocial Rounds help us to take a step back and make meaning of events that happen at work,” said Ms Wendy Ong, Palliative Care Nurse Clinician. “I was able to reflect on my own life journey, mortality and to start thinking about the legacy that I wish to leave behind.”

Angel Rounds have a unique focus on debriefing complex, challenging cases. Our psychiatrist facilitates sharing and reflection around the table, and weighs in on pertinent perspectives through psychological lenses and theoretical frameworks. This helps the team to glean clinical insights and process the psychological impact left on



Left: A self-care round has its light moments; Below: A modality for Psychosocial Rounds; Opposite page: Snippet from a poem penned by the team

us. The themes covered range from managing anger exhibited by patients and handling challenging behaviours to understanding individuals with borderline personality, distilling ethical conundrums, and holding space for the moral distress experienced. By allowing members of the team to share, personal challenges and struggles are validated openly, thereby allowing growth as a team from these delicate situations.

CARING FOR THE TEAM UNDER COVID-19 PANDEMIC

As with many others, the recent COVID-19 pandemic has impacted our palliative care team in unprecedented ways. We saw care pathways being rearranged and members of the team being deployed to provide care at screening centres, intensive care units and wards in the National Centre for Infectious Diseases (NCID). We had segregation measures for department learning, and these group activities have mostly been moved to online platforms.

In the midst of a pandemic, we believe it is ever more vital for our team to support one another and to continue our self-care sessions through creative means. Our art therapist conducted a group art therapy session via a video conferencing platform, where she helped the team express their thoughts and emotions towards the experiences of the pandemic through

art-making and group sharing. Many of the team members were amazed by how this experiential activity could unearth deep emotions of loss and grief over their roles as palliative care clinicians, and the loss of other freedoms taken for granted previously.

A pocket-sized self-care booklet was also specially crafted by our social workers during this time — a pandemic edition of Psychosocial Rounds — which included encouraging notes and thoughtful reflective exercises for personal contemplations and emotional recalibration. “The Psychosocial Rounds booklet guided me to pause and reflect on the many things that had happened over the past few months,” shared Dr Chau Mo Yee, one of our clinicians.

“These self-care sessions are really meaningful and help to bind the team in its shared experience of dealing with human suffering, allowing us to vent our emotions, encourage healthy introspection and shore the team against the vicissitudes that come with caring. Whatever name you call them — Balint groups, Angel Rounds or Psychosocial Rounds — they have been instrumental in fostering mutual trust and communication, as well as the growth of the team over the years, which has been living and breathing as a family,” said Palliative Care Consultant Dr Raymond Ng.

Palliative care places us at the heart of many intense conversations and emotions, and it is

often easy to forget that we can keep giving only if our personal tanks are filled. The Psychosocial Rounds and Angel Rounds have been mental and psychological safe spaces for the team to be attentive to our own emotional and spiritual needs, as well as our individual and collective grief. As a team, we would want to continue serving our patients out of the overflowing sincerity of our hearts, and strongly believe in the importance of refuelling our hearts’ tank in order to soldier on in what we do. It is our hope that such self-care initiatives will continue to remain relevant in supporting each other through personal and team growth, enabling us all to be empathic ‘angels’ who are ready to stand in the place of love and pain with our patients and their families. 🕊





A one-degree shift could be just spending five minutes more at the bedside of bed-bound patients; Opposite page: Staff take on new roles to manage visitation schedules

Have I done enough?

All it takes is a one-degree upward shift in commitment on everyone's part to transform the culture of care.

Every day, our staff in the healthcare sector make countless decisions. While not every one of them is life and death, every decision is made to ensure that we deliver a care that continues to satisfy and inspire.

Yet, standing at the bedside of a dying resident, we are challenged with the question: Have I done enough?

Sometimes, we ask that of ourselves. Other times, families in their grief ask that of healthcare workers. The struggle to find an acceptable answer to that question requires honesty and can bring healing.

ONE-DEGREE SHIFT

Imagine a plane that takes off from Singapore. To get to your final destination, the pilot needs to set

the parameters down to the exact degree. This way, after one, five or even 10 hours on the plane, you would actually get to where you want. Should the parameters be off by even one degree, you would be thrown completely off course.

In healthcare, the one-degree shift in attitude is what makes the difference in delivering care. If we want to protect residents' dignity, we do not start with radical changes in infrastructure or healthcare policies. We start with daily commitments to make that one-degree shift — for example, to smile more, to ask for permission before whisking residents away for a haircut, or to wait until they have swallowed their food before giving them another spoonful.

“

I have learnt to count my blessings. I have learnt that there are some things we can count that would bring joy. I chose those.”

For Lyn, our pastoral care staff, her one-degree is to spend five minutes longer than she originally would by the bedside of bed-bound residents. With residents who are silent, it might be easier to simply stop by for a few seconds. Lyn commits herself to do it differently. While on her afternoon rounds, she greets every bed-bound resident. She pays attention to wipe away any stain around their faces.

This one-degree is not easily noticeable. It is also not often thanked, but it is these one-degree shifts that collectively transform the culture of care.

ONE MOMENT

Working in a nursing home and hospice, appreciating and maximising the present is a habit that our colleagues have picked up. Since we cannot rewind the past or assume a future, our time with the residents is in the here and now.

Dolores, one of our nurses caring for residents with dementia, shared about Andrew. Andrew is a loving father and grandfather who spends the morning going for a walk around the garden and listens to music in the lull of the afternoon. He also has advanced dementia. Throughout the day, you can find his hands clenched into fists as if he was safeguarding something. To ease his anxiety and draw him to participate in group activities, Dolores would open her pockets and encourage him to drop whatever he was “holding” into her pockets. Andrew would accede to it.

On other occasions, he would be prodding the table and murmuring incoherently. The nurses caring for him would draw a chair and patiently tend to him. They would ask if he was counting something, and even count with him. Meeting him where he is in the moment helps him to relax and gives us an opportunity to connect.

It is possible that some time later, when the residents pass on, the heartache of losing them would make us question whether we should have done things differently then. But because the future is not guaranteed, our care needs to be inspired by the present.

ONE HEART

It might also come as a surprise that managing face-to-face visitations can also bring up the question: Have I done enough?

Since the onset of COVID-19, staff have had to take on new roles — roles that we did not initially sign up for: gym trainers gamely took up the role of delivery men, administrative staff seconded to be safe distance ambassadors and our front desk staff doubled as comforters. A team of nurses, pastoral staff and administrative staff has been set up to manage face-to-face visitations in nursing homes.

Managing visitation schedules while keeping to the strict precautionary measures can be challenging, and conflicts may arise when expectations are not met. During this trying period, staff have learnt to overcome their differences and work as a team.

Borrowing the wise words of Rose, a pastoral care staff who has been with the Home for decades, “I learnt to count my blessings. Instead of counting my working hours, my pay and how many times my colleagues might have made a mistake, I have learnt that there are some things we can count that would bring joy. I chose those.”



WORDS: SHEREEN NG, COMMUNITY PARTNERSHIPS & COMMUNICATIONS;
ST JOSEPH'S HOME PHOTOS: ST JOSEPH'S HOME

Know what your heart beats for



Chelsea Cheang (right) interacting with patient and caregiver

Assisi Hospice's young medical social worker Chelsea Cheang celebrates her second World Hospice and Palliative Care Day in October this year. She shares her experience and advice for young people considering a career in palliative care.

Chelsea Cheang has been with Assisi Hospice for a year now and admitted that it was discouraging when her youthful looks resulted in people not taking her seriously. At 26 years old, many may consider her young for a social worker in a palliative care setting. "There were patients' families who asked if they could speak to a senior social worker after they saw me," she shared.

But there were also patients and their families who treated her as their daughter or granddaughter, and were more willing to open their hearts. She said, "There was a patient's husband who gave me a flower to encourage me. He told me he felt worried for me, that it was not easy for someone so young to face death every day."

As a medical social worker, she provides psychosocial and emotional support to patients

and their families, assisting with practical solutions or being that listening ear to support patients and families faced with financial challenges, emotional turmoil and other family issues. She discovered that age was in fact not an obstacle to forming a connection with her patients and their families; what was important was being genuine and willing to listen. The first patient that she journeyed with was a big, sturdy man in his 40s, with tattoos covering his entire body.

She said, "Initially, I did feel intimidated by his appearance. But as I got to know him, I realised he was a very gentle-hearted man who wanted to share his experience as an ex-drug offender, to encourage others on to the correct path. He encouraged me not to let others look down on me just because I am young."

Chelsea has worked with people across different age groups, including families and children, at a Family Service Centre during her internship and at an early intervention centre for children after graduation. She has had to face sudden deaths of children she was journeying with, and helped families cope with the loss of a parent. She had visited Assisi Hospice twice previously, both as an undergraduate and social worker, and was touched by the sharing of the medical social workers. She understood that patients at end-of-life and their


families may go through a lot of struggles, and palliative care gave "hope in a dark place".

She said, "But I was also unsure if I was adequate. Do I have enough maturity in life to journey with someone through this pain? Am I too emotional for this?"

When she was contemplating a change in direction after working with children for two years, the calling to be part of the palliative care team nudged her again. She spoke to other medical social workers in palliative care to understand more about the work, and eventually joined Assisi Hospice in September last year.

She added, "I feel that it is a privilege to be able to journey with patients and families at this difficult stage in their lives. Every patient is someone I can learn from, and they are the masters of their own stories."

One of the most valuable things she has learned is that every day is a gift and should be filled with thankfulness. She said, "Instead of counting our days, we should make our days count."

For young people considering joining palliative care, she shared, "Speak to people in the field to find out more. Do not be afraid of not being equipped enough, you can learn along the way. Most importantly, know what your heart beats for and go for it." 

“

I feel that it is a privilege to be able to journey with patients and families at this difficult stage in their lives. Every patient is someone I can learn from, and they are the masters of their own stories.”

A true friend at the end

We find out more about Project Happy Apples, Singapore Hospice Council's long-time community partner, from Dr Mervyn Lim and Dr Shawn Lin who founded the group when they were in medical school.

How did you get to know about the Singapore Hospice Council?

We co-founded Project Happy Apples (PHA) in 2012 by raising funds for palliative care patients while we were in medical school. We subsequently started a medical-student befriending service and raised awareness for palliative care by sharing stories of palliative care through public exhibitions. Since the inception of PHA, we had connected with the Singapore Hospice Council (SHC), which supported our project through the years. We collaborated with SHC for fundraising, befriending services to hospices, and through the bi-annual Voices for Hospices exhibition as well as the annual PHA exhibitions.

How has SHC's advocacy work in helping people to "Live Well. Leave Well." aligned with PHA's purpose?

Since PHA's humble beginnings, our project has grown to set our sights on enabling change on a national scale — we hope to raise awareness on the importance of early planning for end-of-life (EOL) care and prepare society for nation-wide 'Die-Logues' by sharing the stories of palliative care and the patients that we have befriended through our project. The advocacy work in helping people to "Live Well. Leave Well." resonates with the work that PHA aims to achieve in all three of our target audiences: the general public (through our annual public exhibitions),

Below: PHA alumni and mentors, Sep 2018; Opposite page from top: Dr Mervyn Lim's speech at the 2018 Endgame Exhibition; Drs Mervyn Lim (left) and Shawn Lin when they first started the project as medical students



INTERVIEW SINGAPORE HOSPICE COUNCIL
PHOTOS PROJECT HAPPY APPLES, DR MERVYN LIM, DR SHAWN LIN



as well as medical students and palliative patients (via our befriending efforts). One of our befriending groups bought their 12-year-old patient with Duchenne's muscular dystrophy a pack of Monopoly cards for his birthday last year. He was typically rather glum and lethargic, but the card game seemed to liven him up — they'd never seen him brimming with such immense joy before. It turned out to be his last birthday as he passed on shortly after, but we later learnt it remained one of his happiest memories till death. All he wanted was some semblance of normality — friends, game nights, candid banter — and we were able to give him that for a few hours. Following this bittersweet experience, most of our team realised the true value of our volunteerism, and of maximising both life and death. "Live Well. Leave Well." seemed to sum up precisely what we felt.



“

I still have a keen interest in advocating for early end-of-life (EOL) conversations with loved ones and early EOL planning in the community.”

How has your volunteering experience in PHA given you a head-start in your career?

Mervyn: While I am not currently training in palliative medicine, my experience with PHA has certainly allowed me to learn more about EOL care and to be more sensitive about discussions with my patients (and more commonly, with their families). This is important as mortality can be very real and very sudden in neurosurgery. As a healthcare worker, I think such skills are important regardless of the discipline that we are in, and allow us to provide more holistic care for our patients. In addition, I still have a keen interest in advocating for early EOL conversations with loved ones and early EOL planning in the community, and have continued to conduct research on these topics in Singapore.

Shawn: The skills of a palliative physician transcend disciplines. Even in my daily life in internal medicine, the communication skills I have built up from my experiences in palliative medicine allow me to empathise with my patients and communicate that empathy in a genuine, sincere way. It has opened my eyes to the realisation that medicine is more than just surgery or drugs, and not just about healing the physical body, but equally important is the bringing of relief and comfort to the patient's soul.



PHA president Flora Xu (3rd from left) with current project leaders 2020

A focus group discussion last year revealed that people perceived palliative care as an unsuitable profession for young people and how they were brave to choose such a career path. What's your view?

We do not think that palliative medicine is an unsuitable profession for young people. It is a privilege, and requires patience and dedication to accompany patients and their families during the last years of their lives. Like any other speciality, it is a meaningful and rewarding profession. Perhaps it is not age, but maturity of thought that would be the prerequisite for training in such a speciality.

In your opinion, what can be done to change the public mindset so that more will be interested to serve in the palliative care sector?

We feel that raising awareness on the need for the palliative care sector and increasing access for members of the public to serve in meaningful and real ways would play a big role. For Flora Xu, the current PHA president, it was only after hearing about PHA and joining it that she began to find out more about the various avenues to serve in the palliative care sector. This is because serving in palliative care is not something that we would routinely encounter in our everyday lives unless we had a personal encounter with it or are learning about it. Through education and sharing the experiences of those who have undergone palliative care, we feel that we can get more people interested.

How would you encourage the younger generation and even your peers to consider volunteering to impact and transform more lives?

It isn't every day that you get the chance to learn more about palliative medicine and EOL care. Through interactions with the people whom you meet and befriend, you not only get a deeper understanding of what it means to live well and leave well, but you will also be given a special opportunity to play a significant role in the lives of others. Cherish and learn from these opportunities whenever you get them, and they will make you a more holistic person and doctor in the future. 🍏

Message from Flora Xu PRESIDENT OF PROJECT HAPPY APPLES

I'm currently a third-year medical student at the National University of Singapore. Before entering medical school, I volunteered with rehabilitation teams under Singapore National Stroke Association for a number of years and was keen to learn about a different aspect of care for these patients. I wanted to follow them through on their final journey, and see what end-of-life care was like from both the patient and provider's points of view. PHA has given me the chance to meet and hear the stories of people in their final months of life, and it has been spectacular and sobering in equal measure. I believe PHA's befriending project gives medical students the rare chance to learn about what it takes to care for the terminally ill, and help patients leave with dignity — both are invaluable things you cannot glean from textbooks and lectures alone.



The healing in dying

Few associate palliative care with the softer approach that takes care of patients' mental and spiritual well-being but at the end, this could be the most important of all.

The essence of palliative care is about providing quality of life for patients with life-threatening illnesses, as well as for their caregivers. It may involve pain management, medical and nursing care, therapy, counselling and case management for the patients, and caregiver training and bereavement for their loved ones. Much less talked about though is the area of psychosocial and spiritual wellness.

LISTENING TO THE TERMINALLY ILL

In 2014, a survey commissioned by Lien Foundation¹ to examine death attitudes and preferences in Singapore found that only 50% of Singaporeans had any understanding or awareness of palliative care.

Among those who claimed to be aware, most understood it to be about caring for the dying (42%), providing pain relief (66%) and offering

medical treatment (70%) but only 15% linked palliative care to psychological wellness.

In reality, faced with dying, the need to find meaning in suffering, to restore peace and gain mental strength become even greater and stronger.

A US research study² conducted among 248 ethnically diverse patients found that patients wanted help most in overcoming fears (51%), finding hope (42%) and meaning in life (40%).

Dr Gary Pasternak, a US-based palliative care physician and medical director puts it aptly, "To be a hospice or palliative care physician is to be a steward of stories. It is to understand the fears and desires of other human beings, guiding narratives to their comforting conclusions. [Palliative care] has to do with narrative, and with story, the nuts and bolts of a life."

Top: Reaching out to palliative patients can do wonders for their state of mind

WORDS AND PHOTOS: METHODIST WELFARE SERVICES

LEAVING A LEGACY

Tackling the emotional, psychological and spiritual wellness of patients, listening to their stories is as critical as managing physical pain and symptoms.

MWS Home Care & Home Hospice (MWS) Medical Social Worker Zann Wong shared a poignant story of how a patient had talked about her passion in cooking during a home visit. “I offered to document and compile her favourite Hakka recipes so that she can pass it on as a legacy to her children. When her family received the recipe book, they realised it was a tangible reminder of their mother’s love and pride.”

CULTURAL DIFFERENCES

In conversations with patients from different cultures, researchers found that values and attitudes affected their feelings, concerns and decision making about end of life. The survey by Lien Foundation found that Singaporeans’ top priorities focused around their families. These included not being a financial burden to family members (87%) and having loved ones close by (78%). Conversely, a US study³ with the family members of hospice patients revealed that the patients’ wishes were more individual-centred. These included fulfilling the desire to travel (79%) and accomplishing a personal goal (78%).

RECONCILIATION AND RESTORATION

Where family members find it hard to show their appreciation and love, and reconcile past differences, the intervention of palliative care professionals is essential.

Wei Leng, the niece of one of MWS’ former patients, experienced this first-hand. During a bedside meeting which was to be the last with her aunt, the family mended their differences, expressed love for one another and asked for mutual forgiveness. “As an Asian family, we aren’t used to expressing our love,” said Wei Leng. “The bedside closure benefitted my family tremendously and I hope more families will experience this too, because it was really, really special to us.”

Authentic dialogue on life and death is another way to evoke empathy and compassion between patients and their caregivers. This helps restore the person’s psychosocial well-being with family and friends.

Melissa Fong, MWS Senior Staff Nurse, recalled an elderly patient who seemed indifferent about her impending death.



Top: Warmth and empathy go a long way to assuring patients they are not alone

However this changed when she received a birthday card from her granddaughter. The card moved her so deeply that she decided to write cards to those who mattered to her. These important last words were both healing for her and her loved ones.

NAVIGATING DIFFICULT CONVERSATIONS USING THE SPIKES PROTOCOL

Managing difficult dialogues and touchy issues is a key aspect of palliative care. MWS adopts the SPIKES protocol in presenting distressing information to patients and their families in a systematic manner. Staff are trained to deliver the bad news clearly, honestly and sensitively so that patients feel understood and supported.

EVALUATING PSYCHOLOGICAL HEALTH OF PATIENTS

The MWS team conducts a holistic assessment of patients that includes asking about their care preferences and the support system at home. In addition, staff also track the patient’s medical history, mental state, social history and preparation for death, as well as measure the severity of pain, anxiety and overall well-being. Other tests are used to assess depression tendencies in clients and caregivers’ burden.

Recent results revealed that among caregivers who felt moderate to severe burden, 68.5% of them experienced marked

improvement six months after they received intervention from the MWS team. This means that these caregivers feel less stressed because the perceived care burden is no longer as severe.

FINAL WORDS ON SPIRITUAL CARE

How does spiritual care help terminally ill patients?

MWS Assistant Chaplain Chua Chiew Poh weighed in. “Some patients may be declining physically but we see improvements in them spiritually and emotionally. Others suffered from incurable degenerative illness yet became more resilient. Through songs, prayer support and recounting the blessings in their lives, patients sometimes rediscover new meaning upon reflection. Spiritual care and love make palliative care complete.”

Spiritual intervention should not be presumptuous to give a dying patient a sense of hope. The role of the palliative care team is to encourage spiritual stirring, and not administer it.

As Zann summarised, “We often get the patient to talk about what the illness means to him or her, and to understand this from a spiritual point of view. For most patients, the opportunity to share these is therapy in itself.”

SPIKES PROTOCOL FOR PRESENTING DISTRESSING INFORMATION IN PALLIATIVE CARE



“

Through songs, prayer support and recounting the blessings in their lives, patients sometimes rediscover new meaning upon reflection.”

¹ Lien Foundation. (2014). Survey on Death Attitudes. Retrieved from http://lienfoundation.org/sites/default/files/Gen%20Pop%20Findings%20Report%20-%20Full%20REPORT%20%28Website%29_0.pdf

² Moadel, A., Morgan, C., Fatone, A., Grennan, J., Carter, J., Laruffa, G., Skumny, A., Dutcher, J. (1999). Seeking meaning and hope: self-reported spiritual and existential needs among an ethnically-diverse cancer patient population. *Psycho-Oncology*, 8(5), 378–385. [https://doi.org/10.1002/\(sici\)1099-1611\(199909/10\)8:5%3c378::aid-pon406%3e3.0.co;2-a](https://doi.org/10.1002/(sici)1099-1611(199909/10)8:5%3c378::aid-pon406%3e3.0.co;2-a)

³ Periyakoil, V. S., Neri, E., & Kraemer, H. (2018). Common Items on a Bucket List. *Journal of palliative medicine*, 21(5), 652–658. <https://doi.org/10.1089/jpm.2017.0512>

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by Singapore Hospice Council



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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
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Brought to you by:
SINGAPORE HOSPICE COUNCIL

**Celebrate World Hospice and Palliative Care Day 2020
at our 2-Day Virtual Event!**

Guest-of-Honour: Mr Titus Lee, Director (Aged Care Services), Ministry of Health

Friday, 9 October
8pm to 9:15pm

HeARTS in ACTION Virtual Event


Saturday, 10 October
2:30pm to 4:15pm

*Movie Screening on Palliative Care
+ Panel Discussion*

More details will be released on our website, Facebook and Instagram soon!

Gifts from the heart

To show support, love and gratitude to our frontliners during this difficult and stressful period in their fight against the COVID-19 virus, Singapore Hospice Council (SHC) showered them with Love Gifts.

Coping with change is never easy, especially during a nation-wide pandemic. As healthcare is an essential service, our palliative and hospice care member organisations continue to work tirelessly and selflessly to care for their patients during this period. To express our deepest appreciation and gratitude, a series of Love Gifts were delivered to frontline healthcare professionals and staff. 

3 - 5 MARCH 2020

We purchased, packed and delivered Love Gifts to the following member organisations.

RECIPIENTS

Assisi Hospice, Bright Vision Hospital, Buddhist Compassion Relief Tzu Chi Foundation (Singapore), Dover Park Hospice, HCA Hospice Care, MWS Home Care & Home Hospice, Metta Hospice Care, Singapore Cancer Society, St. Andrew's Community Hospital, St Joseph's Home, St Luke's Hospital and Tsao Foundation.

APPRECIATION TO SPONSORS

Kaiser Pharmaceutical (S) Pte Ltd: mosquito patch
Pua Loong Trading Co: Dragon Balm



- ① Buddhist Compassion Relief Tzu Chi Foundation (Singapore)
- ② Singapore Cancer Society
- ③ Love Gift #1: Dragon Balm, Milo, mosquito patch, Oreo cookies, white coffee
- ④ Assisi Hospice
- ⑤ HCA Hospice Care

WORDS AND PHOTOS SINGAPORE HOSPICE COUNCIL



3 - 9 APRIL 2020

We participated in packing and delivering Love Gifts to three locations (before tighter safe distancing measures were introduced), to the following member organisations and community partners.

RECIPIENTS

Member Organisations - Buddhist Compassion Relief Tzu Chi Foundation (Singapore), Dover Park Hospice, Metta Hospice Care, MWS Home Care & Home Hospice, National Cancer Centre Singapore, Singapore Cancer Society, St. Andrew's Community Hospital, St Luke's Hospital and Tsao Foundation.

Community Partners - MINDS Lee Kong Chian Gardens School, National University Health System (NUHS), Singapore Association of the Visually Handicapped (SAVH) and St. Andrew's Autism Centre.

APPRECIATION TO SPONSOR

INOUT Enterprise Pte Ltd: surgical masks

① MINDS Lee Kong Chian Gardens School ② Singapore Association of the Visually Handicapped (SAVH)



JUNE - AUGUST 2020

From 1 March to 30 April, we launched a fundraising campaign on giving.sg. With the generous donations and amount raised, we delivered goodie bags and bento sets to the palliative care staff of our member organisations.

RECIPIENTS

Bento sets - Assisi Hospice, HCA Hospice Care, National Cancer Centre Singapore, SingHealth Community Hospitals, St. Andrew's Community Hospital and Tan Tock Seng Hospital.

Goodie bags - Buddhist Compassion Relief Tzu Chi Foundation (Singapore), Changi General Hospital, Dover Park Hospice, Khoo Teck Puat Hospital, KK Women's and Children's Hospital, Metta Hospice Care, MWS Home Care & Home Hospice, Singapore Cancer Society, St. Andrew's Community Hospital, St Joseph's Home, St Luke's Hospital, Tsao Foundation and Woodlands Health Campus.

APPRECIATION TO SPONSORS

National Institute of Education (NIE), Singapore and Temasek Trust oscar@sg fund: bento sets and goodie bags
Kaiser Pharmaceutical (S) Pte Ltd: mosquito patch
Hisamitsu Pharmaceutical Co., Inc: medicated fever patch
Probuild Solutions Pte Ltd: surgical masks
Ms Zoey Chen: delivery and partial purchase of items

APPRECIATION TO CONTRIBUTORS

Student volunteers from MINDS Lee Kong Chian Gardens School: packing



① Love Gift #3 goodie bags: Metta Café cookies, Foreword Coffee, Dragon Balm, medicated fever patch, mosquito patch, surgical masks or ② Bento sets with a fruit and packet drink ③ Dover Park Hospice ④ Metta Hospice Care ⑤ MWS Home Care & Home Hospice ⑥ St Luke's Hospital ⑦ SingHealth Community Hospitals ⑧ St. Andrew's Community Hospital ⑨ St Joseph's Home ⑩ Tsao Foundation



A warm welcome to new members



Palliative Care Centre for Excellence in Research and Education

The Palliative Care Centre for Excellence in Research and Education is a tripartite collaboration between Dover Park Hospice, Lee Kong Chian School of Medicine at Nanyang Technological University Singapore and the National Healthcare Group, initiated in October 2017. PaLC aims to upskill the healthcare community in the translation of palliative care knowledge to optimal bedside care for patients living with life-limiting illnesses, and the support of their caregivers on this journey.



Sengkang General Hospital

Sengkang General Hospital (SKH) forms a vital part of Singapore's master plan to provide quality, accessible care to better serve the healthcare needs in North-eastern Singapore. Offering a wide spectrum of specialist clinics and co-located with Sengkang Community Hospital, SKH is part of the newest integrated hospital campus delivering multidisciplinary and patient-centric care covering all major healthcare disciplines. Patients who need longer-term rehabilitative care can transfer from general hospital to community hospital for recovery.



Singapore General Hospital

Singapore General Hospital (SGH), a member of Singapore Health Services, is the public sector's flagship hospital. Established in 1821, SGH is Singapore's largest acute tertiary hospital with 1,700 beds and national referral centre offering a comprehensive range of 39 clinical specialities on its campus. As an academic healthcare institution and the bedrock of medical education, SGH is also committed to innovative translational and clinical research in her continuous drive to provide the best care and outcomes for her patients.



Alexandra Hospital

Alexandra Hospital is the first Integrated General Hospital in Singapore providing holistic and seamless care from acute, sub-acute to rehabilitative settings, reducing the need for transferring patients. Champions for compassionate care and quality of life, the Palliative Care Programme, one of Alexandra Hospital's five core clinical programmes, enables and empowers patients and their loved ones to receive personalised and holistic support from the multidisciplinary care team, helping them to cope better and live well before leaving well.

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Metta Hospice Care
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St Joseph's Home
St Luke's Hospital
Tan Tock Seng Hospital
Tsao Foundation

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CALENDAR

19-27 SEP 2020, SAT-SUN

Singtel-Singapore Cancer Society Race Against Cancer 2020

The annual Singtel-Singapore Cancer Society Run Against Cancer aims to raise funds for cancer treatment subsidies, welfare assistance, cancer rehabilitation, hospice care, cancer screenings, research, public education and cancer support group initiatives. Sign up by 18 Sep 2020.

Registration: <http://raceagainstcancer.org.sg/>

29 SEP 2020, TUE

SHC Multidisciplinary Palliative Care Forum "10 was the limit" — Circuit Breaker, Funeral Practices and Disenfranchised Grief

Speakers: Ms Ang Jolie & Mr Iskandar Dzulkhairi Bin Abdul Aziz Kajai

Co-Organisers: SingHealth & Association of Funeral Directors

Time: 1:00pm - 2:00pm

Venue: Zoom Webinar

Registration: contact@singaporehospice.org.sg / 6538 2231

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



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