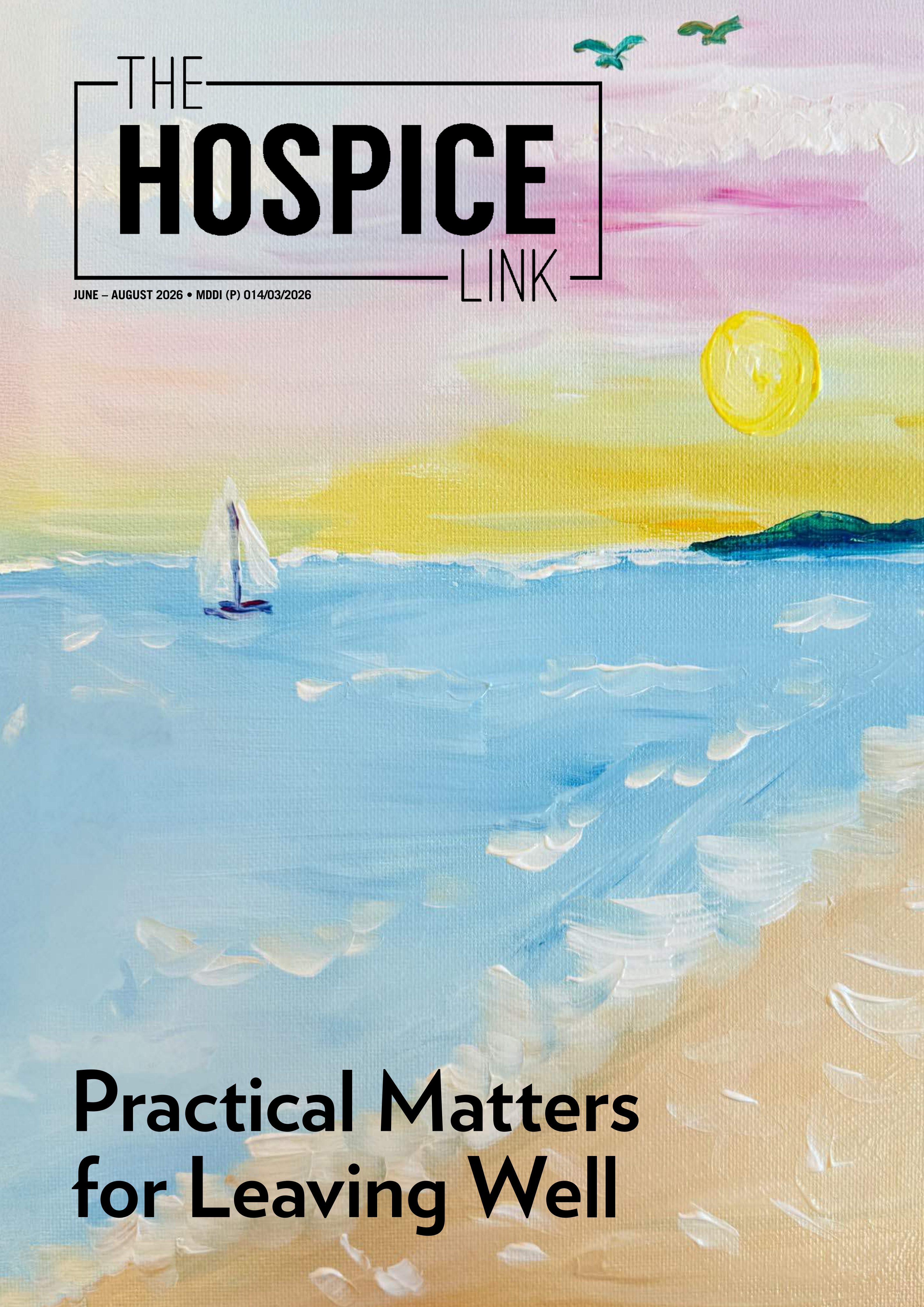
# THE HOSPICE LINK

JUNE – AUGUST 2026 • MDDI (P) 014/03/2026



## Practical Matters for Leaving Well

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## 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


IMAGE FREEPIK

The theme of this issue of *The Hospice Link*, "Practical Matters for Leaving Well" may seem simple, but it often presents the greatest challenge.

In our community engagement work, we notice how easily conversations about practical issues are often set aside. Not because people don't care, but because it feels intense, unfamiliar, and sometimes even unsettling. And yet, when the time comes, it is these very matters — understanding illness, navigating care, making arrangements — that shape how one experiences the final days as either patient or caregiver.

What stands out to me in this issue is not just the information shared, but also the honesty and simplicity behind it. A reminder that no one truly has all the answers and that we are all, in different ways, learning how to walk this journey together with those who have the advantage of walking it before doing better the next time. Whether it is a doctor speaking about uncertainty, a funeral director reflecting on miscommunication, or families finding new ways to express love when words are no longer enough — there is a quiet thread that runs through it all: the importance of starting early and not waiting until it is too late to talk.

There is also something deeply human in the stories shared by our partners. Love that continues even after someone has passed. Care that shifts but never disappears. Strength found in moments of vulnerability. These are not grand gestures but small, real moments that remind us what it means to leave well — not perfectly, but with thoughtfulness, connection and dignity.

My hope is that this issue does not just inform, but gently opens the door for conversations we may have been avoiding. Because leaving well is not only about the end — it is about how we care, how we prepare, and how we hold one another all the way through: the greatest gift we can leave for our loved ones.

*Warm regards,*
Sim Bee Hia
**Executive Director**
**Singapore Hospice Council**

### ABOUT THE ARTWORK ON THE COVER

**"I Love You", A4 canvas, acrylic paint**
(Created by Art Therapist Roxanne Chew, Woodlands Hospital guided by the patient's wishes.)
*Woodlands Hospital*

This artwork was created with a patient who was too breathless to paint yet remained gently involved throughout the process. As the art therapist painted, he guided the scene, colours, and details, drawing from quiet memories of the seaside. The piece became a gift for his wife, expressing what words could not. Even without holding the brush, he remained present, shaping something meaningful and leaving behind a tender reflection of love and connection.

# BONDING IN CARE

NEWS, VIEWS, UPDATES AND SPOTLIGHTS

## MEET THE TEAM

**DR ANGEL LEE**

**Recipient of the Singapore Palliative Care Lifetime Achievement Award 2026**

*(Content adapted from citation delivered by Dr Wu Huei Yaw, Singapore Hospice Council Honorary Secretary, at the opening ceremony of the Singapore Palliative Care Conference 2026)*

Dr Angel Lee began her palliative care journey as a young volunteer doctor with Hospice Care Association in the mid-'90s and she went on to become one of the pioneers of palliative medicine in Singapore.

At a time when end-of-life care was still in its infancy, Dr Lee helped shape hospital-based palliative care. As the clinical lead of Singapore's first hospital-based palliative care service at Tan Tock Seng Hospital (TTSH), she was instrumental in building multidisciplinary teams and embedding compassionate, patient-centred care within the acute hospital setting. In 2008, she founded the Department of Palliative Medicine at TTSH, firmly establishing palliative medicine as an integral part of medical care at the hospital.

Dr Lee was also essential in introducing the concept of Advance Care Planning (ACP) to Singapore by inviting a team from La Crosse, Wisconsin, to present its successful Respecting Choices® programme in 2009. This eventually led to the nationwide adoption of ACP as an important component of good palliative care.

Besides being an excellent clinician, Dr Lee is also a very strong administrator and leader. She served as the Medical Director of Dover Park Hospice. Under her able leadership, the hospice expanded its capacity, started its own home palliative care services, and strengthened its position as a leading hospice institution in Singapore. She now serves as Medical Director at St. Andrew's Community Hospital, where she continues to lead and integrate care across inpatient hospice, community hospital and home-based services.

At the national level, Dr Lee played a key role in shaping Singapore's palliative care landscape. She worked tirelessly, alongside the late Professor Cynthia Goh, to establish palliative medicine as a speciality in Singapore's mainstream medicine. Their efforts were rewarded when palliative medicine finally became a sub-speciality in 2007.

❶ (Left to right)
Dr Wu Huei Yaw, Dr Angel Lee, Minister Ong Ye Kung and Mr Robert Chew

Through her leadership role on the Ministry of Health's second National Strategy for Palliative Care (NSPC) Steering Committee, convened in 2022, Dr Lee helped to refresh the 2023 NSPC framework, which improved access to palliative care and integration across settings.

Beyond her many achievements, Dr Lee is a great role model who always puts the needs of her patients and their loved ones over and above her own. Her wisdom, generosity, and steadfast commitment have shaped generations of healthcare professionals and touched many lives. For her visionary leadership, her lifelong dedication, and her profound impact on palliative care in Singapore, she stands as a 'giant' among us.

## SINGAPORE HOSPICE COUNCIL
# APPRECIATION AND NETWORKING NIGHT 2026

To bring the Singapore Hospice Council's (SHC) 30th Anniversary celebrations, held in gratitude for the support of our Member Organisations and valued partners, to a meaningful close, SHC hosted our annual Appreciation and Networking Night at Paradox Singapore on 5 March 2026. Guests were treated to an inviting buffet spread with interactive door gifts and games.

In his opening address, SHC Chairman Mr Robert Chew highlighted the individuals and companies that joined and contributed to the Council in new ways in 2025, including a newly elected board with familiar and new faces as well as two new Member Organisations. "As many of you know, SHC has a small secretariat. What allows us to accomplish more than our size suggests is the dedication of professionals like you who contribute your expertise, time and energy outside of your core responsibilities," he said.

The importance of collaboration within the palliative care fraternity was echoed by Dr Zhuang Qing Yuan, Senior Specialist in Palliative Medicine, OncoCare Cancer Centre, SHC's newest Member Organisation. "While we are a small team today, we hope to punch above our weight. We see ourselves as one part of a larger whole, and we look forward to growing together with all of you," he said.

The evening also saw SHC Executive Director Ms Sim Bee Hia sharing about the SHC's plans moving forward, from strengthening palliative care capabilities within and outside the fraternity to raising public awareness. SHC is engaging with more partners to build communities where no one faces serious illness, dying, death, grief, or bereavement alone. In the year ahead, the Council hopes to foster a shared sense of responsibility for the future of palliative care, where it is everybody's business.

**❶ Dim sum-shaped stress-relief squishies for our guests!**
**❷ Extra! Extra! Read all about SHC's year in review!**
**❸ Guests fighting for a buffet voucher for two at our "It's a Wrap!" gift wrapping challenge.**
**❹ Winners of the gift wrapping challenge with the exclusive SHC Legacy Fighters blind boxes.**
**❺ SHC Executive Director Ms Sim Bee Hia sharing SHC's plans for the year ahead.**
**❻ Looking forward to more collaborations in the years ahead!**
**❼ Closing words by SHC Honorary Secretary Dr Wu Hui Yaw: "Thank you to each and every one of you for taking time off from your family and work to be here tonight."**

# WEAVING DREAMS, REIMAGINING CARE

***Palliative care community grows as the Singapore Palliative Care Conference (SPCC 2026) calls for reimagining of end-of-life care in a super-aged Singapore.***

The 9th Singapore Palliative Care Conference (SPCC 2026) saw an increased turnout of more than 40 per cent over the 2023 edition, as Singapore crosses a defining demographic threshold: becoming a super-aged society, with one in four citizens aged 65 and above by 2030. The surge reflects not just growing interest in palliative care but a sector responding urgently to a nation that needs it now more than ever.

The theme "Weaving Dreams, Reimagining Care" of SPCC 2026, which took place at the Sands Expo and Convention Centre on 16-19 April, called upon healthcare professionals, specialists, and community workers to shape what comes next. Graced by Minister for Health and Coordinating Minister for Social Policies Mr Ong Ye Kung, the conference brought together close to 1,000 delegates, including more than 100 from overseas. The conference featured seven speakers from Australia, India, and the United States and 130 local speakers and moderators from the palliative care community, with nearly half from beyond palliative medicine; a direct response to a shifting landscape.

The SPCC 2026 scientific programme addressed one of palliative care's most pressing gaps: the breadth of conditions, beyond cancer, that require end-of-life support. Cancer accounted for only 26.5 per cent of deaths in Singapore in 2024, with the remainder spanning conditions such as pneumonia, heart disease and stroke. Sessions at SPCC 2026 covered diverse populations, including young adults, those with end-stage organ failure, and those living with chronic psychological illnesses.

"SPCC 2026 calls us to reimagine who delivers palliative care. We increasingly recognise that good palliative care should not be confined to specialist teams alone. It can and should be practised by primary care physicians, specialists, and cross-disciplinary clinicians, as well as our allied health colleagues who accompany patients on their journey. In 2023, we focused on building collaborative communities. Today, we are beginning to see the fruits of that work. With stronger foundations, we are now able to think more boldly — not just about working together, but about embedding palliative principles across all areas of care," said SPCC 2026 Organising Committee Chair Dr Jennifer Guan in her opening speech.

SHC Executive Director Ms Sim Bee Hia added, "The growth we are seeing in numbers, in disciplines, and in ambition — this SPCC reflects how far Singapore's palliative care community has come. The Singapore Hospice Council and its 27 Member Organisations remain committed to working alongside the Ministry of Health and all our partners to build a palliative care environment where care is accessible and no patient faces the end of life without the support they deserve."

A big thank you to our speakers and moderators, and booth and interactive space partners for making the conference an enriching experience. Our deepest appreciation to the Lien Foundation — our strategic partner, the Ministry of Health, the Temasek Foundation, the Xian Mi Du Mu Lin Buddhist Association, and the Singapore Tourism Board - Singapore Exhibition and Convention Bureau, along with our academic partner, the Chapter of Palliative Medicine Physicians, College of Physicians, Singapore.

**➊ Our booth partners delighting our delegates!**
**➋ Showcasing work done with over 269 abstracts accepted!**
**➌ The 9th SPCC Organising Committee comprising individuals from various disciplines.**
**➍ Ending the conference with hospice tours in collaboration with Assisi Hospice, Dover Park Hospice, HCA Oasis@Outram Day Hospice, and St. Andrew's Community Hospital.**
**➎ "By 2030, let's train 10,000 nurses, healthcare workers in general palliative care competencies," says guest-of-honour, Minister Ong.**
**➏ A fireside chat with palliative care pioneers Sister Geraldine Tan and Professor Pang Weng Sun about developing leadership in the palliative care fraternity.**
**➐ See you at the next SPCC!**
**➑ Thank you to our volunteers who supported us at the conference!**
**➒ From small, tentative, and vulnerable caterpillars, dancers from the Singapore Chinese Dance Theatre transform into butterflies for the opening of SPCC 2026. The magnificent yet short life of the butterfly captures the beauty in fleeting moments.**

## 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** 15 June 2026, 20 July 2026, 17 August 2026
**Time** 7pm-8.30pm

### SHC "LIVE WELL LEAVE WELL" EXHIBITION @ THE PUBLIC LIBRARIES

Find out more about palliative care, how to get started on end-of-life planning and why die-logues are essential.
**Dates** 29 May - 29 June 2026
**Venue** Punggol Library

**Dates** 30 June - 3 August 2026
**Venue** Serangoon Library

**Dates** 4 August - 31 August 2026
**Venue** Pasir Ris Library

### HCA SWING WITH ME CHARITY GOLF 2026

Calling for golfers and donors to join HCA Hospice for an afternoon on the green to support compassionate hospice care for the terminally ill.
**Date** 29 July 2026
**Time** 11.30am – 9pm
**Venue** Tanah Merah Country Club (Tampines Course)
**Contact**
donor@hcahospicecare.org.sg
62512561
hca.org.sg/events/

# Practical matters for leaving well

*Early conversations touching on arrangements for end-of-life decisions about care and choices for the final farewell give loved ones and their families peace of mind and closure.*

WORDS **TOH EE MING** PHOTOS **ANG CHIN MOH GROUP, TAN TOCK SENG HOSPITAL, WANG XIUMEI** GRAPHICS **FREEPIK**

Wang Xiumei had been taking care of her mother for over 20 years, who had suffered a major stroke and dementia before her latest colon cancer diagnosis in August 2022. When her mother needed assistance with her daily routine, having become chairbound and then bedbound, the finance professional found herself stretched thin as a single mother who also had to raise a daughter with ADHD with another one in university. With the help of her Filipino domestic worker, she was able to manage.

When her mother's cancer relapsed in 2024, Xiumei found herself at a complete loss, "It was a struggle. Very torturous." She was waking at 3am to turn and reposition her mother in bed, ferrying her daughter to school by morning, and then rushing to work. She didn't know then that there were teams trained to support families like hers. It was only after she shared her story on Facebook that a cousin suggested palliative care. She went back to her doctor and asked to be referred.

That was when the Singapore Cancer Society's Home Hospice Team stepped in. They started with monthly reviews, with increased frequency as Xiumei's mother's condition deteriorated over the next one and a half years.

Having access to a 24/7 helpline to obtain support for issues such as pressure sore management came as a relief. However, Xiumei said that it would have been much more beneficial if additional support, such as financial and psychosocial services for caregivers, could come in much earlier, before needs intensified. Advance Care Planning (ACP) could not be explored directly with her mother given the advanced stage of illness, pointing to a need for greater societal awareness and for earlier conversations about healthcare choices. Despite the challenges, Xiumei said, "We managed to pull through."

Her mother passed away in April this year en route to the hospital after a chest infection. Xiumei's experience is not unusual. Many Singaporeans, it turns out, are underprepared for the long arc of illness, loss, and its aftermath, both emotionally and practically.

The Singapore Death Literacy Index (DLI), commissioned by the Singapore Hospice Council, is the first national measure of how well people here understand and act on end-of-life options. Its findings are sobering: factual knowledge scored lowest across the board, with significant gaps in understanding legal documents, healthcare navigation, and end-of-life planning. As Singapore moves toward a super-aged society, these gaps don't just affect individuals, they ripple through families, caregivers, and the broader care system.

"Dying is not just a medical event but a social experience and journey involving the family and community," says SHC Executive Director Ms Sim Bee Hia. "The DLI reaffirms the need to build an ecosystem where death literacy becomes everyone's responsibility, not just for doctors and social workers, but for all of us.

> *"Dying is not just a medical event but a social experience and journey involving the family and community."*
>
> MS SIM BEE HIA

## AT THE HOSPITAL

Dr Mervyn Koh, senior consultant, geriatrician, and palliative care physician at Tan Tock Seng Hospital (TTSH), sees the knowledge gap play out daily. The most common question families ask is simply: "How long does my loved one have?"

For patients with advanced cancer, the trajectory is relatively predictable. Once they decline functionally — stopping chemotherapy, becoming bedridden — the timeframe tends to be weeks to short months. But for patients with heart, kidney, or lung failure, the picture is far less clear. Someone with end-stage chronic obstructive pulmonary disease (COPD) can be on the brink of death one week and stabilise the next. A patient with advanced dementia, bedridden and barely responsive, might survive a lung infection with antibiotics or might not. The final moment might arrive without warning. The unpredictability, Dr Koh said, is precisely what makes early conversations so urgent.

"Not knowing their loved ones' prior preferences makes it even more difficult for families to advocate for them," he said. He recalled a patient, a man in his sixties, unconscious in the ICU after a massive stroke. His

> “When we plan for how we leave, we’re not just giving love to the people we leave behind; we’re giving them respect.”
>
> MR ANG ZIQIAN

daughters wanted the breathing tube removed. Their father had watched his brother struggle through a similar situation and had been clear: “If I were in a similar situation as your uncle, don’t prolong my suffering.” The daughters honoured that. But Dr Koh has seen the other side too. Families paralysed by guilt and conflict, unable to decide, precisely because no conversation had ever been had.

He spoke from personal experience as well. At his grandmother’s funeral, he found himself asking his parents what they would want if they became too ill to decide for themselves, such as where they wanted to be cared for, what kind of funeral, and how long they wanted it to last. “It’s the most important conversation to have,” he said. An ACP and a Lasting Power of Attorney put those wishes on record and give families something solid to hold onto when the hardest decisions arrive.

Navigating the system itself is another challenge. Hospital specialists, community teams, and home care nurses often work in parallel on the same patient, each playing a distinct role, frequently intertwined.

A Ministry of Health pilot, the Integrated Palliative Care Programme between TTSH and Dover Park Hospice, offers a glimpse of what more seamless care can look like. Home care nurses assess patients at home and arrange direct hospital admissions when needed, bypassing the emergency department entirely. For those who wish to die at home, the programme supports that too.

The programme has shown promising results: fewer unnecessary A&E visits, 85 per cent of patients dying in their preferred place, and 64 per cent dying at home, against a national average of under 30 per cent.

Families are also often unaware that support extends well beyond clinical care, he said. Medical social workers in hospitals and in the community can provide emotional and psychosocial support and carry the most comprehensive knowledge of available financial assistance. Home hospice care is currently free to access, and inpatient hospice and hospital bills are heavily subsidised. Lesser-known schemes include the Dependent Protection Scheme, the Home Caregiver Grant, and the Equipment Rental Scheme. “Ask your doctors, your nurses, your palliative care team,” Dr Koh said. “They will walk this journey with you.”

## AT THE FUNERAL PARLOUR

Singapore has come a long way in its openness to talking about death, but there’s still a lag when it comes to the practicalities, said Mr Ang Ziqian, managing director of Ang Chin Moh Group.

Many people arrive with ideas borrowed from television dramas. They envision a dramatic scattering of ashes at sea, without realising the logistics involved. Others assume burial is not permitted, as cremation has become the social norm. There are other misconceptions too, like the romantic notion of ashes returned to the earth can nourish new tree growth. In reality, human cremation ashes are generally toxic to plants if applied directly or in high concentrations, as they possess a very high pH, he said.

But the more consequential gap is not factual, but communicative, he added. Parents who don’t want to burden their children say simply, “Keep it simple, no fuss.” But children who need the funeral wake and the time to grieve properly hear that and feel torn. “People think they’re disagreeing, but the underlying truth is they both want to honour the person. They just don’t know how to say it to each other,” said Mr Ang.

By the time a family walks into a funeral director’s office, they are running on no sleep and raw grief. What strikes Mr Ang most, after years of this, isn’t the grief itself. It’s the guilt that follows when no one knows what the departed wanted.

He’s seen it take many forms. A son who sought him out for six months after his mother’s funeral, sitting by Kallang River. He’d paid top dollar but was never sure it was what his late mother wanted. An uncle’s three adult children, each of a different faith, who spent hours in painful disagreement about how to send him off. “I’ve seen a lot of love, and I’ve also seen a lot of pain,” said Mr Ang.

That uncertainty drove Mr Ang to establish The Last Gift, Ang Chin Moh’s pre-planning initiative, which allows individuals to document their funeral wishes in advance, easing the emotional and financial weight on those left behind.

Beyond the funeral home, Mr Ang has spent years trying to shift the conversation more broadly through collaborations with government agencies, charities, artists, filmmakers, and initiatives like Happy Urns with the Lien Foundation.

He’s seen what preparation makes possible: An 88-year-old woman who came with her granddaughter made every decision herself and left having secured exactly the farewell she wanted. A funeral suffused with the scent of frangipani, another with a projection of a beach and open sky, was chosen by wives who knew exactly what their husbands loved.

An effective and capable funeral director, he said, is less an executor of logistics than a facilitator of something more delicate. Someone who listens not just to what a family says but also to what they mean. Who can read the room, sense the dynamics, and hold space for people who are simultaneously grieving and deciding. As every case of death is different, every approach can be different as well.

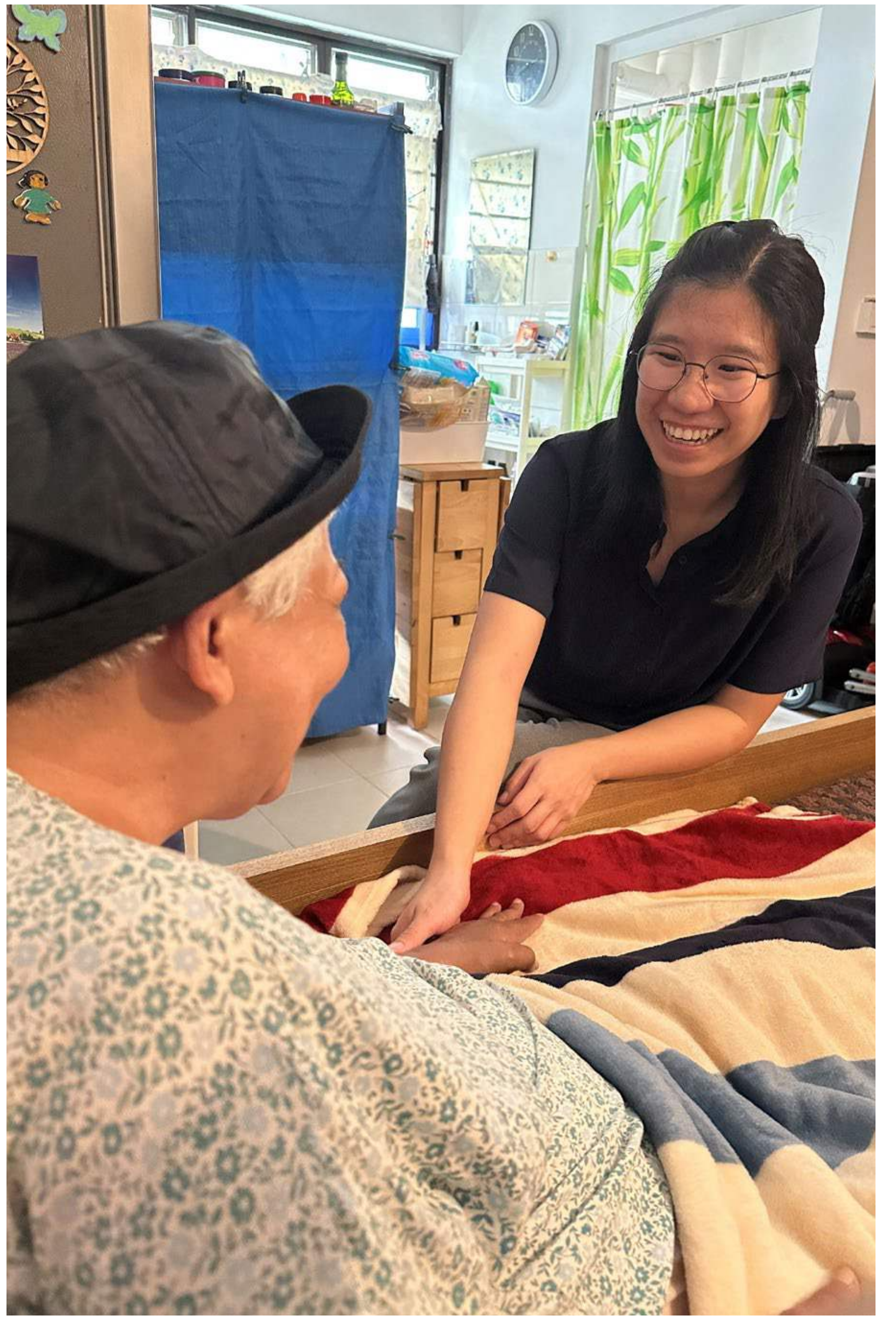
❶ Xiumei and her family
❷ Xiumei and her mother
❸ Dr Mervyn Koh
❹ Mr Ang Ziqian

“Just as we plan for our education, our home, and our career, we should plan for our final farewell. Life is impermanent. When we plan for how we leave, we’re not just giving love to the people we leave behind; we’re giving them respect,” said Mr Ang. “Funerals are for both the living and the departed. The goal is to leave behind love and no regrets.”

Xiumei is grateful that they spoke early about her mother’s end-of-life decisions. After her mother was diagnosed with cancer, Xiumei started gentle discussions about her mother’s wishes — the kind of funeral she wanted and what should happen after she died. Her mother said she did not mind cremation. However, Xiumei found it difficult to accept the idea of having her body cremated and preferred to be buried, as she herself hopes to do in the future. Her mother eventually concurred.

Today, Xiumei draws strength from walking alongside other caregivers in similar situations, offering the support she wished she had found sooner. “I know my mother will be waiting for me in heaven,” she said.

That, ultimately, is what death literacy asks of all of us: not morbid preoccupation, but practical care. To have the conversations while there’s still time and clarity to have them. To treat death not as a medical problem managed at the last moment, but as a human passage deserving the same thoughtfulness we bring to everything else we plan for in life.



Left: Assisi Hospice's senior medical social worker Grace Yong cares for patients and their families in the home palliative care setting.

# TALKING ABOUT THE END OF LIFE

*Having worked with palliative patients for over four years, Assisi Hospice's senior medical social worker Grace Yong shares the importance of end-of-life conversations and how to approach the subject.*

WORDS AND PHOTO **ASSISI HOSPICE**

With medical advances and increasing affluence in our society, we are afforded more choices that we may not have had in the past, including the ability to make informed decisions about end-of-life care and to communicate our preferences to loved ones. We can identify the important people in our lives and share with them more about our priorities and wishes.

As a medical social worker, one of my roles is to facilitate end-of-life conversations. I see my role as preparing the ground such that it can be ready for such conversations. For instance, normalising conversations about such matters creates safety to allow for these conversations, which may bring up painful emotions and fears but also hopes and yearnings.

We also serve as a bridge with the medical team. With more understanding of the overall condition and how the medical system works, we can reframe these conversations for each patient and their family members, making information more comprehensible to them, especially if they are unfamiliar with medical jargon. We also help the medical team understand some of our patients and family members' frame of mind or the experiences or perceptions affecting them so that they can address these in a targeted and intentional manner.

## KEY TOPICS FOR DISCUSSION

These are some conversations that we can consider having:

- Matters related to living, for example, what gives meaning to life; what quality of life means; relationships, values and activities that matter.
- Medical matters such as pain control options one prefers and what to do when one's heart suddenly stops.
- People with serious illness may need to consider life support treatment options, how they would like to be cared for, and where they would like to spend their last days. Conversations can also include what is most important to them; their priorities and goals should their health situation worsen; fears and worries they may have about the future related to their health; as well as abilities or functions critical to them.

Conversations about end-of-life are dynamic; priorities when healthy can be different after a serious illness diagnosis. Similarly, what one shares when they are in pain can be very different from when physically comfortable. This is because we are contextual people. How we experience our bodies and symptoms, the people whom we are close to, and our stage of life can influence our decisions.

There are a few key documents designed to support end-of-life planning. They serve different functions and you can find out more about them through the My Legacy website (https://mylegacy.life.gov.sg/end-of-life-planning/).

A brief description of the documents as follows:

- Advance Medical Directive (AMD). The AMD is a legal document that requires doctors to halt extraordinary life-sustaining care, such as a ventilator, in the event of a loss of mental ability, terminal illness, or imminent death.
- Lasting Power of Attorney (LPA). The LPA is a legal document that allows appointed donees to make financial and/or personal welfare decisions but not decisions regarding life-sustaining treatments. It takes effect when there is loss of mental capacity.
- Advance Care Planning (ACP). The ACP is a series of documented conversations that capture one's beliefs and goals, guiding doctors and designated healthcare spokespersons to make decisions that are most aligned with you.
- The Will. A will is a legal document that dictates the distribution of one's estate. It takes effect after death.

## HOW PATIENTS PLAN AHEAD

For some patients, they start engaging in end-of-life conversations with their family upon receiving their diagnosis from doctors.

One of my patients, Madam A, who is in her 60s, is one such example. She has corticobasal degeneration, which is a progressive neurodegenerative disease that affects areas of the brain connected to movement and cognition. She is a divorcee, and her children and sisters are all based overseas. Her medical condition will likely progress towards losing more of her function and speech; hence, being able to have end-of-life conversations about her goals and extent of care, and the forms of intervention she wishes to have, are important to her, as she wants her wishes to be honoured when she is unable to speak for herself.

She had created a preferred plan of care (PPC), which is a somewhat more specialised version of ACP for people with a one-year prognosis or less. It asks slightly more explicit questions due to the shorter prognosis. Using the PPC as a guide, she communicated her wishes to her sisters. She also completed an LPA to ensure her sisters would be empowered to support her should she one day lose her capacity to manage her medical and financial decisions and matters.

Other families may tap on more externalised contexts, such as the health condition and care arrangements of another family member or person they know, to assist them in reflecting in a way that is not too near or personal to them yet. For example, I have patients who have journeyed with their spouses at their end-of-life stage previously, and that in turn helped them with their preparation, including decisions regarding passing on at home and the medical support needed for that.

## STARTING CONVERSATIONS

Remembering the benefits that such conversations provide to the family makes them easier. End-of-life conversations serve to relieve the next of kin from the burden of having to guess what their loved one might want in the event of serious illness. This starting point has helped to motivate my patients to share even when it may be difficult to talk about such matters.

We can also frame these as conversations about values and priorities. Despite advances in medical technology or quality of life, death and illness are out of our control. While we may not have a choice when illness strikes, communicating and sharing ongoing conversations is one way that we can prepare ourselves.

We may also emphasise that these are ongoing and dynamic exchanges. They are not intended to be permanent or to limit our freedom. Rather, they empower our next of kin to advocate for and respect our preferences and choices. End-of-life conversations do not need to be overly technical or detailed. They are fundamentally concerned with what matters most to you. When feeling lost, we can begin by asking the following question: "What is most important to you when faced with ____?"

> END-OF-LIFE CONVERSATIONS DO NOT NEED TO BE OVERLY TECHNICAL OR DETAILED.

# LEAVING WELL: CONVERSATIONS AND CHOICES THAT SHAPE THE END-OF-LIFE JOURNEY

*Leaving well is about preparation, communication, and understanding what truly matters to the person receiving care. HCA Hospice's Senior Resident Physician Dr Keson Tay shares insights and practical considerations that help shape a meaningful end-of-life journey.*

**Left: Dr Keson Tay speaking at the latest Learn@HCA public education session, held in partnership with TEDxSingapore, where he discusses the emotional, ethical and human complexities involved in caregiving and end-of-life care.**

Palliative care may involve irreversible outcomes, with families and patients having to confront emotional, personal and complex choices, but initiating conversations and making arrangements early about medical care and other matters around end-of-life will prepare patients and families to not only improve the quality of the remaining time but also focus attention on what is important at the end — building memories, saying what has to be said, and making peace.

One of the most practical steps anyone can take is to start conversations early. Advance Care Planning is often viewed as a formal administrative process, but at its core, it is simply about discussing preferences before it is too late. These discussions help clarify thought processes and values so that when patients are eventually unable to speak for themselves, others can advocate confidently on their behalf. Without these conversations, decisions tend to be made under time pressure and emotional strain, which can increase distress for everyone involved.

Treatment decisions at the end of life are rarely straightforward. In palliative practice, there are situations where continued medical intervention may not serve the patient's best interests, a concept sometimes referred to as medical futility. Accepting this reality can be difficult, especially when families equate stopping treatment with giving up. At the same time, patients may choose to decline treatments such as chemotherapy due to side effects, existing medical conditions, or a desire to prioritise comfort. There are also instances where individuals explore alternative approaches outside conventional medicine. The healthcare team's role is not to impose decisions, but to ensure that choices are informed, balanced, and made with a clear understanding of potential consequences.

WORDS **OH LEE SHAN** PHOTOS **HCA HOSPICE**

> WHILE DEATH IS INEVITABLE, THOUGHTFUL ENGAGEMENT WITH THE PROCESS CAN SHAPE AN ENDING THAT REFLECTS MEANING, COMPASSION AND RESPECT.

Conversations become particularly challenging when stakeholders hold different perspectives. Patients, caregivers and healthcare professionals may each believe they are acting in the patient's best interests yet disagree on how to proceed. Emotional responses such as shock, denial, or protective instincts can complicate dialogue further. In some cases, families may request that serious diagnoses be withheld from patients to protect them from distress. Navigating these situations requires acknowledging the motivations behind each viewpoint and grounding discussions in shared goals. When communication is clear and compassionate, it often becomes possible to redirect care in ways that better reflect the patient's needs and realities.

Beyond medical decisions, the end of life raises deeply human considerations. Patients frequently face existential concerns, strained relationships, or unresolved emotions that cannot be addressed through clinical treatment alone. Families may carry regrets or find themselves unsure how to reconnect. In such circumstances, simple expressions — gratitude, love, forgiveness, and reconciliation — can carry profound meaning. Though these words may appear straightforward, speaking them often allows emotions to surface and creates opportunities for connection and closure.

Disagreements shaped by cultural beliefs, faith, or fear are also common. Maintaining compassion in these conversations is essential. When we acknowledge that all parties are motivated by a desire to help the patient, opposing views become less adversarial and more like alternatives to consider. Facilitated discussions that clarify medical realities, acknowledge emotional boundaries, and identify compromise can transform confrontational exchanges into constructive dialogue.

Families should also feel comfortable asking whether their loved ones are receiving the most appropriate care, even if that means seeking additional professional perspectives. Advocacy should not be perceived as distrust. Healthcare professionals themselves can become deeply involved in cases, and an objective viewpoint can sometimes help clarify direction. Asking questions is part of responsible caregiving and should be encouraged rather than avoided.

Leaving well is ultimately not about certainty or perfection. It is about recognising the limits of medicine, addressing practical and emotional matters early, and ensuring that care aligns with the individual's values. Through preparation, honest discussion and mutual understanding, patients and families can navigate the final stage of life with greater clarity and dignity.

Palliative care exists to support these conversations, not only to manage symptoms, but to help people make sense of difficult choices. While death is inevitable, thoughtful engagement with the process can shape an ending that reflects meaning, compassion and respect.

# BUILDING SKILLS AT EVERY STAGE

*From caregiver to cared for, skills learnt with the right support over time can be employed at any point of the end-of-life journey.*

Madam Jumiati's caregiving journey is shaped by love, resilience, and a willingness to learn, not just emotionally but also in the hands-on skills needed to care well for those closest to her.

Her role as a caregiver began with her ageing parents. As their needs grew, she stepped in to support them with their daily routine — managing medications, assisting with movement, and ensuring their comfort. Like many family caregivers, she started without formal training, relying on instinct and experience. While she was deeply committed, there were moments of uncertainty, particularly as care needs became more complex.

When her husband suffered a stroke, her caregiving responsibilities deepened significantly. He was admitted to a nursing home to receive full-time care. Yet for Madam Jumiati, caregiving did not stop there. She visited him every single day, without fail. Her consistent presence did not go unnoticed — staff and residents affectionately began calling them the "lovebirds"; a reflection of the enduring bond they shared.

It was during this period that Madam Jumiati began visiting the Tsao Foundation's Hua Mei Clinic for consultations, on the recommendation of her niece. Through these visits, she was introduced to counselling support.

Through counselling, she learned how to manage the emotional strain of her husband's condition and, importantly, how to engage with him in meaningful ways. Her focus was not on doing tasks for him but simply being with him — sharing time, listening, offering comfort, and responding to his needs with patience and presence. She became attuned to his non-verbal cues, understood when he needed quiet reassurance, and learned to create moments of connection that went beyond physical care.

WORDS & PHOTOS **TSAO FOUNDATION**

At the same time, counselling aided her well-being. She learned how to manage stress, pace herself, and care for herself while caring for him, understanding that her own health and resilience were critical to her role as a caregiver.

Eventually, her husband expressed a wish to return home and age in place. Madam Jumiati prepared herself to provide more hands-on support at home, helping with his mobility issues and maintaining a comfortable environment. Yet her presence continued to focus on connection — being with him, listening and creating moments of comfort — not just supporting his physical needs.

After her husband's passing, she continued receiving counselling support from the Tsao Foundation to navigate grief and transition to a new chapter of life. It was also during this period that she was diagnosed with lymphoma, a cancer that begins in the lymphatic system.

**Right: Madam Jumiati with her husband; Opposite page: Madam Jumiati (extreme left, second row) with her family.**

The caregiver now had to confront her own health challenges.

Today, Madam Jumiati is a care recipient herself, supported by a helper. While the transition has not been easy, her years of caregiving have shaped how she experiences care. She understands the importance of patience, dignity and clear communication. She is able to guide her helper with empathy, drawing from her own experience of what it means to care — and to be cared for.

> MADAM JUMIATI'S CAREGIVING JOURNEY IS SHAPED BY LOVE, RESILIENCE AND A WILLINGNESS TO LEARN.

Madam Jumiati's story reflects the full journey of caregiving, from supporting her parents to standing by her husband through illness to eventually receiving care herself.

More importantly, it highlights how caregivers can build essential hands-on skills over time. Through counselling support from the Tsao Foundation, she gained not only emotional strength but also the practical knowledge and confidence to care more effectively for her loved ones.

Her experience serves as a poignant reminder that while love is frequently the starting point for caregiving, it is reinforced through learning. With the right support, caregivers can grow in both skill and confidence, enabling them to provide safer, more dignified and more meaningful care at every stage of life. HL

# WALKING WITH FAMILIES THROUGH GRIEF

*The St Luke's Hospital palliative care team supports meaningful connections and closure at the end of life.*

For one son, the impending loss of his mother weighed heavily, deepening the grief he was still carrying after losing another important family member years earlier. While their bond was strong, both were reserved in expressing their emotions. As his mother's health declined, the family was introduced to Family Dignity Intervention (FDI) — a therapeutic approach that helps patients and families deepen emotional connections and create a meaningful legacy through guided conversations, created by Director of Research at the Palliative Care Centre for Excellence in Research and Education (PalC) and Professor of Psychology and Medicine at Nanyang Technological University, Singapore, Professor Andy Ho.

During an FDI session, a trained therapist gently guides patients through reflections on their life experiences — memories, accomplishments and values — and messages of love for their family. These conversations are later transformed into a personalised "legacy document" designed like an autobiography that preserves the patient's voice and stories for their loved ones.

But time was limited. The patient's condition was deteriorating rapidly, and her son's work commitments meant he was unable to attend the sessions. Senior Medical Social Worker Leong Si Jie used her training to document the patient's reflections and messages with sensitivity for her son, preserving words of love, thanks and encouragement.

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

> "CONTINUED SUPPORT HELPS FAMILIES PROCESS THEIR EMOTIONS, REDUCING THE RISK OF COMPLICATED GRIEF."
>
> **PASTORAL COUNSELLOR ALDRAN WONG**

## NAVIGATING GRIEF

At the same time, the son was experiencing anticipatory grief. He found himself grappling with conflicting emotions — hope, exhaustion, sadness, guilt and fear.

"A safe space for families to express what they are carrying emotionally and spiritually is very important," explained Pastoral Counsellor Aldran Wong. "Reassurance that these complex feelings can coexist, and that their reactions are normal, makes a difference." Part of this support involves helping individuals identify fears, sadness, guilt, helplessness or unresolved concerns, while also preparing them for what to expect as their loved one's condition declines.

The team recognised that the son needed emotional closure with his mother — especially hearing words of appreciation from the person he had been caring for over many years, sentiments that had often gone unspoken between them.

A video recording of the team reading the legacy document aloud to the patient was also created. Both the legacy document and the recording were later given to her son — allowing his mother's voice, intentions and love to remain with him long after her passing.

While his mother's physical condition declined, music therapy also offered her a way to reconnect with an important part of her identity. Senior Music Therapist Camellia Soon explained that music "creates moments of normality and emotional rest, which are important when someone is processing grief".

Music had always been a part of his mother's life. She often sang with friends and took pride in being able to master Japanese songs despite limited formal education and little spoken English. Music therapy sessions using the beloved classic "Sukiyaki" provided moments of connection, dignity, and delight.

## CONTINUING THE JOURNEY

"What stood out most was the patient's quiet yet profound love for her son," Si Jie recalled. "Even as she approached the end of her life, her thoughts were not on herself but on his future and wellbeing — that her child would be alright even after she was gone."

Grief does not end when caregiving responsibilities do. After her life faded, the son continued his journey through grief, reflecting on the meaning of his mother's life. Through regular check-ins from Aldran, he was reassured that everyone grieves in their own way.

"When the practical demands of caregiving stop, the reality of the loss can become more deeply felt," Aldran explained. "Continued support helps families process their emotions, reducing the risk of complicated grief."

Now beginning to move forward, the legacy of his mother's words remains with him — a reminder that love, once spoken and shared, continues to endure.

**Right: Senior Medical Social Worker Leong Si Jie reading the legacy document to a late patient; Opposite page: Pastoral Counsellor Aldran Wong attending to a patient.**

ASK THE EXPERTS

# PROTECTING THE SKIN FOR END-OF-LIFE COMFORT

*Patients receiving palliative care often encounter skin problems due to their advanced disease and declining physical health. In this interview, we hear how a palliative care nurse empowers caregivers to take the first step in preventing skin injuries and promoting a good skin care routine.*

WORDS NURSE CLINICIAN CHANG YEE YEE, DOVER PARK HOSPICE
PHOTOS DOVER PARK HOSPICE, FREPIK

Ms Chang Yee Yee is a nurse clinician at Dover Park Hospice with specialised expertise in wound care. She is a certified Wound, Ostomy, and Continence Nurse (WOCN) and holds a Master of Nursing from Western Australia. She also holds a Specialist Diploma in Palliative Care. Her professional focus is on the prevention and management of complex wounds, including pressure injuries, skin tears, and surgical wounds. Beyond clinical practice, Ms Chang is deeply committed to advancing clinical skills and knowledge and conducts regular training on wound management for nurses and allied health professionals.

She is currently serving as the Treasurer of the Wound Healing Society of Singapore (WHSS). She has also played an active role in shaping international standards of care, notably contributing to the International Pressure Injury Clinical Practice Guidelines as a member of the Guideline Governance Group in both 2019 and 2025.

**Why did you choose to go into palliative care?**

I chose palliative care, as I believe in caring for the whole person. I think it matters most to provide quality care when patients are at their most vulnerable. Having worked for 17 years in an acute hospital, with my background in wound, ostomy and continence nursing, I saw that patients with serious illnesses often face complex problems like chronic wounds, pressure injuries, pain and skin issues. These issues can greatly affect their comfort, dignity and quality of life. I can use my skills to make a real difference for patients and their families in palliative care.

**What are some common symptoms you see in palliative care patients that caregivers are often not prepared for?**

In home palliative care, we often see skin and wound conditions.

Pressure injuries are probably the most common wounds in home palliative care. They occur when the skin or underlying tissue is damaged, often over bony areas such as the tailbone, heels, or hips. These injuries are caused by prolonged high intensity pressure, often accompanied by shear and friction, which happens when the skin and the underlying bone move in different directions.

There is also moisture-associated skin damage (MASD) — skin problems caused by too much moisture. It includes Incontinence-Associated Dermatitis (IAD) — inflammation that occurs when skin stays in contact with urine or stool for too long; Intertriginous Dermatitis (Intertrigo) — inflammation that happens when skin folds rub together, trapping moisture or perspiration in those areas; and wound-surrounding maceration — when the skin around a wound gets damaged because it is exposed to too much drainage, weakening the skin barrier.

**How can family members manage MASD?**

I would guide caregivers to carry out the following steps:

- Clean the affected area with a gentle, non-stinging cleanser after each time it gets wet, or at least three times a day.
- After cleansing, apply a thin layer of a skin barrier. Products containing silicone (dimethicone) and/or zinc oxide are effective options; alternatively, a non-stinging barrier film spray may be used to reduce skin exposure to urine, stool, or sweat.
- Clothing/incontinence pad: Pick breathable fabrics like wool and bamboo material that pull moisture away from the skin. Change any wet clothing or incontinence pads right away to reduce the skin's exposure to excessive bodily fluids that make the skin weaker and more likely to break down.

**What are some tips for preventing these pressure injuries and skin problems?**

Pressure injuries (PI) and moisture-related problems can be reduced by following the SSKIN bundle: Skin inspection, Surface selection, Keep moving, Incontinence management, and Nutrition.

- Regular movement and repositioning are the best ways to prevent pressure injuries, which are the most common wounds in home palliative care.
- Turning schedule: Patients who have trouble moving should be repositioned every two hours. In palliative care, this can be adjusted to every three or four hours to help the patient rest and stay comfortable.
- Technique: Caregivers should use a drawsheet (usually made from cotton material) to gently roll and lift the patient instead of sliding them. This helps prevent shear, which happens when the skin pulls against the bone.
- Supportive padding: Place pillows between bony areas such as the knees and ankles. Put a pillow under the calves so the heels are lifted off the mattress.
- Support surface to redistribute pressure: Since the key to preventing pressure injuries is removing the constant pressure that blocks blood flow, an alternating pressure surface is considered for patients who cannot move or reposition themselves. Beyond prevention, these surfaces can be ordered to reduce pain and provide physical comfort, especially when a standard turning schedule is too distressing for a patient at the end of life.
- Adequate nutrition and hydration: Ensuring sufficient intake of nutrients, along with proper hydration, is important for keeping healthy skin and strong muscles. Offer patient's favourite food in small, frequent meals with plenty of protein and calories.
- Keeping to the skin care regime as illustrated in the previous question.

Top: Nurse Clinician Chang Yee Yee

**Moving and repositioning a loved one can be intimidating for many caregivers. What advice do you have for caregivers to move their loved one safely and with dignity?**

In palliative or hospice care, comfort is usually more important than sticking to strict schedules.

While regular care recommends turning a patient every two hours, the care team might suggest turning every three to four hours instead to allow the patient to rest and reduce pain. If moving causes a lot of pain, talk to a healthcare provider or therapist about using a special mattress that changes pressure to help reduce the frequency needed to move or turn your loved one by hand.

> GIVE YOURSELF PERMISSION TO GRIEVE AND ACCEPT THAT SOME THINGS ARE OUT OF YOUR CONTROL.

- Manage pain early: If moving causes pain, give prescribed pain medicine about an hour before to make sure it works fully.
- Preparation and discussion: Tell your loved one what you plan to do before moving them, even if they seem unconscious.
- Protect dignity: Make sure to close doors to give privacy before you start.
- Clear the area: Remove anything that might get in the way, like extra pillows and blankets. To avoid hurting yourself while helping with movement, follow these key steps: keep your feet apart for balance; bend your knees and keep your back straight, rather than bending at the waist; hold the person close to your body to ease strain on your muscles.
- Avoid grabbing or pulling: Never pull or grab your loved one by the arms, as this can cause injury. Instead, place a hand firmly on their lower back to give comfort and a physical signal.
- Safe moving tip: Lift, don't slide. When moving someone in bed, lift them instead of sliding to prevent skin damage from rubbing against the mattress. Using a drawsheet (a regular bed sheet folded in half and placed under the person's back and thighs) makes turning much easier. To roll someone, reach over them, hold the drawsheet, and slowly pull it toward you to roll them onto their side.

### Are there other types of wounds that caregivers should take note of?

A Kennedy Terminal Ulcer (KTU) is a skin wound that does not heal and usually appears near the end of a person's life. Unlike regular pressure injuries, KTUs can develop even when the skin is well cared for, and occur when organs gradually stop working during the dying process. Skin condition can deteriorate if the heart cannot pump enough blood. Often, KTUs appear on the lower back or tailbone, but they can also appear on the heels, spine, or shoulders. They are often shaped like a butterfly or a pear and may be red, purple, yellow, or black. There is a fast-moving type called "3:30 Syndrome", where a small spot in the morning can grow into a large blister by 3:30 pm. When a KTU is found, care should focus on comfort and dignity rather than healing. The clinicians believe more research needs to be done in this area.

### Is there anything families can do to manage KTUs?

As these wounds are usually not preventable and happen due to organ failure, caregivers can take several steps to help.

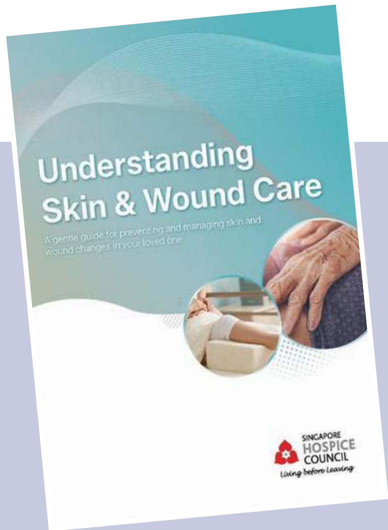
Firstly, pain relief is important. The medical team will provide comfort measures, and caregivers can apply the foam dressing to the wound to ease discomfort. To manage unpleasant odours, caregivers can use antimicrobials and activated charcoal dressings or place essential oils in the room. If turning the patient often causes pain, the caregiver may reduce the frequency of turning to help the patient rest. It is important for caregivers to know that these ulcers are not a sign of neglect or poor care. Understanding that they are a result of "skin failure" can help families let go of guilt or blame when a wound appears suddenly.

### How do you empower caregivers to face these challenges and excel in their role?

If you are a caregiver who feels overwhelmed, give yourself permission to grieve and accept that some things are out of your control.

The power of presence: If treatments have stopped working, just being there is the greatest gift. Instead of saying "don't worry", say, "I will be with you even when we have done all we possibly can." This support can mean more than medical treatment. HL

*For more information on skin and wound care, check out Singapore Hospice Council's latest resource*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