

# THE HOSPICE LINK

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**A social calling**

**Finding a deeper purpose**

**Palliative  
care workers  
speak from  
the heart**



SINGAPORE  
**HOSPICE**  
COUNCIL

**PLUS**  
Key Findings  
from Healthcare  
Professional  
Survey



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Life is a journey, not a destination.”

RALPH WALDO EMERSON

Many would agree that wherever one goes, one will make deliberate efforts to achieve what one desires. Therefore, it is important to speak, listen and pay attention. Attentiveness is a gift that we often see in the palliative care team as they often shower patients and caregivers with great care whether in person or over the phone. The palliative care team often speaks from the heart to provide assurance to patients and their caregivers, letting them know that they are always being heard and understood. The palliative care team often goes the extra mile by giving those they serve a warm touch, a heartfelt smile and acknowledgment of their needs and desires.

Some palliative team members feel that speaking from the heart may equate to being blunt or abrupt resulting in many trying to sugarcoat the reality for patients and their caregivers. As such, it is equally important that patients and caregivers speak from the heart to align your needs leading to the dignified palliative care journey that the healthcare team can offer.

**Here are some recommended steps to help cultivate the habit of speaking from the heart with courage and love:**

**1 Say what you mean instead of masking what you are feeling deep down**

**2 Reciprocate the kindness and thoughtfulness of your palliative care team to balance life's scale. These solutions in turn are always tailored to your needs at the highest value.**

These, will help a great deal as the palliative care team:

- listens to your thoughts and map these needs by introducing the most desirable approach to suit your wishes;
- helps you to identify the gaps, strike the heart and emotional balance to allow you to feel better;
- reaches out to your yearnings without second guessing and similarly, with open communication, it also allows you to feel the trust and assurance;
- makes plans to actualise your wishes as you desire as no one else can possibly walk in your shoes to articulate what you wish for.

So, enabling the palliative care team to deliver their best care programme can only be made possible by you. You are the key holder that allows them to guide you and share their professional experiences. The dedicated integrated team can then relook into your pain and physical symptom management. The holistic care is made possible as they provide their unwavering care with compassion. When palliative care teams, patients and caregivers pull together in the same direction, the timely interventions and responsive care that happen as a result will ensure a quality end-of-life journey.

Let these palliative care professionals have the opportunity to speak from the heart, sharing with you their testimonies that reaffirm that despite being unwell you can still lead a dignified life. Like the quote most often attributed to Taoist philosopher Chuang Tzu: “Just when the caterpillar thought the world was ending, he turned into a butterfly.”

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



# A journey to continue

*Registered nurse Wang Liyun continues to gain strength and resilience in her work to journey the last stretch with her palliative patients and their families.*

**Y**ears ago, when I was a junior nurse, I observed the common occurrence where many patients came to the hospital and were diagnosed with a disease. Subsequently, they travelled between home and hospital for treatment and related complications. Then one day, they were told that the disease had progressed despite treatment and no more options were available. Some patients did not even have a chance for treatment, and those who responded to treatment lived in endless worry and treatment-related pain and disabilities. I wondered how those people and their families had lived their lives and coped with those life-changing events.

One day, a 21-year-old young man was admitted when I was on night duty. He vomited non-stop that night but refused my care and help. He just wanted his mother who was a senior nurse then. I was outside his room, feeling helpless and useless. All of us suffered the long hours that night.

The next morning, when I was passing

my report over to the next shift, the young man's primary physician came with another doctor to see him, and I reported what happened at night.

"I have no more treatment options for him," said the primary doctor, a familiar statement that I had heard many times.

"There is a limit in treatment, but no limit in care," said the other doctor. I found out later that he was a palliative care doctor. I was deeply shaken by this new statement that I heard for the first time. Just a few words, simple but powerful.

The next night, the young man was quite settled and sleeping soundly. I offered a foldable bed to his mother to rest, but she declined and said she could not sleep because she was very worried about her son. She started to tear. The feeling of helplessness and uselessness started to engulf me again. I stood there speechless and motionless, just listened to her sobbing and watched her tired face. She stopped after a while.

It is their struggles with pain and suffering, and their search for relief and meaning, that teach me how fragile and yet how strong life can be, how important family and friends are, how equal life is when facing death and dying no matter who we are.

"I'm sorry, I could not hold it any longer, because today the doctor told us there would be no more treatment," said the mother.

"There is a limit in treatment, but no limit in care." The palliative care doctor's words flashed in my mind, and I repeated them slowly.

"What care?" asked the mother. I told her about the conversation between the two doctors and suggested that she speak to the palliative care doctor.

I returned to work a few days later after post-night-duty rest, the young man had been transferred to an inpatient hospice. About one month later, his mother came to look for me and thanked me for talking to her, listening to her, and encouraging her to seek palliative care. She shared that her son had received excellent palliative care and spent his last journey with meaning and passed on with peace and dignity. The whole family was sad to lose him and they were thankful to be able to spend quality time with him until the end. They managed to talk openly and they had never felt so close as a family. Eventually, they managed to say their final goodbyes.


I enrolled in a palliative care nursing course and started to do palliative care nursing. I have encountered different patients and family over the years. I have even been

scolded by some of them. Some older patients often said to me that the amount of salt they had eaten was more than the rice I had eaten, but they apologised when they realised what I had tried to prepare them

for was apparent while they were going through the deterioration in health.

I have cried when young patients or patients I took care of for a long time passed on. I have thought of changing jobs when I felt down and trapped in a dead corner.

I learnt to do reflection by writing journals. I started to practise self-care. Gradually, I realise that every patient and family tells a unique story and teaches me something new and different. I'm able to draw strength and energy from each case encounter to move on.

It is not the thank-you card, chocolates, or letter from patient and family that give me satisfaction. It is the heartfelt peace and a sense of special honour to journey with a person and the family. It is their struggles with pain and suffering, and their search for relief and meaning, that teach me how fragile and yet how strong life can be, how important family and friends are, how equal life is when facing death and dying no matter who we are. I learned to be realistic, humble, and receptive of life changes. Palliative care makes me grow and be resilient in the face of uncertainty and losses, and from witnessing pain and suffering, so I can continue to journey with others I will meet in the future. 





# A social calling

*HCA Hospice Care Head of Psychosocial Services, Tan Ching Yee, addressing her inspiration and calling to join the Social Work sector, the challenges faced in the field, and lessons and advice for her peers.*

**M**s Tan Ching Yee is a registered social worker with more than 25 years of working experience in the acute hospital and community settings. She drew most of her learnings working with patients and their families affected by neurological conditions. She currently oversees a team comprising medical social workers, a spiritual care counsellor and art therapists in HCA. Ching Yee was awarded the Outstanding Social Worker Award from the President of Singapore in 2019.

## **What inspired you to carve a career in social work?**

I remember first having the thought of becoming a social worker during

my junior college days. It was perhaps because I grew up seeing my parents always offering help to others, including relatives and neighbours. I remember sitting in and listening to how they mediated conflicts between neighbours and their children, and also their heartfelt advice to people who visited us. I almost did not make it to the social work profession as I failed my A-Levels. After much persuasion from my parents, I retook the exams, passed them and got myself a place in a local university. Social work was the natural choice.

## **What qualities should a good social worker have?**

The capacity to reflect and the humility to learn. Regardless of how

long we are in this profession, we will never have all the answers to the many difficult situations in the world. The capacity to reflect and be reflexive help us to learn and grow as a person and as a professional. Being reflexive is a term we use in social work referring to the process of bringing oneself back into the topic after one has reflected on it.

## **Why did you choose to join HCA?**

In 2013, I was invited to supervise the team of HCA Medical Social Workers as an external consultant. I saw the demands and challenges the social workers faced, as they tried to fulfil their roles as best as they could. I felt their passion and commitment to do their very best. I witnessed the needs of the patients and

their families and how community-based services have their unique set of challenges and constraints. Community-based services are, in many ways, not as well equipped as hospitals. My heart naturally gravitated towards HCA when I was looking to come back to healthcare.

## **As a mentor, how do you guide your team of social workers?**

I try to strike a balance between ensuring that standards of practice and work expectations are met and recognising that we are all human with limitations and flaws, and we all grow differently and need nurturing.

Our team has regular meetings, tutorials and learning sessions either face-to-face or via WhatsApp or Zoom. They call me individually to consult on their cases or challenges at work. I try to create a safe space for sharing.

At the same time, I also remind myself: "What am I listening out for? What do they need from me?" The work we do draws so much from us — emotionally and spiritually. So it's important to be supportive. As of last year, we managed to secure funding for my team to see a therapist or counsellor of their choice, outside of HCA, whom they can visit to talk about anything.

## **What were some of the greatest challenges you encountered in the early years of being a social worker?**

As a new social worker, I was very eager to help those in need, rescue those in trouble and be there when they needed me. My goal was to make their lives better. The workload was high, easily over 40 cases at any one time and everyone needed help in one way or another. Putting in 14 hours a day at work was not unusual. The

feeling of accomplishment was a strong motivation to do more, but it was also not necessarily the right thing to do.

The greatest challenge was in trying to meet everybody's needs. Not everybody needed help in the same way. It took me some time to figure that out and even with that realisation, I didn't have all the skills needed. It took a lot of learning, reflecting, un-learning and re-learning. Inevitably, after nine years, burnout set in. That was the greatest challenge of my career.

## **How did you recover from this burnout?**

The feeling of burnout came with a sense of disillusion. I doubted whether I could return to social work, so I decided to take a year off. I enrolled in a course to learn something different to widen my career options, as I pondered my future direction in life.

In hindsight, allowing myself to take a break was the best thing I could gift myself. I started a daily routine of exercise, housework, cooking for my family and learning. I made a conscious effort not to be overwhelmed by feelings of loss and disillusion. By the end of that year, I felt ready to return to social work.

## **As a social work veteran, what are some of the greatest life lessons you have learnt?**

I find myself saying this often recently: have faith in the process, the community we are in and in divine intervention. 🙏



WORDS & PHOTOS: TAN CHING YEE, HEAD OF PSYCHOSOCIAL SERVICES, HCA HOSPICE

I find myself saying this often recently: have faith in the process, the community we are in and in divine intervention.





# Building on formative experiences

*Senior Resident Physician Dr Teoh Ren Shang contemplates his journey in palliative care thus far.*

I consider myself a newbie to palliative care even though my interest in it developed 17 years ago when I was a first-year medical officer in Medical Oncology. For the past four years, I have been a doctor working in home hospice.

I vividly remember the intense pressures of work from before, as a medical officer in Medical Oncology, and how often the oncology specialists would task me to refer their cases to the Palliative Medicine Department once

the disease has progressed beyond the ability of chemotherapeutics to treat. Thus, a routine of taking Professor Cynthia Goh down the corridors of the hospital ward developed, whenever I referred her to the patients of such need. I was amazed at how time seemed to slow down, as she spoke slowly and gently to each patient, often holding their hands, and painstakingly going through details of their life story that I had assumed were unimportant details. Perhaps most significantly, I was struck by how

WORDS DR TEOH REN SHANG, SENIOR RESIDENT PHYSICIAN, SINGAPORE CANCER SOCIETY PHOTOS SINGAPORE CANCER SOCIETY




Let us take a little time to remind ourselves, that we are engaged in the extraordinary job of caring for the dying, even as we acknowledge how ordinary and mortal our daily lives are at the same time.

much patients were touched by the inpatient consults — they were affirmed as individuals with their own story beyond just a cancer diagnosis. That itself touched me deeply, such that it seeded the idea of exploring palliative medicine in one form or another.

That aspiration took me on quite a journey over the next decade and a half, including a one-year posting in HCA Hospice Care as a medical officer. This experience opened my eyes to the wonders of home visits. It is always a privilege for a healthcare worker

to be allowed into someone's home as a visitor; to be hosted rather than being the host, which is usually the case when patients visit healthcare premises such as the clinic and hospital. At the patient's home, you truly start to understand the patient in their natural environment. This gives much insight into how they behave and live. We understand better how to manage their symptoms well, why they may not be compliant with their medications, hazards at home that may cause accidents, and challenges that caregivers face. Thus, years later when I was offered a place in the Singapore Cancer Society (SCS) to take on home visits on a full-time basis, I took it on enthusiastically without hesitation.

Having spent four years in SCS as a Senior Resident Physician, there have been challenges on various fronts. The job itself does take an emotional toll that can creep up insidiously, as one deals with physical deterioration and emotional grief over and over again as we face patient after patient. Despite various other unavoidable challenges that come with the job, it has been a fulfilling journey, nonetheless.

We all share similar stories of hardship and need to support each other, so we do not feel alone. Let us take a little time to remind ourselves, that we are engaged in the extraordinary job of caring for the dying, even as we acknowledge how ordinary and mortal our daily lives are at the same time. That is how I continue to find meaning and purpose in what I do, despite the challenges ahead. 

Top: Dr Teoh Ren Shang was awarded an Individual Gold Award at the annual Community Excellence Awards 2020; Opposite page: Dr Teoh taking care of a home hospice patient



# Finding a deeper purpose

*The journey of becoming better  
palliative care workers starts with ourselves.*

Being in my 20s, thoughts of one day being unable to see clearly or use the toilet on my own may seem premature. However, it shouldn't be pushed out of mind either. After all, ageing is a universal experience.

In order to journey with our residents and volunteers, I needed to begin my own journey of pondering, struggling and discovering what ageing means to me.

I first heard about St Joseph's Home (STJH) when the Community Partnership & Communications (CP&C) department contacted me. At that time, I was running exercise programmes for seniors in the community and STJH was considering bringing this into a nursing home.

The first time I stepped into the Home, it was 7pm and the place was quiet and peaceful. The seniors were well-dressed and alert. As we eased into the workout, the seniors actively participated, and were warm and friendly towards the youth volunteers.

I continued volunteering for the next two months. Fast forward to today, I am coming to my fourth year on the job.

## A PERSONAL INVITATION

In the CP&C department, I learnt about the various volunteer programmes. I was intrigued that they had a Beauty Spa, where residents can get chocolate facials, and even a shopping pushcart, where residents can bargain for new clothes. I was surprised that seniors in their 70s, 80s and even 100s would dress up and have fun.

The then head of CP&C believed that residents deserved the best and was filled with ideas. She also often told me, "Volunteers bring the community into the Home." Why



was that important? I assumed that the community provided a helpful distraction for residents, who were in pain and bored. So, I focused on bringing fun into the Home. A particularly memorable experience for me was an exchange between a primary school child and a resident.

The child asked, "What is your favourite food?" The resident replied, "Fried chicken. How about you?" And the child gleefully said, "I like jelly." Then, to the child's horror, the resident asked, "What is jelly?" Unable to explain it in Mandarin, the child wriggled his body and said, "Jelly goes like this." Both the resident and I burst out laughing.

While this memory was pleasant, I recall a more sobering exchange. A student had witnessed the resident being particularly grumpy. So she asked the teacher, "Why is aunty so unhappy?" The teacher replied, "Because the inmates are sick and have nobody to visit them."

I was so angry to hear the residents referred to as "inmates". I was also disappointed that a teacher,

someone in a position of influence, would say that! These children could one day be in positions of influence.

If our young people imagine the ageing experience as a despairing one, how would that affect the way they live now? How would they live with and treat the older adults of their generations? How would they live with themselves when they become older adults?

If our teachers and parents are unsure of how to regard and respect our older adults, how would they role model it for the children?

Having seen parents, professionals, students and retirees walk through our doors as volunteers, not knowing what to say or do around residents, I realised that there is work to be done.

## A SPIRITUAL EXPLORATION

I became focused on shaping the volunteers' experiences. The better volunteers understood our residents, the more honouring

and respectful they will be, and the more authentic conversations can be. When volunteers return to their communities, they would also have a deeper respect and understanding for older adults.

"What comes to mind when you think of a nursing home?" I liked to ask new volunteers at our workshops. So often, I get responses like "sick people", "bored" or "watching TV". Children are painfully honest with descriptions like "sad and dying" or "abandoned".

Initially, I rejected those ideas and was quick to correct them but my own interactions with residents were confirming that boredom, loneliness and loss were plaguing them.

Richard was one of the few residents whom I spoke at length with. This husband and father struggled with not being involved in his wife and children's lives. He was sad and scared that his grandchildren would forget him. With an accident that has paralysed him from neck down, he was also unable to participate in most of our volunteer-led programmes.

He asked me, "What else can I do? Why won't God just take me?"

I was left wondering: who are these residents beyond their physical limitations?

If the Bible tells me that God has promised us "life more abundant" (John 10:10), how does that look like for residents who are bound to the wheelchair or bed? If the Bible tells me that "though we are outwardly wasting away, yet inwardly we are being renewed day by day" (2 Corinthians 4:16), what does that



This photo:  
Reflecting by  
the garden;  
Below: Leading  
an exercise class  
for residents;  
Opposite page:  
Interacting with  
a resident  
on event day

mean for those who are sick and need a caregiver for the most basic tasks like eating or bathing?

I, myself, was scared knowing that human frailty is inevitable. How would I live with myself? How would others live with me?

Because of my personal struggles, it was challenging to journey with volunteers for those answers. Without an adequate answer, volunteers can walk away believing that old age is a curse, not a privilege. They might believe that older adults are solely receivers of help and unable to live life fully. Without adequate exploring, volunteers can reduce the ageing experience to a physical one.

## A COURAGEOUS JOURNEY


I wanted a quick fix to this uncomfortable feeling of inadequacy



and uncertainty. When I was sent for an in-house course on "Spiritual Care for the Helping Professional", I realised that as palliative care workers, we need to start with ourselves. We need to be honest with our own fears and hopes surrounding ageing and dying.

I later signed up for a Masters of Arts in Counselling. I am nearing my graduation, but nowhere near fully comprehending the complexity of human life. The more I understand myself, the more I change as a person and the more I need to learn. That applies to the residents as well. The exciting thing is — the more I learn, the better I get at asking questions and the braver I am at exploring the unknowns with the people around me.

Being able to do that starts with being authentic. Being authentic is less of a destination, but more of a journey. It comes with being honest, paying attention to what surprises and scares me and being patient as I reflect.

Meeting these residents on a daily basis brings the questions of purpose and identity to the top of my mind. The questions that residents struggle with are actually relevant to me and to our volunteers. In fact, being with residents cuts away distractions like beauty, wealth and power. It drives us to discover our authentic selves. We get to know the person that God has intended us to be when He said, "Let us make man in our image, after our likeness" (Genesis 1:26). 



# No matter the distance

*Caregivers play an important role in supporting their loved ones. For Marivic, a palliative nurse at Sengkang Community Hospital, being apart from her dying father did not stop her from caring for him till the end of his life.*

The ringtone woke her up. Glancing at the clock on the wall, Marivic realised that it was 5.30am. Everything was still dark save the light from her mobile phone. It was a video call from home — Philippines. Padding to the living room to avoid waking up her roommate, Marivic answered the video call. She saw a panicked expression on her eldest sister who was living with her parents in the Philippines.

“Why is father not breathing normally? Why is he gasping for air?” asked her eldest sister as she sobbed. Marivic could see their ailing father behind her sister. Beneath her calm demeanour, Marivic’s heart sank; his condition reminded her of her palliative patients. It began to dawn upon her that this could be the last time she would be able to see her father.

## THE GOOD OLD DAYS

They say that absence makes the heart grow fonder but for Staff Nurse De Guzman Marivic Bulawit from Sengkang Community Hospital (SKCH), being apart from her sick father was heavy and unsettling.

The COVID-19 pandemic had prevented her from returning to her hometown in the province of Bulacan to care for her father who was diagnosed with stage four lung cancer. “It was emotionally stressful for me as I was only able to care for him virtually and not be by his side,” shared Marivic.

She remembers her father as someone who was hardworking. To make ends meet, he used to work as a truck driver in the city of Manila and only returned home at weekends. Even though they were young, Marivic and her siblings understood that sacrifices had to be made in order for the family to survive, and valued the precious weekends that they could spend with him.

When her father retired 40 years later, he continued to provide for the family as a street peddler selling various types of meat and vegetables with the help of her mother. He was also a loving father who doted on all of his five children. On a daily basis, he would accompany Marivic to and from home along a narrow soiled footpath for her to take the transport to work at the main road.

It was during the 15 minutes’ walk that Marivic and her father would talk about everything under the sun, from work to family and their favourite food. Life was simple back then, fun and full of laughter.

That is how she remembers it to be.

## CARING FOR A PATIENT

When her father fell ill last year, Marivic could only care for him virtually, connecting with her family every day via Facebook messenger video call which would last between 15 minutes to two hours. It was her father’s wish to undergo home care, only going to the hospital when his pain was unbearable.

With three years of experience as a palliative nurse, Marivic cared for her father like how she cared for her patients and their loved ones in the wards. She would also help her family by giving advice, making decisions regarding her father’s health and communicating with his doctor on medication to ease her father’s pain.

She was also a listening ear whenever her family needed to allay their anxiety.

“I provide care for my patients in the wards as though they are my family. It was almost unreal how I could only take care of my own father through the phone, but we did everything we could to ensure he received the proper care and comfort during his last stage of life,” said Marivic. Being a palliative nurse, she knew the pain that her father had to go through and had to explain the changes in her father’s condition to her family.

Juggling her father’s illness, work and the pandemic had taken a physical and psychological toll on Marivic. But her love for him was beyond words, and she continued to call in daily to check on her father. After all, he had made so many sacrifices and contributed much to her life when she was young.

This was the least that she could do.

Five months later, at the age of 66, her father passed away peacefully at home. She knew that it was time for him to go when she received the call from her eldest sister that morning. “I wanted my father to know how much I appreciate him by caring for him even though we were miles apart. I love him more than he can ever imagine,” said Marivic. 📞

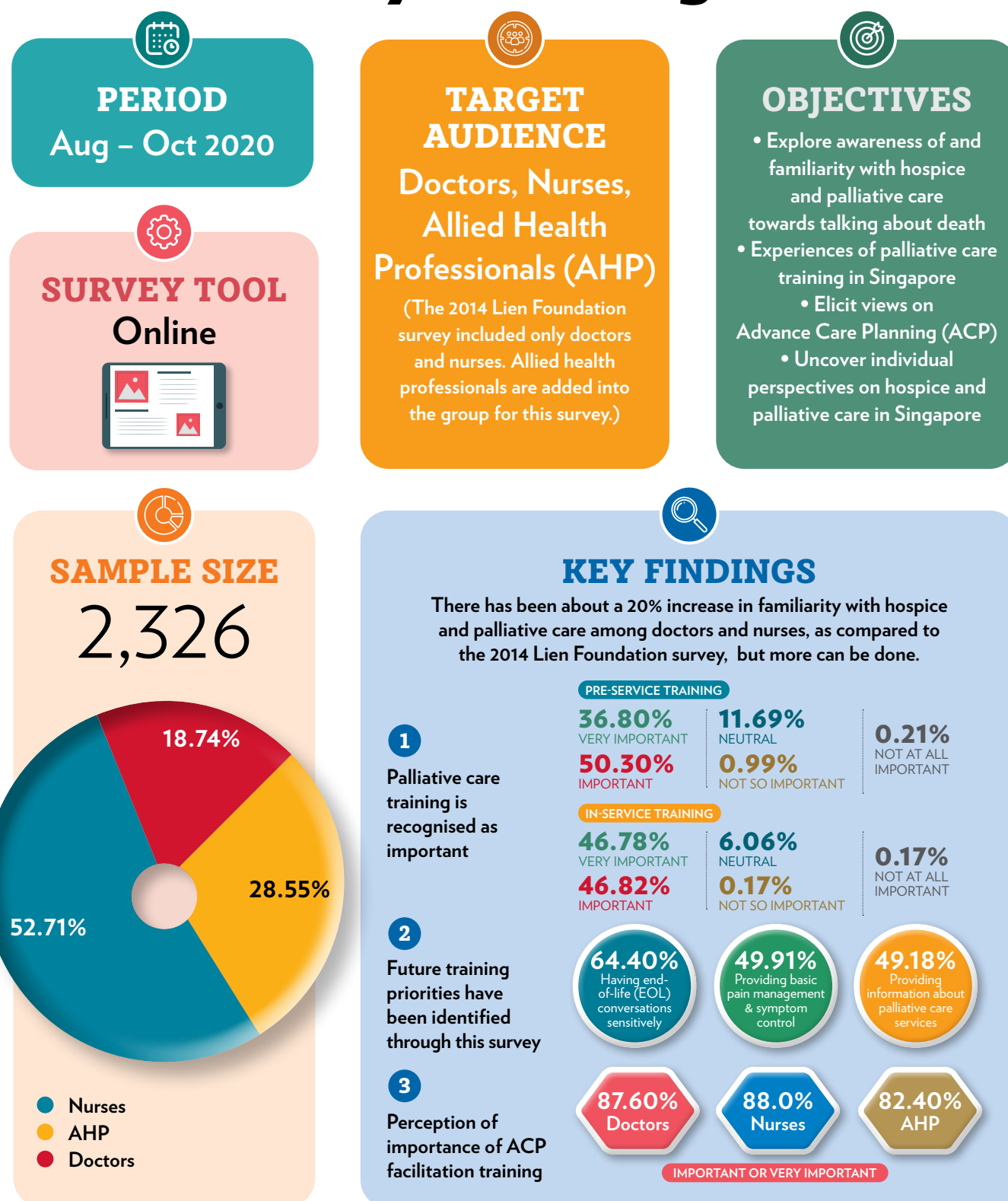
Below: Marivic and her fellow palliative caregivers (photo taken pre COVID-19); Opposite page: Marivic and her father in the good old days (photo taken pre COVID-19)





# Awareness and Understanding of Hospice and Palliative Care among Healthcare Professionals in Singapore

## Key Findings



For information on palliative care training, visit <https://singaporehospice.org.sg/training-courses/>



## 7th SPCC

is a biennial conference that engages professionals beyond the palliative care community.

We are proud to announce that SPCC is back! The virtual event will be held from 9 to 10 December 2021, bringing together a community of healthcare professionals, community services, industrial partners, scientists, educators, caregivers and volunteers with its theme of "Embrace · Engage · Envision".

In embracing the person and our core values in palliative care, engaging partners for excellence and envisioning the future together, SPCC 2021 aspires to provide participants with an inspirational vision into the future of hospice and palliative care with a stellar line-up of international and local speakers. Do join us for our conference and workshops!

For enquires, contact us at [secretariat@singaporepalliativecare.com](mailto:secretariat@singaporepalliativecare.com)

### INTERNATIONAL SPEAKERS



Organised by:



Sponsors:



### IMPORTANT DATES

15 APR' 21	31 JUL' 21	31 AUG' 21	31 AUG' 21
Call for Abstracts	Abstracts Submission Deadline	Notification of Acceptance of Abstract	Early Bird Registration Deadline
7-8 & 17 DEC' 21	8 DEC' 21	9-10 DEC' 21	11 DEC' 21
Workshop 1	Workshop 2	Main Conference	Workshop 3



Scan Here





# Staying the course

*Dover Park Hospice's longest-serving staff member, Assistant Manager in Administration Joyce Lee, talks about her motivations in joining the sector and her experiences, offering advice to those thinking of doing so.*

## **How long have you been working at Dover Park Hospice?**

I joined Dover Park Hospice in June 1996. This year would be my 25th year with the Hospice.

## **Why did you choose to work in a hospice?**

I was in retail service and wanted a change in my working environment. I came across a job advertisement for an administrative role at Dover Park Hospice and decided to apply for it.

I was interviewed by the Chief Operating Officer (COO) then, Ms Maria Mah, and the rest is history.

## **Can you briefly share your current role and tell us what you like about your work?**

As an Assistant Manager, I lead and oversee the Clinical Administration team for the three services — Inpatient, Home Care and Day Care. My team supports the Medical and Nursing teams in their day-to-day operations such as patient referrals, admissions and discharge. We also help to maintain and archive patient medical records. My team also assists the Social Work and Psychosocial Services teams in financial counselling and application for means testing. Other administrative duties performed by my team include fronting internal and external audits, billing and government subvention, secretariat support to sub-committees and various heads of departments providing statistical information to internal and external stakeholders.

While we may not be on the frontline, my team plays a key role to ensure the smooth transition of the patients into our setting. There is a sense of contentment knowing that we have played a part in our patients' final journey.



Left: Joyce Lee with Dover Park Hospice co-founder Dr Seet Ai Mee when she was presented with the Employee of the Year award in 2018

I was subsequently asked to take on more patient-facing work, standing in for volunteer matters and assisting the Medical Social Workers with interviews and means testing of patients for admission.

Today, I lead a team of administrative staff in providing support for the Hospice's three main services.

## **Can you share with us some takeaways you have from working at Dover Park Hospice?**

You need to have compassion to work in this line and while it is not always pleasant to deal with death and dying on a daily basis, it is the people you work with and the support for one another that make the work a lot easier.

I am very blessed and fortunate to have worked with many great bosses and wonderful colleagues over the years. Many of them have left but we still keep in touch till this day. Just before the pandemic, a group of us took a trip to Myanmar to meet up with ex-colleagues whom we have known for 20 years. We have come a long way from being strangers to becoming colleagues and friends.

## **What is your most unforgettable memory?**

My husband was diagnosed with late-stage cancer in October 2000 and the support I received from my colleagues in the Hospice was tremendous. Everyone from the CEO to my peers were there for me every step of the way. In my husband's final moments, the team led by Dr Vincent Thai and Director of Nursing Edward Poon personally provided home hospice care to ensure he was comfortable till the very end. This is something which I will never forget and am truly grateful for. Dover Park Hospice has become a second home to me and I am thankful for the opportunity to be able to serve the organisation for this long and for the wonderful people I have met along the way.

## **Do you have any word of advice for people who wish to join the palliative care sector?**

Most people have misconceptions about hospices. They think it is a gloomy and depressing place. Death and dying is part of a normal life cycle. I have witnessed and shared many happy moments with patients and colleagues working at Dover Park Hospice. Being part of our patients' last journey and making it a happy and fulfilling one is what makes this job rewarding. 🌟



WORDS & PHOTOS DOVER PARK HOSPICE



# Even if they kill me, I refuse to die

*Former newsman, PR practitioner and hospice volunteer Peter Yeo talks about his and other patients' journey with idiopathic pulmonary fibrosis in a soon-to-be-published book. He has already outlived his prognosis of five years and continues to fight to breathe every day.*



**B**eing a volunteer in the hospice care movement in Singapore in the 1990s afforded me a great opportunity to observe at first hand the treatment and care of those with terminal illness, and how they are assisted in their dying days, months and, for some, even years. Few people get to learn what it is like to face death, and spend time with those at the end stage of their lives. For me especially, with my several terminal illnesses, the experience had been most valuable, and reassuring.

We all have to die at some time, and we also have loved ones and people we know and care about who

die at some point in our lives. So being a hospice volunteer allowed me to draw close to death, and witness and sometimes be involved in the care of those who were dying. It has helped me tremendously and equipped me to show real sympathy and learn to empathise with people in their grief, not just at funeral wakes but in the months and years after bereavement. Such empathy is often lacking among us. Volunteering in hospice care, in whatever way, is good preparation for our own deaths and those of people we care about and know.

My experience at Dover Park Hospice and at Assisi Hospice was

invaluable. I witnessed in real life what Dr Cicely Saunders stated as her and hospices' mission towards the terminally ill, which is "not only to help you die peacefully, but also to live until you die".

I expect my idiopathic pulmonary fibrosis (IPF) to be the illness that will eventually kill me. I have some anxiety about the progression of my illness, which will cause me to be increasingly short of breath till my diseased lungs no longer function to transport oxygen to my bloodstream. I will ultimately asphyxiate, just like a person being suffocated or drowned. Palliative care, I hope, will lessen my suffering. As someone familiar with hospice care,

Below: Peter Yeo celebrating wife Rosalind's birthday in Seattle with their grandsons; Opposite page: Peter Yeo practising for a celebration of Singapore's National Day in Seattle 2017



home or institutional, I know I will benefit from it. So I am very comfortable in facing my imminent death and the suffering before that.

I have not been involved in the hospice care movement in Seattle where I now live nor in Washington, the north-westernmost state in United States, where I have lived for more than 20 years while commuting annually to Singapore. But I understand, from fellow members of my IPF support group in Seattle, that hospice care is fairly well developed here. Perhaps, I should investigate it more and place that on my most important to-do list! It is just that I am an inveterate procrastinator, and do not feel any anxiety about my impending death or need for palliative care. 🍷

EXCERPT FROM BOOK

## Chapter 1

### A walking miracle

Bone cancer was just one of the many dire diagnoses and diseases: bone marrow failure or myelodysplastic syndrome with death from leukaemia within 10 years, incurable idiopathic pulmonary fibrosis (IPF) of the lungs with mortality in two to five years, and two heart attacks. I consider my last diagnosis in 2018 — skin cancer (squamous cell carcinoma) — small beer. I had become injured.

Yet I have refused doggedly to die. Hence, my theme for this book 'Even when they kill me I refuse to die'.

My bone cancer diagnosis was made in 1995. Today, September 2021, I am still alive — without chemotherapy or any treatment. None of my doctor friends could explain why. One suggests I should donate my body to medical research.

This book is my story of my unbelievable survival, and why my doctors, friends, and church pastors consider me 'a walking miracle'. They find it incredible that I should continue not only to be alive but look healthy, fit and, cheerful even.

### The fittest sick person I've ever treated!

Dr Diane Tuffel, my primary care doctor in Seattle, had told me in the late 1990s when I was already in my mid-fifties, "You are the fittest sick person I have ever treated. Even healthier than many of my much younger patients!"

Despite urging by friends, I had not decided to write this book, even though I had loads of material. I did not believe I would have the energy to embark on the project. I had doubted I would last long enough to complete it before I die.

Then one day in early August 2020, my late younger brother Anthony Yeo's book on his counselling of a dying colleague, prompted me to write.

Before I die, I want to tell people about my miraculous survival and why I have absolutely no fear or dread of death. My desire is to use my story to encourage those who are ill, in distress, and live in fear of their sickness and death.

### Why 'I refuse to die'

An old friend, now in his mid-eighties, had in 2019 presented to me *The Ginger Man*, an irreverent book I had read 50 years earlier. This friend in California was still indulging in downhill skiing until his last accident three years ago. He has had more than one heart attack and other health issues. He had told my wife he was maintaining a very healthy lifestyle and strict diet of abstinence because he was afraid to die.

We need not die too soon however bleak the prognosis — if we do not surrender. We should not just lie down, do nothing, and be overcome by our fears, illness or illnesses and let them kill us. Up till today I have refused to die. This is also the story of those I know who have survived IPF — because they, too, have refused to die!





# Reaching out with warmth

*Project Happy Apples extended virtual befriending to St. Andrew's Community Hospital palliative patients.*

During this challenging time of the COVID-19 pandemic, St. Andrew's Community Hospital (SACH) and Project Happy Apples (PHA) bonded together, journeying with SACH palliative care patients and their loved ones.

Started in 2012 by students from the National University of Singapore Yong Loo Lin School of Medicine, PHA aims to empower future doctors and prepare society for end-of-life care, by making a positive impact on medical students, the general public, and patients receiving palliative care through their initiatives.

Traditionally, PHA has two main initiatives: an annual public exhibition and a befriending programme for patients receiving palliative care. However, due to COVID-19, PHA was unable to conduct home visits and inpatient ward visits. Instead, PHA partnered with SACH to conduct virtual befriending sessions. Although this was not as ideal as befriending in-person, PHA hoped to bring joy and comfort to patients despite the pandemic.

PHA medical student volunteers interacted with each SACH patient over two Saturday mornings for an hour each. Each session comprised an activity component and a befriending component. During the activity component, PHA volunteers engaged patients through activities such

as finger painting or origami, or put on elaborate performances virtually. As the patients got to know the volunteers better, they started to open up and shared more about their lives during the befriending component. The comfort that they found in the volunteers' company was evident from the bright smiles and laughter that peppered many conversations. In the second week of virtual befriending, PHA volunteers came up with creative ideas to fulfil the patients' wishes. Some groups conducted activities that held significance for patients, while other groups introduced the patients to various items that they had sent, such as colouring materials, flowering kits, and even personalised message boards to keep them occupied during their inpatient stay.

Through conversations with patients, PHA volunteers witnessed first-hand how the pandemic had impacted them — the restricted visitation situation meant that patients could not meet regularly with their family members and loved ones. PHA is very thankful that the virtual befriending sessions helped to alleviate the patients' loneliness and boredom. After the sessions, many of the patients expressed their delight in meeting the volunteers, albeit through a computer screen, with some even asking when the next session would be! We hope that through the virtual befriending sessions, volunteers are now able to better empathise with palliative patients, having learnt more about palliative care and how they should approach end-of-life issues with patients and their loved ones.

We would like to take this opportunity to thank SACH staff, especially Mr Justin Tan, Ms Peh Lay Koon, and the Information Technology team, without whom these efforts would not have been possible. They were instrumental to the success of our virtual befriending sessions and selflessly took out time from their Saturday mornings to facilitate these sessions. Their dedication in caring for the patients served as a huge inspiration for all of us, and we are immensely grateful for their support. 🙏



From top: PHA volunteers engaged SACH patients through activities; A bouquet of roses for a patient

WORDS & PHOTOS PROJECT HAPPY APPLES

## Reflections BY PHA VOLUNTEERS



"The patient I met was a cheerful aunty who loves drawing and gardening. It was a joy listening to her share passionately about her hobbies. As she spoke proudly about the orchids growing back in her garden, I saw the longing in her eyes to go back to her old daily routine of caring for her plants. Interacting with her reminded me to look past the current conditions of the patients and embrace

them as a whole. Let us be patient and understanding to everyone we meet." – **Emily Tan**

"My group e-befriended a patient with an extremely warm personality. Unfortunately, we faced significant language barriers while communicating with her. Thankfully, the online setting allowed us to adapt quickly, by making good use of online tools like Google Translate and YouTube videos to engage her in simple conversations. Throughout our interactions, she showed us her brightest smiles, and even clapped along to our singing, a gesture that really warmed my heart. We were really happy that she loved the bouquet of red roses that we sent her afterwards!" – **Pang Xin Ler**



"Performing for the patients through e-befriending was really interesting and this pushed me to step out of my comfort zone! I am glad that even though it was such a small gesture, I was able to put smiles on the faces of the patients!" – **Timothy Ng**

## SACH Perspectives

Dr Angel Lee, Medical Director, SACH expressed, "PHA has stood the test of time. That they could still create such meaningful encounters in such challenging times like this is a testament to the fortitude and resourcefulness of these students."

Mr Justin Tan, Associate Chaplain, Pastoral Care Services, who serves in the Violet Ward shared, "PHA made more special moments possible for our palliative care patients in the Violet Ward. They played crucial supportive roles which allowed us to extend the reach and enhance

the quality of the care we provide for our patients in this season of the COVID-19 pandemic. They listened attentively to patients who shared their life experiences with them. This gives patients the opportunities to reflect on the meaningful moments that made their life purposeful. With their remarkable compassion and caring nature, the PHA volunteers brought tremendous joy and comfort to our patients. On behalf of our patients and the hospital, we express our appreciation and gratitude to each and every member of PHA."



# Making an impact through improvement in clinical quality

*While not on the frontline of providing palliative care, Wong Yin Yee finds that improving quality in clinical care makes a difference.*

There were patients and caregivers who asked her, "What is the use of letting you know our needs? You can't do it. We have to wait for a long time for changes." Clinical Quality Assistant Manager Wong Yin Yee has been with Assisi Hospice for five years and has been in the palliative care sector for 14 years. She shared her experience of making an impact in palliative care through improving clinical quality.

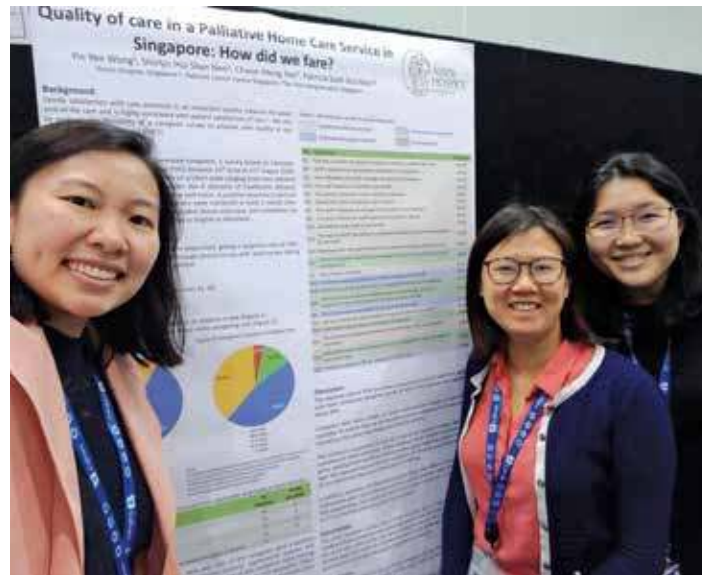
## Why did you join the palliative care sector? How is working in this sector different?

I was trained in biological science and started out doing sales in the pharmaceutical line. In 2007, I joined the National Cancer Centre as a research coordinator which started my career in the palliative care sector. At Assisi Hospice, I am in the Clinical Quality department, and I work on research to understand the needs of patients and caregivers, for example with the caregiver survey, and quality assurance, reporting and management.

I'm 40 this year. When I first joined the sector, I was in my 20s and death seems far away. Working in the palliative care sector allows me to see another side of life — patients facing sickness and death, and family members under caregiving stress.

## How does what you do contribute to providing better quality palliative care for patients and their loved ones?

My work involves speaking to patients and caregivers during the surveys, asking for their feedback.



Left: Wong Yin Yee (second from right) with colleagues at a poster presentation at The Oceanic Palliative Care Conference (September 2019) in Perth, Australia, organised by Palliative Care Australia (PCA). Yin Yee submitted an abstract entitled "Quality of Care in a Palliative Home Care Service in Singapore"

One example would be the caregivers survey, where we sought to understand caregivers' needs and how to better meet them. In the course of my work, I have seen improvements and direct changes as a result of quality improvement projects. One example is a recent quality improvement project on the expected waiting time for transfer from hospital to Assisi Hospice. After the survey and some investigation, we managed to streamline the process and shorten the time taken for transfer. This is an area of direct change that improves the experience of patients and their caregivers.

I also get a great sense of satisfaction when I hear positive feedback from grateful patients and caregivers when I am doing the surveys.

## What are some memorable incidents in your interaction with patients and their families?

Though my intention is usually to get the patients or caregivers to answer survey questions, there will be some who need a listening ear and will tell me their life story. A survey usually takes 15 to 20 mins, but I have occasionally spent 40 to 45 mins with one patient or caregiver. It is important to give the person 100% attention.

In Assisi Hospice, we often organise events for patients. I volunteer to help the wheelchair-bound patients and accompany them during some events. One example is the Chinese New Year celebration this year. I feel happy to see the smiles on the patients and caregivers' faces as they engage in the activities. 🎉

WORDS & PHOTO: ASSISI HOSPICE



## TAPESTRIES OF GRIEF

Following the success of the inaugural local Grief and Bereavement Conference in 2018, the 2nd conference is back. The theme *Tapestries of Grief* reflects the uniqueness and universality of individual and collective grief of the local community, and rallies multiple stakeholders from relevant sectors who interface with those touched by death to share, learn and explore how bereavement care can be better woven to form a compassionate network to hold the space for grief. There will be 3 workshop tracks on Healthcare, Community, Practice.

## Learning Outcomes

- Consider the repertoire of appropriate responses to the needs of the grieving and bereaved
- Build knowledge on grief and bereavement work
- Increase their capability to deliver grief and bereavement care
- Expand their network of service partners across the care continuum in delivering grief, bereavement and death-related services

## Programme

SEP 4-25	<b>Tapestries of Grief</b> (community engagement project) Virtual talks, experiential workshops, community art exhibition for public	<b>Organised By</b>  A Movement By MontfortCare
SEP 20-21	<b>Pre-conference workshops</b>	
SEP 22-24	<b>Grief and Bereavement Conference</b> Keynotes, plenaries, workshops for professionals	 SINGAPORE HOSPICE COUNCIL Living before Leaving

## Featured Keynote Speakers



Associate Professor  
**Lauren BREEN**  
Curtin University,  
Australia



Professor  
**Margaret STROEBE**  
Utrecht University,  
University of Groningen,  
The Netherlands



For queries, please call 6538 2231 or email [gbc2021@singaporehospice.org.sg](mailto:gbc2021@singaporehospice.org.sg)

Scan the QR Code or visit [gbc.singaporehospice.org.sg](http://gbc.singaporehospice.org.sg) to find out more.



# Changing Perceptions on Palliative Care

As part of Singapore Hospice Council's (SHC) efforts in promoting hospice and palliative care and advancing public understanding, SHC conducted a webinar for the National Environment Agency (NEA) Staff Branch of the Amalgamated Union of Public Employees (AUPE) on 7 July 2021. The one-hour webinar is a forum on "Introduction to Palliative Care" and the attendees learned about the concept of palliative care and the community resources for palliative care in Singapore.

"Reaching out to SHC and organising a webinar on "Introduction to Palliative Care" for union members of the NEA Staff Branch was one of the proudest things I had done during this pandemic. Many thanks to Ms Violet Yang and Ms Tay Sin Huay from SHC for delivering an impactful and meaningful session. The short film *The Sketchbook* about the friendship between a young boy with cancer and a palliative care nurse tugged

at our heartstrings and yet debunked the preconceptions we had about palliative care. I was really heartened to receive much positive feedback and overwhelming response in the participation from my union members. I have learnt so much and got so much both from the webinar and organising it. I encourage everyone to volunteer with SHC or link up with them to see how you can help to advocate living and leaving well," said AUPE Vice-President Ms Tan Sze Wei.

AUPE union member Mr Rahim Alwi who attended the session said, "The webinar session was a good eye-opener. I benefited much from the session and realised the topics discussed were of importance and relevance to our normal everyday lives."

Organisations can make use of SHC's Community Engagement Kit to start conversations on palliative care and end-of-life care with staff



or service recipients. SHC's Palliative Care Communicator Training Course (PCC) is free of charge and can be conducted in English or Mandarin. SHC encourages social service agencies to organise the training course for their staff and volunteers, and members of the public. A minimum of three participants is required.

For more information and to sign up, visit [singaporehospice.org.sg/training-courses](https://singaporehospice.org.sg/training-courses)

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## Upcoming Events

**18-26 SEPTEMBER 2021**

**Singtel-Singapore Cancer Society Race Against Cancer 2021 (RAC 2021) - Virtual Event**

**Registration:** <https://raceagainstcancer.org.sg>  
(Till 17 September)

**7-17 OCTOBER 2021**

**Assisi Fun Day 2021 - E-edition**

**Website:** [www.assisifunday.sg](http://www.assisifunday.sg)

**Enquiries:** [assisi@assisihospice.org.sg](mailto:assisi@assisihospice.org.sg)

**OCTOBER - NOVEMBER 2021**

**SHC "Live Well. Leave Well." Palliative Care Talk**

**Time:** 2.00pm - 3.30pm

**Venue:** Online via Zoom

**Contact:** [contact@singaporehospice.org.sg](mailto:contact@singaporehospice.org.sg)

**Registration\*:** <https://tinyurl.com/shctalks21eng>

\*Please indicate your interest in the link and we will contact you via email.

**SHC Exhibitions @ National Library Singapore**

**Date:** Till 30 September 2021

**Venue:** Toa Payoh Public Library  
Level 1, 6 Toa Payoh Central, S(319191)

**Date:** 1 October - 29 November 2021

**Venue:** Jurong Regional Library  
Level 1, Jurong East Central 1, S(609732)

In view of the COVID-19 situation, please check our website [www.singaporehospice.org.sg](http://www.singaporehospice.org.sg) for updates.



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Movement for the Intellectually Disabled of Singapore (MINDS) students assisted with the mailing process of this issue.