

# THE HOSPICE LINK

SEPTEMBER – NOVEMBER 2025 • MDDI (P) 083/03/2025

Creating  
compassionate  
communities

SINGAPORE  
HOSPICE  
COUNCIL

30

YEARS OF  
CARING TOGETHER



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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

This year marks a significant milestone for the Singapore Hospice Council (SHC) as we commemorate our 30th anniversary — three decades of championing quality palliative care and supporting the people and professionals who make it possible.

As we look back with gratitude, we also look forward with renewed purpose. That is why the theme of this issue “Creating Compassionate Communities” could not be more timely. It points to the next chapter of our journey: building a society where care is not only delivered by professionals, but shared by all.

At the heart of this vision is Compassionate Communities SG, a national initiative led by SHC to bring this global movement to Singapore. In this issue's feature story, we take you inside this initiative — our motivations, the partnerships that make it possible, and the powerful role community members can play in walking alongside those facing serious illness, caregiving, grief, or bereavement.

Our feature story outlines how SHC is laying the groundwork for this movement, working with diverse community partners to



create ecosystems of support where compassion is not just an ideal but a practice. Whether it is training community volunteers, initiating conversations around caregiving and grief, or helping organisations embed compassion into their culture, SHC is committed to making compassion a shared social responsibility. We are proud of how this vision is becoming a reality across Singapore.

We are deeply encouraged by how our partners have embraced

this shared responsibility. From Assisi Hospice's bereavement support (page 20) to Ren Ci's efforts in cultivating a compassionate workplace (page 16), and St Luke's celebration of volunteers who bring joy and connection to patients (page 18) — each example illustrates how compassion can be lived out in many forms.

We also continue our historical reflection with Associate Professor James Low and Professor Pang Weng Sun, tracing the roots of community-based palliative care in Singapore — reminding us that this movement is not new, but a natural evolution of values we have long held dear.

As we mark 30 years of caring together, Compassionate Communities SG stands as a defining step forward — a collective call to action to create a more caring, connected Singapore. SHC is proud to lead this movement, and we invite you to join us.

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

## ABOUT THE ARTWORK ON THE COVER

### Dolphins by the Beach by Raymond Lee

Caregiver to his father who was a patient at SingHealth Community Hospitals

Raymond has a lifelong dream of walking along the beach with his father, a simple wish that was unfulfilled. Unable to create this cherished desire in reality, he turned to his canvas, where his brushstrokes captured the poignant scene he had always imagined. Through his artistry, Raymond portrayed his deepest yearning — a tender moment of father-son connection against the backdrop of gentle waves and golden sand..





# BONDING IN CARE

NEWS, VIEWS, UPDATES AND SPOTLIGHTS



## MEET THE TEAM

HOME CARE DOCTOR **DR CHOO WEI CHIEH**  
*Ren Ci Hospital and Ninkatec*

Home care doctors could be general practitioners (GPs) who visit patients at home for a variety of reasons, including frailty, age and mobility challenges. The frequency of these visits is determined by the patients' illness trajectory. These doctors can provide general care to palliative patients who are gradually declining with periodic acute episodes such as infections. Home care doctors who have established relationships with their patients are better positioned to provide such palliative care based on the preferences previously discussed with their families and to help them in the final stages of their lives.

### How do you establish connection and trust with home care patients and their family members?

Show interest in the patients' surroundings and listen to their stories. This has the effect of treating the patient as a fellow human being, rather than as a doctor-patient interaction. At home, there is usually something interesting such as photographs or souvenirs to start the conversation. It also helps if you know a few words in the patients' language. Finally, and most importantly, the patients should see the same doctor most of the time to develop familiarity and trust.

### What is your favourite part of being a home care doctor?

There are numerous benefits, including the ability to be outside, live a moderately active lifestyle, and sample food from various areas while working. However, being in the home environment, up close and personal with patients, allows for the development of relationships that make medical practice meaningful.

## 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/](http://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](http://singaporehospice.org.sg).  
**Dates** 22 September 2025, 13 October 2025, 17 November 2025  
**Time** 7pm-8.30pm

### REN CI - MOVE FOR GOOD!

An outreach community event to raise awareness about the importance of healthy living and mental health, in order to live your golden years with grace.  
**Date** 20 September 2025  
**Time** 9am to 1pm  
**Venue** Ang Mo Kio Central Stage @ Ang Mo Kio Town Centre  
**Contact** [renci@renci.org.sg](mailto:renci@renci.org.sg)

### HCA WALK WITH ME CHARITY WALKATHON

Journeying Together, Step by Step. Join HCA in #CreatingGoodDays for end-of-life patients and their families.  
**Date** 19 October 2025  
**Time** 8.30am  
**Venue** Marina Barrage  
**Contact** [walkwithme@hcahospicecare.org.sg](http://walkwithme@hcahospicecare.org.sg)



## LEAP FOR HOSPICES 2025

*More fun and funds were raised when Leap for Hospices came back for its second run.*

On 26 July, more than 80 brave souls conquered inspiring heights for the second edition of Leap for Hospices, a fundraising event featuring bungee jumping organised by and in support of the Singapore Hospice Council (SHC).

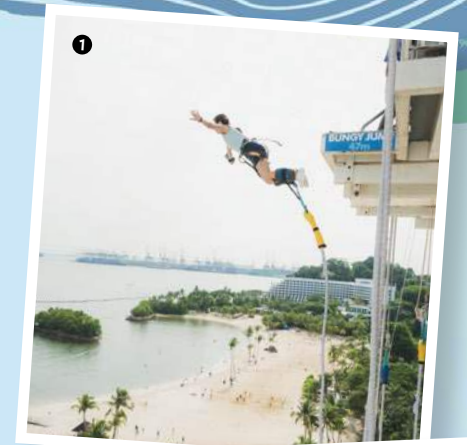
A mixture of nerves and adrenaline was palpable in the air as the participants excitedly awaited their turns. Comprising members of the public, corporate and community partners, and SHC staff, the bungee jumpers all stepped off the ledge, a whopping 47 metres high up in the air, and daringly took the plunge to much cheering and applause.

Their fearless spirit mirrored that of palliative care providers, hospice patients, and caregivers. By taking the leap, they demonstrated the fortitude required for us to step out of our comfort zone and have the difficult but necessary conversations about palliative care. It is not an easy feat, but it is made less daunting by the shared spirit of communal support.

Participant Marc Hon, 38, shared, "When my father entered hospice care, I witnessed firsthand not only the compassion but also the dignity and

support these services offer, and not just to the patient but to the entire family as well. It's important for people to know that hospice isn't about giving up; it's about ensuring quality of life in the most meaningful moments. Taking the leap to give back was my way of honouring that experience and hopefully helping others find the same peace and support we did."

The overwhelming support for the palliative care community is received with much gratitude. All donors and bungee jumpers empower SHC in its cause to support patients with life-limiting illnesses and their loved ones during one of life's most challenging times. A special 'thank you' to Skypark Sentosa by AJ Hackett, BFT Geylang Bahru, and our fearless bungee jumpers from Ren Ci Hospital, HCA Hospice, KK Women's and Children's Hospital, St Luke's Hospital, National University Hospital, Healthcare Services Employees' Union, the School of Health Sciences at Ngee Ann Polytechnic, and the Ministry of Health (MOH), making SHC's second Leap for Hospices a meaningful success!



- 1 A leap of courage!
- 2 A big shoutout to our neighbours, BFT Geylang Bahru, for the unwavering dedication to our cause!
- 3 Taking the leap in the spirit of community support.
- 4 Two of our oldest bungee jumpers.
- 5 Our first bungee jumper of the day.
- 6 Families coming down in support of our bungee jumpers!
- 7 The students and staff from School of Health Sciences at Ngee Ann Polytechnic injecting a dose of youthful energy to Leap for Hospices.





# SINGAPORE HOSPICE COUNCIL

## 30TH ANNIVERSARY GALA DINNER



On 25 May 2025, the Singapore Hospice Council (SHC) commemorated its 30th anniversary with a gala dinner at Pan Pacific Singapore to mark 30 years of caring together. The event brought together 400 palliative care pioneers and valued guests from both within and beyond the sector to remember palliative care as a fresh concept in the distant past, as well as to celebrate those who paved the path for its progress. The event also raised vital funds to drive SHC's mission of promoting a more compassionate future.

Guest of Honour Halimah Yacob, Chancellor of the Singapore University of Social Sciences, opened the event alongside SHC Chairman Mr Robert Chew. Madam Halimah's passionate speech, based on her own experiences, recognised palliative care providers' tireless efforts to bring comfort to patients while also shaping the healthcare industry for the better.

*The Gift of Presence*, an anthology composed of personal stories from palliative care professionals, including physicians, nurses, social workers, physical therapists, creative arts therapists, and administrators, was launched by Mr Chew, palliative care specialist Dr Ong Eng Koon, and Senior Nurse Clinician Ms Tay Beng Choo. The publication provides a glimpse into defining moments that led these professionals down the path of palliative care, illuminating trials endured and rewarding joys that keep them going. Every gala dinner guest was given a copy to bring home.

In recognition of tremendous pioneering efforts in the field, the inaugural Singapore Palliative Care Lifetime Achievement Award was presented by Madam Halimah to Professor Pang Weng Sun, a senior consultant at Khoo Teck Puat Hospital, and Sister Geraldine Tan, a palliative care pioneer who

founded the first 16-bed hospice in Singapore at St Joseph's Home. The highest award presented by SHC, the Lifetime Achievement Award, is symbolic of our gratitude toward these leading lights of the palliative care sector for their decades of dedicated service and exemplary leadership.

Dr Chee Chen Sin's performance of two songs — Josh Groban's "You Raise Me Up" and Jiang Dawei's "敢问路在何方" ("Where is the Way") — lifted the mood of the dinner. Dr Chee, a dentist and long-time volunteer with Tzu Chi Singapore, one of SHC's member organisations, has graciously offered to sing at several key SHC events in the past, including the Voices for Hospices charity performance in 2022. Dr Chong Poh Heng, SHC Vice-Chairman and Medical Director of HCA Hospice, is another healthcare professional with singing talent, and his stirring performance of Wilson Phillips' "Hold On" and Sarah Brightman's "Nella Fantasia" moved the audience.

A live auction featuring a selection of items ranging from collectible whisky and art pieces to luxury travel experiences was also held as part of SHC's fundraising efforts. Items included *Threads of Love*, *Wings of Hope*, a handmade commemorative quilt lovingly handcrafted by Aimee and Yvette of 2Quilters with repurposed fabrics donated by SHC member organisations, which represents a heartfelt tribute to SHC's legacy and community.

By the end of the night, an impressive \$912,731 had been raised through donations, the live auction and the shared spirit of giving. This amount could not have been attained without the generous support of major donors Dato' Simonn Ng, Dickson Group, Xian Mi Du Mu Lin Buddhist Association, and Avanda Investment Management. It has been a privilege to host and honour the individuals who have empowered us in spreading compassionate care to the community. As we continue to uphold dignity and provide care for the dying, we look forward to the many more fulfilling years ahead of us!

Members of the public can acquire a copy of *The Gift of Presence* for a donation of \$50 or more. Please contact Singapore Hospice Council for details.

- 1 Guest raising her paddle to bid during the fundraising auction.
- 2 (From left) Ms Sim Bee Hia, Dr Adrien Peh, Madam Halimah Yacob, Dr Tricia Yung, Mr Robert Chew and Dr Chong Poh Heng posing with the completed Tree of Compassion artwork stamped by guests and donors.
- 3 Ms Sim Bee Hia and guests admiring auction item *Threads of Love*, *Wings of Hope*, a commemorative quilt by 2Quilters.
- 4 Dr Chong Poh Heng showcasing his soothing vocals with "Hold On" and "Nella Fantasia".
- 5 Official launch of *The Gift of Presence* publication by Dr Ong Eng Koon, Madam Halimah Yacob, Ms Tay Beng Choo and Mr Robert Chew.
- 6 Madam Halimah Yacob stamping the Tree of Compassion artwork, a collaborative painting of a tree illustration that grows with each contribution.
- 7 Presentation of Singapore Palliative Care Lifetime Achievement Award to Sister Geraldine Tan and Professor Pang Weng Sun, on stage with Dr Adrien Peh, Madam Halimah Yacob, Dr Tricia Yung and Mr Robert Chew.
- 8 The VIP table.
- 9 Guests posing in The Hospice Link-themed photobooth.
- 10 Dr Chee Chen Sin delivering a spirited performance of "You Raise Me Up" and "敢问路在何方".





# Compassionate communities:

## A communal approach to dying and care



*Taking heart from the success stories around the world, Singapore's grassroots efforts to build a community response to palliative care will prove to be uniquely successful.*

What does it mean to die well — and what does it mean to care well?

Sociologist and public health professor Allan Kellehear has spent decades studying how people experience dying, caregiving and loss. He observes that the end of life is not just a medical event but a social, psychological, and spiritual process — unfolding not only in hospitals but also in homes, schools, places of worship, and neighbourhoods.

Yet many healthcare systems treat dying almost exclusively through a clinical lens, focusing mainly on medical priorities. When patients or families need help, the typical response is to add more professionals rather than engaging the surrounding community.

Prof Kellehear saw this as a missed opportunity. What about the long hours spent outside professional care? What about the love and labour of friends, families and neighbours? As he explained, “A public health approach is a settings-based approach. We try to help and support people wherever they go — home, playground, workplace, temple, football club, art gallery, TV or internet.”

This is why civic-based, public health approaches are needed to complement clinical care, he added.

“It is self-evident that caregiving and grief are not medical experiences at all. Away from an array of difficult medical challenges, most dying people live in the world of relationships, meaning-making, and hope maintenance in their day-to-day lives. These are social, psychological and spiritual experiences and they require — indeed they cry out — for equally social, psychological and spiritual responses.”

This idea became the foundation of the Compassionate Communities movement, which Prof Kellehear first introduced while working in Australia. The movement calls on society to share collective responsibility for care at the end of life.

It encourages ordinary people, institutions, and local

governments to become involved. This may include neighbours regularly checking in on someone living alone, youth volunteers befriending elders, schools teaching grief literacy, or employers granting compassionate leave during caregiving rather than just after a death. On a broader level, it calls for policies that acknowledge caregiving and grief as core human experiences rather than niche issues.

Prof Kellehear frames compassionate communities as grassroots, neighbourhood-based support networks — participatory, bottom-up efforts where people work together. By contrast, compassionate cities involve broader social ecology approaches: changing entire physical and social environments to influence how people care for one another.

Crucially, Prof Kellehear distinguishes compassion from care. Care in medical systems is often something done to or for a patient. Compassion, however, is reciprocal — sharing the care and recognising that the people we care for also care for us. “Compassion is a reciprocal understanding that dying, caregiving, and loss are universal experiences we must all endure and learn from — together,” he said.

Compassion isn't one-way, Prof Kellehear explains. The dying and bereaved aren't just passive recipients of care — they offer insight and meaning to

those around them. Many don't want to be defined by illness or compromised health, but seen as people who can both give and receive. They too can be active policy drivers and actors. Building truly compassionate communities means co-creating with, not just for, those affected by death, caregiving and loss.

The idea was largely well received, especially within the medical community. Many in hospice and palliative care felt the field had suffered from “mission drift” — a shift away from its early commitment to whole-person care towards a narrower, clinical focus on the dying body.

Still, there was pushback. Some critics insisted palliative care should remain strictly clinical, focused on the last weeks of life. To them, public health approaches felt like a misallocation of limited resources specifically time, money or staff. Some questioned whether the public health approach was evidence-based or assumed volunteers and social workers already covered that ground.

Since then, the compassionate communities model has taken root globally — from grassroots groups to national policies — with each place adapting it to local culture.

In Kerala, elders and faith leaders lead efforts; in Taiwan, village doctors support social care; in the UK, grief cafés and death festivals foster dialogue. Across contexts, the shift is obvious: from clinical focus to social connection, from individualised dying to collective care.

*“Most dying people live in the world of relationships, meaning-making, and hope maintenance in their day-to-day lives.”*

PROFESSOR ALLAN KELLEHEAR



## SINGAPORE'S FIRST STEPS FORWARDS

For the past two years, the Singapore Hospice Council (SHC) has quietly laid the groundwork for a nationwide Compassionate Communities movement.

While conversations about de-medicalising death have circulated for years, SHC Executive Director Ms Sim Bee Hia noted that public understanding remains limited. Many people are still unaware of what palliative care entails, how to access it, or that there are different types of services, even among healthcare operations and administration.

SHC was drawn early to the idea of Compassionate Communities, but in Singapore, the word “compassionate” didn’t quite resonate. “People saw it as a descriptive word, not an approach,” said Ms Sim.

Singaporeans tend to be pragmatic. “They want the knowledge first — the information part. So we took a Singapore-style approach: give them the facts, then introduce the concept.”

She pointed to global studies, including one from Australia, showing how such models reduce hospital readmissions and emergency visits, easing pressure on healthcare systems and cutting costs.

To build buy-in, SHC avoided a top-down approach. Instead, it trained staff and volunteers as

“community signposts”, equipping them with basic palliative care knowledge. SHC also brought together healthcare administrators, nursing home directors, and other leaders to identify key challenges they faced. These dialogues created safe spaces and laid the groundwork for SHC’s broader role as a thought leader shaping the national conversation on community-centred end-of-life care.

The Compassionate Communities Singapore movement was first introduced at SHC’s Grief and Bereavement Conference in November 2024, followed by a broader cross-sector dialogue in early 2025. Representatives from healthcare, education, faith-based groups, the arts, and community services gathered to explore collaborative opportunities.

Notably, the palliative care leads from Singapore’s three healthcare clusters have voiced strong support for Compassionate Communities Singapore. In a media release, Dr Wu Huei Yaw shared, “Compassionate Communities Singapore is a wonderful initiative. We are pleased to work towards a society where individuals at the end of life, their loved ones, and those who are grieving receive the additional care they need from the community.”

These healthcare leaders look forward to walking hand-in-hand with non-healthcare institutions to strengthen this nationwide effort.

The formal launch is planned for October 2025 during the Live Well. Leave Well. Festival, with a public installation, and a sharing by Prof Kellehear on building compassionate communities. SHC will also roll out a starter kit and charter, offering tools and examples for organisations to begin at their own pace and in their own way.

Over the next year, SHC aims to grow more Compassionate Communities, whether individual institutions or those serving the same area. An active ageing centre might add end-of-life talks to its weekly sessions or offer forest therapy walks to ease caregiver stress. A senior group might host pet therapy workshops.

“It’s about knowing what assets you have, and then piggybacking on them,” said Ms Sim.

Rather than prescribe a fixed model, SHC acts as a connector and capacity builder, helping groups learn from one another, linking youth groups with palliative care teams or mosques with caregiver support services. The goal is to change people’s perspectives on death, dying, and grief, with initiatives spearheaded by each organisation.

“Driving change from within organisations requires a mindset shift around death, dying, grief, and bereavement. When they’re ready, we’ll help connect them to create synergy, save resources, and ensure families get the support they need,” said Ms Sim.



## DEMENTIA CARE, THE COMPASSIONATE WAY

As one of SHC’s designated community signposts, Dementia Singapore (DSG) exemplifies how Compassionate Communities principles translate into action. This partnership took a significant step forward on 6 September 2024 when SHC conducted a Palliative Care 101 session with DSG, where CEO Mr Jason Foo announced plans to formally adopt a multidisciplinary palliative approach to dementia care, addressing physical, psychosocial and spiritual needs holistically.

For DSG’s Director of Care Services Mr Stephen Chan, this palliative approach aligns perfectly with their existing vision that a dementia diagnosis doesn’t preclude “a good and fulfilling life”. In recent years, DSG has worked to foster a dementia-inclusive society, challenging stigma around the condition. Rather than focusing on decline, DSG has shifted the narrative to focus on the positive aspects of the person rather than the dementia.

This philosophy begins with person-centred care, taking an individual’s biography, personality, values and social environment into consideration. “When we care for them this way, we see more positive results,” said Mr Chan. It means addressing not just physical needs but psychological ones such as identity, inclusion and comfort, responding with empathy rather than judgement.

DSG partners with other organisations such as the Agency for Integrated Care and SHC while

developing programmes such as Voices for Hope (an advocacy initiative) and CARA (a lifestyle and community digital platform for persons living with dementia and caregivers). Their work includes creating inclusive workplaces for people with early-stage dementia and a Lien Foundation-supported palliative care toolkit for long-term planning.

Mr Chan points to success stories like Uncle Thomas, a former school principal with dementia who continues to teach. “It’s about maintaining dignity, purpose and connection throughout the journey.”

The seeds of compassionate community work in Singapore are part of a wider blooming, one that, as Prof Kellehear notes, may soon see palliative care and public health walk hand in hand.

Prof Kellehear believes palliative care will increasingly align with public health, just as fields like mental health, disability, and trauma medicine have already done. “Compassionate Communities as public health palliative care is one of the few fields where practice

- ❶ Palliative Care 101 session with Dementia SG.
- ❷ The cross-sector Compassionate Communities Singapore dialogue in January 2025.
- ❸ The Compassionate Communities Singapore movement introduction at SHC’s Grief and Bereavement Conference in November 2024.
- ❹ Professor Allan Kellehear.
- ❺ Dementia SG CEO Mr Jason Foo’s opening address on palliative care.

has led the research and not the reverse,” he writes. “Research and development for the future will come from the interdisciplinary strengths of both palliative care and its complementary dance partner — public health. Together, the future prospect for care of all people at the end of life will be a better quality one for all.” <sup>HL</sup>



To learn more about Compassionate Communities, scan the QR code to read an interview with Prof Allan Kellehear.



Look out for these decals indicating that an organisation is one of SHC’s Community Signpost partners!







## PART TWO OF FOUR

# INTRODUCING PALLIATIVE CARE IN THE COMMUNITY

*In this second instalment of a four-part article, we learn how palliative care pioneers introduced this service to the community with the first secular independent hospice.*

Palliative care services in the community expanded and thrived under the leadership of the late Professor Cynthia Goh and a few other like-minded peers from the late 1980s. Sister Geraldine Tan, a Canossian sister since 1982, trained overseas in oncological nursing and pastoral care before becoming Singapore's first palliative care nurse and the first to establish a palliative care ward with dedicated beds — 16 in total — at St Joseph's Home in 1985. Assisi Home, which was officially established by the Franciscan

Missionaries of the Divine Motherhood nuns in 1982, became Assisi Home and Hospice 10 years later to cater to the increasing number of palliative care patients in Singapore. It became a full-fledged hospice under the guidance of Prof Goh in 1992, making it the first standalone hospice in Singapore. In the early 1990s, Dr Seet Ai Mee, Dr Jerry Lim and Dr Moses Yu, with the help and support of others, raised funds to set up Dover Park Hospice (DPH). This was to be Singapore's first purpose-built secular hospice. Its initial location

was to be at Dover Park, in the vicinity of Singapore Polytechnic and other schools, but due to unforeseen circumstances, it was finally built adjacent to the National Skin Centre, which was near Tan Tock Seng Hospital. DPH finally started admitting patients in 1995. The vision was not limited to merely setting up palliative care beds but to create a hub by co-locating Hospice Care Association offices within the DPH building and eventually setting up Singapore Hospice Council (SHC) in 1995.

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



Clockwise from top left: The newly opened Hospice Centre, incorporating Dover Park Hospice and Hospice Care Association, 1995; Sister Geraldine, Singapore's first palliative care nurse, training nurses and staff on palliative care, 1988; the inaugural meeting of Singapore Hospice Council, July 1995; Opposite page: A/Prof Low (extreme right, second row) with GeriCare@North team

SHC became a reality when four organisations became its pioneering members: the Catholic Welfare Services, HCA, Singapore Cancer Society and DPH. The goal was to bring together all organisations and partners involved in providing palliative care across hospitals, voluntary welfare organisations and the community under one umbrella body. Dr Ee Peng Liang was designated to be the first chairman of SHC but unfortunately passed on before he could assume the role. Dr Seet, who was the vice-chairman designate then, stepped up to assume the role of SHC's first chairman.

HCA was founded in 1987 as the Hospice Care Group, a wing of the Singapore Cancer Society, and was later renamed Hospice Care Association in 1989 before being rebranded as HCA Hospice Care in 2005. Among its early leaders were Dr R Akhileswaran, who took over from Dr Rosalie Shaw, who in turn was succeeded by Dr Chong Poh Heng. Dr Chong, who ran a successful general practice, made a career switch into palliative care, becoming the first palliative care physician looking after paediatric patients in the

community, while Dr Chan Mei Yoke was the first paediatrician who practised palliative care in the hospital setting at Kandang Kerbau Women's and Children's Hospital (KKH). Dr Rosalie Shaw also started a palliative service for patients with gynaecological cancers in KKH.

In time to come, several other palliative care services in the community were established — Agape Methodist Hospice (circa 1990, led by Dr Patrick Kee) and Metta Hospice Care (2000) — while the residential hospices also started providing their own home care services. Many of these organisations also ran their own day care centres for palliative care patients.

Since then, community palliative care has come a long way. It is now practised in most community hospitals where dedicated wards, designated as Inpatient Hospice Palliative Care Services, have been allocated to the care of patients with life-limiting illnesses.

All services in the community were coordinated by the Agency for Integrated Care, which was established initially as the Care Liaison Office in 1992, under the leadership of Dr Wong Loong Mun,

with guidance from Professor Pang Weng Sun. It started off with a small office located in the prefab building of Alexandra Hospital, comprising only two staff. Since then, it has grown in leaps and bounds to comprise nearly 900 staff who help coordinate, fund and integrate all community services within Singapore.

Palliative care quickly evolved into what it should be: multidisciplinary and holistic care, as palliative nursing expanded and social workers assisted patients and family members on their journeys. Besides DPH and Assisi Hospice (renamed from Assisi Home and Hospice in 2007), many of the nursing homes also set aside palliative care beds for their residents needing end-of-life care. Two nursing home projects, Project Care (2009), started by Dr Ian Leong, and GeriCare@North (2010), by Associate Professor James Low, sought to provide support to nursing home residents near the end of life. Most of these dying residents had non-cancer advanced degenerative conditions such as dementia, Parkinson's disease, and multiple stroke disease. The latter programme also used telemedicine as one of the modalities to increase access to specialist care in the hospitals.

### To be continued...

Look out for Part 3 in *The Hospice Link* December 2025-February 2026 issue, where having palliative care as an included subject in Singapore's medical schools and recognition as a sub-specialty of family medicine proved to be game-changers for the sector.



# A COMMUNITY THAT UNDERSTANDS

*Families caring for children with life-limiting illnesses often face isolation and silent struggles. HCA Hospice's Star PALS programme builds a compassionate community bound by shared experiences, where no one journeys alone.*



For most parents, bringing young children out for a meal or on holiday is usually a joyful experience that builds lasting memories. But for families of a child with a life-limiting condition, even a simple outing can feel daunting.

Strollers are replaced by bulky wheelchairs, pacifiers by oxygenators or even ventilators, and feeding utensils by feeding tubes and pumps. The outside world can feel unwelcoming, filled with curious stares and silent judgement. Consumed by the relentless demands of caregiving, parents are left with little energy or time to create meaningful memories with their children. In this exhausting reality, isolation becomes a constant companion.

## BEYOND MEDICAL CARE

When Star PALS (Paediatric Advanced Life Support) was launched over a decade ago to support children with life-limiting conditions and their families, one recurring concern was the aching absence of social support, not from medical professionals, friends or family, but from peers who could truly understand the helplessness when symptoms worsen, the weariness of round-the-clock care, and the frustration at the inability to do more.

To connect these isolated journeys, HCA Hospice (HCA) began organising annual Family Day events, from day trips to overnight retreats. These rare getaways offer families not only the opportunity to rest but also to feel seen and, most importantly, find community. Over the years, eight events have taken families to places like Sentosa, Jurong

Bird Park and Wild Wild Wet — places they never imagined they could visit.

Each retreat is thoughtfully planned, with transportation provided to ease travel logistics. In March 2024, families were welcomed into a whimsical Easter wonderland, complete with woodland decor and staff dressed as friendly creatures. The itinerary catered to all ages, with relaxing massages and sound therapy for parents, and chocolate-making workshops for children, providing all the magic of a carnival, without the overwhelming crowds.

## AN EXTENDED FAMILY

At these events, HCA's team of doctors and nurses shed their clinical roles to become companions and playmates. For the children, staff are also no longer just intimidating adults in scrubs, but friends they can trust. Volunteers assist with caregiving, granting parents the rare chance to take a breather. "It was wonderful to have an extra pair of hands," one parent shared. "It gave us a quick escape from the routine."

These shared moments also deepen the bond between families and their care team. "It allows us to better understand the family dynamic beyond what we see during home visits," explained Star PALS Nurse Manager Ren Hui. "We want families to know we care for them as people, not just patients."

## RESTORING FAMILY IDENTITY

For many parents, their identity as "mum" or "dad" is often eclipsed by

that of "caregiver". These retreats offer a chance to just be a family again. "This is our first family outing since my daughter's diagnosis in 2019," shared Mr V, father of a teenager with cancer. "For families like ours who struggled to attend social events, this was a perfect opportunity to bond."

Siblings, too, are given space to just be kids. "Because of my firstborn's intensive needs, my younger child had never experienced a staycation before," revealed Ms G, mother of two. "It meant the world to us to give her that opportunity."

Given a chance to enjoy everyday experiences, many families return home feeling more connected. "Families tell us that they feel closer after joining us," Ren Hui said. "That's exactly what we hope for."



Left: Shared joy is a double joy; shared sorrow is half a sorrow. Families come together through play, encouraging conversations to flow naturally; Below: When staff sets aside the care routine for play and laughter, bonds form beyond treatment; Opposite page: Beyond the daily demands of care, Star PALS creates space for families to reconnect and just be a family.

## BUILDING A COMMUNITY


Most importantly, these gatherings create a safe space where families feel they belong. In a space full of wheelchairs and feeding tubes, they are no longer the exception, but the norm.

"I always thought my life was hard," reflected Madam R after the 2023 event. "But this camp showed me there are other families just like mine."

Even sombre topics, such as caregiving, find light in shared understanding. Friendships form when tips and phone numbers are exchanged in casual conversation. Siblings meet peers who understand what it means to love a brother or sister who may never walk or talk. "Being around the Star PALS team and other families we can relate to has been wonderful," Madam R expressed. "I hope these events can happen more often."

## JOURNEYING TOGETHER

In a journey marked by isolation and uncertainty, Star PALS family retreats are reminders of the power of community. "Seeing others out and about gave many families the confidence to venture out more," Ren Hui observed.

With Star PALS, fear is replaced by possibility, and families no longer journey alone. 





# FOLDING GRIEF INTO MEMORIES

*A special memorial held at Ren Ci allows nursing home care team members the space they need to process their loss when residents pass on.*

In the fast-paced environment of eldercare, grief is often disenfranchised. As a medical social worker in a nursing home, I have come to understand that grief does not belong to families alone. Nursing home care team members, such as nurses and care aides, who bathed, fed and comforted residents in their final days, form strong attachments to their charges but are expected to carry on with their duties with little time or space to process their loss.

Our care team members are from the Philippines, India and Myanmar, and while we speak different languages and have different customs, we are all linked by our compassion and respect for the elderly. Many of them are far from their families, working here in Singapore.

I recently facilitated a memorial service for residents who had passed on, not only to honour their lives but also to acknowledge the silent sorrow carried by the team who loved and cared for them. I wanted to create a moment to pause, reflect, and reconnect with those feelings — an invitation to grieve together through a culturally resonant activity that held meaning across our shared landscape of care.

## FACING THE GRIEF

We chose folding origami stars, which are small, simple, and deeply symbolic, as the central activity of the service. While origami has its roots in Japanese culture, the act of folding paper into meaningful



shapes is familiar across many Asian traditions, often as an offering of beauty, intention and memory. In our context, the star represented hope, remembrance, and quiet strength — a perfect medium to hold the complexity of our emotions.

Each staff member was handed a strip of soft, cream-coloured paper. I walked them through folding an origami star. During the process, I asked everyone to think of a resident or residents who had touched their hearts. We named these residents aloud in a circle of remembrance. Some staff members recounted stories: a nurse recalled a resident's cheeky humour when he called her his "daughter from

another mother", while a care assistant teared up softly as she remembered a lady she used to sing lullabies to.


Grief became visible that day — not something to be hidden but to be shared. In a setting where professional boundaries often discourage open expressions of attachment, the memorial created a sacred space to validate the deep human connections we form. The stories told were gentle acts of love, giving voice to the bonds often unseen and unspoken in professional caregiving. For many colleagues, particularly those from cultures where mourning is communal and ritualistic, this gathering felt familiar, soothing, and long overdue.

Left from top: Folded stars with wishes collected in glass jars; staff folding the origami stars; the completed flower jars; Opposite page: Participants of the memorial service at Ren Ci @ Bukit Batok St. 52.

We gently placed the folded origami stars, which incorporated the well wishes and last messages written by the participants, into a transparent bottle also specially decorated by them as a final farewell to our residents. Each star carried a name, a moment, a feeling — a quiet tribute to a resident who had touched our lives. Fluttering gently, they became delicate yet lasting reminders that our relationships with those we cared for do not end with their passing. This is the essence of a continuing bond: not a severing, but a new way of holding on. The residents we cared for live on in the stories we tell, the lessons they leave behind, and the silent gestures of remembrance we make.

## ALLOWING HEALING TO START

Facilitating this memorial reminded me that healing is not only for bereaved families but also for those of us who walk alongside our residents through their final days. To many of our team members, who are migrant workers separated from their families, this service became a space for healing and recognition. But in that quiet room, folding stars together, we were not just staff. We were mourners. We were storytellers. We were companions in grief.

The origami stars now sit as silent sentinels in our home — fragile yet strong, just like us. We acknowledged our residents' life while also acknowledging our own pain and resilience. Facilitating this memorial proved that remembrance matters. It reminded us that caregiving is more than a job, it's a relationship, a connection, a shared journey. When we take time to grieve, we allow our hearts to rest, our hands to heal, and our stars to shine. 





# VOLUNTEERING AT THE HEART OF CARE

*With dedicated volunteers, St Luke's Hospital brings comfort and dignity to patients.*



Compassionate care goes beyond treating medical conditions — it extends to meeting the social, emotional, and spiritual needs of every patient. With the dedicated support of a growing community of volunteers, St Luke's Hospital (SLH) strives to bring comfort, dignity, and joy to patients, particularly those in the palliative care ward.

## MOMENTS OF CONNECTION

The Mini Cafe is an event conducted twice a month hosted by SLH's rehabilitation team and lovingly

supported by volunteers. Each session offers something different: live cooking demonstrations featuring nostalgic local favourites such as Hokkien mee, chee cheong fun, curry with bread, and cheng tng; karaoke; movement-based games; and even a life-sized Snakes and Ladders activity. The Cafe is more than a social event; it's a space filled with laughter, music, and heartfelt conversations over warm beverages and snacks.

Using the Visual Analogue Scale, staff have consistently observed improved moods among patients

after each session. "Volunteers are like angels," said Activity Coordinator Doreen Chng. "Whether they're portering patients, or simply being present, they bring light and love to our wards."

Volunteers like Pauline, who travels independently to SLH despite her own walking difficulties, play a vital role in bringing warmth to patients. Eve and Angie often stay after the Cafe sessions to befriend patients in critical condition who could not attend, while Dawn supports activities in both the palliative and dementia care wards.

WORDS AND PHOTOS ST LUKE'S HOSPITAL



Opposite page:  
Volunteer Denise (third from left) and her pets Chilli, Choco and Gale, with SLH staff.

Once, noticing a particularly downcast patient, Eve returned another day with homemade sweet potato soup — a simple yet heartfelt gesture that brought comfort and connection.

"I'm especially thankful for our volunteers who go the extra mile, offering their time and resources. With support from our occupational therapists, therapy assistants, programme executives and activity coordinators, we've also expanded the programme to include hands-on meal prep — like soft-boiling eggs or brewing coffee — giving patients both purpose and the joy of sharing with others," said Senior Occupational Therapist Esther Lim.

## COMFORT THROUGH ANIMALS

SLH's Animal Assisted Activity, which runs twice a month, allows


patients to interact with pets, such as petting them, enjoying their tricks, or simply basking in their calming presence. Among the regular volunteers is Denise, a teacher and mother who lives with cancer. She brings her dogs Chilli and Choco and her cat Gale to visit patients in the dementia and palliative care wards. "Some patients are nervous at first, but once they smile, it's all worth it," she shared. "As a cancer patient, I've experienced firsthand the comfort and joy animals can bring during difficult times. When I share that joy with others, it heals me, too."

Doreen recalled touching moments sparked by these visits: a usually non-communicative patient who suddenly opened his eyes and called out his own dog's name with love and another, who once owned many dogs in Vietnam, beaming with joy upon seeing the animals. As for Denise, whose sessions are among the first at SLH to feature both dogs and cats, she is thankful for the opportunity to have diverse animal participation to hopefully reach out to more patients.

## A COMMUNITY ROOTED IN COMPASSION

These programmes reflect SLH's Clinical, Social and Pastoral (CSP) care model, which provides holistic support for every patient. From sharing familiar foods to meaningful conversations, each interaction contributes to a greater sense of community and care between patients, staff and volunteers.

"Whole-person-centred care is only made possible when the interdisciplinary team works together. Synergism is made possible with activities like these, and we are ever grateful to all our volunteers who have journeyed with us," shared Registrar Dr Rachel Lu.

Denise's advice to future volunteers is heartfelt: "Be patient. Some individuals may take time to open up, but every small moment counts. Just being there, listening, or offering a gentle presence can brighten the patients' day." 



# CARING FOR THE GRIEVING IN THE COMMUNITY

*Assisi Hospice provides bereavement care services to any individual in the community who needs support to cope with loss and reintegrate into daily life.*




Below: Monica shares her hobby of Zentangle art with other grieving people and caregivers at a self-care workshop hosted by AH.

As her family and close friends were in Hong Kong, she relied on phone conversations to keep herself going. Despite this, her mourning caused heart palpitations, tension headaches, poor appetite and gastric reflux, which still plagued her a year after her husband's passing. Her friends' advice to seek help from a professional counsellor did not bear fruit.

Monica attended the Grief Cafe organised by the AH Grief and Bereavement Care team in 2023 after learning about it from a friend whose husband had passed on at AH. The service is also open to bereaved caregivers whose loved one did not pass on under the care of the hospice.

She said, "I could share my experiences and feelings comfortably and without reservations. People in the group with similar experiences understood how I feel, even without me saying much. It made the journey less scary and lonely. Some gave advice on how to deal with bereavement, which was useful to others in similar situations."

Monica also started one-to-one counselling sessions with AH's grief and bereavement counsellor. She regained confidence in her abilities as she took on new responsibilities with the passing of her husband, and also learned to appreciate the beautiful memories of the times they shared. 

**G**rief and Bereavement Care is an intrinsic component of end-of-life care. Assisi Hospice's (AH) Grief and Bereavement Care programme has expanded from one-on-one counselling to equipping the community with resources to help bereaved individuals. We have built a team of grief counsellors, and created Grief Cafes, where individuals come to share freely about their grief. Designed to be like a café or community space with a casual, inclusive and comforting atmosphere, it is a place where people can share their stories, emotions and experiences in a compassionate and non-judgemental environment. Bereaved individuals are guided by trained grief counsellors in navigating their grief journey through open conversations.

Grief Cafe attendees can decide on their level of participation — sharing or listening. Furthermore, professional facilitation from the counsellor present provides valuable insight on coping strategies, self-care, and grief awareness. It is a space for comfort, healing, and hope following a profound loss, without deep emotional processing.

## COMFORT IN SHARING FEELINGS

Seventy-year-old Monica Lai was devastated when her husband died unexpectedly after a heart attack in 2021. They had been married for 40 years and were enjoying their retirement together.

"He was the most selfless person I knew and took very good care of me and the family. His death was sudden. I really did not know how to carry on without him," she shared.

## INTERESTED TO ATTEND A GRIEF CAFÉ SESSION?

Assisi Hospice's Grief and Bereavement Care team aims to empower both the bereaved and the broader community to navigate the complexities of grief together.

To learn more, visit [www.assisihospice.org.sg/our-services/grief-and-bereavement-care/](http://www.assisihospice.org.sg/our-services/grief-and-bereavement-care/)

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Below from left: NCCS hosts Remembrance Day twice annually for bereaved families we have journeyed with; Remembrance Day booklets; Opposite page: The NCCS Psychosocial Oncology team organising Remembrance Day in June 2025.

## ASK THE EXPERTS

# GRIEF SUPPORT

*Grief is a natural reaction to loss, but having support in the community can help the bereaved return to regular life. The NCCS Grief in Recovery support groups are one of the avenues that offer a hand in need.*

**D**r Irene Teo is a principal clinical psychologist in the Department of Psychosocial Oncology at the National Cancer Centre Singapore (NCCS). She works with patients using psychological and behavioural principles. She is also research faculty at the Lien Centre for Palliative Care and Duke-NUS Medical School and is committed to improving psychosocial oncology care for patients and their families. She is directing a grief and bereavement project at NCCS as part of the Goh Foundation INSPIRE plan to improve and innovate bereavement care at the cancer centre.

She was part of the team that conducted a Singapore Hospice Council landscape study of bereavement care in Singapore from 2017 to 2018 and continues to

be involved in studies examining bereavement adjustment and care for bereaved families using quantitative and qualitative methods.

### What are the different types of grief that patients and caregivers experience?

Anticipatory grief is the complex emotional experience that occurs as both the patient and their loved ones grapple with an impending future loss. I've heard a bereaved spouse describe how anticipatory grief began when her husband was diagnosed with an advanced disease.

Sadness, anxiety and fear can grow as the patient's overall well-being and function deteriorate. On the other hand, anticipatory grief can sometimes galvanise patients

and their loved ones to make the most of the time they have to focus on what's important. We hear of patients and their families who engage in legacy planning, initiate serious and important conversations, see to unfinished business, or make time to do things that are meaningful and bring them joy.

Then there is the grief that comes with the loss of a loved one. It can be overwhelming and difficult, but for most people, things will gradually improve with time. If they don't, we look out for situations of complicated or prolonged grief — when grief significantly interferes with daily life and function and persists much longer than culturally expected. At that point, it may be helpful to connect the person to a professional for assessment and support.

### What are some healthy coping mechanisms people can use when grieving?

Always remember to self-care even as we mourn and grieve. This includes basic things like making sure we eat, rest and sleep. It can be hard, especially in the early days of grieving, so being able to lean on family, friends, and support systems makes a big difference. Remember to also be patient and kind towards ourselves, especially when there are big adjustments to make.

Another strategy is to allow ourselves to feel and to express our feelings, whatever they may be; it's normal and healthy to do so. While some people may wish to talk, others prefer to express themselves through writing, music, etc. I find the quote "Where there is deep grief, there was great love" comforting because it puts into perspective the emotional pain we feel and reflects the importance of the person and relationship we had with him or her. It can also shift the focus away from our loss to appreciation for the person and the relationship.

### Do tell us more about the grief support groups at NCCS.

We host two Grief in Recovery (GIR) support groups at NCCS — one is for spouses, while the other is for other family members and friends. These groups, currently facilitated by our senior principal psychologist and master medical social worker, meet three times over a period of three months. The group members remain unchanged over the three sessions, which creates a sense of security while enabling them to form bonds as they open up and share.

### Why is it important to have support groups as opposed to one-on-one sessions?

It can be therapeutic being in a group with others who are walking

the same journey. Bereavement support groups provide a space to meet others who have experienced similar loss and inspire the motivation to move forward together. Bereavement support groups, like the ones we run at NCCS, are usually facilitated by a medical social worker or psychologist, who is able to help manage group dynamics within a safe space and provide professional insights and guidance.

### How can being part of such a community benefit the grieving?

A community of those who are bereaved can certainly provide connection and support to one another. At NCCS, we hold Remembrance Day twice a year to honour the patients and families we have journeyed with. Bereaved families are invited, and it can be meaningful to come together as a community to share. There are tears but also laughter and strength in unity.

We see how caring communities can alleviate feelings of loneliness or isolation among the bereaved. Support group members can influence one another, for example, by taking the first steps to go out and reconnect with other people or leaning on one another in raising children as a single parent.


Everyone doesn't have to be at the same stage of grieving either. It can be beneficial for those who are newly bereaved to meet others who

have experienced grief to feel comforted and assured that healing will occur. Those who provide support to the newly bereaved may find it heartening that their experience can help others.

### How can professionals not in the mental health profession be part of the community to support those with life-limiting illnesses and their families or caregivers?

We may all help in whichever way we feel comfortable, from preparing a meal or helping out with chores to offering emotional support, such as providing a listening ear. Usually patients and families do not wish to burden others, so we can show them our sincerity by being useful and by reassuring them of our willingness to help.

### Looking ahead, how do you envision community support for those experiencing grief as a result of an illness?

I would like to see better grief and bereavement resources that is multi-tiered to meet families' various bereavement needs, as well as ease of access to these resources. While the majority of bereaved families generally cope fine with minimal support, there is a small group that can benefit from more intensive support and intervention. Primary medical teams will need to identify those who are at risk early — perhaps even at the stage of anticipatory grieving — to provide or refer them for support. 



WORDS AND PHOTOS NATIONAL CANCER CENTRE SINGAPORE



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