

life



After struggling to make medical decisions for her comatose father before he died several years ago, Ms Joanna Wong and her mother Tan Kim Hay have both made an advance care plan and lasting power of attorney.

ST PHOTO: BRIAN TEO



Akshita Nanda
Correspondent

Why are Singaporeans in their 20s and 30s already thinking about advance care plans (ACP) and lasting power of attorney (LPA) documents?

Ms Grace Tay, 33, has made an LPA, appointing people to make decisions for her in case she does not have the mental capacity to do so.

Her mother, who died earlier in 2025, had done the same, which helped the family make decisions about her care.

A 27-year-old who was diagnosed with systemic lupus erythematosus in 2024 has made an ACP to prepare for a possible future where her organs fail.

Ms Leong, who works in health-care and wants to be known only by her surname, knows that the autoimmune disease will lead her body's immune system to attack healthy tissues. She is on oral medication and her condition is stable. She does not require hospitalisation.

Still, she wants to make her wishes clearly known now, so her doctors can guide her treatment accordingly. There is a 50 per cent chance of her needing dialysis down the line, but she does not want to opt for it.

Talking openly about her wishes now will reduce the psychological burden on her family in case she is unable to speak for herself in the future, she adds.

"It's never too early to have this conversation with your family or

Planning for end of life before their senior years



Some Singaporeans know first-hand how documenting preferences about medical care now can help their loved ones later



loved ones," she says. "I also think it's the responsible thing to do."

Talking about the end of life is taboo for many, yet planning early can make it easier for patients and their loved ones to focus on farewells, rather than stressful decisions, when the time comes.

The Straits Times spoke to seven patients and caregivers to find out how they had end-of-life conversations, as well as nine doctors, allied healthcare professionals and social workers to find out how end-of-life planning can help families.

HOW TO MAKE YOUR WISHES KNOWN

Ms Joanna Wong, 56, has often discussed end-of-life planning with her mother since her father died several years ago, after three months in intensive care.

The family struggled to make decisions about his treatment while he was in a coma and unable to speak for himself.

Ms Wong, a former operations manager, and her mother Tan Kim Hay, 81, decided in 2025 to document their own wishes about care

Mr Tay Hong Choon and his daughter Grace Tay looking at photographs of his late wife Carol. Ms Tay has made an LPA, following in her mother's footsteps. ST PHOTO: GIN TAY

into ACPs and LPAs.

Madam Tan, a retired hawker, has dementia. She wanted to ensure that Ms Wong and her two younger children would not argue over her care in the event she is incapable of making her own decisions.

Ms Wong agrees. "When the ACP is in place, there are no more decisions for us siblings to make. It's all from her. Should there be any dispute, it's all recorded and signed by her," she says.

She and Madam Tan have also signed an advance medical directive (AMD). It is a legal document which informs the doctor that one does not want extraordinary life-sustaining treatment to prolong one's life, should one become terminally ill and unconscious.

CONTINUED on C2

Sense of peace to be guided by patient's decisions

FROM C1

Madam Tan says: "The main thing is, if I can't move any more, I want to go. I don't want to burden my daughter."

She adds: "I know that if I'm happy, my children are happy."

Ms Tan's mother Carol was diagnosed with a motor neurone disease in 2023. An outgoing person who played the guitar and ukulele and volunteered with older people, she insisted on staying as physically and socially active as she could. She met friends for ice cream. She went on walks with her husband and learnt new ways to move – swinging her hips – as her neuromuscular coordination failed.

In February, she and her husband decided to go to Spain for a holiday. Madam Tan suffered a cardiac arrest during the trip, had to be medically evacuated, and was hospitalised in Singapore for a week.

The decision to remove her from life support was eventually made based on the AMD she filed years ago. She died at age 63.

Ms Tan, a financial adviser, is glad that her mother could live life on her own terms. It gave her a sense of peace to be guided at the end by her mother's decisions.

"It's important to have documents like the AMD in place," she says. "It gives direction to the caregivers when patients are unable to speak for themselves."

DIFFICULT BUT NECESSARY CONVERSATIONS

Ms Grace Yong, senior medical social worker at Assisi Hospice, works with people receiving hospice care at home. Part of her job is to initiate and facilitate conversations around their preferences for

care, such as what functions they would want preserved and what they are willing to let go of – for example, independent feeding.

She says: "Patients and their families want to protect one another, which makes certain conversations hard."

Doctors tell ST that when families do not have such conversations, people end up struggling with guilt over making care decisions when a loved one can no longer speak for himself or herself.

There may be disagreements over the type of medical care preferred, such as whether to allow tube feeding or ventilators.

Then there are financial issues, such as who should pay for the hospital care and how assets should eventually be divided.

Dr Ong Wen Chong, family physician and lead clinician for mobile services at private medical group Doctor Anywhere, has certified LPAs during home visits.

Some realise the importance of such documents too late, he says.

One of his clients is a man whose wife has dementia and did not make an LPA beforehand. The family has to take extra steps to access her bank account, even to pay for her care. The husband decided

to make an LPA for himself so his children would not face similar problems in the future.

Healthcare workers, from nurses to specialists, are trained to initiate conversations about end-of-life planning for suitable cases.

Dr Yee Choon Meng of the National University Cancer Institute, Singapore (NCIS) suggests referring to the government website MyLegacy@LifeSG, which offers guides on what documents to file and allows users to upload some of these documents online.

Wills allow you to decide who should receive money and property, and in what proportion.

Other documents like the ACP help you to specify your healthcare preferences.

"The ACP contains what is important to patients and who they are as a person, such that towards the end of life, their voices are heard and their dignity preserved," says Dr Yee, head and senior consultant at NCIS' division of palliative care.

In October 2024, NCIS and National University Hospital (NUH) started an appropriate care end-of-life pathway for cancer patients, which includes having serious illness conversations with

patients given a prognosis of less than six months.

Ms Yvonne Loo, advance care planning care coordinator at NUH, says these structured conversations help patients and their caregivers understand their priorities and values. Do they fear pain or have financial concerns? During a medical crisis, how would they feel about being on a ventilator or being fed through a tube?

Caregivers need to know what their loved ones truly think. Dr Liyana Zailan, consultant, department of palliative and supportive care, Woodlands Health, says that without a patient's wishes being explicitly known, the family might make decisions based on their own preferences.

She gives the example of a patient who had a stroke and whose son was concerned about his father being in a nursing home.

The father was able to move his eyes up and down to indicate "yes" or "no", which led the son and care team to learn that he was satisfied with nursing care.

"The ACP does not let us impose our values on another person," she says, noting that even parent and child will have differing preferences.

LIVING AND DYING ON THEIR OWN TERMS

Ms Tan Woan Shin's mother was diagnosed with Stage 4 lung cancer four years ago.

Ms Tan, her parents and her two siblings had many conversations about care preferences and even funeral arrangements. The medical team noted her mother's wishes.

When her 77-year-old mother's condition declined a few months ago, the family was able to focus on spending time together, rather than struggle with decisions over tube feedings and ventilator use.

Ms Tan and her siblings knew their mother did not want extraordinary life-sustaining measures.

Ms Tan, 47, a researcher in healthcare, says: "We were able to stay conflict-free and spend time with her. We sat and spoke about the past. Those three days before she passed away brought us a lot of peace."

Ms Tan filled out her own LPA and ACP after her mother's death.

She and her siblings have spoken once to their 79-year-old father about his end-of-life wishes.

However, she says: "He is not so keen to have this conversation."

The care team at Tan Tock Seng Hospital (TTSH), where Ms Tan's mother received palliative care, says patients and families are resistant to talking about end-of-life issues because of the negative emotions stirred.

Yet, these conversations can help patients have a better quality of life in the time they have left.

Dr Chew Mei Fang, consultant at TTSH's department of anesthesiology, intensive care and pain medicine, says doctors want to know the degree of intervention that the patient would want.

"Patients may not want, at the end of their life, to lose their independence and be in discomfort," she adds.

Dr Goh Wen Yang, consultant at the department of palliative medicine, says that honest communication can help patients identify and achieve certain goals.

Some might want to live to see a child or grandchild married. Others might want to see all their relatives and loved ones.

Ms Chia Gerk Sin, advanced practice nurse, says: "Besides making wills, the social aspect of legacy planning is important. What do you want your funeral to be like? How do you want to be remembered?"

A patient in the palliative care ward wanted to relive his happiest moments when he was a bartender, so the team arranged for him to make mocktails, for example.

Doctors also want people to know that the ACP can be changed as one's wishes evolve. The AMD can also be revoked.

Dr Adeline Lam, senior consultant at the department of general medicine and co-clinical lead, advance care planning, at TTSH, says: "These conversations are not about the medical team giving up on you. It's about having the medical treatment directed to what you want and respecting your wishes."

MAKING MEMORIES

Beyond documentation, palliative care teams find other ways to help

patients fulfil their wishes until the end.

Mr Clarence Tan, 56, lost his mother Tan Siew Geok in 2024. Then 77, she had Stage 4 pancreatic cancer and declined faster than the family had expected.

She was hospitalised at Woodlands Health, and the palliative care team suggested the family make memories together through a photo shoot.

The nurses did Mrs Tan's makeover and helped her dress. Mr Tan saw his mother with a genuine smile after days of pain. "She had a very nice smile," he says.

Mrs Tan and her husband Tan Chee Fong, 82, also dipped their hands in paint and made handprints on a canvas. The elder Mr Tan kept the artwork for a time before giving it to his son.

"The idea of doing things like this was completely foreign to us, but whatever we did to preserve the memory of mum is appreciated," says Mr Clarence Tan. "I miss her dearly."

Similarly, Ms Tan says that open communication with the care team helped her mother pass in the way she would have preferred.

Before her mother was admitted to TTSH at the end, the family met the doctor to understand how far the disease had progressed and to discuss their next steps.

Ms Tan's mother wanted to spend her final days at home, but her pain and other symptoms could not be managed out of hospital.

"There was some guilt that we were unable to support her wish to be at home, but the doctor explained that the trade-off was being able to grant her wish for control over her symptoms," Ms Tan says.

She adds: "I think the communication itself, before and during the dying, is more important than the documents, as my mum remained conscious and we continued to discuss and negotiate her care."

Her mother got to see family and friends before her passing, and Ms Tan saw how important such closure was to her.

It has made her think of her own future final days. "I think it would be nice to have a living funeral to say goodbye," she says.

akshitan@sph.com.sg



Mr Clarence Tan and his father Tan Chee Fong holding art made with his late mother at Woodlands Health. The palliative care teams found ways to help her fulfil her wishes until the end. ST PHOTO: BRIAN TEO



(From right) Tan Tock Seng Hospital's advanced practice nurse Chia Gerk Sin; senior medical social worker Kelly Tan; nurse clinician Lee Jia Min; and Dr Goh Wen Yang, consultant at the department of palliative medicine; with Ms Tan Woan Shin. Her late mother did end-of-life planning with the hospital, and Ms Tan filled out her own LPA and ACP after her mother's death. ST PHOTO: DESMOND WEE