

THE

HOSPICE

LINK

MARCH - MAY 2026 • MDDI (P) 014/03/2026



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Communication & Conversations



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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

WHEN CONVERSATIONS MATTER MOST

Conversations matter, especially in hospice and palliative care, where we are welcomed into some of life's most fragile moments — when fears surface, hopes shift, and time feels precious. Yet when the conversation turns to death, dying, grief, and loss, many of us still hesitate — unsure of what to say or afraid of causing hurt. In that hesitation, silence can quietly take the place of connection, even when what is most needed is a gentle presence and patient listening.

This issue of *The Hospice Link* focuses on communication and conversations, reminding us that these moments are not only about the end of life. They are about listening for what truly matters to patients, to families, to colleagues, and often to ourselves. Our stories explore who needs the skills to have difficult conversations and where these conversations take place — not only during clinical encounters and care planning but also in workplaces and family homes. They invite us to see communication as a shared responsibility and as a skill that can be learnt, practised and strengthened over time.



Communication, as these stories show, takes many forms. It may be found in the inner worlds of children with serious illnesses, where feelings are expressed through art, play, and presence rather than words. It may involve clear and compassionate discussions about care preferences or quieter expressions through silence, touch, music, and simply staying close when words fall short.

Together, these stories remind us that communication is not about having the right words at the right time. It is about presence, compassion, and the

courage to stay engaged — to listen, to bear witness, and to walk alongside another — even when the conversation is hard.

I hope this issue encourages you to reflect on these hard conversations in your life and gently nudges you to continue them with courage, kindness and care. In hospice and palliative care, every conversation — spoken or unspoken — is an opportunity for compassion.

Warm regards,
Sim Bee Hia
Executive Director
Singapore Hospice Council

ABOUT THE ARTWORK ON THE COVER

"Surviving A Disaster" by Ong Chwee Ask
Ren Ci Hospital

Ong Chwee Aik graduated from the Chinese department of Dunman High School and River Valley High School. Chwee Aik enjoys viewing and admiring the works of famous artists. Due to his illness, he has found other ways of viewing art from his hospital bed. During the mundane days of his hospitalisation, his passion for art-making has spurred him to create to his heart's content.



BONDING IN CARE

NEWS, VIEWS, UPDATES AND SPOTLIGHTS



MEET THE TEAM

SPECIALITY PALLIATIVE CARE NURSE **ZHAO MEIJUAN**
Ng Teng Fong General Hospital

Speciality palliative care nurses in an acute hospital provide care and support to patients with serious illness by managing complex symptoms and facilitating difficult conversations about prognosis, goals of care, and treatment options. Through compassionate communication, active listening, and emotional support, they help to clarify patient values, address emotional distress, and align medical decisions with patient preferences.

Why do you encourage families and patients to have end-of-life conversations and how do you go about it?

Often, patients and families find it difficult to talk about end-of-life matters. Therefore, it is important for us to facilitate and encourage patients to express their values, preferences, and concerns. We acknowledge their fears and emotions and create a safe and supportive environment for honest communication about what matters most to them. This helps both families and healthcare providers to honour their wishes and preferences for medical care.

What is one memorable story about your patients?

A 68-year-old Chinese male with kidney failure and other chronic conditions had been on dialysis for more than 10 years. He was admitted to hospital due to complications from dialysis and deteriorated. While the family wanted to respect the patient's request to pass on at home, his wife was his primary carer, and he knew they couldn't handle terminal care at home. As the patient struggled to express his emotions, we held a family conference at his bedside with family members, a social worker, and the palliative care staff. We addressed the concerns of both the patient and his family, empowered the patient to speak up, and made the choice to admit him to an inpatient hospice.

Upcoming Events

GRIEF CAFE BY ASSISI HOSPICE

A safe, gentle space to witness, share, explore and attend to grief without judgement.

Dates 18 March 2026, 15 April 2026, 20 May 2026, 17 June 2026, 15 July 2026, 19 August 2026, 16 September 2026, 21 October 2026, 18 November 2026, 16 December 2026

Time 6.30pm-8pm
Venue Assisi Hospice



RESTORING THE HEART: EMBRACING GRIEF IN NATURE BY ASSISI HOSPICE

In harmony with nature, find space to soften grief — reconnecting with body, mind and spirit through sound and gentle sensory awareness. For enquiry, Whatsapp 97879890

Dates 4 March 2026, 1 April 2026, 6 May 2026, 3 June 2026
Time 6pm-7pm
Venue MacRitchie Reservoir

"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 27 April 2026, 18 May 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 dialogues are essential.

• **Geylang East Library** 1 - 27 April 2026
• **Sembawang Library** 4 - 29 May 2026

SHC SUNDOWN WALK: EVERY STEP COUNTS

As a finale to SHC's 30th anniversary celebrations, palliative care providers and volunteers rally to raise funds for enhanced primary palliative care capabilities in Singapore.



Participants from Singapore Hospice Council's (SHC) Member Organisations and volunteers signed up for a two-night memorial walk of around 100 km across Singapore from 7pm on 30 January to 7am on 31 January and from 7pm on 31 January to 7am on 1 February to raise a target of \$30,000. The walk passed by 30 checkpoints connecting all 27 SHC Member Organisations in a display of solidarity with people in their final hours. The walk celebrated the ground-up nature and progress of palliative care in Singapore, since the 1980s as a small group of healthcare workers and volunteers advocating for dignity in dying.

Since its founding in 1995, SHC and its Member Organisations have enabled the profound expansion and accessibility of palliative care in Singapore through advancing public education, research, and sector collaboration.

Sister Geraldine Tan, a palliative care pioneer involved in establishing the first hospice beds in Singapore at St Joseph's Home in 1985, walked the first 15 km on day one and the first 20 km on day two. "The Walk is a thanksgiving to all our patients who were our teachers, our pioneers, our volunteers, our healthcare professionals, and our families and friends. Palliative care has made significant progress over the last 30 years; there are more palliative care service providers, better-trained practitioners, and improved access to palliative care for patients and families," she said. "But this walk also reminds us that palliative care is about presence,

of being there and by the side, accompanying the sick; where we come together to complete the care."

The last three decades have also seen the Singapore population age, mortality increase, and family units reduced. "With the growing need for palliative care and more patients residing in the community, we are accelerating the training of primary care doctors in this area," said SHC Executive Director Ms Sim Bee Hia.

Part of the funds raised at the Sundown Walk goes to the SHC Primary Care Palliative Champions (PC2) Training Award. Primary care doctors who apply can receive up to \$5,000 to attend approved palliative care-related courses and conferences that will equip them with the training and knowledge to bring palliative care into the community. The grant aims to extend palliative care capabilities to non-specialist doctors. Based on the Singapore Death Literacy Index released last September, primary care doctors play an important role in end-of-life preparedness, where the population feels confident in speaking to a General Practitioner about help for a dying person. Likewise, primary care doctors perceive their role in palliative care provision to be important, according to the primary palliative care landscape scan conducted by SHC.

To our hosts, walkers, volunteers, staff, partners and supporters, thank you for walking with us!

To apply for the Award, please visit www.singaporehospice.org.sg/pc2trainingaward/

1 Flag off at St Joseph's Home, where the first 16 hospice beds in Singapore were established in 1980 in commemoration of the history of palliative care in Singapore.

2 Walkers on day one.

3 Walkers on day two.

4 (From right to left) SHC Chairman Mr Robert Chew, and Board Members Dr Angel Lee and Dr Norhisham Bin Main, with the participants of the Sundown Walk.

5 Ending at Singapore Hospice Council. From sunset to sunrise, across 100km and 30 checkpoints — every step truly counted.



The art of talking about death: *compassionate conversations and communication*

Talking about death is often treated as a grave, clinical event. Yet practitioners say the most meaningful conversations about grief and dying begin far more naturally — with curiosity, permission, and a willingness to listen.

How do you even begin a conversation about death?

For many people, death is still a taboo subject, too heavy to name directly. Conversations are delayed or avoided entirely until circumstances force them into the open.

Yet across hospice care, workplaces, and healthcare settings, practitioners say avoidance — or poor handling — often causes more distress. Compassionate communication is not only about saying the right thing but about how, when and whether we ask — and whether the person feels heard.

STARTING AT HOME: WHEN “HARD CONVERSATIONS” EMERGE

In family settings, conversations about death rarely happen by chance. They are usually prompted by changes that are already

unfolding, said Mr Justin Tan, who works in pastoral care at St. Andrew’s Community Hospital.

A person’s condition may worsen despite treatment, hospital visits may increase, or independence may decline. Conversations can also be triggered by changing treatment goals, such as a cancer patient shifting from curative therapy to comfort-focused care, or by the patient themselves, sensing their illness is progressing. Even non-health-related life upheavals, such as leaving a job after an extended medical leave, might cause people to focus on what comes next.

The first step is permission, said Mr Tan. Rather than launching into lengthy explanations, ask if the patient is ready to talk. The “ask-tell-ask” approach gives patients and families agency, letting them share their experience before more complex medical or practical

information is introduced. He also stressed creating the right moment and setting: start gently, listen with care, and let the patient guide the conversation, whether exploring daily priorities, life story, or final wishes.

“Instead of focusing on what isn’t working, we ask what gives life meaning now, emphasising hope and what matters most,” said Mr Tan.

Mr Tan recalled a case that illustrates this approach. Madam Wong*, a woman in her 60s with advanced breast cancer that had spread to her brain, had stopped eating. But her husband, Mr Wong*, insisted on artificial hydration. Clinicians spent nearly an hour discussing it with him, but he was adamant. Sensing something deeper, Mr Tan suggested a gentler approach: if Madam Wong was alert, could they try “pleasure feeding” — small amounts of clear soup offered via oral swabs so she could taste it?

“Instead of focusing on what isn’t working, we ask what gives life meaning now, emphasising hope and what matters most.”

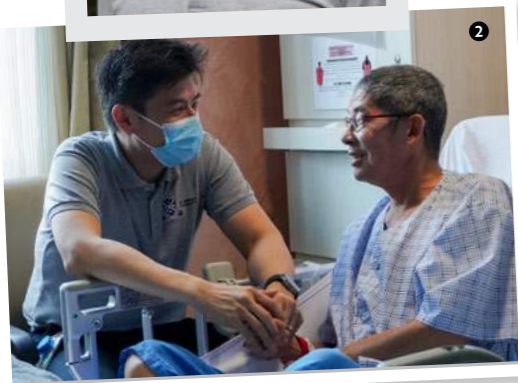
MR JUSTIN TAN



The shift was immediate. Mr Wong, who previously worked in F&B, began preparing the soup himself and finally shared what he'd been holding back. Their son was overseas and estranged, and he hoped to keep his wife alive long enough for him to return. The act wasn't about prolonging life but an expression of his love language and unfulfilled wishes.

Family dynamics can complicate these conversations, said Mr Tan. Clarity helps. Identify the decision-maker if the patient lacks capacity, while acknowledging others' perspectives. Anchoring discussions in the patient's values and goals, and maintaining consistent messages across the care team, prevents confusion. Strong emotions — grief, anger, denial — occur frequently and should be handled with empathy and guidance of the family toward rational decisions aligned with the patient's wishes.

Having seen his wife suffering during chemotherapy, Mr Wong — later diagnosed with advanced lung cancer — did not want aggressive treatment. His son, burdened by guilt over missing his mother's final days, disagreed. In the end, they agreed on the best supportive care and later took a road trip to Malaysia together.



"These conversations are essential," Mr Tan said. "They're part of high-quality care."

GRIEF AT WORK

If conversations about grief are difficult at home, they can feel even more fraught and confusing to navigate at work. Workplace hierarchies and professional expectations often leave colleagues unsure how to respond, said The Compassionate Network Executive Director Ms Wai Yee Chee.

One common misunderstanding is assuming that keeping a grieving employee busy will help distract them. Others flood the person with well-meaning but incessant questions. Some attempt to erase reminders of loss by quickly packing away a deceased colleague's belongings or removing their name from mailing lists. Even a hug from a senior leader who is not close can feel intrusive.

"These actions are often meant to help," Ms Chee said. "But they can feel dismissive or even triggering to someone who is still processing the loss."

Context matters. The nature of the death, the closeness of relationships, and the visibility of the event shape what feels appropriate. Ms Chee recalls working with a woman whose husband had drowned — a traumatic death that became public news. When she returned to work, colleagues' curiosity compounded her distress.

Supportive workplaces start with thoughtful systems, said Ms Chee. Clear communication from the Human Resources department about leave options and workplace policies helps bereaved staff regain

a sense of control. Immediate supervisors can make a difference simply by asking, "How would you like us to support you when you return?"

Having a designated "buffer" — someone who shields the grieving employee from unwanted attention and communicates boundaries to the team — can be transformative. Practical

accommodations, such as flexible workloads, safe spaces for privacy, and permission to step away when emotions surface, go a long way.

Long-term support matters too. Organisations that offer flexible work arrangements, unpaid leave when necessary, or subsidised access to therapy ensure that employees are not forced to choose between work and care, or that their mental health suffers as a result. As Ms Chee put it, "The culture of flexibility, the generosity of the bosses to say, 'If you need no-pay leave, go for it,' and sharing out work where needed or bringing in contract staff — all these are helpful."

Ms Chee mentioned the example of a hedge fund firm that handled the death of a senior staff member with exceptional care. She assisted the company in creating a discreet remembrance space with flowers, candles, and photos and engaging staff in collective rituals — a minute of silence to sharing memories — with even colleagues abroad participating via Zoom.

Practical matters were handled thoughtfully. The team closest to the deceased helped decide who would take over the staff member's role and how to handle their belongings. A close co-worker personally returned items to the family in a way that avoided causing further grief. Employees could also seek counselling from Ms Chee, even months later, as the senior leaders recognised that grief unfolds on different timelines.

"The overall approach was consultative and revolved around giving people options," said Ms Chee, who is also a member of the International Workgroup on Death, Dying and Bereavement.

Not all workplaces are so supportive. Ms Chee recalled a mental health agency where a staff member had died by suicide. Senior leadership wrestled with stigma and hesitated over whether colleagues could seek support, even as some had already reached out to her individually.

"When workplaces aren't supportive, we have to guide the bereaved on how to navigate the office," she said.

Ms Chee pointed out that small systemic changes can make a



"Most patients are open to talking about the future, but only after they feel cared for in the present."

ASSOCIATE PROFESSOR
ALETHEA YEE

1 Mr Justin Tan
2 Mr Justin Tan with Mr Wong.
3 4 Serious Illness Conversations workshops by Lien Centre for Palliative Care.
5 Ms Chee Wai Yee
6 Associate Professor Alethea Yee

WITH FAMILY: OPENING "DIFFICULT" CONVERSATIONS

- **Ask for permission first**
"Would it be okay if we talked about this?"
- **Choose the moment with care**
These conversations often surface after a health decline, repeated hospital visits, or a significant life change — don't force them, but don't ignore the opening either.
- **Use natural openings**
An observation on a change, a shared moment ("You seem more tired lately"), a scene from a film, the courage to reveal your own vulnerability ("I've thought about what I'd want if I were ill"), or even an heirloom at home — all of these can open the door.
- **Create a safe setting**
Privacy and comfort matter. Some families talk best at home; others over a quiet meal. If emotions might run high, a neutral, calm setting — like a restaurant — can help keep the conversation safe and contained.
- **Start with understanding, not answers**
Ask what they already know, fear, or hope for.
- **Focus on meaning, not medicine**
What matters most now? What gives life meaning in this phase?
- **Show care through presence**
Warm body language, a reassuring touch, and sitting quietly — often more powerful than words.
- **Respect autonomy**
Acknowledge their right to make choices, even if you disagree.
- **Let the conversation breathe**
Go at their pace. Pause. Return later. These talks unfold over time.



AT WORK: SUPPORTING A GRIEVING COLLEAGUE

- **Ask, don't assume**
"How would you like to be supported?"
- **Appropriateness starts with asking**
Follow their lead. Some want to talk. Others don't. Watch for cues.
- **Choose the right medium**
In person if you're close. A short message, if not. Silence can also be respectful.
- **Offer practical help first**
Cover work, share updates, or run errands — support without forcing emotional conversations.
- **Set boundaries kindly**
Ask what they want to share, and what they would rather not discuss.
- **Be present without pressure**
Simple phrases help: "I'm thinking of you", "Reach out if you need anything".
- **Remember: support isn't a one-off**
Grief doesn't end when compassionate leave does.

WORDS: TOH EEMING PHOTOS: MS CHEE WAI YEE, LIEN CENTRE FOR PALLIATIVE CARE, ST. ANDREW'S COMMUNITY HOSPITAL GRAPHICS: FREEPIK

big difference. Currently, compassionate leave is not a legal obligation, and while many companies offer two to five days, insisting it be taken consecutively can be limiting.

Flexible leave allows staff to address practical matters, such as updating flat ownership and managing legal or estate matters. As Singapore's families become smaller, more employees may grieve for people who are not immediate relatives, she added, so workplace policies need to reflect that reality.

IN HEALTHCARE: SHIFTING THE MINDSET

Many healthcare providers would describe conversations about serious illness as "difficult". But that label itself may be part of the problem, says Associate Professor Alethea Yee, director of education at the Lien Centre for Palliative Care (LCPC), Duke-NUS, and senior consultant in the Supportive and Palliative Care division at the National Cancer Centre Singapore.

"Clinicians talk to patients and families all the time, so why should their interactions be any different?" she said. "When we reframe these discussions as conversations about what matters to the patient and family — not just about death and dying — they become more natural and much less intimidating."

Understanding what truly matters to patients, she explained, allows clinicians to make recommendations that are better aligned with patients' values, leading to more meaningful and informed healthcare decisions.

In Singapore's "pragmatic, outcomes-driven" healthcare system, there is often a strong emphasis on measurable indicators, such as the completion of Advance Care Planning (ACP), she said. While important, A/Prof Yee notes that this focus can unintentionally push clinicians into having conversations that feel rushed or poorly timed.

"When we only concentrate on end-of-life outcomes — whether someone wants cardiopulmonary

"The overall approach was consultative and revolved around giving people options."

MS WAI YEE CHEE

resuscitation, comfort care, or limited interventions, or where they want to be cared for at end-of-life — we miss the heart of the conversation," she said. "Those decisions matter, but they shouldn't be the starting point. The first step is understanding patients as people, so they feel heard and supported. Most patients are open to talking about the future, but only after they feel cared for in the present."

LCPC has trained more than 1,500 healthcare professionals in Serious Illness Conversations (SIC). The course offers clinicians a patient-tested framework and language to guide these discussions. What they teach is a guide, not a script, A/Prof Yee explained.

For conversations to be humane, clinicians must integrate empathy and core communication skills. The framework simply gives them a safe place to start.

"I often ask, 'What gives you strength to get through this?'" she shared. "Some patients cry because no one has ever acknowledged how brave they are. Living with serious illness requires enormous courage. We need to recognise that and help patients identify the inner resources they can draw on."

Over four years of running SIC workshops, LCPC has received invaluable feedback from clinicians. Many report that patients are far more receptive than expected — some even saying they have never had a clinician speak to them in this way before.

Clinicians also describe how shared decision-making becomes easier, and planning for uncertainty feels less overwhelming.

At National University Hospital, the heart failure team integrated SIC into routine care and saw ACP completion rates rise as a result. A/Prof Yee also observed that nurses, who often spend the most time with patients, frequently become the strongest advocates for this approach. LCPC will be running a pre-conference SIC workshop at the upcoming Singapore Palliative Care Conference 2026, training local and regional clinicians in these skills.

But A/Prof Yee is clear that education alone is not enough. There is a need for more systemic changes to make these conversations possible. This includes standardised documentation in electronic medical records, longer appointment slots, appropriate incentives, and tools like AI-assisted questionnaires to help patients reflect before consultations.

Equally important, she added, is raising public awareness so that patients and families themselves begin to expect and request these conversations.


"With an ageing population and rising rates of chronic serious illness, if we truly believe in person-centred care, then serious illness conversations are not optional," A/Prof Yee said.

NOT ONE CONVERSATION, BUT MANY

Across settings, one message is clear: conversations about grief and dying are not one-off events. They should be bite-sized and ongoing because not everyone can handle heavy talks all at once.

It's less about saying the perfect thing and more about listening: asking instead of assuming, letting silence, emotion and uncertainty exist without rushing to fix or judge. And simply being present — holding hands, offering a reassuring touch, or sitting in quiet.

Mr Tan reflected that at the end of life, four things often matter most: love, forgiveness, appreciation and farewell. Creating space for those exchanges takes courage and gentleness.

"I hope people have more courage to talk about death and dying," he said. 

PLAN BETTER WITH EARLY CONVERSATIONS

In this last instalment of a four-part article, we learn about how people's wishes and choices for their end-of-life can be discussed and acknowledged in early conversations.

In 2009, death trajectories of the ageing population in Singapore had significantly changed. They were becoming prolonged as more people died from degenerative conditions and advanced cancers. There was time to plan and prepare for such deaths and to avoid futile treatment that drew upon the 'technological imperative'. The technological imperative in medicine refers to healthcare providers' tendency to use sophisticated medical technologies and therapies, regardless of their cost-effectiveness or necessity. This strategy can increase healthcare expenses and blur the distinction between necessary therapy and unnecessary involvement.

Therefore, Dr Angel Lee, who at the time had started the first palliative care service in Singapore, noticed a gap in end-of-life discussions regarding patients' wishes and choices for future care and treatment and took it upon herself to study Advance Care Planning (ACP) programmes in other countries. She managed to identify the leading ACP programme in the United States (US) at the time: Respecting Choices. In 2009,



the founders of the programme were invited to give a series of talks and conduct workshops in Singapore. Singapore's adaptation of this programme, Living Matters, was officially launched in 2011. And the rest, as they say, is history. The Living Matters programme grew and became entrenched in mainstream care within the acute and community care settings.


FUTURE OF PALLIATIVE CARE IN SINGAPORE

St Joseph's Home has been offering hospice beds for 40 years, beginning in 1985. In 2011, the Ministry of Health developed a National Palliative Care

Strategy, which was later reviewed and modified (2023-2027).

These plans charted and later reviewed the strategic course and development of palliative care for the following years with a focus on improving access, quality, and a supportive environment for all patients who need palliative care. The 2014 National Palliative Care Guidelines was created to enhance palliative care for patients in both acute and community settings.

We have progressed much and must continue to do so as the population ages. Challenges continue to revolve around the availability of care and resources, whether in terms of care teams or healthcare resources that span the entire continuum of care. Expectations of the population will increase as palliative care becomes the standard of care for patients at the end of life; we can no longer depend on professional healthcare providers alone. Empowering informal caregivers and improved use of technology would be needed in the next phase of the development of palliative care in Singapore.

And hopefully in time to come, the dreams of the early visionaries and pioneers of palliative care in Singapore will be fully realised. 

FINDING COMFORT AND MAKING CONNECTIONS

Communication and conversations at the final stage of life can be challenging. At Assisi Hospice, we take time to understand the wishes and needs of our patients, and often help to bridge the communication gap between patients and those around them.




Left: Madam Wong Thai Thai enjoying the Senior Boleh Hand Chimes Choir practice session.

Care. Recognising her distress with the feeding tube, our medical team worked with the hospital to look for alternatives. Madam Wong underwent a procedure to allow feeding directly through her stomach, relieving much of her discomfort and anxiety.

Our medical social worker helped to bridge the communication gap between Madam Wong and her family, allowing them to better understand her struggles and communicate in ways that brought her comfort. With improved connection, Madam Wong gained support from her family to accomplish some of her goals for her care and even planned for her legacy by pledging to donate her body for research after her passing.

Despite her physical limitations, Madam Wong discovered a new passion which enriches her life — music. Through music therapy, she learns breathing techniques and new instruments, finds solace in expressing her emotions, and has even joined the Senior Boleh Hand Chimes Choir, performing alongside fellow patients. She has also forged strong friendships at Day Care, sharing her recipes with other patients.

With the help of Assisi Hospice's care team, Madam Wong found strength and purpose in this final chapter of her life. "When some doors close, other doors open," she said. 

and stomach. After surgery, she had to rely on a feeding tube through her nose. The discomfort she felt was aggravated by the traumatic experience of having to replace the tube every three months without full anaesthesia due to her medical condition. Her health deteriorated, leaving her breathless and requiring a wheelchair. The active, vibrant woman felt a profound sense of loss and anxiety. She was surrounded by a loving and supportive family, yet she felt that they did not understand her struggles.

In June 2024, she came under the care of Assisi Hospice Day

For 75-year-old Madam Wong Thai Thai, food has always been a way to share love and joy. As a housewife, she sold homemade kueh to support her family. After surviving leukaemia in her 40s, she began volunteering and visiting other cancer patients with the food she made. Their appreciation of her food led her to open her own vegetarian eatery, where she served healthy, delicious meals for over 25 years.

Madam Wong was diagnosed with oesophageal cancer four years ago and eventually had surgery to remove a portion of her oesophagus

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WORDS AND PHOTO ASSISI HOSPICE

THE GAMEPLAN

Orientation Day *Attendance is compulsory*
23 May 2026, Saturday (10am to 4pm)
Registration > Palliative Care 101 > Lunch > Meet-the-Professionals

Pitch Day *Attendance is compulsory*
18 July 2026, Saturday (9.30am to 1pm)

THE DROPS

1st Gold \$2,000 each	2nd Silver \$1,000 each	3rd Bronze \$800 each
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END-OF-LIFE CONVERSATIONS: A HEART-TO-HEART CONNECTION

When a loved one reaches the end of life, difficult conversations may arise, such as discussing where the patient would like to be cared for, and where or how they wish to spend their final moments.

Broaching end-of-life topics can be challenging, as we may not know how or where to begin. Sometimes we could use a hypothetical situation or share a past experience involving another ill person. For example, Madam M, the daughter of one of HCA Hospice's patients, asked her father and family to recall the time that their grandmother was ill. She explained how difficult it

was because their grandmother did not give specific instructions, which led to arguments among her children about what to do. With this recollection in mind, Madam M asked her father hypothetically, if he were to become seriously ill, where he would like to be cared for, and where he would prefer to spend his final moments.

Another important aspect of these difficult conversations involves discussing the level of medical intervention your loved one would prefer, such as whether they would want cardiopulmonary resuscitation (CPR) in the event of no

breath and no pulse, or the insertion of a feeding tube if swallowing becomes an issue. Some people may prefer the full extent of active treatment, believing it is only right to try everything so as to leave no room for regret. Others may strongly prefer to avoid CPR or any invasive measures, viewing them as causing more discomfort and suffering. At the end of the day, there is no right or wrong decision but a matter of making an informed and calculated choice that aligns with the priorities and preferences of your loved ones. It's best to hear directly from them what their care preference is.

We saw this scenario with one of our patients, Mr T, who had recurrent pneumonia and dementia. As he was unable to express his thoughts regarding hospitalisation in the case of a recurrent pneumonia episode, his family decided on his behalf to readmit him, as they felt that it would be his best chance of survival. However, some family members felt guilty that each readmission was only causing Mr T more suffering, as he was subjected to needle pokes for blood tests and IV drips for antibiotics. Our team facilitated conversations with the




family to elicit their thoughts and concerns, weighing the pros and cons of each option for the care plan, and they eventually reached a consensus on what should be done in Mr T's best interest and in alignment with what he would have chosen for himself if he could speak.

American physician, author, and advocate for palliative care Dr Ira Byock wrote that there are four things that matter most and should be spoken about as a patient approaches the end of life: "thank you", "I'm sorry", "I forgive you" and "I love you". These four phrases help facilitate closure during this delicate time for both the patient and their family members. Saying these four points may take various forms. Loved ones might elaborate on these points and share more details with the dying person, for instance, saying, "Thank you for everything you have done for me" or focusing on specific events for which they

LET US NOT MISS THE OPPORTUNITY TO HOLD THESE PRECIOUS CONVERSATIONS AS WE JOURNEY ALONGSIDE THEM THROUGH HEALTH AND ILLNESS.

are grateful. When saying "I'm sorry" and "I forgive you", it can be meaningful to reference specific events that are relevant to the dying person. Saying "I love you" might be tough at times, especially if we have never told our loved ones before. In such cases, we can reassure our loved ones by simply being present with them during this difficult journey. At other instances, these four expressions may manifest as actions, such as sitting silently with a dying loved one,

letting them know we are there and giving a comforting presence. Sometimes it is not just where the patient is, but also who they are with that can make a significant difference in their final moments.

It is important to have these discussions early, before it becomes difficult for our ill loved ones to speak. Let us not miss the opportunity to hold these precious conversations as we journey alongside them through health and illness. 

WORDS SENIOR MEDICAL SOCIAL WORKER PAUL BASHYAM, MEDICAL SOCIAL WORKER ONG SWEI LENG PHOTOS HCA HOSPICE, FREEPIK

CONVERSATIONS THAT REMAIN

The palliative care team at St Luke's Hospital reflects on moments shared with patients and their loved ones that transcend words.



Many conversations with patients' loved ones begin with a familiar refrain: "It has been difficult, but we are trying to cope". Within those words lies a depth of grief that often reveals itself only when space is gently held.

At a recent bi-annual Memorial Service, families, caregivers, and staff came together to honour loved ones who have passed, finding comfort in shared memories and one another's presence. One caregiver shared that the hardest period did not come immediately after his wife's death, but months later. Having been her sole caregiver for decades, he continued living

in the same home, surrounded by shared routines and memories. It was only when he stayed briefly at his daughter's house that he realised why returning felt so painful. The home that once brought warmth had become a constant reminder of absence — of conversations, laughter and love that no longer filled the space.

The nursing team shares that in moments like these, silence takes on new meanings. Rather than filling the space with reassurance or explanations, allowing for quiet moments gives loved ones the space to breathe, reflect, and share when they are ready. Simply being

present can create a safe space for grief to surface without being hurried or resolved.

WHEN WORDS ARE NO LONGER POSSIBLE

As illness progresses, families struggle when a patient who was once responsive becomes less so. When conversation feels one-sided, loved ones may fear that connection has been lost.

Nurses gently reassure families that communication does not disappear — it changes form. Voice and touch take on greater significance. Speaking softly, holding a hand, or sitting close can

Right: Next-of-kin honouring their loved ones at SLH's Memorial Service. Opposite page: A song performance of hope by staff.

offer comfort even when no visible response is seen. Families are also encouraged to take part in simple acts of care, such as oral care, which not only provide physical comfort but help loved ones remain involved in meaningful ways.

Most importantly, families are advised not to stress over "doing it right". Being present is meaningful in and of itself. Even without words or replies, being present conveys caring, love and camaraderie.

THE POWER OF MUSIC

Music has a unique ability to reach beyond consciousness. Hearing is frequently one of the last senses to diminish, and caregivers are encouraged to continue speaking, singing, or offering familiar sounds, even in the final moments.

"Music therapy can become a bridge for expressing the four things that matter most: 'I love you', 'Thank you', 'I forgive you' and 'Please forgive me'. Through



melody and memory, emotions surface naturally, especially in cultures where overt expressions of affection may feel difficult," said Senior Music Therapist Camellia Soon.

In one family session, a patient who had long hoped for closer emotional connection prepared a song dedicated to her family. As familiar melodies filled the room, memories surfaced and tears flowed. One by one, family members moved forward to embrace her, something they had rarely done before. Even as she later became less responsive, the family continued to connect through shared listening and touch. Her daughter later reflected on how deeply those moments stayed with her.


Objects can carry meaning when words fall short. In one journey, a patient and his daughter had a tight bond but struggled to express themselves openly. Recognising the possibility of the daughter experiencing complicated loss, the care team took the effort to provide chances for meaningful time together and legacy building. Senior Medical Social Worker Leong Si Jie said, "Sometimes, teams must

take the lead in facilitating these moments. Legacy work fosters a sense of connection with loved ones even after they are gone."

Through music therapy, the daughter wrote a song for her father, which was later shared during a family session. Seeing and hearing it, the normally stoic patient was moved to tears, and father and daughter embraced — a moment that spoke more powerfully than words. After his passing, the daughter kept a photo from that session as a lasting reminder of their bond.

MOMENTS THAT MATTER

While the intensity of another's sorrow can never be fully comprehended, moments of shared humanity do exist. Patients and families create enduring impressions that are recalled in everyday work and interactions among palliative care team members. Their stories continue to be celebrated.

These moments remind us that we can continue to express love and reassurance, even when our loved one is unable to respond. Often, it is simply about creating space for the heart to speak. 

WHILE THE INTENSITY OF ANOTHER'S SORROW CAN NEVER BE FULLY COMPREHENDED, MOMENTS OF SHARED HUMANITY DO EXIST.

WORDS & PHOTOS: ST LUKE'S HOSPITAL

HONOURING LAST WISHES

Ren Ci @ Woodlands, a nursing home developing its culture of care and caring for older adults with life-limiting illnesses, honours last wishes and anchors care in dignity and compassion.

Work at a nursing home requires staff to adapt to evolving systems while responding to the acute influx of admissions. They are also learning about the personalities of residents who are dealing with relocation, frailty, and in some cases, the final stages of life.

Many of our care staff find it difficult to witness a resident's sudden deterioration or death. "I just got to know her, and suddenly, she is gone," one care staff shared after her first loss. This emotional whiplash is a familiar experience in care work. When time with residents is brief, farewells can feel unfinished. Honouring last wishes helps bridge these moments, offering connection where words may fall short —bringing peace to residents, solace to families, and meaning to the staff who walk alongside them.

THE SIGNIFICANCE OF LAST WISHES

A last wish is a reflection of individuality, a final assertion of autonomy, and an opportunity to restore dignity at the end of life.

Some wishes are simple, such as tasting favourite food. Others reflect deeper emotional needs such as reconciling with a family member, or saying goodbye in their own way.

Honouring last wishes helps care staff recognise residents as individuals shaped by experiences, values, and stories — rather than solely as patients defined by illness.



A RETURN TO CHINATOWN

Mr Chan was a 71-year-old resident diagnosed with mixed dementia and colon cancer. He had been given less than a year to live, and he left a particularly deep impression on our team. He had spent much of his younger years in Chinatown, where he would unwind with a cold beer at his favourite spot. As his condition worsened, he expressed his deep desire to return to Chinatown for "just one more sip" of beer.

Balancing daily demands with limited manpower, planning the outing was no small feat. It was made possible through teamwork and the valued support of Ambulance Wish Singapore.

As our team accompanied Mr Chan and his wife, offering care and support at every step of the trip, Ambulance Wish Singapore assisted to liaise with the family and managed transport and safety needs. When Mr Chan arrived at Chinatown and took that long-awaited sip of



Top: Mr Chan and his wife with an accompanying staff at the Chinatown Heritage Centre; Inset: Mr Chan having his long-awaited sip of beer; Opposite page: Mr Chan and his wife at the Chinatown Heritage Centre.

beer, his face lit up. His wife later shared, "I have not seen him this alert and happy in a long time." For those few hours, he was not just a patient. He was a husband, a man revisiting a treasured part of his life.

That moment had a profound impact on our staff. It reminded them that, even when a cure is no longer possible, comfort, significance and joy remain.

PARTNERSHIP BEYOND CARE

Partnering with Ambulance Wish Singapore marks a meaningful milestone for our team. As valued collaborators, they support the safe transition of residents from a healthcare setting into a non-medical environment, allowing our staff to focus fully on the emotional needs and wellbeing of those in our care. With this shared approach, residents, including Mr Chan, are able to experience moments of deep meaning at the end of life.

Their assistance enabled our team to pause with purpose, remain present, and bear witness to profound human moments so often lost in the rush of everyday activities.


NEW NURSING HOME, SAME TIMELESS COMMITMENT

These experiences led the team to develop an initiative called The Legacy Project — an approach to capture, honour and celebrate residents' stories, values and end-of-life wishes.

Honouring last wishes has helped us embody a timeless philosophy: every person deserves a dignified, meaningful end to their life. These moments of delight, remembrance and fulfilment have strengthened our identity as a care team. They



have taught us that last wishes are not just for our residents. They are also for the caregivers who walk with them.

The experience grounds us in the purpose of our work. It honours the lives entrusted to us and reminds us that even at the last mile, there are beautiful moments we can accompany — moments through which we offer and restore dignity, choice and legacy. 

HONOURING LAST WISHES HAS HELPED US EMBODY A TIMELESS PHILOSOPHY: EVERY PERSON DESERVES A DIGNIFIED, MEANINGFUL END TO THEIR LIFE.



Below: Victoria Ng (left) and Dr Teresa Tan (right) showing their dedication to their patient, Muhammad Saifudeen Bin Abdul Salim.

ASK THE EXPERTS

ADVOCATING FOR CHILDREN IN PALLIATIVE CARE

Communication with a sick child about their illness can sometimes be difficult. Two members of the multidisciplinary paediatric palliative care team share tips on how parents can communicate with their children and facilitate conversations within the family.

Dr Teresa Tan is Senior Consultant and Clinical Lead of the Paediatric Palliative Care Service at Khoo Teck Puat - National University Children's Medical Institute, National University Hospital.

Victoria Ng is a Registered Art Therapist at the Department of Paediatrics, National University Hospital. She specialises in palliative and bereavement support for children and adolescents

with chronic illnesses, using art therapy to help young patients process emotions and build resilience. Victoria is passionate about creating safe therapeutic spaces where creativity becomes a powerful tool for emotional exploration and self-expression.

Why did you choose to go into paediatric palliative care?

Dr Teresa Tan (TT): Even for children whom we sadly cannot

cure, I firmly believe there is always something we can do for them to help bring a smile, bring comfort, and ensure quality of life. Losing one's child is one of the most painful experiences. I'm hoping that by assisting children, parents, and families in preparing, we might help to soften the blow.

Victoria Ng (VN): I was drawn to paediatric palliative care

“EACH CHILD HAS DIFFERENT INFORMATION NEEDS AT DIFFERENT TIMES. WE SHOULD BE SENSITIVE TO EACH CHILD’S UNIQUE PERSONALITY AND EMOTIONAL PREPAREDNESS.”

DR TERESA TAN

often sense more than what they can say, while adults may avoid difficult conversations to protect them. My role is to advocate for the child's voice and help bridge that gap, giving everyone a shared emotional language.

What kind of medical information do you encourage parents to share with their child with a serious illness?

TT: Each child has different information needs at different times. We should be sensitive to each child's unique personality and emotional preparedness.

Most often, children simply need to know how their daily activities will be affected by their illness, whether they can eat, play, and do the things they want to do; whether they can go home or go to places they wish to visit, or whether they must stay in hospital. If their routine needs to be disrupted due to medical tests or a change in treatment plan, it is important to give the child advance warning and to explain the rationale where appropriate. They are also often concerned about how their illness may affect their family.

What are some of the common communication challenges you face when working with young patients and their families?

TT: Parents sometimes ask that we withhold certain information from young patients and their siblings. This is often a reflex action out of love and instinct to protect, especially when parents themselves are overwhelmed and struggling to come to terms. Children are very sensitive and are also equally protective of their parents. They may choose to withdraw and remain quiet if they sense their questions cause their parents more distress. In both these scenarios, the action comes from a place of love but yet can often drive isolation and disconnection.

VN: One big challenge is that children and parents experience illness very differently. Children



How can art therapy facilitate conversations between a child and their family or their healthcare provider?

VN: Art gives children a voice when words feel too scary. An image can express “This is my fear” or “This is my hope” without having to say it aloud. Through images, fears and hopes become visible, and that creates a shared space for communication.

How does the multidisciplinary team work together to ensure that family members are communicating well and that their emotional needs are met?

TT: It is important for the team to give the patient and family time, according to their individual needs and preparedness. Trust must be built and earned. The team should strive to be sensitive to the patient and family’s preferences, needs and struggles. It is often helpful for key members of the team, who have the best rapport and relationship, to lead

conversations during significant timepoints of the patient’s illness journey. It is critical that the entire interdisciplinary team be on the same page to avoid unneeded confusion and distress caused by confusing messages.

VN: We hold different pieces of the family’s story through medical care, art making, play, conduct and emotions. When we bring those pieces together, the child and parents feel safer, understood and less alone.

How much does a child understand about illness, death and dying?

TT: Often more than we expect! Children, depending on their age and cognitive aptitude, may not have the same comprehension as adults, but they will have developed their own methods of making sense of events. It is our responsibility to investigate and assist them in this matter, if they allow and would like us to!

VN: Children often understand more than adults expect, maybe just not always in adult language. Their understanding depends on age, development, experience, and what they have observed. They may be unable to identify death or dying, but they frequently perceive shifts, tension and worry around them.

How much should parents tell their child about their illness?

TT: As much as the child would like to know and is able to cope with. Their information and emotional needs would vary over time, and we should take the child’s lead. If a parent finds it too difficult, then the medical team should offer to help with the conversation.

VN: There is no single right amount; it should be guided by the child’s age and emotional state. Follow the child’s lead. However, children cope better when they are included. When children are not told anything, they often imagine something worse or feel alone in their fear.

What are some signs that a child wants to know more about their illness? What are some signs that they are not ready to know?

TT: The child may ask, “When am I going to get better?”, “Why do we have to keep coming back to hospital?”, “Will I ever be able to...”. These questions demonstrate curiosity, and we should respond to them. If the child changes the topic, avoids eye contact, or displays discomfort as you discuss their health problem, it may indicate that they are not ready or interested in learning more.

VN: If a child keeps asking, drawing, or worrying about something, that’s often a sign they’re ready to know. If they avoid, shut down, or change the subject, we slow down and respect that. Respecting their cues is critical.



As a consultant in paediatrics and palliative care, how do you speak to a child about their illness?

TT: I believe it is always best to ask them directly in a clear but gentle manner and not to assume: “Would you like me to tell you what we have been talking to Mommy and Daddy about your health?” It is important to show the child respect and seek their permission if we wish to have a conversation or come into their private space. I also try to provide reassurance and encouragement: that they can slow down or stop the conversation whenever they feel uncomfortable, that they can ask me questions at any time, and that it is all right to cry and feel uncertain.

Outside of an art therapy session, can families use art to start conversations with their sick child?

VN: Yes, just drawing or making things together creates a safe space for children to share what’s on their mind, without being forced to explain.

Tell us about a time when good communication brought joy or peace to the patient and the family.

VN: I’ve seen a child express her wishes through a drawing when she couldn’t express them aloud. That moment opened a door for her family to talk, connect, and explore what mattered to her.



“CHILDREN OFTEN UNDERSTAND MORE THAN ADULTS EXPECT, MAYBE JUST NOT ALWAYS IN ADULT LANGUAGE.”

VICTORIA NG



Left: Saifudeen said of his art therapy piece, “Creating Flow of Emotions helped me give shape to feelings I often don’t verbalise – the emotions I reveal and the ones I quietly hold within”; Opposite page: Victoria Ng and Dr Teresa Tan

WORDS DR TERESA TAN AND VICTORIA NG
PHOTOS DR TERESA TAN AND VICTORIA NG, FREPIK

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*Want to talk about palliative care with a friend or family member but don't know how?
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members and friends about palliative care and end-of-life matters.

"I was not familiar with palliative care before I became an ambassador with SHC. I only knew that illnesses are treated in healthcare institutions, and the dying process is something we do not know how to manage," said 56-year-old Master of Gerontology student Clara Ng. "What I did not know was that palliative care is available and relatively affordable, and that beyond hospice inpatient care, it also includes home care and caregiver support. I now see that my late father could have had a higher

quality of life at the end of his illness, as well as better coping skills for both him and his caregivers."

Clara wants others to have the knowledge she didn't have so that they and their loved ones would have a more dignified end-of-life. "The experience led me to volunteer with SHC so that I can educate the public, as well as my friends and relatives, about palliative care in Singapore, talk more openly about death, and highlight the importance of early planning." Ensuring that everyone is supported during an end-of-life journey begins with you!

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