THE HOSPICE LINK

JUNE – AUGUST 2025 • MDDI (P) 083/03/2025

Honouring our past, shaping our future

SINGAPORE
HOSPICE
COUNCIL

30
YEARS OF
CARING TOGETHER

SHC MEMBERS

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www.ktph.com.sg

KK Women's and Children's Hospital
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Lien Centre for Palliative Care
Duke-NUS Medical School
8 College Road, S(169857)
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www.nccs.com.sg

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hospice@singaporecancersociety.org.sg

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sghfeedback@sgh.com.sg

SingHealth Community Hospitals (Outram Community Hospital, Sengkang Community Hospital)
10 Hospital Boulevard, S(168582)
T: 6970 3000
www.singhealth.com.sg/SCH

St. Andrew's Community Hospital
8 Simei Street 3, S(529895)
T: 6586 1000
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36 Jurong West St 24, S(648141)
T: 6268 0482
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general@stjh.org.sg

St Luke's Hospital
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general@stluke.org.sg

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11 Jalan Tan Tock Seng, S(308433)
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CONTENTS

2 SHC Members
3 Executive Director's Note
4 Bonding in Care
8 Honouring our past, shaping our future
12 Visionaries and pioneers who built palliative care in Singapore
14 Home: the final rest
16 A vision of compassionate care
18 From legacy to the future
20 Growth in service to the community
22 A clear and early intervention
24 Ask the experts: Breathe easier
28 Join our palliative care champions group on Telegram!

Make a Donation!

Singapore Hospice Council (SHC) is committed to improving the lives of patients with serious life-limiting illnesses and to giving support to their loved ones. Support SHC today to impact lives.

**Cash donations are eligible for 250% tax deductions.*

EXECUTIVE DIRECTOR'S NOTE

PHOTO **FREEPIK**

This year marks a very special milestone for the Singapore Hospice Council — we turn 30.

As we mark this milestone year, we take time to pause, reflect and recommit. Our theme for this special issue — "Honouring Our Past, Shaping Our Future" — captures our acknowledgement of pioneers who walked the path before us and our gratitude for the many hands and hearts of palliative care providers. We are grateful for the trust of patients, families and caregivers who believe in a more compassionate way of care for the final journey and to you, our readers and community, who continue to walk with us, reaffirming our determination to forge ahead with renewed purpose.

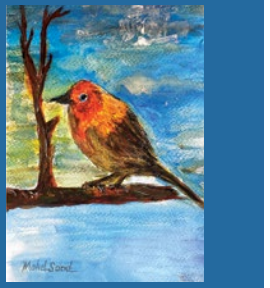
This issue recognises the individuals and organisations who laid the foundation for hospice and palliative care in Singapore, many of whom are featured in this issue. Turn to page 12 to read Professor Pang Weng Sun and Associate Professor James Low's celebration of the visionaries and pioneers of palliative care. See how HCA Hospice's founding commitment to caring for patients in their homes influences their work today on page 14. Travel back in time on page 16, as Dover Park Hospice takes you through the evolution of the first purpose-built hospice in Singapore. Their stories remind us that it takes courage, vision and heart to do this work.

At the same time, we understand that our journey is even more vital now as Singapore's population super-ages. Needs have evolved, so has the way we provide palliative and hospice care, therefore the Singapore Hospice Council is still committed to public education, community engagement, collaboration and innovation. We're shaping the future with our member organisations, our partners, and you — so that every person and family facing life-limiting illness can receive the support they need, when they need it. As we bring palliative care closer to patients, Dr Cheong Li Anne shares how Sengkang General Hospital is bringing hospital-level acute care to the home on page 4. Looking beyond cancer palliative care, our member organisations share new programmes available to patients with other chronic progressive diseases, from Assisi Hospice's STEP Programme (page 20) to the cross-organisation Air Master Programme (page 24) that help patients manage breathlessness. These informative pieces highlight our commitment to improving quality of life.

Thank you for being part of our story, whether you've been with us from the beginning or are just getting to know us. Your presence matters. Your voice matters. And as we step into the next chapter, I hope you'll continue to journey with us.

With warmth and gratitude,
Sim Bee Hia
Executive Director
Singapore Hospice Council

ABOUT THE ARTWORK ON THE COVER



By Mr Mohd Saad bin Hussin
Late patient, Dover Park Hospice

Mr Saad's cancer diagnosis did not dampen his spirits while he was receiving palliative care at Dover Park Hospice (DPH). He maintained a cheerful disposition despite his illness, and at DPH Day Care Service, he discovered a new love of art — creating more than 40 pieces of artwork. During his time with DPH, Mr Saad generously contributed some of his artworks for the hospice's special events and celebrations. He always had an active imagination since he was a child and worked diligently to bring his artistic visions to life, traits that can be seen in his vibrant and detailed painting of a bird. He is fondly remembered through his artworks that decorated the hospice.

BONDING IN CARE

NEWS, VIEWS, UPDATES AND SPOTLIGHTS

ASK ME ANYTHING

BY SKH@HOME LEAD,
DR CHEONG LI ANNE

Sengkang General Hospital

What is SKH@Home?

SKH@Home brings hospital-level care directly to patients' homes through round-the-clock medical support, daily virtual ward rounds, and in-person visits. For palliative care patients, this service is particularly meaningful as it allows them to receive acute medical care while honouring their wish to remain at home, aligning with their Advance Care Planning goals.

What were some of the challenges or considerations when this programme launched?

As a pioneering healthcare model, we often face the classic Singaporean question: "Can like that meh?" Gaining stakeholder confidence — from clinicians and nurses to senior management — was our key challenge. We focused on striking the right balance between maintaining patient safety standards and innovating care delivery methods. Our team continuously works on developing robust care protocols while expanding access to benefit more patients.

Tell us about the most rewarding part of your work for SKH@Home.

Witnessing patients receiving care, surrounded by loved ones, is incredibly fulfilling. I remember a palliative care patient with hepatobiliary malignancy who wanted to spend his final days at home. With sepsis on board, he was initially responding to IV antibiotics; however, his condition deteriorated later. Through SKH@Home, he could enjoy precious moments with family, who were empowered to be involved in his care during his final days with the support of the medical team.

Do caregivers of patients under SKH@Home need additional caregiving training? Do they need to be tech-savvy so to communicate with the care team?

Caregivers don't need special training or advanced tech skills. Basic tech literacy with a smartphone is enough. Our team provides necessary guidance and support.

Do we need a lot of space at home for SKH@Home? Will there be big machines?

Minimal space is needed. Equipment such as for oxygen, for example, can be provided. We usually have many makeshift solutions (e.g., S hooks to put up a drip) which can work in the home.

How many virtual beds does SKH@Home have and how big is the team caring for those at home?

SKH@Home currently operates 20 virtual beds, supported by a dedicated multidisciplinary team. Our medical coverage includes two to three junior doctors and an internal medicine consultant. While our in-house nurses provide clinical supervision, we collaborate with external nurses for medication administration. A robust operations team and patient coordinators form the backbone of our service. We're expanding our capabilities and team steadily.

What is the difference between palliative home care and SKH@Home?

Palliative home care focuses primarily on comfort and symptom management, while SKH@Home provides hospital-level care, including active treatment and monitoring. This includes the administration of intravenous drugs, lab tests and investigations which were traditionally only feasible in the hospital.

Can I still choose to stay in the hospital even when I am offered SKH@Home?

While SKH@Home offers an alternative to traditional hospitalisation, the final decision always rests with patients and their families. Our team carefully assesses each case, considering factors like caregiver availability and illness acuity to ensure safe and appropriate care delivery. We believe in personalised care planning, working closely with families to develop solutions that best suit their unique circumstances.

Are the patients you see at home more comfortable than those in hospital?

Patients often experience greater comfort at home, where they can maintain familiar routines, enjoy better sleep, and spend unrestricted time with loved ones. However, this requires a careful alignment of patient demands with caregiver competency and availability. Our team ensures that this balance is maintained for quality care while keeping patients comfortable in their own homes.

A COLLABORATIVE DIALOGUE

❶ Small group discussions guided by facilitators.
❷ Participants came from all sectors, from social service agencies, healthcare professionals, grassroots organisations, religious organisations, funeral services, educators, academics, and arts practitioners.
❸ Our heartfelt gratitude to our facilitators and everyone who joined us in building Compassionate Communities Singapore!

Building Compassionate Communities from the ground up requires the voices of many.

On 17 January 2024, Singapore Hospice Council (SHC) held a dialogue session with key stakeholders within the care landscape to co-create Compassionate Communities in Singapore. The session aimed to form a collective understanding of the Compassionate Communities movement. Over 30 representatives from sectors such as social service agencies, healthcare professionals, grassroots organisations, religious organisations, funeral services, educators, academics, and arts practitioners gathered to voice their ideas, struggles, and hopes for the future.

Taking inspiration from established movements in Frome, UK, and Bern, Switzerland, SHC Chairman Mr Robert Chew kicked off the session by first outlining the key aims and intended outcomes of the session as SHC works towards the launch of this movement. He emphasised the social nature of death, highlighting the need for support from an entire community, and encouraged representatives to form strong inter-sector relationships.

Recognising the key role of industry leaders, the session included focus groups interspersed with sharing sessions, enabling each participant to voice their opinions, share their aspirations, and build meaningful relationships. By the end of the session, each sector had designed a charter highlighting their key commitments to the movement.

National University of Singapore Adjunct Lecturer Mr Alistair Norris, also the managing director of KeepItBrief Pte Ltd, shared that the university is encouraging their students to think more about the impact of palliative care on individuals. Speaking on the importance of collaborative efforts and the dialogue session, he added, "Today, we met many people, from funeral home directors to other educators. My first steps would be to connect with them and think about how we can support the community."

SHC will continue these fruitful conversations, building on the strong foundations laid during our first session. This session marks a new chapter in SHC's dedication to ensuring compassionate and dignified care throughout the end-of-life journey for all.

Scan to watch
the video highlights of the collaborative dialogue session

Upcoming Events

SHC PALLIATIVE CARE 101

Learn more about palliative care and how to start end-of-life conversations with loved ones in this two-hour course that is free and open to the public. Visit our website or scan the QR code for upcoming sessions: singaporehospice.org.sg/training-courses/

"LIVING BEFORE LEAVING" ASK THE EXPERT SERIES

Ask the Expert series is a Q&A session where matters relating to palliative care are discussed openly between multidisciplinary professionals and the audience in a safe space. Look out for more information on the next session on our social media and website: singaporehospice.org.sg.

Dates 16 June 2025, 21 July 2025, 18 August 2025
Time 7pm-8.30pm

ASSISI FUN DAY 2025

Assisi Hospice's biggest fundraising event of the year returns packed with thrilling rides, exciting games, fun activities, and mouthwatering treats to raise funds for patients with terminal illnesses and their families. Admission is free and donations are welcome.

Date 15 June 2025
Time 10am-4pm
Location St Joseph's Institution International School (SJII)
19 Toa Payoh West, Singapore 318876
www.assisifunday.sg

SINGAPORE HOSPICE COUNCIL

APPRECIATION AND NETWORKING NIGHT 2025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On 6 March 2025, Singapore Hospice Council (SHC) hosted its annual Appreciation and Networking Night at PARKROYAL COLLECTION Marina Bay in gratitude for the support of our valued partners throughout the past year. This year's event was especially meaningful, as it marked the start of SHC's 30th anniversary celebrations, a testament to the longstanding dedication of the sector.

Guests enjoyed a delightful buffet dinner, 'tikam' boxes with nostalgic toys, and a lively Country Eraser Cage Match that sparked laughter and friendly competition. It was also a night to celebrate growth, as SHC warmly welcomed National University Cancer Institute, Singapore (NCIS), as its newest member, strengthening our palliative care network.

In her presentation, SHC Executive Director Ms Sim Bee Hia highlighted the achievements of SHC throughout the year, enabled by collaboration within and outside the sector. She also shared SHC's upcoming initiatives to boost public awareness of and champion palliative care services.

SHC would like to convey our heartfelt gratitude to the Appreciation and Networking Night guests, as well as all of our partners who have supported our work. As we look ahead, we ask for your continuous support as we work towards Quality Palliative Care For All.


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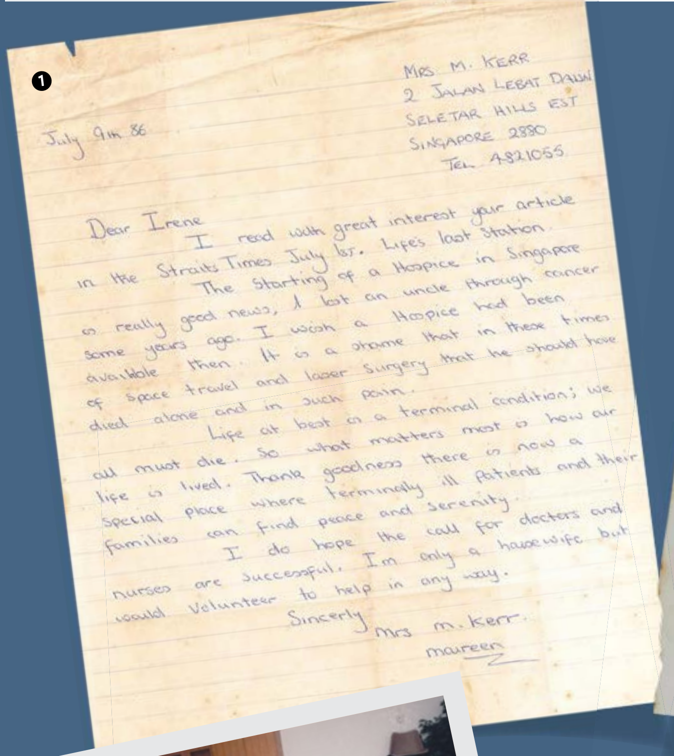
❶❷❸❹❺ Thank you to all our lovely guests for spending this night of connection and sharing with us.
❻❼ Contestants in the SHC Appreciation and Networking Night 2025 Country Eraser Cage Match.
❽❾❿ We hope the nostalgic toys evoked many childhood memories!
⓫ Representing SHC's newest member organisation National University Cancer Institute, Singapore is Head and Senior Consultant, Division of Palliative Care Dr Yee Choon Meng.

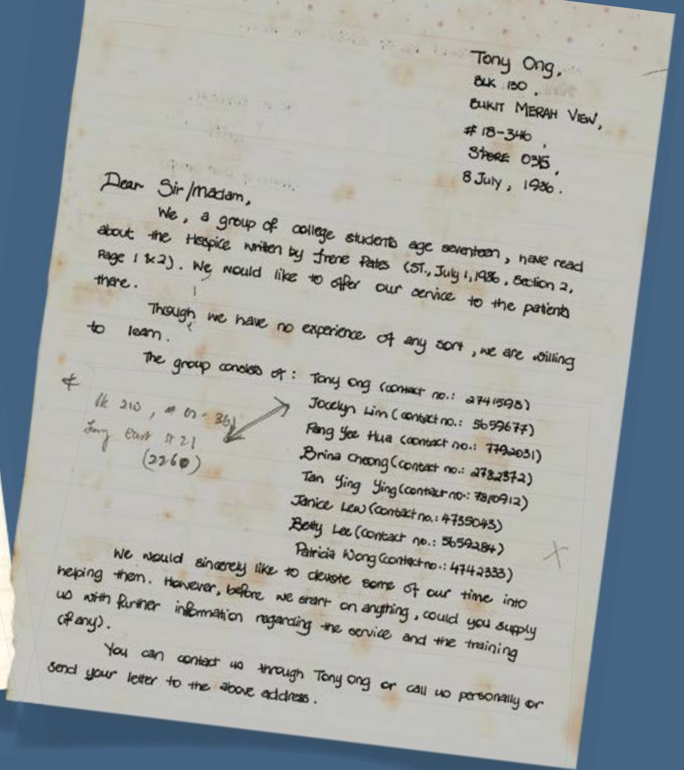
Honouring our past, shaping our future



July 9th 86

Mrs M. Kerr
2 Jalan Lebat Daun
Seletar Hills Est
Singapore 2880
Tel 4821055

Dear Irene
I read with great interest your article in the Straits Times July 1st. Lifes last Station.
The Starting of a Hospice in Singapore is really good news, I lost an uncle through cancer some years ago. I wish a Hospice had been available then. It is a shame that in these times of space travel and laser surgery that he should have died alone and in such pain.
Life at best is a terminal condition; we all must die. So what matters most is how our life is lived. Thank goodness there is now a special place where terminally ill patients and their families can find peace and serenity.
I do hope the call for doctors and nurses are successful. I'm only a housewife but would volunteer to help in any way.
Sincerly
Mrs m. Kerr.
maureen



Tony Ong,
Blk 130,
Bukit Merah View,
18-346,
S'pore 0315,
8 July, 1986.

Dear Sir/madam,
We, a group of college students age seventeen, have read about the Hospice written by Irene Pates (ST., July 1, 1986, Section 2, Page 1 & 2). We would like to offer our service to the patients there.
Though we have no experience of any sort, we are willing to learn.
The group consists of: Tony Ong (contact no.: 2741598)
Jocelyn Lim (contact no.: 5659677)
Pang Yee Hua (contact no.: 7792031)
Brina Cheong (contact no.: 2782372)
Tan Ying Ying (contact no.: 7810912)
Janice Lew (contact no.: 4735043)
Betty Lee (contact no.: 5659284)
Patricia Wong (contact no.: 4742333)

Blk 210, # 03-361
Jurong East St 21
(2260)

We would sincerely like to devote some of our time into helping them. However, before we start on anything, could you supply us with further information regarding the service and the training (if any).
You can contact us through Tony Ong or call us personally or send your letter to the above address.

As we shine a spotlight on the new generation of doctors who are embracing the palliative care approach, we look back at the volunteers who have been and still are at the heart of palliative care.

WORDS TOH EE MENG PHOTOS SINGAPORE HOSPICE COUNCIL

❶ Maureen wrote two identical letters in response to the open call for volunteers, to ensure that her message would be received, July 1986.
❷ Response letter from youth volunteers, July 1986.
❸ The inaugural meeting of Singapore Hospice Council, July 1995.

Singapore's palliative care movement was built on the selfless efforts of volunteers whose compassion laid the foundation for what has become one of the country's most vital healthcare services.

In the 1970s, long before institutional support, volunteers — both laypeople and medical professionals — stepped in to offer dignity and comfort to the terminally ill. Singapore had long struggled with a deep-seated taboo around death, epitomised by the infamous "death houses" in Sago Lane, where the dying were neglected in their final days. This grim reality, in which many considered the dying as already dead, inspired Dr Ee Peng Liang, a businessman and philanthropist known as Singapore's "Father of Charity" to take action.

Recognising the need for dignified end-of-life care, Dr Ee and a group of friends petitioned the Ministry of Health about establishing a hospice facility. Their work, however, faced resistance. The nuns at St Joseph's Home stepped in, offering two rooms for palliative care. This modest effort became the first palliative care service in Singapore, with 16 inpatient hospice beds.

The Straits Times' story "A Place to Die Peacefully" in 1986, which highlighted the work of St Joseph's Home, was a watershed moment. The response to the open call for volunteer doctors, nurses and laypeople was overwhelming — 144 letters of interest poured in, leading to the formation of Hospice Care Group (HCG) under the Singapore Cancer Society (SCS), Singapore's first volunteer home hospice care service.

HCG eventually separated from SCS and became Hospice Care Association (HCA). By 1992, the hospice movement had grown, with five hospice services up and running. In 1995, to manage the shared needs of these hospice services, the Singapore Hospice Council (SHC) was registered with its four founding members: Catholic Welfare Services, SCS, HCA, and Dover Park Hospice (DPH).

These early volunteers' dedication laid the groundwork for Singapore's palliative care system, ensuring that future generations of professionals and volunteers could build on their legacy.

THE EARLY STEWARDS OF PALLIATIVE CARE

For Mr Muhammad Agus Bin Othman, volunteering with DPH in the 1990s marked the start of a 30-year commitment to palliative care. He and his wife had chanced upon a DPH volunteer recruitment roadshow and quickly became committed members, organising monthly birthday celebrations and Hari Raya festivities for patients.

At the time, Mr Agus had little knowledge of palliative care beyond its association with end-of-life support. As he became more involved in volunteering, he discovered that it had a profound emotional and spiritual impact on not only patients but also their families. "We try to bring them some joy and smiles so that they can spend their time meaningfully before the end," the 68-year-old explained.

Mr Agus found joy in planning birthday celebrations for these patients' final days. Volunteers would bring homemade dishes, such as lontong, mee goreng and rendang, as well as cakes donated by Goodwood Park Hotel. To liven up the mood, the group played the ukulele, did line dancing, sang Hokkien and Cantonese songs upon request by patients, and ran karaoke sessions. Volunteering became so ingrained in his family life that he brought his children to the hospice. Today, Mr Agus' 40-year-old son continues the tradition of service by joining his father as a DPH volunteer.

> *"Maybe just being part of a patient's journey is, in itself, a form of care and healing."*
>
> **DR LIM KANG LE**

One of Mr Agus' most memorable experiences was with a young girl suffering from cancer. She had lost her sight and had an artificial eye, and he vividly remembers her birthday celebration at the hospice. He grew so close to the family that he accompanied them to Malaysia to seek alternative treatments. He stayed by her side until her passing, offering quiet companionship in her final days.

The key to palliative care, he believes, is being instinctively attuned to patients' needs. "Talk less, listen more," he said. When patients become agitated, he gives them space, gently asking if they need anything rather than overwhelming them with words.

Some people are afraid of dying, especially if they are experiencing hallucinations or uncertainty. Mr Agus provides spiritual support to Muslim patients on request, reading from the Qur'an to soothe them. "Some are petrified, unsure of what will happen next," he reflects. Death, according to Mr Agus, is not something to fear. "For us Muslims, death is a natural part of life," he said.

Over time, government recognition and the National Strategy for Palliative Care helped expand and professionalise hospice care, integrating this into Singapore's broader healthcare system.

Mr Agus has witnessed this transformation firsthand. In the past, he says the system at DPH was more informal, with lean staffing who also doubled up as volunteers. Today, it is more structured, with formal training of the volunteers covering not just physical care — such as wheeling patients on wheelchairs safely — but also the psychological, emotional, and spiritual dimensions of end-of-life support.

For instance, DPH has a structured volunteer programme, with groups named after precious gems since 2008. There are singing groups, a handicraft team that raises funds with handmade items, outing planners, massage providers, pet owners who participate in pet-assisted activity programmes, and others who provide hairdressing, gardening, and weekly grooming services.

Mr Agus continues to advocate for palliative care in his community. One of his most meaningful experiences was organising a wedding celebration for a patient's daughter, which solidified the strong bonds formed in hospice care. However, society is still struggling to accept death, and more volunteers are needed. "The system has become more professionalised, but we still need volunteers," he says. "It's a vital part of the care."

SPARKING VOLUNTEERISM IN PALLIATIVE CARE

For Teo Yisi, the heart of palliative care lies in walking alongside these palliative care patients, often most overlooked by society. Her lifelong curiosity about death and end-of-life care led her to research the topic deeply, eventually seeking firsthand experience to understand it better. After exploring volunteering opportunities, she is now a regular volunteer at one of SHC's member organisations.

In a poignant blog post she writes, "As I spend time by the side of the dying, I've come to love this way of being. To love people when they have little to give, to be entrusted with their care. That there is a whole practice that's built not upon resistance and defiance, and not merely of acceding, but of gentle allowing and going with the flow — pain management where required, not forcing meals. An acceptance of what is natural. A practice that recognises and honours what matters most at the end of life — presence, companionship, autonomy, dignity.

All of which are not dependent on human flesh, but an indestructible spirit. And that's why palliative care will never be a practice of defeat. It is the strongest stance we can take in the face of natural rhythms: we flow, we live. As we can, as we are."

Yisi's reflections remind us that palliative care is more than managing life's end — it's a compassionate practice that affirms the enduring spirit of each individual. Even as the patient's body declines, he or she is strengthened by the presence of volunteers who offer companionship and dignity at life's final stages.

THE FUTURE OF PALLIATIVE CARE: SUSTAINING A LEGACY OF COMPASSION

While hospice care has long included both volunteers and medical professionals, the landscape of palliative care has evolved. More medical professionals now integrate a palliative approach into their patient-centred care for patients facing their final journey.

Dr Lim Kang Le, a hospital clinician at Alexandra Hospital (AH), found himself drawn to palliative care by chance while treating oncology patients.

It was then that he understood that the most rewarding part of his job wasn't just treating disease but addressing the emotional and spiritual needs of terminally ill patients. "Supporting them during this time of their life was meaningful and a privilege," says the hospital clinician.

During stints at AH, Tan Tock Seng Hospital and DPH, he was guided by experienced palliative care doctors and volunteers, who shaped his understanding of end-of-life care. Observing colleagues taught him how to listen, empathise, approach difficult conversations with sensitivity, and most importantly "learn how to be present" which is just as important as any medical procedure.

Dr Kang Le reflected on a particularly challenging case of a terminally ill young man who struggled with existential distress when he outlived his prognosis, uncertain when death would take him.

"As doctors, our first instinct is to intervene and find solutions to their problems. It's not just about managing symptoms in the last hours, but considering a patient's preferences, psychosocial and emotional needs," he noted. "Sometimes, we prescribe a standard approach to end-of-life care and overlook or minimise what people truly want. Maybe just being part of a patient's journey is, in itself, a form of care and healing."

Though training opportunities exist, such as the Graduate Diploma in Palliative Medicine programme by the National University of Singapore (NUS) Yong Loo Lin School of Medicine, and courses by the Lien Foundation, exposure to palliative patients remains limited, especially for general medical doctors. Dr Kang Le said, "While knowledge is crucial, applying it requires personal adaptation and experience. Each practitioner develops their own approach to patient care, refining it over time."

Dr Kang Le also advocates for more public education on palliative care, as it remains misunderstood, particularly among older generations who avoid discussing death. He also notes that with growing government support for community-based services, people are increasingly open to discussions about end-of-life care.

THE ENDURING ROLE OF VOLUNTEERS IN PALLIATIVE CARE

Like Dr Kang Le, Loh Pei Yi represents the next generation of medical professionals embedding palliative care into their core ethos. She is a fourth-year medical student at Nanyang Technological University, Singapore Lee Kong Chian School of Medicine and founder of Project Gift of Song.

Her journey into the palliative care field began unexpectedly during the COVID-19 pandemic. Passionate about music, she had always wanted to use it for social good. In 2021, after graduating from NUS High School, she and a group of like-minded friends organised a virtual charity concert on YouTube, raising over $7,000 for terminally ill patients in Singapore.

Through this experience, Pei Yi discovered Ambulance Wish Singapore and the profound emotional impact of end-of-life care. She also collaborated with SHC on a video montage honouring pioneers in the field, including the late Professor Cynthia Goh, Sister Geraldine Tan, Dr Anne Merriman, Dr Rosalie Shaw, Professor Pang Weng Sun and Dr Seet Ai Mee, drawing inspiration from their contributions.

Her belief in music's unique ability to unlock emotions and spark meaningful conversations was fuelled through personal experience. When her grandaunt became unresponsive in her final days, Pei Yi hummed a familiar Cantonese melody, and recognition flashed. "That was my wake-up call," she explained. "I realised that music could be a powerful way to honour life."

Volunteers from Project Gift of Song utilise music to convey joy and make connections with palliative care patients, helping them to create personalised songs to express emotions that might otherwise go unspoken. "We create songs and gifts that celebrate patients' lives, bringing light and joy in their final days," Pei Yi said. The team also aims to challenge the stigma around death.

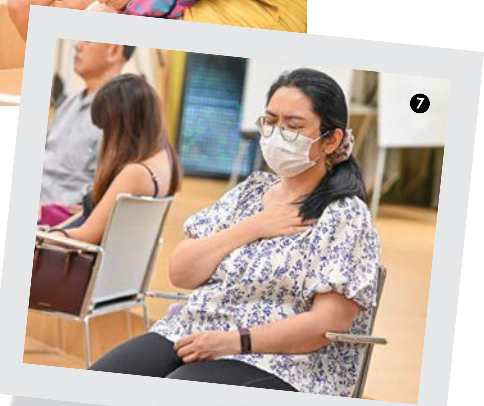
She launched [Death by Music], a structured social programme for mindful music appreciation that brings people together to engage in mediated conversations on grief and end-of-life matters. Songs about life's final stages, from pop numbers such as Ed Sheeran's "Supermarket Flowers" to classical compositions such as Frédéric Chopin's "Funeral March" have been featured.

What started as a small initiative has since grown to 80 volunteers, and Pei Yi hopes to engage more participants, including those from the corporate sector. Despite challenges in funding, technical support and resources for high-quality audio recordings, she finds strength in the community-driven nature of her work.

Pei Yi collaborates with SHC and the Agency for Integrated Care to train her volunteers on knowledge of palliative care and Advance Care Planning, stressing the importance of having these conversations before illness strikes.

Ultimately, Pei Yi views her work as part of a broader movement where citizen advocacy supports national and institutional efforts. "Each of us can make a difference using our hearts and minds," she said, highlighting the importance of grassroots initiatives and young people in shaping a more compassionate future. HL

➍ Pei Yi leading Project Gift of Song's [Death by Music] at Singapore Hospice Council's Live Well. Leave Well. Festival.
➎ Dr Lim Kang Le, a clinician at Alexandra Hospital.
➏ Music can bring people together to engage in conversations on grief and end-of-life matters.
➐ [Death by Music] participant engaging in mindful music appreciation.
➑ Mr Agus and his son.



PART ONE OF FOUR

VISIONARIES AND PIONEERS WHO BUILT PALLIATIVE CARE IN SINGAPORE

In this first instalment of a four-part article — a first-ever serialised piece in the year the Singapore Hospice Council celebrates its 30th anniversary — we look at how palliative care pioneers worked tirelessly to ensure everyone can have the dignified end-of-life journey they deserve.

Like all new disciplines in the past, palliative care in Singapore started with a few visionaries who witnessed the plight of dying patients and courageously did something about it. They were the sparks that lit the night, helped by the 'movers and shakers' of the time and brought to fruition by the many who have stood up to take palliative care to greater heights, expanding and sustaining it, transforming the night into a light of love and hope.

A humble beginning was made in the early 1980s with the introduction of palliative care to Singapore by the late Professor Cynthia Goh and Sister Geraldine Tan, two remarkable leaders who were deeply interested in and passionate about caring for individuals nearing the end of life. The establishment of the first-ever hospice beds in Singapore, carved out from the nursing home beds of St Joseph's Home, took place in 1985.

At around the same time, Dr Anne Merriman, a geriatrician from the United Kingdom (UK), joined National University of Singapore as a senior teaching fellow in Social Medicine and Public Health (later renamed Community, Occupational and Family Medicine). She, too, had an interest in developing palliative care but faced many challenges developing the discipline in the busy acute hospital setting. Undaunted, she started a voluntary home palliative care service with Prof Goh and a team of volunteers, which later became Hospice Care Association (HCA) in 1989, before returning to the UK.

HCA provided the first-ever palliative home care service for people with terminal illnesses in Singapore. At the time, the majority of the personnel consisted of volunteer doctors and nurses who stepped in whenever needed, including on nights and weekends. A few years later, in 1992, Dr Rosalie Shaw, a palliative medicine physician from Perth, Australia, and another pioneer of palliative care in Singapore and Australia (having established Australia's first-ever hospital-based palliative care unit in 1981) assumed the role of medical director at HCA. She subsequently became medical director of Singapore's Dover Park Hospice, which started accepting patients in 1995.

WORDS ASSOCIATE PROFESSOR JAMES LOW, PROFESSOR PANG WENG SUN
PHOTOS KHOO TECK PUAT HOSPITAL, THE LATE PROFESSOR CYNTHIA GOH

PALLIATIVE CARE IN THE ACUTE SETTING

The seeds of palliative care in the acute hospital setting were sown by Dr Francis Jayaratnam during the mid-1980s when, as Head of Medical Unit I at Tan Tock Seng Hospital (TTSH) and after study trips to the UK, he started the Geriatric Medicine department and conceived a hospital-based palliative care service. Registrars (advanced trainees) who posted overseas for geriatric medicine training were mandated to spend some time in palliative care units; this was with the endorsement of the Ministry of Health (MOH). One of these young registrars was Professor Pang Weng Sun, who, after spending some months with Dr Claude Regnard (a palliative care physician and author of palliative care textbooks) at St Oswald's Hospice in Newcastle, felt a strong calling to develop the speciality of palliative medicine in the acute care setting. Prof Pang guided the setting up of palliative care services in TTSH and Alexandra Hospital in 1996 and 2001, respectively. Dr Angel Lee, one of the first doctors to practise palliative care in an acute setting, also played a key role in developing Singapore's first palliative care service in an acute hospital.

The then Director of Medical Services at MOH, Professor K Satkunathan foresaw the rapidly greying population of Singapore and anticipated the need for good end-of-life care in the years ahead. In 2007, he worked to establish palliative medicine as a subspeciality of oncology, internal medicine and geriatric medicine. Most public hospitals set up palliative care departments, whose services were initially integrated into the departments of Geriatric Medicine, General Medicine and Oncology.

The Palliative Care Department of the National Cancer Centre of Singapore became the first to go independent in 1999, which was headed by Prof Goh. In 2002, the World Health Organization redefined palliative care to include non-cancer patients who were at the end of life. This move was especially relevant in Singapore, whose population was rapidly ageing and where the incidence of end-stage degenerative conditions such as dementia was increasing exponentially.

Such patients, whose death trajectory could take years to pan out, often suffered the same problems and had the same needs as advanced cancer patients. The palliative care approach or principles had to be applied to such elderly patients regardless of whether they were in the acute hospitals, their own homes or in nursing homes. HL

Above: Prof Pang with a patient; Opposite page (clockwise from top left): Prof Goh tending to a patient at St Joseph's Home (1987), with Dr Anne Merriman, and with her team

To be continued…

Look out for Part 2 in The Hospice Link September-November 2025 issue where we find out more about how palliative care pioneers brought this service into the community with the first non-religious standalone hospice.

HOME: THE FINAL REST

Spending one's final moments at home is a simple wish, but the coordination required is complex, and existing processes often fall short. To fulfil patients' wishes of dying at home, HCA Hospice developed a national compassionate discharge framework and is the only organisation that offers round-the-clock facilitation.

Not long ago, the way end-of-life care was handled often meant spending one's final days in a hospital, often without choice. Many families were unaware of compassionate discharge, a process that allows terminally ill patients to return home for their final journey. Dying at home surrounded by loved ones in a familiar space was often out of reach.

Since its founding, HCA Hospice has been an advocate for home hospice care, supporting patients' requests to spend final moments on their terms and in their own space. By facilitating compassionate discharges with hospital colleagues for suitable patients with a prognosis of less than a week, HCA ensures they can pass on in comfort and dignity, where they feel most at peace.

A CHALLENGING HISTORY

Not without its challenges, the compassionate discharge journey is a delicate, time-sensitive process requiring meticulous coordination. It demands a collective effort from hospital care teams, HCA staff and families. Some patients have only hours to live, making swift implementation critical. Yet, without standardised procedures across institutions, inconsistencies and gaps in care were common.

"The lack of a structured process puts immense strain on the team and diverts time from ongoing patient care," said HCA Head of Data, Innovation and Research Yeo Zhi Zheng, who oversaw the development of the compassionate discharge protocol. HCA staff, already stretched with daily home visits, often had to drop everything when any of these calls came in, especially urgent requests requiring immediate admissions and home visits.

Many hospital doctors were also unfamiliar with the process. "Each institution had their policies and procedures for medication procurement, discharge protocols, and caregiver training, leading to inconsistent care transitions," Zhi Zheng added. As a result, families, emotionally and logistically unprepared, found themselves overwhelmed, sometimes readmitting loved ones into hospital.

Recognising these challenges, Zhi Zheng and his team made a bold move in 2019 to reform HCA's compassionate discharge process. A doctor was assigned to liaise with hospitals via a dedicated telephone line, reducing the strain for individual nurses. However, limited resources meant the service was only available on weekdays. Patients who wished to return home on weekends or public holidays had to wait till the next workday, a distressing delay for those with limited time left.

A NEW HOPE

HCA believes that dying at home should be an option available to anybody at any moment. After extensive pilots and studies, HCA scaled up its compassionate discharge service in mid-2024 to operate seven days a week, including public holidays. Today, HCA is the only institution in Singapore that provides this level of support across the country.

> BY FACILITATING COMPASSIONATE DISCHARGES... FOR SUITABLE PATIENTS WITH A PROGNOSIS OF LESS THAN A WEEK, HCA ENSURES THEY CAN PASS ON IN COMFORT AND DIGNITY, WHERE THEY FEEL MOST AT PEACE.

WORDS **LEONG KEAT YENG** PHOTO **HCA HOSPICE**

Left: Many patients pass away within hours of reaching home where they feel the most comfortable

To resolve inconsistencies among institutions, HCA collaborated with the Singapore Hospice Council and was approved by the Ministry of Health (MOH) to create a national compassionate discharge framework, which is now being applied in various healthcare settings. HCA Senior Resident Physician Dr Lyu Xiao Juan, who is overseeing compassionate discharge requests, recalls a case where an elderly patient's discharge had to be delayed to a weekend due to complex care needs. "Our round-the-clock service ensured a smooth transition home even at weekends," she shared. "It greatly reduces unnecessary waiting time for patients, especially when every hour counts."

Now, HCA's journey with patients begins even before they leave the hospital. A phone or video call with the hospital team and family bridges communication gaps and provides reassurance. Once the patients are home, HCA's doctors, nurses, and medical social workers provide medical and psychosocial support, helping them ease concerns and find meaning in their last moments.

Each day, HCA facilitates an average of two compassionate discharge cases in Singapore, for a total of nearly 400 instances per year — more than half of the country's burden. Within seven days of discharge, about 80 per cent of patients pass away, with HCA visiting them as much as two times during this critical period. Many take their last breath within hours of arriving home. To ensure that no family faces this moment alone, HCA prioritises same-day in-person visits. When immediate visits are not possible, video calls provide support, followed by a home visit the next morning. No matter the hour, help is just a call away through HCA's 24-hour helpline.

THE JOURNEY AHEAD

MOH aims to reduce hospital deaths among those with life-limiting illnesses from 61 per cent to 51 per cent by 2026, with smoother compassionate discharges identified as a key priority in the refreshed National Strategy for Palliative Care. As demand grows, HCA remains committed to expanding its reach.

"HCA is at the forefront of this effort, working closely with different hospitals to optimise the process even more in terms of safety and consistency," Zhi Zheng shared. "We are also exploring strengthening collaborations with emergency departments to support patients assessed to be terminal after having presented there, post work-up and stabilisation, and who have expressed wishes to die at home."

As medicine advances and end-of-life needs evolve, home remains a sanctuary filled with love and memories and the comfort of familiarity. HCA will continue striving to journey alongside families throughout, ensuring any final wish to return home is always duly fulfilled.

A VISION OF COMPASSIONATE CARE

Since its founding, Dover Park Hospice has advanced palliative care through compassion, education and research.

Founded by Dr Seet Ai Mee and Dr Jerry Lim in 1992, Dover Park Hospice (DPH) is Singapore's first purpose-built hospice, a significant milestone in Singapore's palliative care landscape. It addressed a critical gap in hospice care, providing a sanctuary where patients nearing the end of life could receive holistic care.

STEPPING INTO MODERN PALLIATIVE CARE

Singapore has come a long way from the infamous Sago Lane "death houses" of the 1950s, where the dying were effectively left for dead in deplorable conditions with little medical support. These places were eventually banned in the 1960s, and there is now dignified end-of-life support available. Yet the understanding and appreciation of how palliative care works alongside treatment is still lacking. Changing these perceptions requires continuous education and dialogue — an effort that DPH actively advocates.

As the palliative care movement grew in the 1980s, the concept of palliative medicine professionals emerged. The doctor who advocated for this was Dr Jerry Lim.

In 2001, palliative care was officially added to the National University of Singapore's undergraduate medical curriculum in 2002 as part of the Family Medicine programme. Palliative medicine was officially classified as a subspeciality by the Ministry of Health in 2006, allowing more doctors to take it up. Subsequently, an Advanced Specialist Training programme in Palliative Medicine commenced in 2007.

Dr Mervyn Koh, the current DPH Medical Director, and Dr Allyn Hum, our Senior Visiting Consultant, made history as the first locally trained palliative care specialists.

For nurses, DPH collaborated with the National Cancer Centre Singapore and Ngee Ann Polytechnic to launch a Specialist Diploma in Palliative Care Nursing in 2012. To-date, 324 registered nurses have graduated from the course.

In continuing to build capacity and capability in the palliative care sector, DPH facilitates clinical attachments from medical, nursing, allied health, therapy and pharmacy students. It also facilitates field visits, fostering knowledge exchange and collaboration with hospices around the region to nurture collective thought leadership and contribute to policy.

Driven by its commitment to setting the benchmark for excellence in palliative care services, education, and research, DPH partnered with Nanyang Technological University, Singapore Lee Kong Chian School of Medicine (LKCMedicine) and the National Healthcare Group to form the Palliative Care Centre for Excellence in Research and Education (PalC) in 2017. Close to $444,000 grants were disbursed to 12 research recipients over eight years to contribute to the growing evidence-based research that drives patient care. The knowledge that is produced and collated is translated directly to how we care for our patients and caregivers, and guides policymakers in resource allocation and the development of best-practice guidelines.

In a world first, PalC introduced the Master of Science in Holistic Palliative Care conferred by LKCMedicine in 2024, drawing on the rich nuances of Asian perspectives such as filial piety, respect for cultures, and more. It is in a ground-breaking stackable part-time format that allows participants to achieve a Graduate Certificate, followed by a FlexiMasters, leading to a full master's degree.

HARNESSING THE COMPASSION OF VOLUNTEERS

Volunteers have been integral to DPH since its founding. Today, over 400 volunteers contribute their time and skills across various roles — from providing haircutting for inpatients and patients at home, befriending, pet-assisted activities, organising birthday celebrations to keeping vigil to name a few. Their dedication embodies DPH's ethos of compassion as a way of life.

LOOKING AHEAD TO AN ERA OF TRANSFORMATIVE CARE

As Singapore becomes a super-aged society by 2026 and with increasing prevalence of chronic illnesses, DPH remains steadfast on its mission to provide accessible palliative care for all who need it. Its recent relocation to the Tan Tock Seng Hospital (TTSH) Integrated Care Hub marks a new age of transformative care, allowing it to serve more patients through expanded facilities and innovative programmes.

Yet challenges remain particularly in addressing societal stigma around death and dying. By fostering open conversations and educating the public about palliative care's value, DPH continues to honour its founding vision: making every moment matter and ensuring that every patient can live their final days with dignity.

Through its unwavering commitment to excellence and compassion and with the support of dedicated staff and volunteers, DPH exemplifies what it means to make Every Moment Matter.

WORDS & PHOTOS **DOVER PARK HOSPICE**

EVOLVING CARE TODAY

DPH has continued to innovate over the years, recognising and responding to patients' evolving needs with new programmes to enable them to spend their remaining days with dignity, sense of self and honour while maintaining their quality of life. The hospice collaborated with TTSH on several initiatives for non-cancer patients:

2014
Programme Dignity enabled specific care components that allowed patients with advanced dementia to be cared for at home in a familiar environment.

2020
Programme IMPACT (Integrated Management and Palliative Care for Terminally ill Non-Cancer) provided targeted home palliative care for patients with end-stage organ failure (e.g., kidney or heart), lung diseases and frailty.

2021
The 12-week R.I.S.E (Restitutive. Integrative. Supportive. Empowering) programme empowered patients with chronic lung diseases with the skills and skills they needed to manage their breathlessness at home and reintegrate into the community.

2022
A pilot of a bundled funding model that enabled patients and families to receive seamless palliative care across settings.

2023
The Integrated Palliative Care Programme encouraged early referrals and smooth transitions between hospital and hospice care. It has significantly improved outcomes for non-cancer patients and those with complex medical needs where 70 per cent of patients under DPH's home care services passed away at home. This figure is higher than the national average of 39 per cent.

From far left: Animal-Assisted Activity at the Mobility Garden with Nurse Manager Jean Cabreros; legacy work projects with Occupational Therapist Arnel Alcira; lighting a candle for a loved one during the Memorial Service.

FROM LEGACY TO THE FUTURE

St Luke's Hospital continues to advance palliative care through innovative care models, strengthening the care community and upgrading their capability.

Palliative care is more than just medical treatment — it is about dignity, comfort and love in life's final chapter. At St Luke's Hospital (SLH), we are committed to providing holistic, compassionate support for patients and their families. Our journey in palliative care reflects our mission to enrich lives, honour our past, and shape a future where every patient receives quality care and a meaningful experience.

A LEGACY OF COMPASSIONATE CARE

Palliative care has been a priority since our inception in 1996, but concerns about an end-of-life care facility initially delayed its implementation. In 2017, recognising the growing needs of Singapore's ageing population, we opened a dedicated inpatient palliative ward, becoming one of the first hospitals in the western part of Singapore to do so. SLH has since supported more than 1,500 end-of-life patients through our Clinical, Social, and Pastoral (CSP) model of care, which addresses not just physical well-being but also emotional, social and spiritual needs.

HONOURING LEGACIES

In 2023, SLH launched Project Heartbeat, a music therapy initiative that integrates the heartbeats of selected patients into a song of their choice, creating a lasting memento for their loved ones.

Our Occupational Therapy team leads legacy projects like scrapbooking and planting, allowing patients to leave heartfelt messages for their families. Patients also enjoy Mini Café sessions, where they gather in a warm, lively setting to share snacks, drinks and interactive activities — from live cooking demonstrations to life-sized board games — creating meaningful social and sensory experiences.

In addition, community outings for palliative patients and their families are organised to provide opportunities to bond, fostering joy, connection and a sense of community beyond the hospital setting.

WORDS & PHOTOS **ST LUKE'S HOSPITAL**

MEETING EVOLVING NEEDS

With increasing demand for quality palliative care, SLH remains dedicated to enhancing and expanding our services to better support patients with complex needs and their families. To create a more comfortable and supportive environment, our renovated palliative care ward now features a dedicated lounge area for private family discussions, an upgraded activity space for effective engagement and a Peace Room with calming imagery and adjustable lighting for comfort in the final moments.

From 2024, we introduced the Integrated Home Health (IHH) programme, which provides seamless and holistic support for homebound patients and their families. This initiative equips families with essential resources and guidance, ensuring dignity and peace in their loved one's final days.

Looking ahead, SLH will further expand our services in 2029 by operating palliative care wards at Alexandra Hospital under the Inpatient Hospice Palliative Care Service framework. Through this collaboration, we aim to develop innovative care models that enhance accessibility and quality of care for patients in the western population.

GRIEF AND BEREAVEMENT SUPPORT

SLH hosts a Palliative Care Memorial Service every year, providing families with a space for reflection and healing.

To ensure timely and compassionate support, we assess all patients using the Complicated Bereavement Risk Assessment Tool (CBRAT). The next of kin who is at moderate to high risk of complicated grieving are referred to our bereavement counsellor at the time of their loved ones' admission, ensuring they receive the support they require throughout their journey.

CREATING A COMMUNITY OF CARE

Enhancing emotional well-being, SLH works closely with volunteers to bring warmth and companionship to patients. In 2024, we introduced Animal-Assisted Activity, where gentle, trained animals provide comfort under the guidance of dedicated facilitators, uplifting patients and brightening their days.

STRENGTHENING CAPABILITIES

St Luke's Academy launched the Compassionate Care Conference in 2022, throwing a spotlight on the well-being of healthcare professionals and the importance of compassionate care.

In every ward, we continue to strengthen palliative care training by appointing champions and facilitating cross-department attachments to our palliative ward. Cross-disciplinary sharing and teaching sessions, which are open to all staff, will further deepen the understanding of palliative care.

Since 2019, SLH has partnered with nursing homes like All Saints Home under the Nursing Home Support Programme, providing training on care plans, interventions, and bedside care to enhance patient-centric support. Soon, inpatient palliative care attachments at SLH will be included in this programme.

A JOURNEY OF LOVE, HOPE AND CONNECTION

As we honour our past, we remain committed to shaping the future of palliative care through innovation, collaboration, and unwavering dedication. Through expanded services, deeper community engagement, and a culture of compassion, we strive to make every patient's final chapter one of peace, love, and human connection.

Left: SLH Chief Executive Officer Associate Professor Tan Boon Yeow opening the Compassionate Care Conference 2024.

GROWTH IN SERVICE TO THE COMMUNITY

Assisi Hospice continues to introduce programmes that enhance the quality of life and palliative care journey for their patients.

Assisi Hospice (AH) celebrated 55 years of "Caring for Life" in 2024. We have been discerning our community's needs over the years and transforming ourselves to achieve them.

Founded by the Sisters of Franciscan Missionaries of the Divine Motherhood (FMDM) in 1969, we began at the Khoo Block of Mount Alvernia Hospital. First known as Assisi Home, we cared for chronically ill and elderly patients in financial need. In 1988, the FMDM congregation decided to expand into hospice care, and we began to accept only patients requiring respite and hospice care. To meet the increasing needs for palliative care, the FMDM Sisters vacated their convent for it to be used as a much larger space with single rooms for patients. We moved in, and we were renamed Assisi Home and Hospice in 1993, providing Inpatient, Home Care, and Day Care services.

In 2007, we were renamed Assisi Hospice. Responding to the growing need for palliative care in the community, we moved to our new six-storey purpose-built hospice in 2017. The increase in the number of beds and the spacious, conducive environment enabled us to provide care and comfort to many more patients and their families.

Many of our patients prefer to be cared for at home in familiar and comfortable surroundings and be together with their loved ones. In mid-2023, we committed to growing our Home Care service by another 50 per cent over three years to care for 3,000 Home Care patients each year by end-2026. Besides Home Care, we are also growing our Grief and Bereavement Care as a fourth pillar of our services. We have expanded our care to support bereaved families in the wider community, in addition to the loved ones that we cared for.

WORDS AND PHOTOS **ASSISI HOSPICE**

Left: We moved into our six-storey, purpose-built hospice in 2017; Opposite page: Madam Hoe with her physiotherapist, Mr Joseph Chen.

SUPPORTING PALLIATIVE PATIENTS WITH ADVANCED LUNG DISEASE

Palliative care has much to offer individuals with chronic progressive illness, such as advanced chronic obstructive pulmonary disease and end-stage renal failure. Often, they present with progressive decline in their health status, increasing symptoms, and a growing dependence on caregivers. While the literature recognises the need to incorporate palliative care for these patients, barriers to palliative care persist, particularly in the community.

To bridge this gap, the STEP programme was introduced to AH Day Care patients with chronic progressive respiratory diseases to improve their health-related quality of life by achieving timely control of symptoms, optimisation of function, and psychological well-being.

Sixty-seven-year-old Madam Hoe Sau Fong is a Day Care patient who benefits from the STEP programme. Madam Hoe's slight breathlessness due to asthma worsened in recent years, she was diagnosed with severe lung disease in June 2023.

She felt helpless and scared during bad bouts of breathlessness, and she would rush to the hospital emergency department when she felt her chest tightening and struggled to breathe. This would usually result in a hospital stay.

After leaving the hospital, she would spend her days in bed and sit up only for meals and showers. She spent most of her time watching YouTube or playing cellphone games. She said, "I was scared that I would become breathless when I moved around. Time passed very slowly. I was just struggling to survive and had given up hope."

Madam Hoe came under the care of AH Day Care in October 2023 and joined the STEP programme. Our doctor conducts regular medical reviews to provide timely control of her symptoms of breathlessness and pain. Our physiotherapist prescribes exercises customised to her ability and works together with her to scale the exercise intensity and level of exertion. Our social worker supports her emotionally, while our therapists from the care team take time to understand her personality, interests, and challenges she is facing.

Initially, Madam Hoe was only able to walk 10 metres with the rollator frame and required assistance for most activities of daily living. Now, she can walk and perform daily activities independently at home.

She also participates actively in the art therapy group, cooking interest group, and music therapy relaxation group in Day Care. She is only one of many AH patients with chronic progressive respiratory disease who have improved their quality of life after participating in the STEP programme. AH continues to strive towards meeting the growing and changing needs of the community.

A CLEAR AND EARLY INTERVENTION

The PEACE programme transforms palliative care for liver cirrhosis patients.

The landscape of palliative care is shifting. Today, it is about enhancing the quality of life for patients and their families throughout the treatment journey, not just at the end. At the heart of this shift is the PEACE (Palliate End-stage and Advanced Cirrhotics Early) programme, an initiative by Sengkang General Hospital (SKH) that offers integrated, holistic care to patients suffering from advanced liver cirrhosis. It was developed in July 2024 to address the unmet need for supportive care alongside disease-specific management for these patients, who often experience a high symptom burden, frequent hospitalisations, and reduced quality of life.

THE CASE FOR PEACE

Advanced liver cirrhosis is the final stage of chronic liver disease, when the liver becomes severely scarred and can no longer function properly. It is a progressive and irreversible condition, often caused by chronic alcohol use, hepatitis, or non-alcoholic fatty liver disease.

Many patients with advanced liver cirrhosis face significant physical, psychosocial, and emotional challenges, yet often only receive palliative care too late, when treatment is no longer an option. This late-stage approach typically leaves patients shouldering a heavy symptom burden and frequent hospitalisations, which impair their quality of life. The PEACE programme challenges this model by providing supportive care from the early stages of advanced cirrhosis, ensuring patients receive holistic care alongside their treatment.

Given the increasing rates of liver disease and the population's ageing demographic, the burden of advanced liver cirrhosis is expected to rise, making early intervention and management, such as through the PEACE programme, increasingly important.

Left and opposite page: The SKH PEACE programme multidisciplinary team regularly meets for discussions and updates.

WORDS ASSISTANT PROFESSOR MARIANNE ANASTASIA DE ROZA, CONSULTANT, GASTROENTEROLOGY & HEPATOLOGY SERVICES, SKH PHOTOS SENGKANG GENERAL HOSPITAL

A case that highlighted the need for earlier palliation in liver cirrhosis involved a young patient suffering from liver cancer with complications such as water retention, bleeding and jaundice. Despite the advanced stage of his disease, he continued working as a driver to support his elderly mother. He rarely shared his feelings, and specialists focused on treating his liver tumour, bleeding, and acquiring a potential transplant. However, because he was young and active, no discussions about end-of-life preferences, legacy planning, and care for his mother were initiated.

Eventually, he suffered a terminal decompensating event and only received supportive care days before his death, revealing that he had been living with pain and anxiety. It was deeply saddening to learn that his quality of life had not been addressed earlier, despite the best efforts to treat his disease.

Another case involved an elderly woman who required frequent hospital admissions to drain fluid from her abdomen. She spent more time in the hospital than at home and dreaded every readmission. The fluid buildup caused her significant discomfort and breathlessness, leaving her with no choice but to return for drainage. She had a long-term drain inserted two years ago, but it was removed due to complications and lack of support at home. After a family discussion about her care goals, we persuaded them to try the drain again with the programme's support, allowing us to troubleshoot any issues remotely. This allows us to provide her with care both in the clinic and in the comfort of her home.

THE CHOICE FOR PEACE

The PEACE programme comprises a multidisciplinary team of experts, led by liver specialists with palliative care training, as well as speciality and community nurses, physiotherapists, social workers, pharmacists, dietitians, and palliative medicine doctors. The programme takes a proactive approach in the following areas:

- Symptom control (addressing physical, psychological and emotional needs)
- Caregiver support (helping loved ones cope with the stresses of caregiving)
- Advance Care Planning (focused on each patient's unique needs)
- Preventive health (vaccinations, frailty screenings, etc)
- Anticipatory planning (helping patients and families prepare for the future)
- Direct support services for real-time assistance
- Seamless transitions to home hospice or inpatient care, if necessary
- Bereavement support for families after the patient's passing

Studies over the last 20 years from publications such as *Journal of Hepatology* and *Palliative & Supportive Care* show that early integration of palliative care significantly improves a patient's quality of life by relieving symptoms, enhancing comfort, and reducing hospital admissions, which in turn lowers healthcare expenditures. The PEACE programme ensures palliative care patients with liver cirrhosis receive the right care at the right time no matter where they are in their journey.

Early intervention also fosters better communication and facilitates meaningful discussions on Advance Care plans and end-of-life wishes, ensuring treatment plans align with the patient's preferences and values. By addressing physical, emotional, and spiritual needs, palliative care provides comprehensive support for both patients and families. It improves long-term health outcomes by managing complications and coordinating care, empowering patients to actively manage their condition. It also provides emotional support to caregivers, reducing stress, burnout, and emotional strain, while offering respite and guidance.

The PEACE programme plays an essential role in shifting the perception of palliative care from a "last resort" to a vital component of liver disease treatment, providing integrated support at every stage. It's not just about treating the disease — it's about caring for the patient.

ASK THE EXPERTS

BREATHE EASIER

Breathlessness is a common symptom among those with chronic heart and lung conditions. In this issue, we share more about breathlessness and how the Air Master service is helping patients manage their symptoms within the community.

Senior Consultant and Head of Department of Palliative Medicine Dr Neo Han Yee leads the Air Master programme at Tan Tock Seng Hospital (TTSH), supported by Senior Staff Nurse Evonne Lim, who strengthens the patient's care in the community through regular review.

What is breathlessness?

Dr Neo Han Yee (NHY): Breathlessness is a mild to severe sensation of difficulty or pain in breathing that can occur at rest or during exercising. It is typically followed by anxiety and fear since the experience is often associated with perception of suffocation or aphyxiation. Our patients with chronic breathlessness suffer from a number of medical disorders and symptoms that can cause or worsen their breathing problems, lowering their quality of life and leaving them unable to cope with their ailments, as well as causing significant functional impairment.

What are some causes of breathlessness?

NHY: Chronic lung illnesses that cause breathlessness include chronic obstructive pulmonary disease (COPD), pulmonary fibrosis and bronchiectasis. Patients with heart failure can also experience breathlessness as fluid accumulates in the lungs as the heart struggles to pump efficiently. In Singapore, COPD and heart disease are common conditions, with 60-90 per cent of patients experiencing breathlessness.

Evonne Lim (EL): Breathlessness can be triggered and worsened by other associated symptoms, which include constipation, gastric reflux, insomnia, anxiety and depression, more than by underlying chronic lung and heart conditions. The underlying chronic lung and heart diseases are irreversible, but breathlessness can be improved with pharmacological and non-pharmacological methods, so that patients can continue to maintain their quality of life while living with breathlessness.

How does breathlessness affect the quality of life of the patients you see?

EL: What we often see are patients believing their condition is under control because they can still carry out basic activities at home. Most patients report that they are accustomed to mild breathlessness and have adjusted by avoiding daily activities that trigger symptoms. One of our patients stopped taking daily showers, as it caused severe breathlessness. Other patients have gradually become homebound for fear of getting breathlessness episodes when they are outdoors. These adaptations might seem like solutions, but they significantly affect their quality of life, which we hope to improve!

Why is there a need for a breathlessness ecosystem and the Air Master programme?

NHY: Patients with chronic breathlessness have several unmet needs, including physical and psychological discomforts, as well as caregiver stress. There are also low uptakes of cardiopulmonary rehabilitation and late access to palliative care due to several barriers, including lack of awareness of the benefits of these interventions. Developing Air Master helps to upstream palliative care and improve access to cardiopulmonary rehabilitation in Day Rehabilitation Centres.

We aim to meet the needs of the larger group of more robust patients with an integrated programme incorporating symptom assessment, pulmonary rehabilitation, social engagement, and disease education.

A multidisciplinary team approach (from left to right): Ms Lim Yee Jay, Senior Occupational Therapist; Dr Ng Zhi-Yan Valerie, Consultant, Department of Rehabilitation Medicine; Dr Hoon Hui Qing Violet, Head, Cardiac Rehabilitation Service, Consultant, Department of Cardiology; Adjunct Assistant Professor Dr Neo Han Yee, Head and Senior Consultant, Department of Palliative Medicine; Dr Xu Huiying, Senior Consultant, Department of Respiratory and Critical Care Medicine; Ms Evonne Lim Yu Wen, Senior Staff Nurse; Ms Cheryl Heng Shi Tien, Principal Physiotherapist; Opposite page: Nurse Evonne Lim reviewing the patient's progress.

By mapping community services to patient needs, care can be incrementally sited away from specialist-heavy tertiary hospitals. This project rides on the HealthierSG healthcare transformation to accelerate capability building and partner enrolment by tapping on the National Healthcare Group's growing efforts to engage community partners.

The breathlessness ecosystem aims to reduce acute healthcare utilisation and improve outcomes in enrolled patients by providing access to cardiopulmonary rehabilitation and early palliative care suited to their needs. In brief, the ecosystem provides different tiers of care intensity to address patients' needs at various disease severity levels. Tier 1 services are ideal for patients with minor dyspnoea and include programmes such as education, early detection of requirements, social involvement and health promotion. Programmes under Tier 2 provide varying intensities of dyspnoea management, psychosocial support and functional rehabilitation for patients with mild to moderate symptoms, while Tier 3 programmes provide either inpatient or home-based palliative services to patients with severe symptoms. Patients may be referred between tiers within the ecosystem as appropriate for their needs.

How do you support Air Master patients in the community?

EL: As the programme nurse, I conduct comprehensive nursing assessments for all Air Master patients at initial, interim and final phases.

I screen for symptoms, escalate, and coordinate care so that patients can complete their Air Master programme smoothly to support their cardiopulmonary rehabilitation journey. Symptoms that I screen for are those commonly associated with breathlessness. These include pain, gastric reflux, constipation, urinary symptoms, postural giddiness, insomnia, anxiety, depression, and existential distress. Through close collaboration with specialists and allied health professionals, I maintain regular communications with physiotherapists and occupational therapists in the Day Rehabilitation Centres to ensure timely intervention for emerging issues that may affect patients' ability to successfully complete their rehabilitation programme.

How has being able to access Air Master in the community helped patients and their families?

EL: Traditionally, patients would return to the hospital's outpatient clinic for follow-up on cardiopulmonary rehabilitation. Air Master is available in various community-based settings closer to patients' homes, providing a less daunting environment than the hospital. This also gives patients and their families more flexibility and convenience in arranging their own transport, increasing access to the programme.

Caregivers who attend Air Master with patients frequently report that they gain a greater understanding of the patient's illness and learn new ways to provide support at home. During my assessments, I also discuss patients' symptoms to help them cope with their challenges.

What are some of the challenges you faced bringing Air Master into the community?

NHY: One significant barrier to outpatient cardiopulmonary rehabilitation is patient engagement, often hindered by disabling symptoms and inadequate understanding of rehabilitation's role in managing chronic lung disease or heart failure conditions. To address this, TTSH's palliative team works closely with respiratory physicians, heart failure teams, general medicine teams, and primary care physicians to help identify unmet patient needs and maintain consistent referral patterns through continuous stakeholder engagement. Palliative care professionals can thus gain a better understanding of the unmet needs of these groups of patients and continuously engage multiple stakeholders to maintain a steady state of referrals.

Recognising the specialised nature of cardiopulmonary rehabilitation, TTSH intends to enhance community capacities through targeted training provided by TTSH's Rehabilitation and Allied Health departments, supplemented by monthly interdisciplinary case discussions. This approach ensures that community partners are well-prepared to treat patients who may encounter symptoms during rehabilitation sessions, while also providing access to specialised care for complicated cases.

How do the group setting and peer support aspects of Air Master help patients and their families?

EL: Patients who suffer from chronic breathlessness often feel isolated and lonely, as people around them are unable to understand their symptoms and feelings. The group settings in Air Master allow patients and their families to share their experience, feel connected, decrease stigma, and build a sense of community. Patients' confidence is increased with such sessions, empowering them to be more involved in their daily activities and in the community. It's heartening to see how the patients forge friendships on their rehabilitation journey, with some making their way home together at the end of their sessions.

What is the most rewarding experience you've had at work in the Air Master programme?

EL: Nothing gives me more joy and fulfilment than hearing our patients' stories during their final assessments. I remember many of them feeling anxious, uncertain, and sometimes very fearful of breathlessness during their first assessment. It's truly heartwarming to see their faces light up at the conclusion of the rehabilitation programme. Patients share how they can better manage their breathing and feel more confident in handling their symptoms. This is why I enjoy what I do!

In the future, what should symptom management look like especially for those with chronic conditions or in palliative care?

NHY: Patients with non-cancer, end-organ-failure conditions require palliative care, which can be combined with active therapeutic management and functional rehabilitation to improve patients' overall quality of life. Palliative care is a method of holistic management that can be delivered by any healthcare provider, not just palliative specialists.

In the future, I expect more generalists and specialists to adopt palliative care as a fundamental competency, and palliative care will gradually become part of the curriculum of other specialist training programmes. With a better understanding and awareness of palliative care, I predict increased collaboration between palliative care and other specialities to develop unique service models that improve patient outcomes.

AIR MASTER

Air Master is a holistic cardiopulmonary rehabilitation service with an early palliative care approach to support and empower patients with chronic lung conditions and heart failure. It is developed in partnership with Lien Foundation and community care partners AWWA, Ren Ci and St Luke's ElderCare (SLEC).

The twice-weekly programme runs for 10 weeks and includes:

- Personalised exercise sessions for building strength and endurance.
- Education sessions to assist patients better understand their diseases, manage symptoms, conduct breathing exercises and relaxation techniques and apply energy conservation methods.
- Comprehensive nurse-led assessments for typically neglected physical and psychological ailments related to chronic breathlessness and appropriate interventions for detected concerns.
- Peer support actions to encourage social engagement and reduce social isolation.

To ensure accessibility, the Air Master service is fully subsidised with support from Lien Foundation and includes providing patients with transport incentives and nutritional supplements to enhance their rehabilitation journey.

Air Master is developed through multidisciplinary collaboration, bringing together specialist expertise from rehabilitation medicine, cardiology, respiratory medicine, and palliative care and allied health professionals. The programme is provided in community day rehabilitation centres, extending care beyond the hospital setting. The programme's ongoing efforts to raise awareness of chronic breathlessness management while improving access to early palliative care and cardiopulmonary rehabilitation aim to improve patients' quality of life, effectively manage symptoms, and slow functional decline throughout their disease trajectory, which can last many years. Furthermore, the programme aims to reduce hospital readmissions by empowering patients to better understand and manage their conditions, leading to more independent and meaningful lives.

JOIN OUR PALLIATIVE CARE CHAMPIONS GROUP ON TELEGRAM

The Singapore Hospice Council (SHC) Primary Care Palliative Champions (PC2) Telegram group is now open to all registered doctors in Singapore who are not palliative care professionals. Following our 2024 "Scoping the Local Landscape of Primary Palliative Care: A Mixed Methods Study", SHC has launched the PC2 Telegram Group in response to primary care doctors' willingness to increase their involvement in palliative care provision.

If you're unsure about prognostication, require help from a palliative care multidisciplinary team or are looking for quick and accurate advice from palliative care specialists, just send a query in the PC2 Telegram group. A palliative care specialist will provide timely and accurate guidance.

SHC is here to support all non-palliative care doctors, particularly general practitioners, in caring for your patients with life-limiting illnesses.

Palliative care is everyone's business. Register for the SHC PC2 Telegram Group via ***https://tinyurl.com/shcpc2*** or scan the QR code to be just one text away from advice from palliative care specialists.

**Registration is required for identity verification. Once verified, the group invitation link will be sent to the email address provided.*

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