

# THE HOSPICE

LINK

JUNE – AUGUST 2018 • MCI (P) 072/01/2018

**A LITTLE BOX WITH  
A LOT OF CARE**

**WALKING WITH  
THE BEREAVED**

**DEALING WITH  
GRIEF AND  
BEREAVEMENT**



SINGAPORE  
**HOSPICE  
COUNCIL**

**PLUS**  
Views from  
the pros

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## Caring for the bereaved

For many people, caring for a terminally-ill loved one is a difficult task. Coping with the eventual loss is just as challenging. Sometimes, in focusing on the needs of the palliative care patients and the care-givers, we neglect those who are grieving the loss.

Caring for the bereaved takes a community. It is with this in mind that the Singapore Hospice Council will be organising Singapore's inaugural grief and bereavement conference in October 2018. It is our hope that this conference will build greater knowledge around the issues of grief and bereavement, and to foster a community to better serve the needs of the bereaved.

There are already angels in our midst who have taken up the challenge of comforting those coming to terms with their losses. Whether it is through sharing their experiences, expressing their gratitude or just lending a listening ear, every little bit counts.

The grieving process may be challenging, but it doesn't have to be a lonely journey. Help is available - whether through counsellors or volunteers, there's always someone. Volunteer Uncle Victor puts it well: "No matter how it is played out, what they reveal or don't reveal, I'm just there for them at that time."

Sometimes, just being there - or knowing that someone is there - is just the comfort the bereaved needs.

Ms Yeo Tan Tan  
Chief Executive  
Singapore Hospice Council

“Whether it is through sharing their experiences, expressing their gratitude or just lending a listening ear, every little bit counts.”



# A little box with a lot of care

*HCA Star PALS' Bereavement Care Package harnesses the courage and compassion of parents who have lost their children to help other parents in the same shoes, grieve.*

**M**aking the final journey with a loved one often feels like going up a steep cliff and what comes after feels like falling off that cliff. Death is part and parcel of life, but for the survivors, it can represent a profound shattering of the world as they knew it. This is especially challenging when a parent loses a child of a young age.

The grief that the parents of our Star PALS beneficiaries experience can be complex - their grief is often mixed with guilt, helplessness, anger and disbelief. Every bereaved parent copes with their grief differently, some are more public and cope by sharing with others about their grief. Others withdraw from the world to mourn privately.

Bereavement needs are varied and personal. Some individuals appreciate more information about the grieving process, while others require frequent assurances that their emotions are normal. All seek solace and acknowledgment.

But many bereaved parents struggle to fulfil their needs alone; parents who are more withdrawn find it difficult to talk about emotions openly. As hospice care providers, we are in the unique position of being the bridge that can close this gap.

## A LITTLE BOX BECOMES A POWERFUL TOOL

HCA Hospice Care's (HCA) Star PALS team finds that one of the most effective ways to address this gap is by facilitating sharing sessions in support of bereaved parents. Thus the idea of a Bereavement Care Package was first conceptualised in 2016.



This idea is for bereaved parents to prepare a customised care package to pass on to parents who are facing the same challenges. Leveraging on the concept of "Paying It Forward", the Care Package is a tool to channel the strength and courage which bereaved parents gleaned from their own personal experience to support parents who have just lost their beloved child. Thus the Little Box of Comfort becomes a very unique tool kit.

This Little Box serves to capture the spirit and essence of courage, resilience, empathy and encouragement, from one parent to another. These boxes are used during an invitation-only memorial event, where the Star PALS team facilitated the "building" of these boxes.

The Star PALS team carefully

curates an array of items from which parents attending the event could choose to customise their own little care packages. These items include: calming teas, scented candles for relaxation, comforting soft toys, a photo frame to contain precious memories. All are mindfully selected to induce peace and serenity.

Also included are notes crafted by our Star PALS counsellors to equip parents on making informed decisions about their grief journey. A final and probably the most meaningful inclusion is a personalised, hand-written note by the parents, offering words of comfort and encouragement.

Following the death of a child, the Primary Nurse or Medical Social Worker will present the box to

the family, explaining its purpose and background information on the family that prepared it. The parents are then free to decide an appropriate time to open the box.

## DRAWING STRENGTH FROM OTHERS

Over the course of running this initiative, a very strong thread has come through: courage and compassion.

In their letters, bereaved parents willingly shared their own personal journeys of heartache and sorrow, but yet offered uplifting messages of grace and resilience. Some even offered their support for those who were still struggling to come to terms.

Parents who received the boxes were often hesitant, but curious. Different parents found value in different things: some appreciated the tea sachets, while others treasured the photo frames, which

were used to enclose their favourite memory of their child.

The counsellor's notes also facilitated conversations about coping, grieving and cherishing special moments. One parent even found comfort in learning that there were others who shared her pain, and appreciated information on how to help her surviving children.


## MEANINGFUL MESSAGES

Of all the items, the handwritten notes made the most impact. These messages of hope and remembrance encouraged both groups of parents to initiate conversations about the family, the child and their personal challenges. It was amazing how a little note sparked a shared compassion which then became a common ground for bonding. Recipient parents were touched by the emotional statements in the notes and found the perspectives a source of hope. One bereaved

parent shared: "Reading the letter somehow made me feel more connected to others, as they have the same experiences as me."

Even in this difficult time, newly bereaved parents were able to rise above their grief to demonstrate charity in compassion for others. Similarly, recipient parents were inspired to then pay it forward. Some were so motivated that they expressed their wish to write their messages immediately.

## WE RISE BY LIFTING OTHERS

Through this initiative, one major learning point became clear: grief is a shared journey that connects all. At HCA, we view bereavement as an integral part of our service excellence and ensure that emotional, social and physical resources are always available to enable parents to navigate this journey with integrity and peace of mind. 

Opposite page: Parents willingly shared their own journey of grief  
This page clockwise from right: Bereaved parents were able to rise above their grief to pen notes of hope; Messages of hope and remembrance encouraged both sets of parents; A little box that becomes a powerful tool.



WORDS & PHOTOS HCA HOSPICE CARE



# When grief finally hits home

While it is hard to care for terminally-ill loved ones, it can be harder to cope with the eventual loss. MWS Home Hospice medical social worker Edlin Hu highlights the grief and bereavement management work undertaken by her team.



**W**hile death of a long-ailing loved one can be anticipated, grief can still hit the primary caregivers hard. The families of terminally-ill patients caring for them at home would have walked an emotionally trying and physically exhausting journey. Coming to terms with their loss would be difficult, especially when it happens right at home after many long months, or even years, of caregiving.

The services of MWS Home Hospice (formerly known as Agape Methodist Hospice) go beyond attending to the terminally ill in their twilight days; it also involves caring for the emotional well-being of a patient's family or primary caregivers throughout the entire period.

**Q. How does MWS Home Hospice prepare families and caregivers for a patient's eventual passing?**

A. Pacing is important in our line of work. Discussing disease trajectory and the disease management plan has to take place, we call it "breaking collusion".

First, we find out how much information the patient and family members have been given by the hospital regarding the disease trajectory. If the information has been clearly explained by the principal doctor, it will be easier for the family members to accept the news. If they have not been informed, we assess how ready they are, before deciding how much information they can handle.

For example, if the patients risk becoming depressed and refuse to eat after finding out, they may decline more rapidly than predicted. In this situation, it would not benefit them to know everything. There is no "one size fits all" approach. Our first session usually involves a discussion on where they want to live out the rest of their lives, or their last wishes.

WORDS NICOLE TAN, COMMUNICATIONS & ENGAGEMENT, METHODIST WELFARE SERVICES PHOTOS METHODIST WELFARE SERVICES



Opposite page: MWS hosts a monthly memorial service to help the bereaved grieve and find closure; this page from left: White roses are given out to participants of the memorial service, to symbolise the relationship they had with the departed.



Our goal is to help patients and their families face each day with a greater peace of mind. We facilitate communications between patients and family members, reducing anxiety by making sure everyone is on the same page.

**Q. Tell us more about your post-death support.**


A. We offer bereavement support through various means: phone calls, house visits, or attending the wake. It depends on the needs of the bereaved. If they need more hand-holding, we visit them to help them process their thoughts and emotions. On the other hand, if they appear to be coping well, we simply call to check in on them. Should they need more counselling or chaplaincy services, we arrange them.

In assessing whether someone needs more follow-up, we take into consideration how sudden or shocking the death was; how accepting the family is of it; and whether the death was by suicide or disease progression. More importantly, it is about how functional the bereaved is: are they eating and sleeping well? If they are not, it is a sign it is a complicated case that requires more attention.

**Q. What else do you do to help the bereaved move on?**

A. We hold an annual memorial service every October. The service is for everyone, regardless of religion or race, and its purpose is to collectively remember and honour the patients lost.

Collective grief can be helpful, so during the service, we encourage family members to share what the patients meant to them, and how deep the loss was for them. We put up photos of the patients and family members in happier times, and play songs like "You Raise Me Up". This has special significance for the family because it creates a safe space for mourning openly.

We also give out white roses at the service, so the bereaved have something physical to hold and to leave with. It symbolises the relationship they had with the patient, which lives on in their hearts. 

To find out more about the integrated and holistic services that MWS provides for its beneficiaries, please visit [mws.sg](http://mws.sg).

**REAL-LIFE CASE:**

Edlin recalls a case involving a Malay patient who was only in her 50s. She could not let go of many issues due to her relatively young age and difficult past. She was also very attached to her young grandchildren, all of whom lived with her as she was raising them.

She managed to say goodbye to her beloved grandchildren before she fell into a coma. It was their culture for the patient to bless surviving family members and to seek their forgiveness. She gathered them, and one-by-one, she asked for their forgiveness for her perceived sins. In turn, she forgave her family as well. This gave them closure and prepared them for their limited time left together.

The family originally had issues grappling with her impending demise due to her relatively young age. They did not give up on her after chemotherapy failed to work. They explored alternative therapies in the hope that she would recover. After going through the ritual of blessing and seeking forgiveness, her surviving family members were very accepting of her death, and no form of complicated grief developed.



# She was my pillar of strength

*A husband's take on caring for his dying wife, coping with her death and caring for two young children.*

**F**orty-eight year old Mohamed Fadil is a single parent to his two sons, aged 15 and 4 years old. His wife, Dahlila, has just recently passed away. Aware of the impact of the mother's absence on his two sons, he now spends more time with them. It is not only to show his emotional support for the two kids, but is also his way of coping with his own grief.

## THE LOVING HUSBAND

Dahlila was diagnosed with breast cancer nine years ago and received early treatment. All was well until she had a relapse in 2014. She was then sent to Bright Vision Hospital (BVH) for rehabilitation for five months. In 2017, her cancer spread to her brain and bones. Following an operation to strengthen her hips and right arm, Dahlila was admitted to BVH again for palliative care. From then on, Fadil knew her days were numbered.

The initial shock was not easy to process. But to make sure his emotions did not affect his wife, Fadil encouraged Dahlila to live her life as normally as possible when she was hospitalised. They had breakfast and dinner together every day, and made a point to communicate with



Fadil had to find strength to care for his children while coming to terms with his wife's death.

each other as much as they could. She would laugh at his silly jokes and he would listen attentively while she poured out her emotions, all the while masking his own sadness and frustration.

Amid his hectic daily routine with work and caring for his wife, Fadil also had to fulfill his responsibility as a father. He would steal some time for his sons who were living with Fadil's sister. He visited them three times per week. Undeniably, it was difficult to multitask but he tried his best and was fortunate to receive all the


support he needed from his family members and his sons' teachers.

## FINDING NEW STRENGTH

When Dahlila passed away, he felt that part of him was gone. "Things are just not the same without my wife," Fadil said. "I overcame many struggles while caring for my wife, because in many ways, she was my strength. I wanted to be always by her side, for better or worse."

But apart from being a husband, Fadil is also a father of two young kids, who have lost someone important in their lives too. He has to be strong for them: "They are my priority in life now. I am a single parent, but I will give my best to them."

It has been a painful journey for Fadil and his sons, but they have memories of her to help them get by.

"I cherish every moment with my wife and I want to keep the memories intact. My sons are part of the memories of her too," Fadil said. 

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“I cherish every moment with my wife.... My sons are part of the memories of her too.”

# Suddenly

*Death is no stranger to palliative care nurses. Yet, when SSN Wang Liyun received news that a patient of hers passed away overnight, she was overcome with grief.*

**“Y**ou must be very immune to death and dying since it is so common to you”.

“Your heart must be numb by now after seeing so many deaths”.

These are just some of the common remarks I receive from people when they find out that I am working in palliative care. I will just reply with a smile.

I remembered vividly that it was a usual and lovely Sunday.

Sunday is my day off from work, a day of gathering with family and friends, and a day of quietness and relaxation. But, on this particular Sunday, I received a piece of shocking news from my colleague: one of our patients had deteriorated and died, over a matter of hours, the previous night.

Suddenly, my mind went blank, my world stopped moving, and fears and sadness was engulfing me. I burst into tears with a churning sensation in my chest. I knelt down on the floor.

“Why so sudden?” I asked myself after I was brought back from the shock by my family. At that moment, I knew that I was grieving badly over the loss of this patient who was under my care.

Anything can happen to anyone, at any time, in any way. That is one fact of life I have learnt at work. Yet, when it happened, I still felt shocked by her demise. She was young. She just came to hospital for an investigation of her symptoms and was waiting for biopsy result. She looked as normal as us.

What about her family? I believe that “sudden” was not expressive enough to describe the impact of this blow to them. It was so hard to believe. How are they going to grieve with this sudden loss and move on with life that has turned upside down in a few hours' time? I was very worried.


Later, I started to analyse carefully why it was so fast and so sudden, and why I was so sad and unable to come to terms with what happened.

I felt a little guilty. I blamed myself for not being competent enough, not being careful and cautious enough, and not perceptive enough.

No one was prepared for this outcome, especially the family. The family must be blaming themselves for not bringing her to get diagnosed earlier, so proper treatment could be started, and she would not die so fast and so suddenly. They must feel it is so unfair; she was so young yet she just left suddenly without leaving a last word behind. How guilty, regret, sad, or even angry the family could feel was really beyond my imagination.

My other thoughts are how the family can find closure for their sudden loss, how the family would move on with life, how long they would take to move on, or if they could be able to move on at all.

I know I am grieving because she was my patient, and she died suddenly, beyond my prediction. I know grief is the emotional response to a loss and it is a normal reaction, but there are factors that affect the grief process and grief can be prolonged, complicated, and even becomes unhealthy. I know someone must do the follow up work with the grieving family to help them at this most difficult moment of their life.

Each death is unique. I know that I am not immune or numb to any death, because I still feel sad, touched, helpless, and even angry with each death. In fact, I always learn something from each death and that help me grow personally and professionally, so I can help others better and cope better with my personal life crisis or complicated situations at work. 



WORDS: SSN WANG LIYUN, CGH PALLIATIVE CARE NURSE  
PHOTO: VIET VANG - UNSPLASH

WORDS & PHOTO: BRIGHT VISION HOSPITAL

# Walking with the bereaved

An interview with Dover Park Hospice volunteer Victor Lam on checking in on bereaved caregivers and family members.



**Q: Victor, can you tell us a bit about yourself? What was your career path like?**

A: I'm 71 years old, and I retired 6 years ago. I started my career as a lecturer before going into Human Resource. I then went into business development. I had my own company, but subsequently sold it and went into social work and counselling for about 18 years.

**Q: What is it about social work and counselling that drew you to that field?**

A: It's mainly the one-to-one aspect. That appealed to me more than stocks, products, sales and the like. If you're doing other things like management, you tend to look at figures and big things. I prefer to do what I'm doing now - just the one-

to-one. It's more impactful, and it goes deeper both ways.

**Q: What is it about DPH that led you to volunteer here?**

A: In 2002, I took a sabbatical here for a few months. That's how I started. Then I thought, maybe there is a niche to be filled where one needs to walk with the bereaved during the first few months after the death of their loved ones. And that's why we have this phoning up task.

**Q: Are you the only one doing this job?**

A: To begin with, yes. Now we have two other volunteers who come down on Saturdays to do it with me.

**Q: Can you elaborate on what your role entails?**

A: We come in, look at the list the medical team gives us. I will receive information on the patients' deaths, and note what other information the medical team highlighted certain things. Following the notes, us volunteers will start calling families who have been bereaved for about a month and find out how they are. It's very simple. The only thing is we have to be alert to the more complex cases. So, we need some training and sensitivity for that. Otherwise it's just a "how are you" call.

The wonderful thing is they do not expect this kind of call. They are very pleasantly surprised that there is follow up and there's still care from the hospice after their loved one had passed away. I get quite a few remarks like, "Oh, do you do

this for everybody?" It's not a very big thing and not something they expect, but they appreciate it.

**Q: How do you prepare yourself before you start calling family members?**

A: I come in with an open mind. Each case is different. My preparation is to call and be open to what they tell me, and what they don't tell me.

**Q: What is a response you encounter a lot?**

A: There will be hesitation. They don't know where you've come from. They will ask: "Why are you calling?"

We need to be assuring and, at the same time, non-judgemental. Sometimes, we will talk about their financial worries and family disputes. Sometimes, we need to draw a line, because we volunteers don't do counselling. At the same time, if we see certain issues, we will refer it back to the attending Medical Social Worker.

Other times, though less common, the family member might feel that they are not getting over the death of their loved one. So I follow up with them in a week or two, with their consent. It's important to remember that each individual is unique in the way that they articulate their grief. Most people need attention. On the other hand, last month, I had someone who told me they don't need any more of these calls, which is fine too.

**Q: What is the most difficult thing about calling up the bereaved?**

A: Sometimes you have to handle the anger. It could be about the doctors or nurses. They may ask: "Why did they not give the patients water when they were so thirsty?" But there are medical reasons for that, you know? So I just hear them out. They're not angry at me, although I am the person listening to them at that moment. It's okay. I just remain

calm. In the end I would ask them: "Well, would you like someone to call you back and explain all these things?" Usually they don't bother. So it's an indication of the way they cope.

**Q: What would you say the role requires of you?**

A: My role is one of accompanying someone through a grief process. And no matter how it is played out, what they reveal or don't reveal, I'm just there for them at that time. Very simple. Sometimes it's difficult to do because you don't give opinions or solutions - you don't try and solve anything.

**Q: What have you learnt about grief and bereavement through your volunteering experience?**

A: I read this somewhere and it stuck with me: on hearing people talking about grief and dying, and even the dying themselves

talking, everything can be summarised into these three statements: "I thank you", "I'm sorry", "I love you". Everything goes into that. And this has been consistently the case. Even anger, hatred, regret, love, all goes in there. You can look at it the other way round. Your relationships will be better if you are able to fulfil these 3 statements. It is not meant to be a template, but it helps you to understand how simple it all is.

**Q: How do you think people can help others get through grief and bereavement?**

A: Keeping an open mind to the person that is grieving. That has to be the beginning. First of all, you have to earn their trust. Earn their confidence, or else they won't talk to you. If they do have walls up, they will tell you. That's fine. It's okay. Talking to the bereaved is not something you do, or fulfil. It's not a task. ☺

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My role is one of accompanying someone through a grief process. And no matter how it is played out, what they reveal or don't reveal, I'm just there for them at that time. Sometimes it's difficult to do because you don't give opinions or solutions - you don't try and solve anything.”





# Remembering loved ones

*St Luke's Hospital has served about 100 patients since its purpose-built palliative care ward opened on 15 December 2017. The inaugural memorial service on 10 March 2018 was held for caregivers to remember loved ones and for hospital staff to pay tribute to the patients they had cared for. Here are some of their stories.*

## EACH DAY IS A BLESSING

Chan Chin Hoong's wife was diagnosed with a major illness. On hearing the diagnosis, Mrs Chan smiled and said: "No problem, each day is a blessing." She outlived her prognosis by six months, with her last month spent at St Luke's Hospital. Mr Chan thanked the hospital staff who brought his wife to Gardens by the Bay when she couldn't walk or see well. He said the doctors and pastoral care staff "gave encouragement to my wife, and also myself in taking care of her". His family spent their last moments with Mrs Chan in a private room. At the end of his sharing, Mr Chan played a recording of a song that his wife sang a month before she passed away.

## UNCONDITIONAL LOVE

Julia Tan felt stressed caring for her late mother, Lim Kim Kee. After her mother's admission to St Luke's Hospital, Julia was grateful to the hospital's palliative care team. "They helped improve the quality of life for my mother and family. They provided relief from pain, physical and mental stress, and offered moral support", she said.

Therapists showed photographs to Mdm Lim so she could "remember her love for her husband and family". When Mdm Lim wanted a haircut as a last wish, she got it from a volunteer. Julia said her mother loved the haircut "very much". "Thank you for demonstrating unconditional love to our mother. Your actions motivate me to

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The nurses really took care of her and cheered her up. The therapists kept her occupied with activities such as drawing, colouring and even water colour painting.”

want to be a responsible and caring daughter to continue taking good care of my father.”

## HIDDEN TALENT

Johnson Goh's mother, Tan Chwee Hong, could not lift up her left arm and her right arm was weak. Johnson said: "The nurses really took care of her and cheered her up. The therapists kept her occupied with activities such as drawing, colouring and even water colour painting". Johnson didn't know his mother could colour so well, especially with her condition. Mdm Tan was proud of her artwork and would show them to her family. She also spent time writing letters to them. When Mdm Tan had to spend her 79th birthday in hospital, Johnson told ward staff he would buy a cake for a simple celebration by her bedside. To his surprise, the staff prepared a room for a private family celebration. She passed away one week later.

## LEARNING THROUGH THEIR LIFE STORIES

Cheryl Lee, an occupational therapist at St Luke's Hospital, said that her patients impacted her life. They opened her eyes "to different perspectives through their life stories and wisdom", which will help her to grow. She ended her sharing with a song "Everything's alright", a message she felt patients wanted to give their families. 🎵



Clockwise from opposite page: Julia Tan (first from right) with her late mother and family; Mrs Chan (seated) with her family and St Luke's staff at Gardens by the Bay; Johnson Goh (front row, left) with Mdm Tan Chwee Hong (centre) and family.

## ST LUKE'S HOSPITAL PALLIATIVE CARE WARD

St Luke's Hospital has a dedicated palliative care ward to bring care, comfort and dignity to patients in their last days. The ward includes a single room for use in patients' last moments. A multi-disciplinary team of doctors, nurses, therapists, pharmacists, social workers and pastoral care staff work together in the specialised ward. The team also supports caregivers in their caregiving journey.

St Luke's Hospital cares for the whole person, recognising that people have more than just physical needs. They also have emotional, spiritual, psychological and social needs.

Recognising that no two persons or their families are the same, our care is individualised. We work as a team partnering with families and communities to deliver care with compassion and respect. We seek to empower our staff and provide patients, clients and caregivers with choices regarding quality of life. We partner caregivers and other service providers to deliver a wide range of care in a coordinated manner.



# Manoeuvring grief and bereavement in palliative care

*Losing a loved one is never easy. Assisi Hospice strives to help patients and their caregivers cope with the inevitable loss.*

**E**ver wonder what is on the mind of a Hospice Social Worker at work? Puzzles.

How many Hospice Social Workers does it take to change a lightbulb? One, but the lightbulb must want to change.

In Assisi Hospice, our Psychosocial Support Services (PSS) team is empowered to see end-of-life and bereavement care as an important part of our role. We build Social Work leadership and support the needs of practitioners through capability building, reviewing and renewing the impact of our work.

As psychosocial care clinicians, we develop a good eye for holistic view of a person within his or her environment, and especially where several systems inextricably connect and influence one another. At times, we work on the need to strengthen one part of the system to improve the whole. At other times, we assist patients and/or their significant others in navigating systems and connecting them to useful resources.

Our professional familiarity with effective use of ecomaps and family genograms, understanding of one's attitudes, values and cultures, alongside our knowledge and application of the models of grief, guide our work in supporting and meeting the specific needs of each person. This contextual understanding of behaviors comes with professional training, skills set and theoretical frameworks that guide us as practitioners towards the most appropriate interventions.

We cannot emphasise enough how important it is to be instrumental in pacing with patients and their significant others to express what is important to them. We practice wisdom in supporting people in talking openly, or not, about dying and bereavement, indicate preferences and make choices.

This may involve supporting families to make decisions with and for young people and children, legacy work, and legal work. We coordinate and advocate for the provision of care by considering unmet needs such as financial strain, availability of caregivers, unspoken voice. We initiate and facilitate discussions that navigate and resolve any

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Each person's experience of grief and bereavement is unique and personal. In life and in bereavement, it is about the supportive community we have around us.”



Assisi Hospice holds a quarterly Inter-Faith Memorial Service to honour those who have passed.

differences impacting the care of the patient. We also take care of all others.

In hospice care where intense emotions may arise, the PSS team is acutely observant of the emotional reactions from patients, their significant others, as well as fellow hospice team professionals. Our team is mindful in our efforts to balance the need to ensure the spiritual, cultural, social, psychological and practical needs of the patients and significant others are supported appropriately, and the need in supporting colleagues in their professional practice. With wisdom learnt from the people we serve, we know that sometimes we do more by doing less. And at other times, we need to hear the unspoken and see the unexpressed.

In bereavement support, spending time just being with the bereaved person, when done appropriately, supports them in maintaining healthy connections with the deceased family member through memory, reflection, ritual, or dialogue about the deceased and with the deceased.

Currently, there is still a lack of capability and capacity in the community to support bereaved persons. Hence our team seeks to fill the gap as

far as possible, through reaching out to these individuals and provide them with the needed support during this difficult period. There is no agenda to get a bereaved individual to “move on” or “find closure”.

Our team is well supported through debrief and supervision to upkeep our standards of practice and take care of our emotional well-being as individuals as well as a team.

The Inter-Faith Memorial Service (IFMS) held quarterly is an excellent demonstration of the hospice service values. Where all faith and religious leaders gather, we remember and honor the sacred lives of those who have departed. It is also a treasured time when bereaved persons get to meet and speak with fellow bereaved individuals as well as the professional caregivers and volunteers who have been a part of their journey. This experience is often meaningful and therapeutic, even without having many words said.

Each person's experience of grief and bereavement is unique and personal. In life and in bereavement, it is about the supportive community we have around us. 🕯️



# Good life, good will, good end

*Learning about end-of-life matters goes beyond the practical and pragmatic; it is also about finding closure.*

**H**uddled together on a stormy Saturday morning in January at the Khoo Teck Puat Hospital (KTPH) Learning Centre, 293 people braved the rain to attend the Mini Medical School (MMS). Organised by the hospital, the MMS is a health education programme on end-of-life matters. Over three Saturdays in January, eight distinguished speakers from the hospital and community gave lectures on advance care planning, grief and bereavement, and palliative care issues.

The first speaker for the programme was Dr James Low, Senior Consultant with KTPH's Department of Geriatric Medicine. He asked the audience light-heartedly: "So, how would you like to die?"

He gave them a few "options": (a) sudden death, (b) chronic

degenerative disease, (c) advanced cancer or (d) end stage organ disease. He then showed graphical life trajectories of these four scenarios.

Not unexpectedly, attendees overwhelmingly chose option (a) sudden death. This was despite Dr Low's caution that the majority of those who die a sudden death do not die "peacefully" in their sleep. Instead, they were more likely to have suffered a traumatic encounter, and tend to leave behind unresolved business.

"Most people aren't afraid to die, but they are afraid of suffering from symptoms like pain or breathlessness and leaving behind unfinished business," said Dr Ong Chin Fung, Senior Consultant, Family and Community Medicine at KTPH and head of the MMS planning team.

"We knew we had made an impact on the learners and their


understanding of death and dying when we surveyed them at the end of the three MMS sessions again. Responses showed that more students understood the importance of addressing the topic of death and what it entails," Dr Ong added.

## LETTERS TO THE STARS

Attendees of January's MMS were also tasked to submit assignments. Titled "Letter to the Stars", the attendees were given an option of creating an artwork or writing letters or poems to console someone who was grieving, to their loved ones who have passed on, or write their own eulogies. The exercise provided an avenue for MMS attendees to reflect on life, death, and dying.

"While penning down my entry, the dark part of me that was with me for so long seems to be gone. They don't have power over me anymore. The letter I wrote brought about closure and a sense of relief," wrote an MMS attendee in her poignant submission - a letter to her father who passed away when she was a child. "I'm grateful to the wonderful team of doctors and health workers who talk about death with us."

Recurring themes such as expressing love, gratitude and pain, confronting mortality and leaving a legacy have surfaced from these letters.

The submissions have inspired the MMS team to publish a book based on these themes. The team hopes that this publication will provide readers insight into the grieving and healing process, and through it, find closure in their personal lives. 

WORDS: ONG MIN LI, EXECUTIVE, ADVANCE CARE PLANNING, KHOO TECK PUAT HOSPITAL PHOTO: JACKIE CHUA



Calling all social workers, counsellors, therapists, doctors, nurses, educators, faith workers, funeral directors and other professionals in grief, bereavement and death-related services. Join us at Singapore's first-ever grief and bereavement conference, GBC2018 – Our Collective Voices.

Organised by the Singapore Hospice Council, in partnership with the Art Therapists' Association Singapore, the Association of Music Therapy (Singapore) and the Children's Cancer Foundation, the inaugural Grief and Bereavement Conference 2018 (GBC 2018) will be held at Furama RiverFront Hotel on 31 October and 1 November 2018.

The conference will feature over 40 international and local speakers – practitioners, academics and senior management, devoted to the field of grief and bereavement care. Renowned keynote speakers – Professor Carl Becker, Professor of Medical Ethics and Policy, Kyoto University; and Mrs Debbie Kerlake, former Chief Executive of Cruse Bereavement Care, UK – will bring insights from Japan and the United Kingdom respectively, and will be joined by Ms Connie Chu, Chief Operating Officer of Society for the Promotion of Hospice Care to update on grief work in Hong Kong.

GBC 2018 boasts of three different tracks: Head, Heart and Hands. Participants can choose to build their knowledge, skills and participated in self work to enhance their capability to deliver grief and bereavement care. Learn how to support grieving children, youth, bereaved spouses, parents and elderly. Join us at GBC2018 for a time to share and network with service partners across the care continuum.

Log on to <https://gbc2018.org.sg> to find out more and download the registration form.

### Pre-Conference Workshop

29 - 30 October 2018

### Main Conference

31 October - 1 November 2018

### Post-Conference Workshop

2 - 3 November 2018

### Public Talk

2 November 2018

For queries, kindly email the Conference Secretariat at [gbc2018@singaporehospice.org.sg](mailto:gbc2018@singaporehospice.org.sg) or contact us at +65 8823 3686.

### SPEAKERS



**Ms Connie Chu**  
Chief Operating Officer, Society for the Promotion of Hospice Care, Hong Kong



**Professor Carl Becker**  
Professor, Policy Science Unit, Kyoto University, Japan



**Mrs Debbie Kerlake**  
Former Chief Executive Officer, Cruse Bereavement Care, United Kingdom



# How to support someone in grief?

National Cancer Centre Singapore Medical Social Worker Ng Yong Hao (YH), sat down with Master Medical Social Worker and Psychotherapist (Satir) Dr. Gilbert Fan (GF) in an interview to ask about grief and how should one, health care professional or otherwise, provide appropriate care to a person in grief.

**YH: What is grief?**

**GF:** Grief is a normal process of acknowledging and adapting to changes in lifestyle or a loss. Such change or loss can range from seemingly mundane matters like your favourite sports team losing a match to grave issues like being diagnosed with critical illness, such as cancer.

Grief can be an intense experience for a patient who lives with cancer. Most, if not all, areas of his or her life will be affected. Such areas include the practical, relational, emotional, and even spiritual aspect of the patient's life. Usually the close ones around the patient will also share in the grief.

Grief is an individual and subjective experience. There is no one single standard of response to the loss. Nobody grieves exactly the same because we are just different. Once we are able to recognise this, we can then tailor our responses to and support for the patient. I often say this to the attendees of my workshop on grief: "Grief is about a broken heart, not a broken brain."

**YH: What is a common grief issue in cancer?**

**GF:** A common grief issue in cancer, or any major health crisis, is "acceptance". A cancer patient and their close ones often ask: "Why me?" Related questions include: "Why am I the one to have cancer?", "Why do I have such bad



Mr Ng Yong Hao (left), in an interview session with Master Medical Social Worker and Psychotherapist (Satir) Dr. Gilbert Fan

luck?", and "What did I do to deserve this?". These questions reveal the underlying issue of non-acceptance. Patients need to put up a good fight before admitting any defeats.

This is a common and important issue to address because it potentially affects how a patient and their families cope. It could also have a potential effect on the medical progress of the patient whereby he or she finds it difficult to follow through the prescribed treatment. If a patient finds it hard to achieve a comfortable level of acceptance, it may lead to a more serious level of psychological and emotional coping issue, such as clinical depression. Patients need to make meaning of their cancer, living with cancer and life after cancer.

**YH: How could one attend to a patient who is grieving, especially over having cancer?**

**GF:** Be present and listen deeply. We cannot take away the pain of loss. The reality is that we do not know what another is feeling, especially in grief. The best we can do is to make our presence felt through mindful and sensitive conversations and actions. We should spend more time listening to the patient than speaking and sharing our thoughts. Remember that it is about that patient's emotions and grief on the loss of health. Essentially, the role is to be there, alongside the person in his or her pain.

In conversing with the patient, we should try to focus on the person and not on the cancer itself. This

is how we may be able to strike a sensible, meaningful and appropriate conversation. For example, we can ask questions such as: "I'm sorry to hear this. I'm concerned about how you are doing right now. Do you mind if we talk about it?" or simply, "How are you now?". This is in contrast to the quite commonly heard: "What is your cancer stage? What has the doctor told you about your treatment?". The former set of questions focuses on the

person while the later set of questions focuses on the cancer.

**YH: How would one know that they are ready to support someone in grief?**

**GF:** No one is completely ready to support another in grief. What it takes is a person who is attentive to verbal and non-verbal cues to know what to do appropriately. For example, look out for cues to listen more, to

attend to the hurts, to allow time for privacy etc. One must be emotionally stable to help another to grieve. Emotional stability is facilitated by one's careful attention to one's own reactions / responses to difficult information / situation. It requires one to continually reflect and garner peer support when necessary; this is usually a routine in the helping profession. 🗨️

## Tips for Caregivers

**DR JAMIE ZHOU**

Resident Consultant (Palliative Care), St Joseph's Home

*One of the most painful human experiences is to lose a loved one. When a loved one dies, life never is the same again and you are left with a huge void. Some say time heals, while others say you have to go through the 5 stages of grief: denial, anger, bargaining, depression and acceptance. But it is more complex than that.*

**Caregiver tip #1: Grief is a multidimensional experience.**

Grief is not merely an emotional experience, but it has other dimensions:

- Physical: grief might manifest as headaches, chest discomfort, poor appetite, sleep problems, etc.
- Mental: loss of concentration and attention, forgetfulness, recurring thoughts, etc.
- Emotional: feeling sad, tearful, depressed, anxious, irritable, angry, etc.
- Social: withdrawn, feeling lonely even with company, loss of interest in social circle, etc.
- Spiritual: questioning the meaning of life, angry with God, preoccupation about afterlife, feeling the presence of the deceased, etc.

These are common experiences of grief, and you may benefit from seeking additional help, from trained counsellors, psychologists, psychiatrists or spiritual support, as needed.

**Caregiver tip #2: It is normal to feel many things at once.**

The grieving process does not occur in an orderly 5-stage fashion. You may experience many emotions at once, and this is normal. Therefore, do not be demoralised if you find yourself backtracking from acceptance to bargaining, or from feeling calm to feeling overwhelmed. The reality is that grief feels messy and endless.

Take comfort that the heart that grieves is the same one that loves and endures. Chances are, in between the surges of intense grief, you will have time to live and function, until the void becomes a part of you.

I have been a witness to many bereaved families, and I am always in awe of the resilience that each human heart carries. Remember, you are not alone in this universal human experience. 🗨️





# Upcoming Events

**9 - 10 JUN 2018**

**Live Well. Leave Well - SHC**

**Community Engagement Event**

Join the Singapore Hospice Council and our member organisations at our 2018 Community Engagement Event for interactive booth activities, talks and live performances to find out what it means to live well and leave well.

**Venue:** Bedok Town Square

**Time:** 10:00 am to 5:00 pm

**Contact:** secretariat@singaporehospice.org.sg

**24 JUN 2018**

**Assisi Fun Day 2018**

Mega fun fair with 150 stalls of food, fun and shopping.

**Venue:** SJI International School, 490 Thomson Road

**Time:** 10.00am to 4.30pm

**Contact:** lilian.lee@assisihospice.org.sg or call 6832 2880

**22 JUL 2018**

**Singtel-Singapore Cancer Society Race Against Cancer (RAC) 2018**

Singtel-Singapore Cancer Society RAC 2018 is a race to save lives.

Organised by the Singapore Cancer Society, RAC aims to raise funds for cancer treatment subsidies, welfare assistance, cancer rehabilitation, hospice care, cancer screenings, research, public education and cancer support group initiatives.

**Venue:** Angsana Green, East Coast Parkway

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

**3 AUG - 16 NOV 2018 (EVERY FRIDAY)**

**Palliative Care Course for Social Workers (Basic) 2018**

This is a basic certificate course in the foundational principles and practice of palliative care, designed specially for social workers across all settings.

**Venue:** Assisi Hospice, 832 Thomson Road, Singapore 574627

**Contact:** [lcpc@duke-nus.edu.sg](mailto:lcpc@duke-nus.edu.sg) or visit <https://duke-nus.edu.sg/lcpc/course-catalogue>

**12 - 15 SEP 2018**

**Participatory Theatre - LAST DANCE**

Held in partnership with Yishun

Health, this participatory theatre invites the community to participate in creative dialogues on difficult issues surrounding end-of-life decisions.

**Venue:** Chong Pang

**Contact:** [connect@bothsidesnow.sg](mailto:connect@bothsidesnow.sg) or call 6324 5434

**20 SEP 2018**

**HCA Charity Golf 2018**

**Time:** 11.30am -9.00pm (Tee-off at 1.00pm, dinner at 6.30pm)

**Venue:** Singapore Island Country Club, Island Course

**12 - 30 SEP 2018**

**Arts Installation - LEGACY**

See the artworks created by a group of seniors from Chong Pang and hear their stories on the topic of Living Well, Leaving Well. The artworks were created in a series of artist-led workshops. Held in partnership with Yishun Health.

**Venue:** Various locations @ Chong Pang

**Contact:** [connect@bothsidesnow.sg](mailto:connect@bothsidesnow.sg) or call 6324 5434

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