

# MEDIA RELEASE

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For Immediate Publication

## **A KINDER ICU: EARLY PALLIATIVE CARE IN INTENSIVE CARE UNITS TO DEEPEN SUPPORT FOR PATIENTS AND CAREGIVERS**

*Lien Foundation, Tan Tock Seng Hospital and National University Hospital partner to accelerate the integration of palliative care to enhance the quality of life for ICU patients and their families*

**SINGAPORE** – A visit to the Intensive Care Unit (ICU) is often highly distressing for patients and their family members alike. An average of 20%<sup>1</sup> of ICU patients pass away in the ICU while undergoing treatment. When palliative care is offered, it may be introduced too late.

Recognising the need for a more human-centric model of ICU care, Tan Tock Seng Hospital (TTSH) and the National University Hospital (NUH) have launched *A Kinder ICU* programme. Supported by Lien Foundation with an investment of \$3.93 million, the four-year programme aims to integrate palliative care earlier in the ICU care journey, so that critically ill patients can receive earlier symptom relief and psychological support in the ICU alongside life-sustaining treatment. This is expected to benefit more than 7,600 ICU patients over the next four years at both hospitals.

**Mr Lee Poh Wah, CEO of Lien Foundation** said, “The ‘kinder’ in *A Kinder ICU* signifies an intentional gentleness within an often fast-paced and technologically intense environment—gentleness in communication, in treating symptoms, and in guiding families through uncertainty and grief. By embedding palliative care, we redefine success not as survival at any cost but as care that honours human dignity, relieves suffering, and respects the natural limits of medicine.”

### **Integrating palliative care into daily ICU practice**

ICU care is primarily focused on life-saving treatment that can be aggressive and invasive. Introducing palliative care early in the patient’s care allows a longer runway to ease symptoms and pain as well as support families in navigating complex treatment in a way that is aligned with their goals and values.

*A Kinder ICU* leverages expertise from TTSH and NUH to advance a progressive model of palliative care integration within the ICU settings, building on existing efforts at both institutions. TTSH established its ICU-Palliative Care programme, the first of its kind locally, 12 years ago. At NUH, a community of Palliative Care Resource Nurses was developed to work with the intensive care doctors in delivering general palliative care, supported by palliative care specialists.

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<sup>1</sup> Vincent J, Marshall J, Namendys-Silva S et al. Assessment of the worldwide burden of critical illness: the Intensive Care Over Nations (ICON) audit. *The Lancet Respiratory Medicine*, 2014; 2, 380-386

For patients, *A Kinder ICU* translates into several key interventions to facilitate early identification of palliative care needs and the delivery of appropriate care:

- **Treating patients' distress early:** All ICU patients will be assessed for palliative care needs including for symptoms such as pain, breathlessness, and confusion, especially in patients who are unable to communicate. Nurses are empowered to proactively screen and identify non-verbal cues and manage patient discomfort promptly. This enables timely and appropriate interventions to relieve suffering, optimise comfort, and ensure that patient care remains compassionate and aligned with best clinical practices.
- **Structured early intervention:** A palliative care referral checklist will be embedded into the electronic medical record system, automatically prompting ICU doctors to consider specialist palliative care referrals within 72 hours of ICU admission, ensuring that symptom management and patient-centred decision-making occur alongside intensive treatment.
- **Early engagement of caregivers:** Within 48 hours of admission, ICU nurses will engage caregivers to understand the family context and priorities, conducting a simple psychosocial needs assessment to uncover concerns or dynamics affecting medical decisions. This will be repeated at key junctures, such as when patients' conditions deteriorate. Additionally, a discretionary fund will be set aside to improve caregivers' experience with the ICU.
- **Enhancing the ICU experience:** The programme will expand supportive and therapeutic initiatives that enhance the patient and family experience. These include the integration of art and music therapy to promote comfort and emotional wellbeing especially for patients who are non-communicative, and nurse-led legacy work initiatives that help patients and families create meaningful memories.
- **Seamless care beyond the ICU:** A priority remains the provision of sustained support for critically ill patients and their families during the post-ICU period, including those who recover and those who pass on, particularly following the withdrawal of life support that has proven non-beneficial. Care transitions will be carefully coordinated to ensure continuity and dignity, whether patients are transferred to the general ward, admitted to the palliative care ward, or discharged home to pass away in accordance with their values and preferences at every stage of illness.

**Assistant Professor Neo Han Yee, Head and Senior Consultant, Department of Palliative Medicine, TTSH** said: "ICU and palliative teams deliver complementary physical, psychosocial and emotional care that benefits patients and families alongside ongoing curative treatment. While a mature collaboration exists at TTSH, with evidence-based protocols and guidelines in place to ensure patient-centered care, we hope this enhanced programme will drive a cultural shift across the entire intensive care landscape in Singapore, and for all ICU staff to adopt palliative care approaches in their daily work. Such palliative care will improve the lived experiences of both suffering patients and anxious families. This programme is aligned with the global advocacy to assimilate palliative care earlier in ICU settings."

#### **Enabling multidisciplinary team to enhance patient-centred care**

To operationalise these improvements, the hospitals will train about 800 ICU staff over the next four years consisting of ICU doctors, nurses, therapists and social workers that underpin this programme.

Nurses, in particular, play a vital role as advocates for patients as well as identifying caregivers in need of psychological support. They help strengthen communication between the hospital and families for better delivery of early palliative care.

“Because nurses are with ICU patients 24/7, we are often the first to notice subtle, non-verbal signs of distress,” said **Ms Charmaine Sim Peizhen, Advanced Practice Nurse, Medical Intensive Care Unit, NUH**. “Through strengthened palliative care training, nurses are better equipped to bring this sensitivity into every shift and translate bedside observations into timely action. This enables us to lead palliative care reviews, initiate difficult conversations with families, and advocate for patients who can no longer speak for themselves. Through *A Kinder ICU*, we hope to further advance nurses’ role in initiating and championing palliative care as part of everyday ICU practice.”

A community of practice of about 50 palliative care nurse champions across both hospitals will mentor and guide ICU nurses in daily practice, supported by Advanced Practice Nurses who lead knowledge sharing and professional development. Nursing leadership development will be progressively strengthened, with planned opportunities for overseas exposure and collaborations with established centres.

The hospitals will establish a training curriculum to equip the ICU multidisciplinary team with the knowledge and skills to incorporate core palliative care practices into routine intensive care. ICU staff will be trained to proactively identify physical discomfort of patients unable to speak and alleviate symptoms, support distressed and grieving families, as well as identify vulnerable patients for early specialist palliative care consultation. This is complemented by a tiered education approach under *A Kinder ICU*, delivered through targeted microlearning modules and onsite workshops that enable progressive skill-building and sustained practice integration.

This curriculum will be rolled out within TTSH and NUH, and across the NHG Health cluster, with plans to extend to partner institutions across Singapore and internationally, advancing a more consistent, compassionate model of ICU care across the system.

For more information about *A Kinder ICU*, please visit <https://lienfoundation.org/project/a-kinder-icu/>.

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### **About Lien Foundation**

The Lien Foundation is a Singapore philanthropic house noted for its model of radical philanthropy. It breaks new ground by investing in innovative models of care, convening strategic partnerships and catalysing action at the intersection of health and social care. The Foundation's focus areas include palliative care, eldercare, rehab and maternal & child health. For more information, visit [www.lienfoundation.org](http://www.lienfoundation.org).

### **About Tan Tock Seng Hospital**

Tan Tock Seng Hospital (TTSH), an anchor hospital of NHG Health, is one of Singapore's largest and pioneering multidisciplinary hospitals. TTSH has a dedicated healthcare team of over 11,000, operates more than 2,000 beds, and provides care across more than 60 clinical disciplines.

It is home to NHG Health's National Centre for Infectious Diseases (NCID), a 330-bed purpose-built facility designed to strengthen Singapore's capabilities in infectious disease management and prevention. TTSH also helms HealthCity Novena, Singapore's first integrated healthcare hub spanning 17 hectares.

As part of NHG Health, TTSH is committed to empowering individuals in Central and North Singapore to lead healthier lives, transforming care through innovation, research and clinical excellence to add years of healthy life to the community.

### **About National University Hospital**

The National University Hospital (NUH) is Singapore's leading university hospital. While the hospital at Kent Ridge first received its patients on 24 June 1985, our legacy started from 1905, the date of the founding of what is today the NUS Yong Loo Lin School of Medicine. NUH is the principal teaching hospital of the medical school.

Our unique identity as a university hospital is a key attraction for healthcare professionals who aspire to do more than practise tertiary medical care. We offer an environment where research and teaching are an integral part of medicine, and continue to shape medicine and transform care for the community we care for.

We are an academic medical centre with over 1,200 beds, serving more than one million patients a year with over 50 medical, surgical and dental specialties. NUH is the only public and not-for-profit hospital in Singapore to provide trusted care for adults, women and children under one roof, including the only paediatric kidney and liver transplant programme in the country.

The NUH is a key member of the National University Health System (NUHS), one of three public healthcare clusters in Singapore. For more information, visit [www.nuh.com.sg](http://www.nuh.com.sg)

## ANNEX

### **Education**

Through *A Kinder ICU*, TTSH and NUH will develop a training curriculum with an emphasis on interprofessional education. The training will equip the ICU multidisciplinary team with the knowledge and skills to incorporate core palliative care practices into routine clinical care.

The curriculum includes competencies in person-centred and family-centred care, and was jointly developed by specialists in intensive care medicine, palliative care specialists and nurses, and medical social workers. It was developed in accordance with international guidelines for interprofessional palliative education programmes.

The topics include physical symptom assessment and management, transitions of care after ICU, communications, ethical dilemmas in the ICU, challenging clinical encounters, psychosocial support for patients and families (including grief and bereavement) and professional caregiver wellbeing.

This curriculum will focus on strengthening the capabilities of healthcare professionals by expanding training and capacity-building programmes designed to unify bedside care across disciplines and ensure consistent, high-quality care for critically ill patients.

### **Palliative Care in TTSH and NUH**

Details on the aspects of palliative care (PC) that the respective hospitals will be embarking on as part of *A Kinder ICU*:

INTERVENTION		TTSH	NUH
1	Integrating Basic PC into Daily ICU Practice	<ul style="list-style-type: none"><li>• Early identification of distressing symptoms using validated assessment tools</li><li>• Timely interventions to address distressing symptoms</li><li>• Screening for psychosocial needs within 48 hours of admission, with appropriate referral to Medical Social Workers (MSW)</li><li>• Education for ICU clinicians through asynchronous and synchronous teaching</li><li>• Expanding ICU palliative care nursing community of practice</li></ul>	<ul style="list-style-type: none"><li>• Early identification of distressing symptoms using validated assessment tools</li><li>• Timely interventions to address distressing symptoms</li><li>• Screening for psychosocial needs within 48 hours of admission, with appropriate referral to Medical Social Workers (MSW)</li><li>• Education for ICU healthcare professionals through asynchronous and synchronous teaching</li><li>• Expanding ICU palliative care nursing community of practice</li></ul>

2	Earlier Referrals to Specialist PC	Screening for specialist palliative care referral using a standardised referral checklist	Screening for ICU palliative care referral using a standardised referral checklist
3	Overall ICU Experience	Increasing art and music therapy referrals	Introducing art & music therapy
4	Beyond the ICU	<ul style="list-style-type: none"> <li>• Strengthening transition of care from ICU to the general ward and palliative care ward</li> <li>• Enhancing compassionate discharge from ICU, with palliative medicine APNs supporting symptom management from ICU to home</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthening transition of care from ICU to the general wards</li> <li>• Enhancing compassionate discharge from ICU to home, with structured workflows</li> </ul>