SPECIAL ISSUE ON PALLIATIVE CARE

SEP
OCT
2016
ISSUE
no.65

Lifewise

PRIVILEGED
TO BE PART OF THE FINAL JOURNEY

Giving *dignity* to the end

HOW YOU CAN PLAN AHEAD FOR THE END OF LIFE

MS CANDICE TAN,
DR MERVYN KOH &
MS CHIA GERK SIN
DEPARTMENT OF
PALLIATIVE MEDICINE
TAN TOCK SENG HOSPITAL

+ Healing Hearts
Overcoming the loss of a loved one p16

National Healthcare Group
Adding years of healthy life

SILVERGLOW > BATTLING TERMINAL ILLNESS WITH FAMILY SUPPORT **p28**

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ON THE COVER (LEFT TO RIGHT):
MS CANDICE TAN, SENIOR MEDICAL SOCIAL WORKER, DEPARTMENT OF PALLIATIVE MEDICINE;
DR MERVYN KOH, SENIOR CONSULTANT AND HEAD OF PALLIATIVE MEDICINE;
MS CHIA GERK SIN, ASSISTANT NURSE CLINICIAN, DEPARTMENT OF PALLIATIVE MEDICINE,
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National Healthcare Group
Adding years of healthy life

NATIONAL HEALTHCARE GROUP

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Printed in Singapore by KHL Printing, www.khlprint.com.sg.
MCI (P) 055/11/2015.

Leaving With Dignity

DAME CICELY SAUNDERS, an English nurse best known for hospice care and championing the importance of palliative care in modern medicine, once said, "You matter to the last moment of your life. We will do all we can, not only to help you die peacefully but to live until you die".

We will all die someday. When that time comes, most of us hope to die in the presence of loved ones, and to experience as little suffering as possible, while not being a burden to our families.

Palliative care keeps patients as comfortable as possible towards the end-of-life, while Advance Care Planning (ACP) empowers them to spell out their care preferences. Both are key elements in ensuring patients have the chance to die with dignity. With greater public awareness and national resources committed to palliative care, more will have the option of a dignified death.

In this special issue of *Lifewise*, find out how you can prepare for your treatment and care through ACP. We also cover various aspects of palliative care in Singapore, from the plausible option of dying at home (p22); to dealing with grief (p16); to exercise tips (p32) and nutritional plans (p20) for end-of-life patients.

Talking about death is still taboo and may be uncomfortable for most. Not so for palliative care professionals — doctors, nurses, medical social workers, pharmacists and therapists — who deal with death every day. If anything, their work gives them a new appreciation for life. Read their stories of commitment, joy and grief (p30).

Finally, a terminally ill patient bravely shares her journey on making the most of her final days and how family support is the best medicine (p28).

We hope these stories inspire and give you food for thought for the final journey – however near or far off it may be. We all deserve to live, and leave, with dignity.

THE EDITORIAL TEAM

newsroom

SNIPPETS FROM THE HEALTHCARE WORLD // CALENDAR OF EVENTS

DIETETICS

GO EASY ON INSTANT NOODLES

American researchers say that instant noodles may increase your risk of death, reported a study published in the *Journal of Nutrition*. Scientists from Baylor University and Harvard Unversity in the US looked at dietary and health data from 11,000 South Koreans, and found that a substance found in ramen called tertiary-butyl hydroquinone (TBHQ) — a by-product of crude oil often used as a preservative — caused a higher risk of metabolic syndrome among women in the study.

Metabolic syndrome refers to a group of symptoms — including increased blood pressure, excess body fat around the waist, high blood sugar, as well as abnormal cholesterol or triglyceride levels — that increases a person's risk of diabetes, heart disease and stroke.

"Although instant noodles are a convenient and delicious food, there could be an increased risk for metabolic syndrome given [the food's] high sodium, unhealthy saturated fat and glycaemic loads," said Dr. Hyun Joon Shin, Harvard School of Public Health PhD candidate and co-author of the study.

ALTHOUGH INSTANT NOODLES ARE A CONVENIENT AND DELICIOUS FOOD, THERE COULD BE AN INCREASED RISK FOR METABOLIC SYNDROME — WHICH RAISES A PERSON'S RISK OF HEART DISEASE, STROKE AND DIABETES

Other toxic substances have also been found in different instant noodles. The Food Safety and Standards Authority of India found seven times the permitted level of lead in some instant noodles, while the Korea Food and Drug Administration (KFDA) found benzopyrene — a carcinogen — in six brands of noodles back in 2012.

PHOTO: ISTOCKPHOTO

KINESIOLOGY

Just Keep Walkin'

Data from an analysis of more than one million people showed that just an hour of "moderately intensive" physical activity is enough to offset the increased risk of death that comes from sitting at a desk for eight hours, according to a study published in *The Lancet*.

Study author Professor Ulf Ekelund from the Norwegian School of Sports Sciences and Cambridge University, said: "You don't need to do sports; you don't need to go to the gym. It's okay doing some brisk walking, maybe in the morning, during lunchtime, or after dinner in the evening. You can split it up over the day, but you need to do at least one hour."

While it isn't always easy to find time to do one hour of physical activity a day, he suggested cutting down on watching TV and devoting some of that time to physical activity.

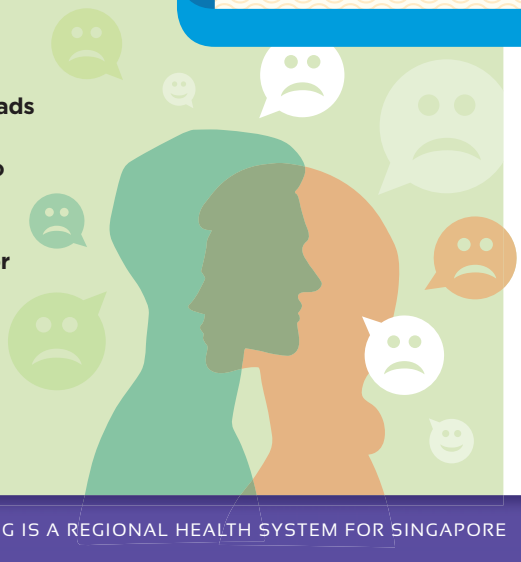
SEXOLOGY

MORE SEX WON'T MAKE YOU HAPPIER

Scientists from Carnegie Mellon University have some bad news — having more sex won't make you happier; in fact, it may even make you unhappy. In their study of 64 married heterosexual couples, half of whom were asked to have twice as much sex as usual. Those who had more sex didn't enjoy it as much and were found to be less happy overall.

While research has suggested that more sex leads to greater happiness, Carnegie Mellon Professor George Loewenstein thinks earlier studies failed to differentiate which element — sex or happiness — was the cause and effect. Previous studies had also overlooked factors such as income, location or age, which could be better gauges of happiness.

"Although it seems plausible that sex could have beneficial effects on happiness, it is equally plausible that happiness affects sex," the team wrote in their paper. "Or that some third variable, such as health, affects both."



calendar SEP/OCT

*SCAPE COMPASSION SERIES

Facilitated sharing sessions focusing on mental health.

DATE
05 Oct 2016 (Wed): *Psychosis.*
02 Nov 2016 (Wed): *Suicide — Recognise The Call For Help*
07 Dec 2016 (Wed): *Burst The Silence On Mental Health Concerns*
TIME
7pm – 9.30pm
VENUE
HubQuarters, Level 4, *SCAPE
FEE
$10 per person (includes dinner). Register online at scape.sg/personaldiscovery/compassion.

WALK WITH US. STAMP OUT STIGMA

In conjunction with World Mental Health Day 2016.

DATE
08 Oct 2016 (Sat)
TIME
10.30am – 3pm
VENUE
Playspace, *SCAPE
FEE
Free. Register online at walk-with-us.eventbrite.sg

TTSH LIVER DISEASE AWARENESS PUBLIC FORUM

An interactive session on liver, pancreas and gallbladder diseases.

DATE
22 Oct 2016 (Sat)
TIME
9am – 11am
VENUE
TTSH Theatrette, Level 1, Tan Tock Seng Hospital
FEE
Free. To register, call Mr Dennis Yeoh at 6357 8266 during office hours.

PHOTOS: GETTY IMAGES, SHUTTERSTOCK

CARDIOLOGY

BEING UNFIT AND DYING EARLY

A new long-term study of middle-aged men found that smoking and being unfit are the two biggest risk factors for early death, said findings published in the *European Journal of Preventive Cardiology*. Researchers from the University of Gothenburg and other institutions looked at almost 1,000 healthy 50-year-old men in Sweden over a period of 50 years.

They found that smoking had the greatest impact on lifespan, but fitness mattered, too. Men in the group with the lowest VO2 max (maximal oxygen uptake; amount of oxygen your body is capable of utilising in one minute) also had a 21 per cent higher risk of early death compared to those who were the fittest. Poor fitness made more of a difference than high blood pressure or bad cholesterol levels.

While the study only looked at Swedish men, there is no reason to think the findings would not apply to women as well, as past studies have linked fitness to health outcomes, said study leader Dr Per Ladenvall.

IMMUNOLOGY

The Flu Vaccine And Type 2 Diabetes

Type 2 diabetes patients have reduced risk of cardiovascular disease after being vaccinated against the flu. In a study of 124,503 people with Type 2 diabetes over a seven-year period, researchers found that those who had been vaccinated against flu had a 30 per cent lower risk of stroke, 22 per cent lower risk of heart failure and 24 per cent lower risk of dying from all causes.

They also had a slightly lower risk of heart attack. Researchers controlled for sex, age, smoking, body mass index, hypertension, medications and other health and behavioural factors.

Patients with diabetes are already at high risk for cardiovascular disease and the flu is particularly dangerous for them, said Dr Eszter Vamos, a clinical fellow at Imperial College London who led the British research team. "The flu vaccine is largely underused among people with chronic illnesses," she said. "It's really important that people with diabetes receive their annual flu vaccine."

PEOPLE WITH TYPE 2 DIABETES WHO HAD A FLU VACCINATION HAD A 30 PER CENT LOWER RISK OF STROKE

PHOTOS: GETTY IMAGES, ISTOCKPHOTO, SHUTTERSTOCK

GERIATRICS

Let's Play Brain Games

Any sort of intervention can delay the onset of dementia in healthy adults — based on results of a 10-year study by the US National Institute of Ageing. Analysis of the initial data showed that a computerised brain-training programme could cut the risk of developing dementia by almost half.

The original study had examined the effects of cognitive training programmes on 2,785 healthy older adults. Participants were divided into three groups. One got training for memory improvement, one for reasoning and one with computerised training in speed-of-processing. The initial results, published in 2014, found modest benefits in the reasoning and speed-of-processing groups, but not memory.

In the new analysis, it was found that those who completed 11 or more speed training sessions had 48 per cent less risk for developing dementia over the 10-year study period.

It is unclear still whether speed training would help people who are already at risk for dementia. But Dr John King, who worked on the original study, said that the new findings would be promising if they hold up through peer review.

ONCOLOGY

JUST A GLASS COULD HURT

A fresh analysis of evidence accumulated over recent years has shown that even low to moderate amounts of alcohol consumption is linked to an increased risk of developing seven types of cancers. The findings by Professor Jennie Connor from Otago University in New Zealand was published in the scientific journal *Addiction* and showed a strong dose-response relationship between alcohol and cancer of the breast, colon, larynx, liver, oesophagus, oropharynx and rectum.

"The highest risks are associated with the heaviest drinking but a considerable burden is experienced by drinkers with low to moderate consumption, due to the distribution of drinking in the population," explained Ms Connor.

Ms Connor arrived at her conclusions after studying reviews undertaken over the past 10 years by various authoritative bodies, including the International Agency for Research on Cancer, World Cancer Research Fund and World Health Organization.

The study also found that those who smoke *and* drink are at even greater risk. It also showed drinkers who gave up alcohol could reduce their risk of some cancers (laryngeal, pharyngeal and liver), with risk steadily decreasing the longer they stopped drinking.

PHARMACOLOGY

Relief Where You Need It Most

Researchers at the Laboratory for Accelerated Medical Innovation at the Brigham and Women's Hospital in Boston, Massachusetts in the US have invented a gel that can slowly deliver drugs to the right spot, at the right time.

This hydrogel can be injected into specific areas of the body, such as joints of an arthritis patient. It will only break down and release the drugs it carries if the area is inflamed. "There are lots of enzymes present in inflammation that can degrade the gel," said principal investigator Jeff Karp. If the tissues are healthy, the hydrogel will stay intact and not release any drugs.

The gel is also designed to attach more easily to inflamed tissues — ulcers are more positively charged than other tissues, while the gel is negatively charged, explained Mr Karp. This gel could then be used to deliver medication to a variety of problems caused by inflammation such as arthritis, mucositis and ulcerative colitis.

newsroom

NUTRITION

BUTTER IS (NOT) BACK!

Butter seems to be back in favour of late, with reports reiterating its health benefits and taste. But Harvard University researchers, in one of the largest and most detailed studies on the effects of eating different fats, have found that those who consume more saturated fats, including butter, are at a higher risk of an early death.

The study by the Harvard T.H. Chan School of Public Health and published in US journal *JAMA Internal Medicine* followed 126,233 people over three decades — who answered survey questions every two to four years about their diet, lifestyle and health, for up to 32 years — looked at the impact of their diet on health and lifespan. Researchers found that death rates plunged by between 11 per cent and 19 per cent among those who ate unsaturated fats, compared to people who consumed the same number of calories in the form of carbohydrates. Conversely, eating saturated fats and trans-fats raised the risk of death — every five per cent increase in saturated fat consumption raised the mortality rate by eight per cent.

It was also found that even a small switch from saturated fats — about five per cent of their daily diet or 15g — to a healthier polyunsaturated fat, such as olive oil, lowered risk of early death by 27 per cent.

THOSE WHO CONSUME MORE SATURATED FATS, INCLUDING BUTTER, ARE AT A HIGHER RISK OF AN EARLY DEATH

ONCOLOGY

Control Cholesterol, Fight Cancer

Statins, usually prescribed to help lower cholesterol levels, may also cut the risk of four common cancers, according to findings presented at a British cardiovascular conference. Scientists from Aston University in Birmingham looked at health records from almost a million cancer patients in the UK between 2000 and 2013. They found that those diagnosed and treated for high cholesterol had a 43 per cent lower risk of dying from breast cancer, 47 per cent from prostate cancer, 30 per cent from bowel cancer and 22 per cent from lung cancer.

"Our research suggests that there's something about having a high cholesterol diagnosis that improves survival, and the extent

to which it did that was quite striking in the four cancers studied. Based on previous research, we think there's a very strong possibility that statins are producing this effect," said Dr Paul Carter, one of the study's authors. The researchers have called for further studies on this particular class of lipid-lowering medication.

PHOTOS: GETTY IMAGES, ISTOCKPHOTO, SHUTTERSTOCK

MICROBIOLOGY

RIGHT UP OUR NOSES

Scientists have sniffed out a new antibiotic that can kill the methicillin-resistant staphylococcus aureus (MRSA) superbug — and it is present in our noses!

A report in the journal *Nature* quoted study co-author Andreas Peschel from the University of Tübingen in Germany as saying the finding is "totally unexpected" as most antibiotics discovered have come from soil bacteria.

MRSA is a strain of bacteria that is resistant to many commonly used antibiotics. The team studied nasal swabs from 37 individuals and discovered that a strain of the bacterium, staphylococcus lugdunensis, can destroy MRSA by producing its own antibiotic, lugdunin, even when outnumbered by 10 to one.

CARDIOLOGY

New Hope For Damaged Hearts

A new technique to regenerate damaged heart tissues has been discovered. Cardiologists from AHEPA university hospital in Thessaloniki, Greece injected the hearts of 11 patients, who had undergone bypass surgery, with stem cells, and found a dramatic reduction in the size of scarred heart tissue.

This small-scale study, published in the *Journal of Cardiovascular Translational Research*, also found a 30 per cent improvement in heart function, 40 per cent reduction in scar size and 70 per cent improvement in quality of life two years after the bypass surgery and stem cell treatment.

The doctors conceded that the improvement could be attributed to the bypass surgery, but stated that the amount of scar reduction was significant. Their next study would include a control group who received only bypass surgery.

LEARN ABOUT HEALTH WITH ADVICE FROM EXPERTS, AND INTRODUCE *LIFEWISE* TO YOUR FRIENDS.

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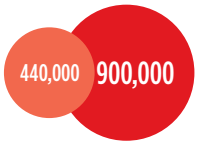
LIVING AND LEAVING WITH Dignity

WE ALL AIM TO LIVE AS WELL AS WE CAN, PLANNING AHEAD FOR MAJOR MILESTONES LIKE MARRIAGE, FAMILY OR RETIREMENT. BUT WHAT ABOUT THE FINAL LEG OF OUR LIFE'S JOURNEY? DO WE PLAN TO LEAVE WELL TOO? *LIFEWISE* EXPLORES WHAT IT MEANS TO DIE WITH DIGNITY.

BY **THERESA TAN** IN CONSULTATION WITH
DR MERVYN KOH HEAD OF DEPARTMENT AND SENIOR CONSULTANT // DEPARTMENT OF PALLIATIVE MEDICINE // TAN TOCK SENG HOSPITAL AND
DR RAYMOND NG CONSULTANT // DEPARTMENT OF PALLIATIVE MEDICINE // TAN TOCK SENG HOSPITAL

Dr Mervyn Koh's goal is to offer timely palliative care to patients who need it.



SINGAPOREANS AGED 65 AND ABOVE WILL MORE THAN DOUBLE FROM 440,000 IN 2015 TO 900,000 BY 2030

STATISTICS

More than **10,000** patients per year will need palliative care services by 2020

AVERAGE LIFE EXPECTANCY IS THE THIRD-HIGHEST IN THE WORLD

83.1 years

QUALITY OF DEATH INDEX 2015

Singapore ranked 12th for accessibility, affordability and quality of palliative care across 80 countries (up from 16th in 2010). However, Singapore ranked 22nd for community engagement on palliative care issues

Nearly eight in 10 wish to **die at home**, surrounded by loved ones

IN REALITY, LESS THAN THREE IN 10 HAVE THAT WISH FULFILLED

SOURCES: LIEN FOUNDATION; NATIONAL POPULATION AND TALENT DIVISION; DEPARTMENT OF STATISTICS SINGAPORE

PEOPLE ARE LIVING LONGER and everyone desires a comfortable life. When their time comes, people also want to leave in a dignified manner with minimal suffering, and without being a burden to their families.

"But the process of dying can be very complex and trying. Besides physical, mental and emotional trauma, patients and families must also grapple with logistics, administrative or sometimes legal issues," says Dr Mervyn Koh, Head and Senior Consultant, Department of Palliative Medicine at Tan Tock Seng Hospital (TTSH).

To help patients and families manage these challenges more effectively, multidisciplinary palliative care teams comprising doctors, nurses, medical social workers, pharmacists and therapists offer guidance and support in the hospital, as well as within the community.

Two Sides Of The Same Coin

Medicine traditionally focuses on curing disease, which in the case of severe illness may mean aggressive treatment and significant side effects. To help manage these symptoms more effectively, palliative care can be provided together with existing treatments, explains Dr Koh, whose team sees close to 2,000 patients annually.

Greater awareness of palliative care and a desire to ensure loved ones are kept as comfortable as possible towards the end-of-life have led to many patients being referred, he says. End-of-life is defined as "a time when it becomes certain that a condition cannot be cured, and when the goal of treatment moves from looking for a cure to ensuring comfort by managing pain and other distressing symptoms".

PHOTOS: GETTY IMAGES, SHUTTERSTOCK

The Challenge Of Palliative Medicine

In cases where illness cannot be cured, patients, families and healthcare professionals should consider shifting treatment goals from curing disease to improving quality of life by reducing pain and discussing care preferences.

Unfortunately, this discussion often happens later in the course of treatment, leading some families to feel palliative care is introduced as a "last resort", notes Dr Koh. It does not help that predicting when death occurs is near impossible, making it even more difficult to identify a time to start planning for dying.

"When a patient is terminally ill, it is often difficult for families to understand or accept their condition. To then be asked to discuss and plan for their loved one's death makes it even tougher."

Some healthcare staff may also find it difficult to broach the uncomfortable topic of death, further delaying opportunities for palliative intervention.

However, patients and staff should also understand that palliative care does not equate to a failure of curative medicine. Instead it is a means to ensure quality of life for patients facing cancer or other life-limiting illnesses, he explains.

To help better manage this misconception, palliative care options should be discussed sooner rather than later, in a process known as Advance Care Planning (ACP).

"This gives families time to consider what they are comfortable with and what they need when the time comes," says Dr Raymond Ng, the palliative medicine consultant who oversees ACP at TTSH.

"IT'S A PRIVILEGE TO BE ABLE TO HELP PATIENTS AND FAMILIES IN THEIR MOST VULNERABLE TIMES. WE ARE ESPECIALLY TOUCHED WHEN WE CAN CONTRIBUTE MEANINGFULLY TO THEIR LAST DAYS."

DR MERVYN KOH, HEAD AND SENIOR CONSULTANT, DEPARTMENT OF PALLIATIVE MEDICINE AT TAN TOCK SENG HOSPITAL

PHOTOS: GETTY IMAGES, EALBERT HO

PALLIATIVE CARE MYTHS

THESE ARE SOME COMMON MISCONCEPTIONS ABOUT PALLIATIVE CARE.

PALLIATIVE CARE IS ONLY FOR PEOPLE DYING OF CANCER

The majority of patients under palliative care have advanced cancer but such care is also for those with other life-limiting illnesses including advanced neurological diseases such as dementia or end-stage organ failure.

Planning Ahead

"The ACP process takes time," says Dr Ng. While it is most pertinent to start the conversation when a patient is diagnosed with a potentially life-limiting illness, ACP can also be brought up when patients are still reasonably well and rational enough to make their own decisions.

DR RAYMOND NG, CONSULTANT, DEPARTMENT OF PALLIATIVE MEDICINE, TAN TOCK SENG HOSPITAL

Healthy adults can also explore ACP because "one cannot reliably predict when a medical catastrophe may strike," he says.

Contrary to popular belief, ACP is not about death. Instead, it focuses on healthcare options. Like making a will, having an ACP empowers the patient to make choices about treatment and care options for later. Decisions can be altered at any time, in line with life changes.

OF 665 ACP COMPLETED IN 2015 IN TTSH, 32 PER CENT CHOSE TO DIE AT HOME, AND 96 PER CENT PREFERRED NOT TO BE RESUSCITATED OR KEPT ON LIFE SUPPORT, IF THE SITUATION AROSE.

Many elderly patients do not want to spend their final days in the hospital hooked up to machines, explains Dr Koh. Others hope to have their final wishes fulfilled before their demise.

For example, one terminally ill patient wanted to visit the beach before passing. The TTSH Palliative Care Team arranged for medical transport — including an oxygen tank and hospital bed — to visit Labrador Park beach. Surrounded by family and medical staff, the patient took in the sights and sounds of the coast for the last time.

LET'S TALK

ADVANCE CARE PLANNING (ACP) IS A VOLUNTARY PROCESS

where patients, families and/or caregivers discuss future care preferences should a person become sick. It guides healthcare staff, patients and loved ones in making decisions based on the patient's personal values, beliefs, wishes and care goals. There are five steps in this process:

- Talk to your healthcare provider or make an appointment with a certified ACP facilitator.
- Discuss what living well means to you in open conversations with your loved ones and the ACP facilitator.
- Nominate up to two healthcare spokespersons to be your voice should you be unable to speak for yourself.
- Document your preferences with the help of your ACP facilitator.
- Review your ACP document when your medical condition or life circumstances change.

SOURCE: AGENCY FOR INTEGRATED CARE

▸▸ IF YOU ACCEPT PALLIATIVE CARE, YOU MUST STOP DISEASE TREATMENT

You do not have to stop existing treatments such as chemotherapy or radiotherapy. Care teams can work together to manage symptoms of treatment more effectively.

▸▸ YOU WILL HAVE TO STAY IN A HOSPICE

Palliative care can be delivered at home with adequate support and caregiver training. Hospice care, on the other hand, is a specialised type of palliative care for critically-ill patients with a life expectancy of three months or less.

▸▸ CHOOSING PALLIATIVE CARE MEANS YOU ARE GIVING UP

It certainly does not equate to giving up. Patients who are undergoing active cancer treatment can also be seen by a palliative care team concurrently to provide symptom control.

"It's a privilege to be able to help patients and families in their most vulnerable times, says Dr Koh. "My team and I are always humbled to be able to witness private moments when families come together, and we are especially touched when we can contribute meaningfully to their last days."

More Support For Happier Endings

A lack of caregiver support or rapid deterioration of a patient's condition can prevent final wishes from being fulfilled.

To support more patients at home, national efforts to boost palliative care capacity and capability have begun. The Ministry of Health will ramp up home palliative care services to 6,000 by 2020, up from 5,000 in 2014. Inpatient palliative care beds will increase from 147 to 360 beds in the same period. Patients with cancer or end-stage organ failure also have unlimited use of Medisave for home palliative care. LW

PALLIATIVE CARE **MYTHS**

PALLIATIVE CARE CAN ONLY BE PROVIDED IN THE HOSPITAL

While palliative care teams are present in all hospitals in Singapore, palliative care can also be provided by home care teams and inpatient hospices.

THERE IS NO NEED FOR PALLIATIVE CARE BECAUSE YOU CAN JUST MANAGE PAIN WITH MEDICATION

Palliative care addresses many aspects of the dying process, in addition to pain. A palliative care team engages patients and families in conversations about their goals for care. It also provides psychological support and advice regarding community resources.

UNDERGOING SUCH CARE SHORTENS LIFE EXPECTANCY

Palliative care prioritises quality of life over life expectancy, especially if prolonging life results in suffering for the patient. The care goals are aligned with the patient's wishes.

ADVANCE CARE PLANNING (ACP) CONVERSATION STARTER

This is an example of some questions which guide the ACP process.

Q: To me, living well means

- ☐ Being able to care for myself
- ☐ Being healthy and independent
- ☐ Spending time with my family
- ☐ Spending time with my friends
- ☐ Being able to practise my spiritual beliefs
- ☐ Being able to enjoy my favourite past-time and hobbies

SOURCE: AGENCY FOR INTEGRATED CARE; TAN TOCK SENG HOSPITAL

PHOTOS: GETTY IMAGES, SHUTTERSTOCK

"WE ARE A CLOSE-KNIT TEAM — SHARING MEALS, OUR JOYS, OUR SUCCESS AND ALSO OUR PAIN WITH EACH OTHER. **OUR WORK MAY APPEAR DEPRESSING TO MOST BUT BEING PART OF THIS PROFESSION GIVES US A CLEARER PERSPECTIVE OF WHAT'S IMPORTANT IN LIFE — WHICH IS OFTEN ABOUT CHERISHING AND SPENDING TIME WITH FAMILY AND FRIENDS."**

TTSH PALLIATIVE CARE TEAM

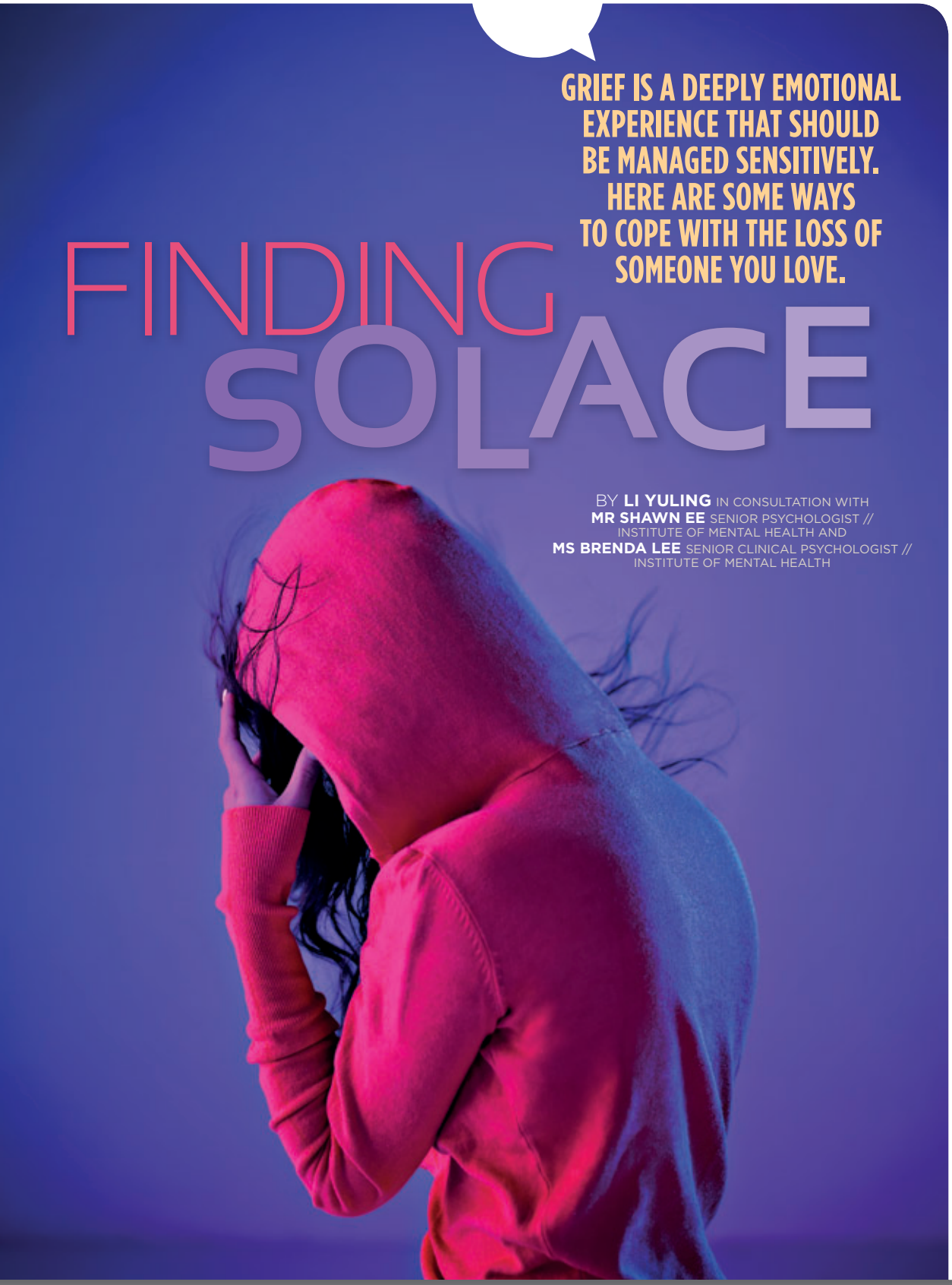
PHOTO: EALBERT HO GROOMING: ADELENE SIOW

The faces of palliative care (left to right): Ms Candice Tan, Senior Medical Social Worker, and Ms Chia Gerk Sin, Assistant Nurse Clinician, both from the Department of Palliative Medicine at TTSH; with Dr Mervyn Koh. Read more about their work on pages 30 and 31.

FINDING SOLACE

GRIEF IS A DEEPLY EMOTIONAL EXPERIENCE THAT SHOULD BE MANAGED SENSITIVELY. HERE ARE SOME WAYS TO COPE WITH THE LOSS OF SOMEONE YOU LOVE.

BY **LI YULING** IN CONSULTATION WITH
MR SHAWN EE SENIOR PSYCHOLOGIST // INSTITUTE OF MENTAL HEALTH AND
MS BRENDA LEE SENIOR CLINICAL PSYCHOLOGIST // INSTITUTE OF MENTAL HEALTH



PHOTOS: GETTY IMAGES, SHUTTERSTOCK

Express Yourself

Grief is a natural reaction to loss and everyone expresses it differently. Some put on a strong front because of their role in the family, or to appear less vulnerable to outsiders. Others cry openly. The key thing is not to bottle up your emotions and to acknowledge them. Denying how you feel may unwittingly cause you to turn to unhealthy habits such as excessive drinking. Pent-up emotions may also manifest later as depression, anxiety or other health problems.

Banish The Guilt

"Did I make the wrong medical decision?" "Should I have spent more time with him when he was alive?" Guilt often arises after someone we loved has died and we are left searching for answers. When pondering on the "what ifs", try and look at the bigger picture and consider the circumstances at that point in time — as well as our own human limitations. Focus on positive memories you had together.

Ask For Help

Don't be afraid to ask people around you for assistance. Most people may not know how to offer comfort well and welcome the opportunity to show their concern in meaningful ways — for instance, a colleague to cover duties or a neighbour to perhaps water your plants.

Seek Out Company

Share how you feel with a supportive friend or family member — whenever you are ready to. Talking to others will help you work through your grief and lessen the pain. If you have no one to talk to, and if those you are close to are also grieving, consider counselling. A counsellor will give you time and space to talk about your feelings, as well as advise on how to cope with your loss.

Be Patient

There is no hard and fast rule as to how long it takes for you to come to terms with a loss. And grief never completely goes away — feelings do return, especially during death anniversaries or special occasions. Be open to receiving support from others and let healing take its course naturally. LW

What If Someone Turns To You For Support?

SHOW RESPECT

The process of grief must be respected in the same way we value our own privacy. Understand the boundaries. One way of showing support without being overly intrusive is to provide tangible help such as babysitting children for the bereaved. It could even be something as simple as having a box of tissues handy.

WITHHOLD JUDGEMENT

Everyone has his or her way of grieving. If anyone appears unemotional, it doesn't mean that he or she is less sad. That person may be putting up a strong demeanour in front of children or elders, feel there is no point in displaying emotional vulnerability, or is just shutting down emotions in times of stress.

BE A GOOD LISTENER

Let the bereaved talk about their loss no matter how many times they need to. Repeating a story is a way for people to process and accept a death. And if the person doesn't feel like continuing a conversation, offer comfort and support with your silent presence.

PHASES OF GRIEF

Grief is a complex process involving different feelings, thoughts and behaviours. According to British psychologist John Bowlby and psychiatrist Colin Murray Parkes, people tend to go through these four stages:

PHASE 1

SHOCK AND NUMBNESS

We feel the loss is not real or seems impossible to accept. Shock and numbness may manifest in physical distress. Symptoms such as aches, pains, nausea or vomiting are not uncommon.

PHASE 2

YEARNING AND SEARCHING

This is when we are acutely aware of the void left in our life from the loss. We search for comfort we used to have from the person we have lost. We may constantly seek out reminders of them.

PHASE 3

DESPAIR AND DISORGANISATION

We begin to accept that everything has changed. Yet, life may feel as though it will never improve or make sense again without the presence of the person who died. We may feel angry, depressed and begin to withdraw from others.

PHASE 4

RE-ORGANISATION AND RECOVERY

Our outlook on life starts to improve. Slowly, we come to realise that life can still be positive even after the loss. During this time, the grief neither goes away nor is it fully resolved. The loss recedes and shifts to the back of the mind, where it continues to influence us but is not at the forefront.

Living with Dementia; Dying with DIGNITY

80,000 SINGAPOREANS ARE EXPECTED TO HAVE THE DISEASE BY 2030. MANY SUFFER IN SILENCE AMID POOR QUALITY OF LIFE. PALLIATIVE CARE IN ADVANCED DEMENTIA CAN HELP.

BY **DR ALLYN HUM**
SENIOR CONSULTANT // CENTRE FOR GERIATRIC MEDICINE, PALLIATIVE CARE CLINIC // TAN TOCK SENG HOSPITAL

ONE OF THE DIFFICULTIES I face as a geriatrician is the sense of helplessness in addressing the challenges experienced by my patients living with dementia. Contrary to popular belief, dementia is not part of the normal ageing process. It is an incurable neurodegenerative disease which causes sufferers to lose their autonomy and identity.

Dementia, of which the commonest form is Alzheimer's, has no regard for social class, education or affluence, afflicting people from all walks of life. Memory and basic functional loss erode individual independence and dignity. In its advanced stages, patients eventually require care for basic needs and are often bedbound.

In 2012, about 28,000 people in Singapore aged 60 and older had dementia. The number is expected to soar to 80,000 by 2030. The number will increase with Singapore's ageing population, as the odds of developing dementia increase as one grows older. Singapore's economic, social and healthcare burden from dementia is estimated at $1.4 billion annually.

Patients with advanced dementia have poor life expectancy. In an effort to prolong life, many are tube-fed or placed on intravenous drips. Some are restrained to prevent self-harm. Unfortunately, these well-meaning treatments rarely improve survival, while severely impacting the quality of life. It is therefore imperative that we put in place interventions which focus on helping patients live and die with dignity.

An approach that deserves more attention is palliative care. Widely used in managing serious conditions like cancer and end-stage organ illnesses, it focuses on improving the quality of life for patients and their families by alleviating pain and suffering at any stage of a life-threatening illness. Palliative care can be administered alongside existing care plans, ensuring that patients continue to live comfortably, even with advanced illnesses.

But palliative care in dementia treatment is undersubscribed. One reason is that advanced dementia is not traditionally viewed as a life-threatening illness. Neither is dementia a certified cause of death in Singapore. This is in contrast to places like England and the United States, where dementia is

the second and sixth leading cause of death, respectively. Another reason is that dementia progression is notoriously hard to predict, making it difficult for healthcare professionals to pinpoint an appropriate time to recommend palliative care, if at all.

For example, advanced dementia patients are incapacitated by severely diminished mental faculties and their world becomes progressively silent as they lose the ability to express themselves. In the last year of life, 83 per cent of patients experience confusion, 72 per cent are incontinent, while more than half suffer constipation and reduced food intake. Some 64 per cent of patients also experience significant amounts of pain — akin to late-stage cancer sufferers.

These symptoms are often not recognised or addressed. This, coupled with frequent hospital visits from recurrent infections, leads to poor quality of life in the final days. Caregivers undergo considerable emotional and physical stress having to watch their loved ones suffer, while struggling to cope themselves. There needs to be greater awareness and education of the suffering of advanced dementia patients and caregivers among the healthcare community and public, and the eventual upscaling of resources to support patients and families in the community.

More innovative strategies can help provide cost-effective care across different healthcare settings. One such method is home-based palliative care. Dover Park Hospice and Tan Tock Seng Hospital jointly developed a pilot programme funded by Temasek Cares, one of the philanthropic organisations under Temasek Holdings, to address the needs of advanced dementia patients and their caregivers at home.

Temasek Cares-Project Dignity builds on existing home care models and tailors palliative care protocols to dementia sufferers. Disease-based, but needs-specific, the programme evaluates patient comfort and caregiver well-being through internationally validated dementia-specific measures. As patients are not able to clearly articulate distress, discomfort is evaluated through non-verbal cues such as facial expression, body posturing, vocalisation, breathing pattern and response to comfort and care.

AS OUR POPULATION AGES, PALLIATIVE CARE HAS TO BE EXPANDED TO MATCH DISEASE-SPECIFIC NEEDS.

DR ALLYN HUM, SENIOR CONSULTANT, CENTRE FOR GERIATRIC MEDICINE, PALLIATIVE CARE, TAN TOCK SENG HOSPITAL

Challenging behaviours may also be a surrogate expression of physical or emotional distress. Caregiver awareness and environmental and medication changes can be adapted to respond to these cues, to relieve distress and improve quality of life. Teams comprising nursing, social work, geriatric and palliative specialists make regular home visits, where they use dementia- specific measures to gauge pain and suffering in patients.

The team also supports families by helping them anticipate changes in care, and advising caregivers on coping with adjustments in physical and emotional well-being along the way. In addition, the team acts as an intermediary, liaising with hospital, hospice and home, and simplifying the administrative process for caregivers. After-hours support is provided through an emergency hotline.

Since October 2014, the programme has helped over 200 patients with advanced dementia. Patients are referred to the home care team by their physicians in Tan Tock Seng Hospital, in consultation with their families. With this support, patients can remain at home, in a familiar, non-threatening environment, surrounded by loved ones. Caregivers, whose physical and emotional needs are often overlooked, are, in turn, supported by the home care team.

However, the challenges of providing such services within the community are all too real. Dementia care is complex, requiring specialised training. In addition, a comparative lack of resources and funding in the community makes home care work extremely demanding. The current pilot shows the benefits of a collaborative care model involving tertiary hospital, home care team and hospice. Such a model of care can potentially be replicated in the other regional healthcare systems in Singapore.

As our population ages, palliative care has to be expanded to match disease-specific needs. Healthcare providers have to be skilled in managing multiple complex end-stage conditions across various healthcare settings, including in the home. We need to develop and expand disease-specific palliative home care teams, equipped with the necessary medical and allied health expertise to support caregiving at home throughout Singapore. Members of the community can also do their part to provide emotional and social support to families in need. In caring for our vulnerable elderly, Singapore must and can do better. LW

THIS ARTICLE FIRST APPEARED IN *THE STRAITS TIMES* ON 5 JULY 2016.

PHOTO: GETTY IMAGES

Make Every Bite COUNT

FOR PATIENTS RECEIVING PALLIATIVE CARE, THE KEY IS LETTING THEM EAT WHAT THEY CAN, AND ENJOY.

BY **GWENDOLYN LEE**
IN CONSULTATION WITH
MS ONG HUI WEN DIETITIAN // TAN TOCK SENG HOSPITAL

FOOD IS A SOURCE OF both nourishment and pleasure. However, mealtimes can be challenging for palliative care patients. Due to common symptoms such as declining appetite; difficulties in chewing and swallowing; nausea or taste change, normal nutrition and hydration needs are rarely met. Consequently, poor nutrition can further weaken immune response, increase muscle and fat wasting, as well as vulnerability to wound ulcers or infections — which in turn reduce the overall quality of life.

The primary goal of palliative care is to maximise quality of life of patients and families. The main nutritional goals for palliative care patients are:

- **ENCOURAGE** intake of diet and fluid as much as tolerated to preserve body stores as long as possible
- **MINIMISE** any food-related discomfort such as diarrhoea, nausea or vomiting
- **MAXIMISE** food enjoyment

Here are some simple steps to help make their mealtimes more manageable:

Serve Small Frequent Meals

- Opt for multiple small meals every two to three hours to encourage intake, as large meals can overwhelm those with declining appetite. Small meals allow for more regular nutrient intake, and patients are not tired out from chewing.
- Encourage patients to drink after a meal instead of during or before it, so as to avoid early satiety.

Change The Diet Consistency

- Get recommendations from a speech therapist if patients experience any swallowing or chewing difficulties.
- Try different diet consistencies to determine which is best tolerated. For instance:
  - Blended, minced or chopped
  - Gravy, sauce or soup added to soften the food
- At times, changing consistency of the diet may also help patients eat more, as they spend less effort chewing.

PHOTOS: SHUTTERSTOCK

Provide Foods And Beverages They Like

- Encourage patients to drink and eat more of their favourite beverages and foods.
- Focus on giving them their favourite foods so they will eat more instead of restricting their choices.
- Speak to a doctor or dietitian to explore if food restrictions are required for certain conditions.

Encourage Calorie And Protein-Dense Foods And Beverages

- Include high-calorie snacks in between meals. Some examples of snacks:
  - *Chee cheong fun* with sesame oil
  - Assorted sweet or savoury *kueh*, such as *kueh lapis* and *chwee kueh*
  - Mango sago dessert
  - *Pulut hitam*
  - Green or red bean soup
  - Dessert pastes such as peanut, yam or sesame
- Here is how to increase calorie and protein content of foods:

Tip!

ADD TO OATS
full cream milk, nuts, soya milk, egg or yoghurt

ADD TO BREAD
cheese, peanut butter, tuna, egg, *kaya* or chocolate spread

ADD TO MASHED POTATO
cheese, full cream milk or butter

- Encourage nourishing drinks such as:
  - Full cream milk
  - Soya milk
  - Red or green bean soup
  - Oral nutritional supplements
- Consult a dietitian for a patient's individualised dietary advice and meal plan.

Manage Nausea

- Offer ginger-flavoured drinks and foods such as:
  - Ginger ale
  - Ginger tea
  - Ginger biscuits
- Flavour foods according to patients' taste and tolerance level. Plain foods may be better tolerated than spicy foods.
- Ensure small frequent meals.
- Discourage fizzy drinks and gas-producing vegetables such as peas, beans, cabbage, cucumbers, broccoli, cauliflower and onions — these may give a bloated feeling.
- Consult a doctor to prescribe an anti-emetic drug if nausea is severe.

Prevent Constipation

- Ensure patients get sufficient fibre from fruits or vegetables, and drink enough fluids daily, as pain-relieving medication can cause dry and hard stools.
- Ecourage patients to take a few steps after meals, as walking aids digestion.
- Keep track of patients' bowel movement, as it is an indicator of digestive problems. If there is extreme discomfort, consult a doctor. LW

Keep Them Cheerful

BEING IN A GOOD MOOD LOWERS STRESS LEVELS, WHICH IN TURN INCREASES A PATIENT'S APPETITE AND EVEN PAIN TOLERANCE.

BRINGING HOPE TO HOME

PALLIATIVE HOME CARE CAN BE DAUNTING FOR CAREGIVERS AND PATIENTS ALIKE. BUT FOR FAMILIES WHO WISH TO HELP THEIR LOVED ONES SPEND THEIR LAST DAYS AT HOME, THERE IS SUPPORT PROVIDED BY DEDICATED INDIVIDUALS LIKE MR ANG BOON YANG.

Mr Ang Boon Yang returned to healthcare as he finds it rewarding.

MR ANG BOON YANG re-joined healthcare after a brief stint in property. The senior staff nurse with the Dover Park Hospice opted for community palliative care after a former mentor invited him to try it out.

"I realised I still missed the work [of] helping patients and being able to make a difference for families. It's more than just a job," says Mr Ang.

A 2014 study by the Lien Foundation showed that about 77 per cent of elderly surveyed preferred to die at home. But practical issues such as availability or capability of caregivers can make this wish hard to fulfil.

To support patients in the community, organisations like Dover Park Hospice provide home care services, anchored by professionals like Mr Ang. He cares for about 30 patients at any one time, conducting weekly or fortnightly visits.

PHOTO: SHUTTERSTOCK

All In A Day's Work

Work for Mr Ang begins bright and early at 8am. He checks his schedule of patients for the day, and packs the necessary equipment and medications he needs for each patient. He makes three to five stops daily, depending on how much time is needed at each home.

Medical technology has made home visits more convenient, he explains. For instance, hand-powered infusion pumps make it possible to deliver fluids and medication safely to patients at home, without the need for bulky electrical machines. With proper training and supervision, caregivers can also operate some devices.

While his tools may vary from time to time, Mr Ang always has this with him — a warm smile for his patients and families.

Mr Ang checks through and prepares medication at a patient's home.

More Than A Helping Hand

Lifewise had the privilege of accompanying Mr Ang on one of his visits. While the family declined to be interviewed, their warmth in greeting Mr Ang was evident. He makes a beeline for the patient, checking on his vital signs and asking how he feels. Though weak, the patient is clearly happy to see his friend.

Later, he engages in friendly banter with the lady of the house, while checking and preparing medication dosages. She reminds him repeatedly to keep hydrated in the afternoon heat.

Mr Ang has been visiting the family regularly for over a year, providing home care and supervision on managing the patient's condition, as well as a ready line of communication for caregivers when needed. They call him on his mobile, even after office hours.

Though initially reluctant to have a stranger caring for their loved one, they now treat Mr Ang like family. They share openly with him — relating joyful memories from the past, or worries about the future. At one point during our visit, the family members break down, overwhelmed by emotions at the thought of having to say goodbye to their loved one soon.

Mr Ang pauses and sits down with them, reassuring that they have done all they can. That he has been able to follow up with the patient for so long shows how well the latter has been cared for by the family. His sincere encouragement comforts them and they resolve to press on in honour of their family member.

"Emotions are real when you do this work," says Mr Ang. "But it's okay to cry with the family. We are human after all. It helps them to know that you really empathise with them." LW

DOVER PARK HOME CARE

The Dover Park Home Care service began in 2011 for a small group of patients who chose to stay at home. Staff assist patients and families in coping with deteriorating conditions, by helping them prepare for, and to cope with physical, mental and emotional challenges associated with end of life.

The service features:

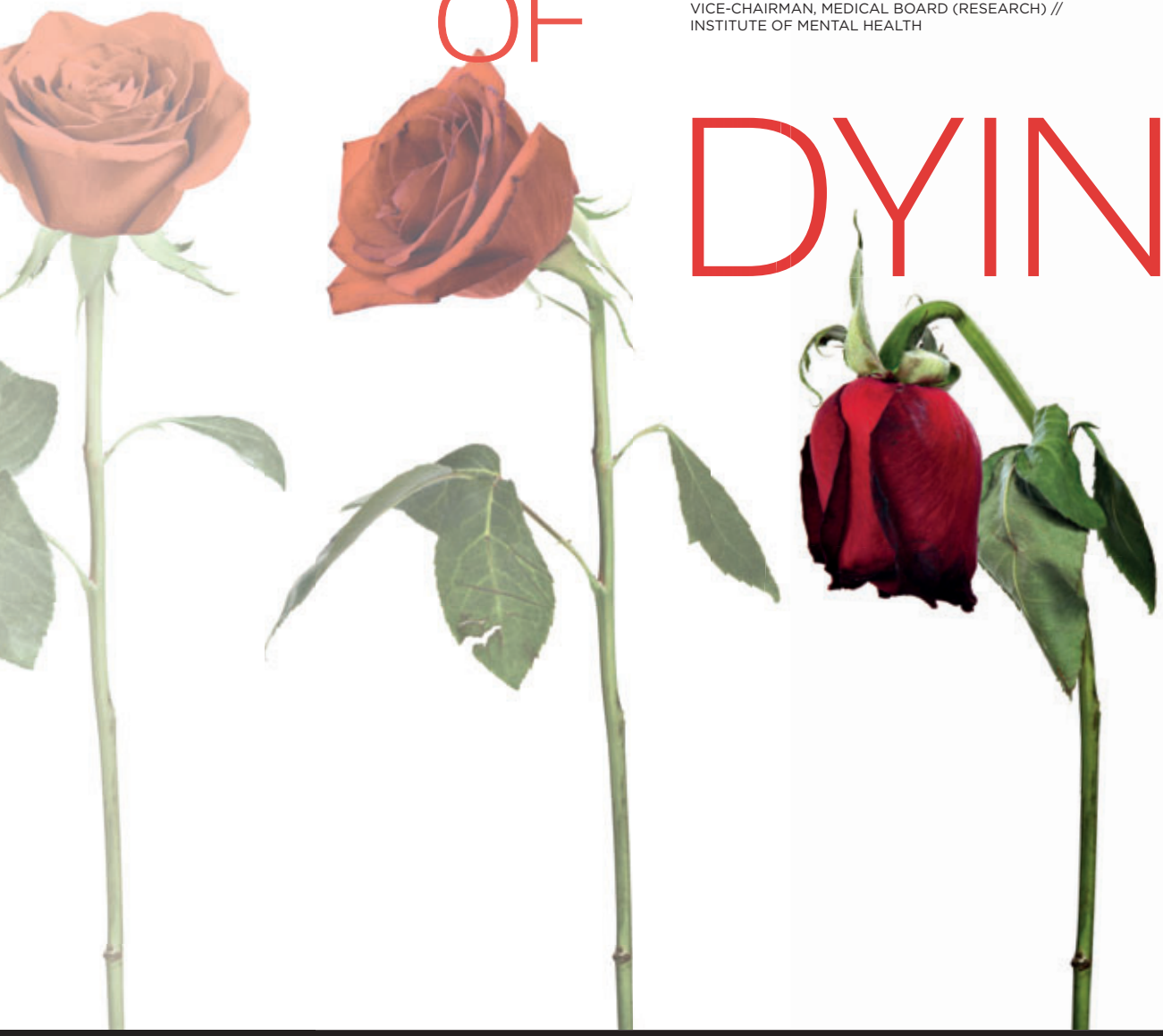
- **A support team of nurses, doctors and counsellors/social workers**
- **On-call service 24 hours a day, seven days a week**
- **Provision of medical and nursing advice, as well as medical attention**
- **Pain and symptom control, psychosocial and spiritual support**
- **Regular review by a nurse**
- **Visits by a doctor when medical attention is needed**
- **Advance Care Planning**
- **Training for family members and caregivers to ensure the patient's comfort at home**
- **Loan of medical and nursing equipment, such as wheelchair, walking aid and commode, whenever possible**

Tan Tock Seng Hospital works closely with Dover Park Hospice to provide medical support and consultancy services.

"I'm not afraid of death, I just don't want to be there when it happens." Woody Allen

THE ART OF DYIN

BY **PROF CHONG SIOW ANN**
VICE-CHAIRMAN, MEDICAL BOARD (RESEARCH) //
INSTITUTE OF MENTAL HEALTH



Alas, death does come looking for us. Despite being a practising doctor for many years and having lived through more than half my expected lifespan, I am still surprised at how uneasy I am when confronted with dying and death.

There is a rather fanciful theory that thanatophobia, the fear of death, is particularly prevalent among doctors and that it operates as an unconscious motive for them to take up medicine in the first place: Being engaged in battle with this ultimately unbeatable foe is a means of assuaging this deep-seated fear. (One is reminded of that adage that medicine is to immortality what law is to justice: The path of each is a little crooked and always ends up way off the mark).

GWELL

In the years of seeing patients die and having had to experience the dying and death of friends and relatives, there remains within me — perhaps growing even more acute with the receding years — that abiding death anxiety.

In Philip Larkin's great but chilling poem *Aubade*, a man woke at 4 in the morning and agonised fearfully about "unresting death". At the crux of his terror is that annihilation of consciousness and awareness: "*That this is what we fear — no sight, no sound/No touch or taste or smell, nothing to think with/Nothing to love or link with/ The anaesthetic from which none could come round.*"

Secular philosophers through the ages have, however, exhorted that none should fear this absolute dissolution since being dead is akin to a state of dreamless sleep or being unborn — a perpetual nothingness.

The focus, hence, ought to be on living and that includes dying since dying, too, is an act of living. "True philosophers," Plato wrote, "are always occupied in the practice of dying."

In a 2014 essay in *The New York Times*, Dr Paul Kalanithi, a 36-year-old doctor who was at the cusp of finishing his training in neurosurgery, wrote of that moment of confirmation (he had been suspecting it for some time, with his excruciating backache, weight loss and fatigue) that he had Stage 4 lung cancer.

As he methodically scrutinised the CT films that revealed the cancer mottling his lungs and eating into his liver and spine, he registered his initial feeling. "I wasn't taken aback. In fact, there was a certain relief," he wrote. "The next steps were clear: Prepare to die. Cry. Tell my wife that she should remarry, and refinance the mortgage. Write overdue letters to dear friends. Yes, there were lots of things I had meant to do in life, but sometimes this happens…"

GRANTED THAT IT IS DIFFICULT TO ATTEND TO THE THOUGHTS AND CONCERNS OF THE DYING WHEN IT IS OFTEN DIFFICULT TO BE CERTAIN OF WHEN ONE ACTUALLY STARTS DYING; NOT TO DISCUSS IT IS TO IGNORE — USING THAT STOCK PHRASE — THAT 800-POUND GORILLA IN THE ROOM.

He spent the remaining 22 months of his life learning how to die — or in the words of journalist and polemicist Christopher Hitchens, "living dyingly".

Dr Kalanithi did not divorce his wife; they chose to have a child. Distilling his experiences and thoughts on his own dying into an autobiographical book entitled *When Breath Becomes Air*, which was published early this year. It was the first and only book that he had written. He wrote it for his only child and daughter and for other people "to understand death and face their mortality" and to get them into his shoes and "walk a bit, and say, 'So that's what it looks like from here… sooner or later I'll be back here in my shoes'… Not the sensationalism of dying, and not exhortations to gather rosebuds, but: Here's what lies up ahead on the road".

After trying whatever treatments he could find tolerable and acceptable, and having made a decision together with his family and his attending doctors not to carry on any further, he died with his family at his bedside.

If there can ever be one, Dr Kalanithi's death could possibly be called "a good death" or at least a good enough death.

PHOTO: GETTY IMAGES

A GOOD DEATH

What a good death is pretty much in the eye of the beholder but it is a safe bet that when asked, most people would say that it is a sudden and painless death — and would probably add that this is what they would want for themselves.

I was told of a seemingly apocryphal (it turned out to be true) story of an apparently hale and healthy middle-aged man who was taken out for lunch on his birthday by his colleagues. Back in the office and replete after an extravagant meal, he was in the middle of telling a joke when he keeled over and died.

Many who turned up at the wake murmured to the still-shocked and grieving widow that it was good that he did not suffer and that it was a good death.

But is it? Such a sudden and unexpected death would usually leave behind a detritus of unfinished and unresolved matters, and a clutch of traumatised survivors who had been denied of being able to express or hear what they have meant to that person, robbed of any opportunity to express gratitude or regrets, and deprived of any hope of reconciliation.

If it is any consolation, most of us will not go this way; we would have to endure that variable period of dying. The intervention of modern medicine can drag this process for months or even years with a progressive accretion of debilities and miseries.

It might seem, then, that most of us would have the time to plan for our imminent death: to grieve, to come to terms with things, to provide for others, to try to live out the remaining time with some purpose and meaning, to voice our preference for life support or not, and plan for our funeral — but we often do not do many of these.

In mediaeval Christian Europe, it was widely subscribed that the preparation for one's earthly death and the celestial judgment that would follow were matters of immense importance.

Such preparation was even celebrated in the arts and literature as *Ars moriendi*, the art of dying. The *Ars moriendi* provided practical guidance on reaffirming one's faith in God, remembering the right values and taking the right attitude in composing oneself to meet death fearlessly and stoically.

PHOTO: SHUTTERSTOCK

WE TALK ABOUT ACTIVE AGEING BUT AGEING, WHETHER ACTIVE, WELL OR OTHERWISE, WILL EVENTUATE IN DEATH.

PROF CHONG SIOW ANN,
VICE-CHAIRMAN MEDICAL BOARD (RESEARCH),
INSTITUTE OF MENTAL HEALTH

Today, we are a "death avoidance" society. Perhaps we are less religious now; maybe our blind faith in medical advances has given us that illusion that we can postpone death each time it comes threateningly close, and our various superstitions and cultural aversion towards death have certainly not made discussion of dying and death any easier.

Since 2006, the Lien Foundation has been at the vanguard of efforts to get some conversation going on end-of-life issues with commissioned studies, campaigns, and media coverage.

Despite these valiant efforts, it does seem to be a lone voice in the wilderness as its own research has shown that most people (doctors included) continue to be reluctant to talk about death, even to a terminally ill patient. It is also very likely that the public still possess little information — let alone knowledge — of end-of-life options, including hospice and palliative care, and the legal rights to refuse or withdraw life-prolonging treatments.

We talk about active ageing but ageing, whether active, well or otherwise, will eventuate in death — yet there is no talk of "dying well". Granted that it is difficult to attend to the thoughts and concerns of the dying when it is often difficult to be certain of when one actually starts dying; not to discuss it is to ignore — using that stock phrase — that 800-pound gorilla in the room. Unless we are content to put up with its heavy, oppressive and ominous presence, we ought to do something.

Perhaps, together with active ageing, we should also start talking about our own updated secular or otherwise version of the *Ars moriendi*. LW

THIS ARTICLE FIRST APPEARED IN *THE STRAITS TIMES* ON 26 JULY 2016.

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THE BRAVEST BATTLE

MADAM KHATIJAH BINTE SAMAN OPENS UP ABOUT COMING TO TERMS WITH HER TERMINAL ILLNESS.

BY **WANDA TAN**

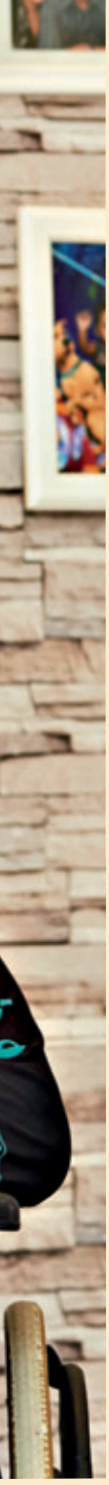
LIFE COMPLETELY CHANGED for Madam Khatijah Binte Saman when she was diagnosed with stage 1 breast cancer at 58. "I felt a lump in my right breast, so I went with my son to Toa Payoh Polyclinic," says the single mother of two. "The doctor referred me to Tan Tock Seng Hospital (TTSH), where I met with an oncologist and was advised to go for chemotherapy."

Things got worse when she had a bad fall at home shortly after that. With pre-existing diabetes and cancer presenting potential complications, the family opted against knee surgery for her. The accident meant she had to give up her job as a cleaner. Faced with the loss of mobility and financial constraints, she chose not to pursue further treatment for her breast cancer.

In February 2016 — three years after her initial diagnosis — the 61-year-old was admitted to the hospital for severe backache and difficulty in swallowing fluids. Tests showed that the cancer had spread to her liver and she was given a six-month prognosis — a mark she passed in August this year.

Dealing With The Shock

"When I first heard that I only had six months to live, I was very upset and cried a lot," says Mdm Khatijah who accepts responsibility for not treating her cancer earlier. "But my children told me to think positively. Dying is something we all must face. I won't be able



PHOTOS: EALBERT HO

HAVING A POSITIVE ATTITUDE IS PARTLY HOW I'VE MANAGED TO BEAT MY PROGNOSIS.

Mdm Khatijah with her niece, Mdm Absah.

to stop it when my time comes. What I can do is make the most of the time I have left."

Mdm Khatijah and her family were referred to the TTSH Palliative Care Clinic, to help them better cope with physical, emotional and mental challenges after her diagnosis. The clinic's team of doctors, nurses, therapists and counsellors provide advice on pain management, symptom relief, as well as counselling and financial support services.

Since her discharge from the hospital, Mdm Khatijah has been on painkillers and hormone therapy. Family Medicine Residency physicians from the National Healthcare Group also visit her regularly at home to monitor her condition.

Faith And Family

Mdm Khatijah feels that family support has been the best medicine for her. She lives with her daughter, 41, while her son, 39, drops by several times a week and calls her daily to ask how she is doing. Her elder sister and niece also visit on weekdays, especially when she is home alone. They sometimes accompany her for clinic visits, or bring her to the shopping centre nearby for, as she puts it, "a change of scenery". Mdm Khatijah is also a proud grandmother of two young kids, with a third one on the way.

"It's hard to be upbeat all the time but my family lifts my spirits," she says. "I think having a positive attitude is partly how I've managed to beat my prognosis."

To avoid uncertainties or conflicts in future, Mdm Khatijah has drawn up a will and told her children how her possessions should be divided between them. She has also made her medical wishes known to her daughter, whom she has designated as her healthcare proxy in the event she is unable to make her own decisions.

Had her health permitted it, Mdm Khatijah would have liked to make a Hajj pilgrimage to Mecca. Nevertheless, she is content to spend her remaining days at home with her family.

"I hope I get to meet my new grandchild before I die," she says wistfully. "But whatever happens, I'm happy knowing my children will be there for each other when I'm no longer around." LW

THE WAY HOME

The Ministry of Health is committed to boosting the capacity and quality of home palliative care services provided by hospitals and voluntary welfare organisations.

With these changes, more patients have the option of living out their final days at home, surrounded by loved ones, rather than in a hospital or hospice environment.

- **Home palliative care capacity** will increase to 6,000 places by 2020, up from the current 5,150 places.
- **Services** will be extended to patients with end-stage organ failure.
- **Homecare providers** are now funded based on the number of patients they look after, instead of the number of visits they make, to ensure a steadier stream of funds and better enable patient-centric care.

No Ordinary Care

"It is difficult to say goodbye to patients especially after having built that therapeutic relationship and rapport with them. The professional's grief is real, and I often find myself in that place needing to also seek healing when I lose a patient who is dear to me."

MS CANDICE TAN, 31, ON THE INTENSITY OF HER JOB AS A MEDICAL SOCIAL WORKER IN PALLIATIVE CARE — AND COPING WITH THE GRIEF THAT COMES WITH IT.

INTERVIEWS **FAIROZA MANSOR**

TALKING ABOUT DEATH goes beyond conversations about the dying process but focuses on life and living well till the end. That's one of the many lessons I've learnt in my six years as a Medical Social Worker in Palliative Care. I have come to realise that when patients are at peace with how they've lived their life, death becomes less daunting.

Each workday is different because every patient's case is unique. In a nutshell, I provide psychosocial and emotional assessment, as well as support to patients who have difficulty accepting news of a terminal illness or incurable condition. I assist patients and their families in care arrangements, and refer them to the various financial schemes they can tap on for help. For those who are not coping well after the loss of a loved one, I also provide grief and bereavement support.

One of the most rewarding parts of my job is being able to witness the beauty and resilience of the human spirit up-close. The thought of death often forces people to re-examine their lives, and try to make amends with loved ones before the end. The work I do puts me at the heart of many of these conversations.

Patients inspire me when they share their life stories and achievements, not in terms of material accolades, but simply how they've contributed in meaningful ways to the people around them. I am especially moved when I see elderly couples lovingly stand by each other and honour the vow "till death do us part". It's touching to be reminded that when people promise "forever", they really mean it. I've also seen estranged family members reconcile, and patients forgiving themselves for their own wrongdoings in the past. It is an absolute privilege to witness such stories of love and hope as they unfold.

It is difficult to say goodbye to patients especially after having built a therapeutic relationship and rapport with them. The professional's grief is real, and I often find myself in that place — needing to also seek healing when I lose a patient who is dear to me. After a day's work, I usually spend some time alone or with the significant people in my life. Being in quiet solitude helps me to recharge, so "me time" is very important. I process my own emotions to cope with the grief. I regularly reflect through writing or other forms of expression. The whole experience can be intense but I'm very grateful for it. LW

Ms Candice Tan is a Senior Medical Social Worker in the Department of Palliative Medicine at Tan Tock Seng Hospital.

Relationships Matter

HER COLLEAGUES' SUPPORT GIVES MS CHIA GERK SIN, 29, CONFIDENCE IN CARRYING OUT HER DUTIES AS AN ASSISTANT NURSE CLINICIAN IN PALLIATIVE CARE.

BEING IN PALLIATIVE CARE has been a huge privilege. I say this because when patients know they don't have much time left, they want to spend their remaining precious moments with loved ones. As an Assistant Nurse Clinician at the hospital's Department of Palliative Medicine, I get to be a part of these moments, talking to patients, hearing their life stories and sometimes being a part of intimate family conversations.

I have been in palliative care for four years, after being in a general ward for two. In addition to alleviating my patients' discomfort through treatment, it is equally rewarding to be able to provide relief to caregivers, who are also facing a difficult time. Sometimes, caregivers appear to be more distressed than patients. My heart really goes out to them. By sharing the burden of caregiver duties as a palliative care nurse, I'm helping family members spend quality time with the patient — which helps reduce the overwhelming stress and even guilt that may come with caregiving.

"My perspective of life has not been negatively impacted by my work. In fact it has made me value life more. I am more conscientious about showing how much I treasure my family and friends, especially my parents, and to not let petty disagreements get in the way of enjoying our time together. Anything can happen — it is important to cherish time with the people you love."

Although I care for patients of all ages, the most challenging is working with young families, such as those where patients are in their 20s or 30s. I often wonder how the spouse will cope with raising a family after their partner passes away. I feel for them especially after having just become a mother — my son is just two months old.

What keeps me going through difficult or emotionally taxing cases is the good working relationship with my palliative care colleagues. There is camaraderie and trust between the nurses, doctors and medical social workers. We understand the unique challenges that come with caring for end-of-life patients and we always look out for each other. For example, when I need advice or assistance in handling a patient, I can easily reach out to any consultant or approach a medical social worker. They are just a phone call away. Everyone, including our boss Dr Mervyn Koh, is always willing to lend a hand when needed. This empowers me to provide the best care to each and every patient.

My perspective of life has not been negatively impacted by my work. In fact it has made me value life more. I am more conscientious about showing how much I treasure my family and friends, especially my parents, and to not let petty disagreements get in the way of enjoying our time together. Anything can happen — it is important to cherish time with the people you love. LW

Ms Chia Gerk Sin is an Assistant Nurse Clinician in the Department of Palliative Medicine at Tan Tock Seng Hospital.

PHOTOS: EALBERT HO

EASY Does It

PATIENTS AT THE END-OF-LIFE CAN BENEFIT FROM EVEN MINIMAL EXERCISE. HERE'S HOW A CAREGIVER CAN HELP.

BY **LI YULING** IN CONSULTATION WITH
MS WONG LI TING PRINCIPAL PHYSIOTHERAPIST // TAN TOCK SENG HOSPITAL AND
MS ANN SIA JIA NING SENIOR PHYSIOTHERAPIST // TAN TOCK SENG HOSPITAL

FOR PATIENTS AT THE END-OF-LIFE, reduced mobility and strength doesn't mean that life has to come to a standstill. With proper care and support, maintaining quality of life is possible for patients in their final days.

This is when exercise, however minimal, can provide physical and emotional benefits. While advance disease can drastically reduce function, studies have shown that exercise can help patients with terminal cancer improve physical performance, fatigue levels and quality of life.

"Not only can exercise sustain and improve a housebound patient's strength and endurance, it can also help him or her feel more comfortable by easing pain, fatigue, shortness of breath, constipation or insomnia," says Ms Wong Li Ting, principal physiotherapist at Tan Tock Seng Hospital (TTSH). "They may also feel less anxious, stressed or depressed."

Exercise can also help patients tackle daily activities better. For example, being able to stand or take a few steps may allow patients to move from one room to another without a wheelchair. Even being able to sit up in bed can help make feeding easier, explains Ms Wong.

Getting Started

Always seek professional advice from qualified physiotherapists. They will be able to recommend appropriate exercises for the patient. While guiding and supervising, the therapist can also give immediate feedback, as well as correct or modify movements according to the patient's ability, symptoms and response.

Once the patient is able to exercise independently or with the help of a caregiver, he or she can repeat them at home.

Sitting upright when exercising helps to maintain good posture.

Squatting exercises improves the ability to stand up from a seated position.

STRENGTHEN LEGS

Do mini squats and heel raises. Or practise moving from sitting to standing positions. Support the patient if he or she is unable to do these exercises independently.

Leg-lift exercises help with balance, making falls less likely.

Simple Exercises for Homebound Patients

IMPROVE BREATHING OR LUNG CAPACITY

Lift both arms up when taking a deep breath, and bring arms down when exhaling. This can be performed as a warm-up or cool-down exercise. Walking can also increase cardiovascular endurance, but make sure the patient can walk steadily. Use a walking aid or assist if needed. Walking distance depends on the patient's tolerance and ability to walk without severe shortness of breath.

STRENGTHEN THE ARMS

Perform biceps curls, triceps extension, elevation of shoulders or sideway arm lifts while holding on to a small water bottle (partially or fully filled) in each hand.

IMPROVE BALANCE

Try standing on one leg, heel raises, toe raises, sideway or tandem walking. Remember to support the patient if he or she is unable to do these exercises independently.

IMPROVE POSTURE

Ensure the patient's body is upright when seated. Place a small rolled-up towel at the back of the chair to stabilise the lower back. Keep the back straight, shoulders square and legs shoulder-width apart when standing. Avoid slouching in either position.

A walking aid improves the mobility of a patient when he goes on walks.

Working Out At Home

Simple exercises can be done at home, using household objects for support where needed. "Remember that tolerance to exercise of someone under palliative care may differ from day to day, so modify activities according to their needs," says Ms Ann Jia Siang, senior physiotherapist at TTSH.

If the patient tires easily, keep exercise sessions to short, 10-minute bouts with longer periods of rest in-between. Alternate between upper and lower limb exercises, or strengthening and stretching movements, to reduce limb fatigue. Simple stretching exercises are important to help reduce muscle soreness and muscle injury.

Staying Motivated

Caregiver and family support is vital in helping patients maintain a positive outlook at the end-of-life. Due to the progression of the illness or side effects of medications and treatment, patients may experience varying levels of discomfort from day to day. "It is important for caregivers to acknowledge these symptoms and not push patients too hard to exercise," says Ms Wong.

She also advises caregivers not to use the term "exercise" when motivating patients to work out, as it can sound too daunting and discourage them from starting. "Rather, caregivers can help encourage their patients to engage actively in their own care, within the patient's realistic ability," she says. LW

STAY SAFE

PRECAUTIONS TO TAKE WHEN HELPING A PATIENT EXERCISE

- Take it easy. All exercises should be done slowly and gently. To improve fitness and endurance, increase the number of repetitions rather than intensity.
- Pay attention to pre-existing conditions. Patients with bone metastases or those with a risk of osteoporosis should avoid high-resistance, high-impact or contact activities.
- Stop if the patient feels unwell or develops symptoms such as giddiness, chest pain, fever, cold sweat, extreme fatigue, pain or breathlessness. Inform the doctor of any symptoms.
- Take pain-control medications if needed. Some patients may experience pain that limits their activity or movement. Consult the doctor to see if any medication can be prescribed to control or ease symptoms.
- Always check with the experts first. In general, any non-rigorous exercise that does not pose a fall risk is beneficial to patients. Consult the doctor or physiotherapist if you are unsure about the suitability of any exercise.

PHOTOS: SHUTTERSTOCK

Q&A

ASK THE EXPERTS

* YOUR MEDICAL QUESTIONS ANSWERED

Worrying About Being Worried

Q1

I am happy with my life (I'm in my 30s and married with two young children), yet I am anxious all the time. I worry incessantly that something bad would happen to my husband or kids. Why is it so, and how do I deal with it?

Worry arises from not knowing what will happen in the future and not feeling in control of it. Incessant worry or ruminating occurs when you fret over the same details repeatedly and find it hard to stop.

People consume themselves with thoughts of all the things that could go wrong in order to prepare themselves for such possibilities. However, since the possibilities are endless, people continue the pattern of worrying until it becomes chronic and overwhelming.

No one chooses to cope with fear of the unknown by incessant worrying. Worrying or anxiety can be genetic or learned from our family or origin, or as a result of life experience.

Sometimes worry is a good thing. If there is an actual threat, then there is something to worry about. However, if incessant worry about the future is causing you stress and/or affecting your

PHOTO: ISTOCKPHOTO

life, then it becomes a problem.

Occasionally, ruminating can be a symptom of Obsessive Compulsive Disorder (OCD), where a person is troubled by intrusive and distressing thoughts or images, and repetitive behaviours. For example, a person might believe that if he or she doesn't engage in certain rituals (such as constantly checking the time or washing the hands); or if they don't think or say something, then bad things may happen.

Some people cope with worry by overeating, drinking or smoking. These are not healthy ways of coping. Some ways to deal with worry are to eat a healthy diet, exercise, taking time to practise meditation and relaxation, and practising work-life balance.

Try to also consciously focus one's mind on the present and the positive things happening in the here and now, rather than the negative things that could happen in the future.

However, if rumination or incessant worrying is affecting your sleep; causing stress symptoms such as headaches, fatigue, overeating or not eating enough; or interfering with your daily life (affecting your ability to work or parent, or function during the day), then it may be time to seek professional help. This can be accessed via counselling services in the community, or speaking to your doctor.

DR NISHA CHANDWANI
ASSOCIATE CONSULTANT //
MOOD DISORDERS UNIT //
DEPARTMENT OF GENERAL PSYCHIATRY //
INSTITUTE OF MENTAL HEALTH

PHOTO: GETTY IMAGES

Q2

Not So Pretty In Pink

I blush easily. My face turns bright pink and I am so embarrassed. I am not a shy person but the blushing seems to be involuntary. My husband and friends are used to me, but others might think I am strange.

You may have a sensitive vascular system on your face that causes dilation of blood vessels periodically. It is associated with a skin disorder called rosacea. You should consult a dermatologist to confirm the cause of your blushing. If it is due to rosacea, there are creams and laser treatment to reduce the blushing effects.

PROF GOH CHEE LEOK
SENIOR CONSULTANT // NATIONAL SKIN CENTRE

Q&A

Q3 Don't Call Me Panda Eyes

I get adequate sleep (about six hours each night) and drink plenty of water, yet still have severe dark eye circles. Besides cosmetics, are there any methods to lighten them? If it comes down to surgery, which procedure would be the most effective?

There are several causes of dark eye circles. These include constitutional causes, post-inflammatory pigmentation, prominent veins or thin skin, and tear troughs. Some of these conditions are treatable with creams and lasers but most are not treatable. You should consult a dermatologist to help you ascertain the cause of your dark eye circles. He or she will then be able to assist you with treatment available.

PROF GOH CHEE LEOK
SENIOR CONSULTANT //
NATIONAL SKIN CENTRE

Q4 Stomach This

Why is it that my stomach rumbles even when I am not hungry? It happens so frequently and the noises are loud enough for my colleagues to notice. Is it anything to do with my diet (I eat a lot of vegetables and fruits)? I am an active 25-year-old man who jogs frequently.

Noises from the rumbling of your gut (also known as borborygmi) are produced when gut wall muscles contract to propel digested food and air along the gut. This is considered normal. However, if accompanied by abdominal pain, nausea, vomiting, diarrhoea or unintentional weight loss, it may be due to serious underlying conditions such as intestinal obstruction. See a doctor if you experience those symptoms and feel unwell.

Although borborygmi sounds are usually heard with a stethoscope placed on the abdomen, the noises are sometimes easily audible when there is a lot of air in the gut. While air is normally swallowed into the gut when talking, eating or drinking, it is also produced by bacterial fermentation of partially-digested foods. Legumes and fruits containing high amounts of fructose and sorbitol such as apples, oranges and grapes produce more gas

PHOTOS: SHUTTERSTOCK

when broken down by gut bacteria. Consuming significant amounts of such foods can contribute to loud borborygmi.

To reduce borborygmi, cut down on the amount of beans, legumes and fruit concentrates and juices. Certain "sugar-free" gums and candies contain high levels of sorbitol as an artificial sweetener, and should also be limited. Consider over-the-counter products containing simethicone and peppermint oil to help alleviate the rumbling.

In addition, an active lifestyle aids in bowel movements, air expulsion and reduces the rumbling noises. As these rumblings are part of the body's natural movement, retail remedies can help reduce loud borborygmi that may otherwise cause social embarrassment.

DR SIM SAI ZHEN
FAMILY PHYSICIAN // HOUGANG POLYCLINIC // NATIONAL HEALTHCARE GROUP POLYCLINICS

PHOTOS: GETTY IMAGES

Q5

Staring Incident

At the end of each workday, I go home with a severe headache, sore eyes and a painful neck. I read somewhere that there is a condition called "computer vision syndrome". What is this, and what can I do to ease my discomfort?

Computer vision syndrome refers to the prolonged viewing of the computer monitor without breaks in between. You should avoid staring at the monitor for long periods, as that may result in eye dryness (sore eyes). Relax your visual focus, blink naturally and look away from the monitor every 15 minutes. And if you find that your head keeps moving closer to the monitor every time you use the computer, you are developing forward head posture — which may lead to neck strain and tension headaches.

To address this, correct your posture by tucking the chin in gently and be mindful of your posture every 15 minutes. Next, ensure that the tip of your monitor screen is at your eye level and an arm's length away from you.

In addition, avoid resting your forearm on the table when using the keyboard and keep your elbows beside your body.

Finally, if you have made the earlier adjustments but are still unable to read from the monitor clearly, you should consult your doctor or optometrist to have your vision assessed.

MR KWOK BOON CHONG
SENIOR PHYSIOTHERAPIST // NATIONAL HEALTHCARE GROUP POLYCLINICS

Spotlight

CORPORATE NEWS + EVENTS + FORUMS

From left: Minister for Health Mr Gan Kim Yong; IMH Senior Nurse Clinician & Advanced Practice Nurse Mr Raveen Dev Ram Dev; NHGP Chief Nurse Ms Chen Yee Chui; President Tony Tan and Mrs Mary Tan; CGH Assistant Director of Nursing Ms Hanijah Binte Abdul Hamid; TTSH Senior Nurse Clinician Lathy D/O Prabhakaran; Ministry of Health Chief Nursing Officer Ms Tan Soh Chin.

RISING TO THE OCCASION

NATIONAL HEALTHCARE GROUP (NHG) STAFF RECEIVE THREE OF FOUR PRESIDENT'S AWARDS FOR NURSES THIS YEAR.

On 28 July 2016, three exemplary nurses from the National Healthcare Group Polyclinics (NHGP), Institute of Mental Health (IMH) and Tan Tock Seng Hospital (TTSH) were acknowledged for their outstanding contributions at the Nurses' Day Reception at the Istana. Togther with a winner from Changi General Hospital (CGH), they were conferred the President's Award for Nurses, the profession's highest accolade.

The Award is given to those who have shown sustained performance in patient care, education, leadership, research and administration.

All registered nurses working in public and private healthcare institutions, community hospitals, nursing homes, hospices and educational institutions are eligible for nomination, which can come from healthcare institutions, members of the public or their peers.

A panel comprising Chairman of the Health Government Parliamentary Committee, Chief Nursing Officer (Ministry of Health) and Board Members of public institutions, will interview and select distinguished nurses from the nominee list.

Each award recipient received a trophy, a certificate and a $10,000 cash prize from President Tony Tan Keng Yam. The cash prize can be used for conferences and training programmes of the nurses' choice for professional and personal development.

Since the President's Award for Nurses started in 2000, a total of 56 nurses have been recognised.

MS CHEN YEE CHUI

Chief Nurse, NHGP

Ms Chen is passionate about primary and preventive care, and contributes substantially to improving nursing education standards. She is well respected by the nursing community and recognised for her strategic thinking. At NHGP, Ms Chen plays a pivotal role in culture-building. Nursing recruitment and retention rates have improved significantly under her leadership.

Left: NHGP Chief Nurse Ms Chen Yee Chui (front row, centre) with A/Prof Chong Phui-Nah, CEO NHGP (front row, second from left) with the nursing team.

MR RAVEEN DEV RAM DEV

Senior Nurse Clinician and Advanced Practice Nurse (APN), IMH

Under Mr Raveen's leadership, the APNs now helm nursing clinical rounds, clinic sessions and group therapy for patients, as well as run a Continuity Care Clinic for post-discharge patients. Known for his in-depth knowledge and clinical skills, Mr Raveen is well regarded and respected by management and staff, peers and colleagues.

Right: Senior Nurse Clinician and APN Mr Raveen Dev Ram Dev (second row, centre) with his colleagues.

Senior Nurse Clinician Ms Lathy D/O Prabhakaran.

MS LATHY D/O PRABHAKARAN

Senior Nurse Clinician, TTSH

Ms Lathy was spurred to take up Respiratory Nursing when her infant son was diagnosed with asthma. Since then, she has contributed extensively to this specialised field. She pioneered TTSH's nurse-led Asthma Clinic, developed its smoking cessation programme and implemented the asthma counselling service at the Emergency Department. She also conducts training on asthma care, and has published at least 11 original papers and co-authored another five.

TTSH leaders and nurses celebrating Ms Lathy's award.

THANKS FOR YOUR DEDICATION

NATIONAL HEALTHCARE GROUP (NHG) AND ITS INSTITUTIONS PAY TRIBUTE TO NURSES ON NURSES' DAY.

To honour and recognise the professionalism and hard work of its nursing staff, NHG institutions — Tan Tock Seng Hospital (TTSH), Institute of Mental Health (IMH), National Healthcare Group Polyclinics (NHGP) and National Skin Centre (NSC) — celebrated Nurses' Day with a lineup of activities.

LEADERS AND TEACHERS

At TTSH, the festivities spanned four days in July and August, with a special event held each day. Highlights included various awards such as book prizes for outstanding nursing instructors and a Best Teacher Award. Nurses from various departments and specialties also showcased their work as teachers and leaders. Nursing leaders and senior management made their rounds across the hospital to present gifts to nurses.

A Group-wide celebration on 1 August paid tribute to nurses from TTSH, IMH, NHGP and NSC through award presentations and performances by staff.

Celebrities from Channel 8 drama, *You Can Be An Angel 2*, were also present to hand out tokens of appreciation to all the dedicated nurses.

Above and below: Performances by TTSH staff.

Below: NHG leaders voiced their appreciation for nurses for their service and dedication.

Below: Nurses from NHGP celebrating their special day.

Left: Ms Samantha Ong; Ms Susheela Chugani, Senior Staff Nurse, IMH, Extraordinary Nurse Awardee; MOS Mr Chee Hong Tat; A/Prof Chua Hong Choon, CEO, IMH.

Management showing their appreciation for NSC nurses.

NURSING HEROES

Over at IMH, nurses came in superhero outfits and had a fun time posing for a shot at the event's photo booth. Guest-of-Honour, Mr Chee Hong Tat, Minister of State, Ministry of Communications and Information & Ministry of Health, delighted the crowd with a touching rendition of "*You Raise Me Up*".

Mr Chee also presented 19 individual and team awards to outstanding nurses for their contributions towards excellent patient care and teamwork. Ms Bindthu Nair, an Advanced Practice Nurse with IMH for 21 years, was conferred the prestigious Nightingale Award.

TTSH nurses enjoying the celebrations.

The award is given to nurses who have demonstrated outstanding mentorship. Senior staff nurse Susheela Chugani's commitment to her work throughout her 52-year nursing career landed her the inaugural Extraordinary Nurse Award.

IMH nurses with the Mediacorp cast from *You Can Be An Angel 2.*

FOR THE RECORD

THIS YEAR'S NATIONAL HEALTHCARE GROUP (NHG) AWARDS SAW THE LARGEST NUMBER OF AWARDS GIVEN OUT.

Exceptional NHG staff who have made significant contributions towards public healthcare in the fields of clinical, operations, education and research were recognised at the annual NHG Awards Ceremony on 15 July 2016. A record 36 individual and 12 team awards were presented — the largest since the NHG Awards was established in 2001.

"Singapore is recognised as one of the top public healthcare systems in the world. It is an achievement which we must commend our healthcare workforce for their tireless dedication and their relentless pursuit of excellence. Their commitment and contributions have raised the quality of care and will inspire a new generation of healthcare professionals," said Guest-of-Honour and NHG Chairman, Madam Kay Kuok.

Three new categories were introduced this year:

Prof Chong Siow Ann (IMH), Prof Roy Chan (NSC - not pictured) and Prof Leo Yee Sin (TTSH) were recipients of the inaugural Distinguished Senior Clinician Award.

Winners of the inaugural Young Achievers Award stood out among their peers for outstanding contributions in their respective fields.

Dr Victor Yong, Emeritus Consultant at TTSH, receiving his Lee Foundation-NHG Lifetime Achievement Award from NHG Chairman Madam Kay Kuok.

Winners of the Outstanding Citizenship Awards.

DISTINGUISHED SENIOR CLINICIAN AWARD

This award recognises veteran doctors or surgeons for their contributions in clinical, education and research practice. The three inaugural winners are Professor Leo Yee Sin, Clinical Director at the Communicable Disease Centre; Professor Chong Siow Ann, Vice Chairman, Medical Board (Research) of the Institute of Mental Health (IMH); Professor Roy Chan, Medical Advisor and former Director of the National Skin Centre.

NHG YOUNG ACHIEVER AWARD

The Young Achiever Award aims to develop a new generation of healthcare leaders by recognising the contributions of staff aged 30 to 40. The 10 winners represent the clinical, nursing and allied health professions, and they include: Dr Glenn Tan, Consultant, General Surgery, Tan Tock Seng Hospital (TTSH), who also won the NHG Education Leaders Award; Mr Darren Lim, Nursing Lead for Patient Safety, IMH; Ms Lai Phui Ching, Assistant Director at the Primary Care Transformation Office at National Healthcare Group Polyclinics (NHGP).

NHG TEAM RECOGNITION AWARD

The growing chronic disease burden has resulted in more complex patient needs, which has in turn made teamwork an essential part of care delivery. The NHG Team Recognition Award recognises top-performing teams that have contributed significantly to the improvement of healthcare delivery processes. Twelve teams were commended for their exemplary achievements, with the TTSH Virtual Hospital team taking the Gold Recognition Award.

At the ceremony, NHG also celebrated the achievements of winners who received the Lee Foundation-NHG Lifetime Achievement Award, NHG Distinguished Achievement Award, NHG Outstanding Citizenship Award and the NHG Education Leaders Award.

GROWING VALUES

TAN TOCK SENG HOSPITAL (TTSH) COMMEMORATES THE KEY MILESTONES OF ITS VALUE-BASED VISION 2016 JOURNEY AND LAUNCHES TTSH2020.

Vision 2016 began five years ago as a strategic-planning exercise to envision and plan for the kind of organisation TTSH aspires to become in 2016. The exercise involved active conversations and deep listening to the hospital's two key stakeholders — patients and staff.

To celebrate the key milestones of Vision 2016, as well as launch TTSH2020, a three-day fiesta was held from 20 to 22 July 2016 at TTSH.

Value Festival 2016 delivered the key messages of Vision 2016 as well as the hospital's strategic theme of "Better People, Better Care, Better Community", through a range of fun, experiential activities.

Highlights included an exhibition of key milestones, games, a movie night, Zumba and laughter yoga sessions, a leadership and organisation development talk, as well as the launch of Singapore's first Facebook@Work mobile app. About 5,000 staff went on tours of supporting departments including Pharmacy, Linen, Housekeeping and Kitchen, to better understand and appreciate key elements of TTSH's vision for its future.

Dr Eugene Soh, CEO TTSH, preparing *muah chee* for staff.

Learning more about the transformation journey in Pharmacy.

Chief Nurse, Mr Yong Keng Kwang, dising out popcorn to staff.

Value Festival 2016 delivered the key messages of Vision 2016 as well as the hospital's strategic theme of "Better People, Better Care, Better Community", through a range of fun, experiential activities.

Learning productivity efforts of the Kitchen.

CAREER LIFT FOR RADIOGRAPHERS

NATIONAL HEALTHCARE GROUP (NHG) AND LONDON SOUTH BANK UNIVERSITY (LSBU) SIGNED A MEMORANDUM OF UNDERSTANDING (MOU) TO PROMOTE CONTINUOUS PROFESSIONAL DEVELOPMENT OF RADIOGRAPHERS.

NHG Diagnostics and Tan Tock Seng Hospital (TTSH) radiographers will now be able to enhance their knowledge and learning experience through a NHG-LSBU joint curriculum for post-graduate courses in medical ultrasound, mammography and image recognition.

Professor Chee Yam Cheng, President of NHG College and Professor Warren Turner, Pro Vice Chancellor and Dean of LSBU School of Health and Social Care, signed a MOU for the collaborationin June.

The plan started with the formation of NHG's Radiographers Education and Development Advisory Committee (REDAC), which assesses the different needs of radiographers to develop meso-systems that promote the learning and acquisition of practice skills.

"One of REDAC's initiatives is to allow our radiographers to build networks and establish working relationship for areas requiring technical or specialist expertise. In many overseas hospitals, their local universities organised courses related to the specific imaging modalities, to enable their staff to undergo some formal training leading to certification. Through this MOU, our radiographers will also be able to further their learning experience by balancing both the academia and clinical practice," said REDAC chairman Dr Tyrone Goh.

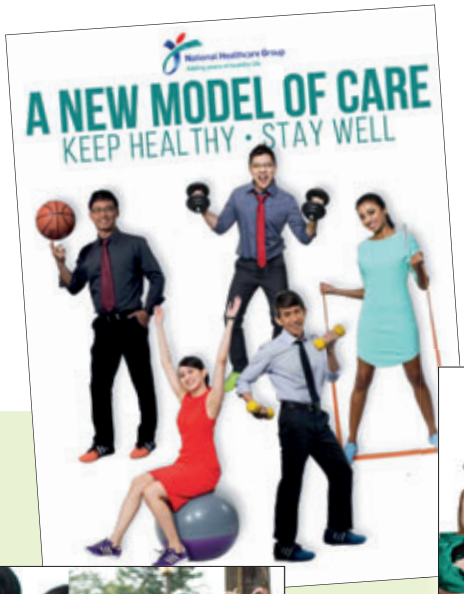
The MOU signing event was held in conjunction with the 4th LSBU-PGAHI (Post Graduate Allied Health Institute) Graduation Ceremony at the Academia. Five NHGD and three TTSH radiographers were conferred with BSc (Hons) in Radiographic Studies that night.

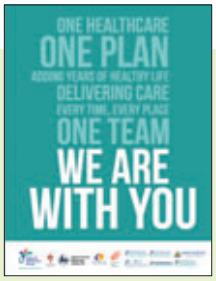
Above: Professor Chee Yam Cheng (left) and Professor Warren Turner (right) signed an MOU to promote the continuous professional development of NHG radiographers.

Below: NHG Diagnostics Radiographers graduate with BSc (Hons) in Radiographic Studies.

NHG CORPORATE YEARBOOK SCORES THIRD APEX AWARD

THE ANNUAL PUBLICATION SHOWCASES ACHIEVEMENTS ACROSS NATIONAL HEALTHCARE GROUP (NHG).





The *NHG Corporate Yearbook 2014/15*, authored by Group Corporate Communications, received its third consecutive APEX Award of Excellence in the "Annual Reports – Print +32 pages" category. The annual APEX Awards is a worldwide competition that recognises communications excellence in print, online and social media platforms.

NHG's 112-page report, titled "*A New Model of Care – Keep Healthy, Stay Well*", documents efforts by staff and partners to promote healthy living through various programmes and activities across institutions, as well as within the community.

Healthy life is a balance of physical, mental and social well-being. The Group aims to bring this message to the community, by first encouraging staff to be health advocates. Staff have been participating in weekly wellness, exercise programmes and regular health screenings to encourage early intervention for chronic conditions. It is only through staying healthy that healthcare professionals can deliver good care to patients and support to their caregivers.

"To meet the challenges of future healthcare, NHG will champion the call for action to optimise the well-being of our population, our patients and our people," says Professor Philip Choo, Group CEO, NHG. "Through public education, we seek to influence children, youths, young adults, adults and the elderly — at every stage of their lives — to be ambassadors of healthy living and well-being."

THE LEARNING JOURNEY BEGINS

THE WHITE COAT CEREMONY IS A RITE OF PASSAGE FOR NEW MEDICAL STUDENTS JOINING THE HEALTHCARE FRATERNITY.

The Lee Kong Chian School of Medicine officially welcomed its latest cohort of 108 students at its fourth White Coat Ceremony in August 2016. The Class of 2021 is the largest since the inaugural cohort of 54 students in 2013. LKCMedicine is a partnership between the Nanyang Technological University and Imperial College London.

Proud parents, faculty and friends witnessed the ceremony, which marks the start of the students' journey into medicine. White coats are traditionally associated with physicians, surgeons and researchers, symbolising the scientific and pristine nature of modern medicine.

Throughout their five-year course, students will be trained by over 1,500 healthcare professionals from across the National Healthcare Group (NHG), the school's primary clinical training partner. Their curriculum emphasises team-based learning, patient interaction, and community care early on — in line with changing public healthcare trends. LKCMedicine Dean, Professor James Best, reminded students of the need to "combine knowledge and skill with compassion and empathy" in their practice.

Associate Professor Lim Tock Han, Deputy Group CEO (Education & Research) NHG, said in his closing address, "Donning the white coat is a privilege — patients trust us to care for them when they are at their most vulnerable. We must honour that privilege with a sense of responsibility, expectation and promise."

PSS Ying Ying (2nd from left) and Vijay (2nd from right) engaging in a discussion with the EPIP team.

Network For Support

RECOVERED PATIENTS FROM THE INSTITUTE OF MENTAL HEALTH (IMH) CAN NOW LEVERAGE ON THEIR EXPERIENCES TO HELP OTHERS WITH SIMILAR CONDITIONS.

On 1 July 2016, the IMH welcomed three full-time peer-support specialists, under a new national framework jointly developed by IMH and the National Council of Social Service (NCSS). Social and Family Development Minister Tan Chuan-Jin announced this peer-support specialist programme at the Singapore Mental Health Conference on 27 May 2016. It gives those who have recovered from their illness a chance to utilise their life experiences to support and advise those still undergoing treatment.

A/Prof Chua Hong Choon, Chief Executive of IMH, said peer-support has always existed, but only on a voluntary basis. The new programme allows IMH to expand and improve on such services.

The programme also offers other benefits such as providing full-time job opportunities for former patients.

The latest cohort of 108 students from the Lee Kong Chian School of Medicine celebrating their White Coat Ceremony induction.

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Regular exercise keeps illness away.

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National Healthcare Group is a Regional Health System for Singapore. NHG collaborates with Hospitals, Specialty Centres, Polyclinics, Patients, Caregivers, Partners, Volunteers and the Community to ***Add Years of Healthy Life*** to the nation.

National Healthcare Group
Adding years of healthy life

Tan Tock Seng Hospital

Institute of Mental Health

National Healthcare Group Polyclinics

National Skin Centre

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DIRECTORY

AN EASY GUIDE FOR YOU TO CONTACT OR LOCATE US

NATIONAL HEALTHCARE GROUP CORPORATE OFFICE

3 Fusionopolis Link
#03-08, Nexus @ one-north
Singapore 138543
Tel: 6496-6000 / Fax: 6496-6870
www.nhg.com.sg

The National Healthcare Group (NHG) is a leader in public healthcare in Singapore, providing care through our integrated network of nine primary care polyclinics, acute care hospital, national specialty centres and business divisions. NHG's vision of "Adding Years of Healthy Life" is more than just about healing the sick. It encompasses the more difficult but more rewarding task of preventing illness and preserving health and quality of life. As the Regional Health System (RHS) for Central Singapore, it is vital for NHG to partner and collaborate with other stakeholders, community advisers, volunteer welfare organisations and others in this Care Network together with our patients, their families and caregivers to deliver integrated healthcare services and programmes that help in "Adding Years of Healthy Life" to all concerned.

TAN TOCK SENG HOSPITAL

11 Jalan Tan Tock Seng
Singapore 308433
Tel: 6256-6011 / Fax: 6252-7282
www.ttsh.com.sg

The second largest acute care general hospital in Singapore with specialty centres in Endoscopy, Foot Care & Limb Design, Rehabilitation Medicine and Communicable Diseases. It covers 27 clinical specialties, including cardiology, geriatric medicine, infectious diseases, rheumatology, allergy and immunology, diagnostic radiology, emergency medicine, gastroenterology, otorhinolaryngology, orthopaedic surgery, ophthalmology and general surgery.

INSTITUTE OF MENTAL HEALTH

Buangkok Green Medical Park,
10 Buangkok View
Singapore 539747
Tel: 6389-2000 / Fax: 6385-1050
www.imh.com.sg

Specialist mental health services are provided to meet the special needs of children and adolescents, adults and the elderly. There are sub-specialty clinics such as the Neuro-Behavioural Clinic, Psychogeriatric Clinic, Mood Disorder Unit and an Addiction Medicine Department. The treatment at IMH integrates evidence-based therapies, supported by the departments of Clinical Psychology, Nursing, Occupational Therapy and Medical Social Work, to provide holistic care for patients. IMH also provides a 24-hour Psychiatric Emergency Service.

NATIONAL SKIN CENTRE

1 Mandalay Road
Tel: 6253-4455 / Fax: 6253-3225
www.nsc.com.sg

The National Skin Centre (NSC) is an outpatient specialist dermatological centre with a team of dermatologists who have the experience and expertise to treat a wide variety of skin conditions. NSC has a comprehensive range of subspecialty services and serves more than 80 per cent of public sector dermatology outpatients in Singapore. The Centre is the main training centre for undergraduate and postgraduate training in dermatology and is also committed to advancing clinical and translational research. While NSC is firmly established as a reputable dermatology centre in Singapore and the region, it has also expanded its role to provide seamless dermatology care to its community and primary care partners.

NATIONAL HEALTHCARE GROUP POLYCLINICS

Contact centre: 6355-3000
www.nhgp.com.sg

National Healthcare Group Polyclinics (NHGP) forms NHG's primary healthcare arm. NHGP's nine polyclinics serve a significant proportion of the population in the central, northern and western parts of Singapore. NHGP's one-stop health centres provide treatment for acute medical conditions, management of chronic diseases, women-and-child health services and dental care. NHGP also enhances the field of family medicine through research and teaching. NHGP has also been awarded the prestigious Joint Commission International (JCI) accreditation under the Primary Care Standards. Through the Family Medicine Academy and the NHG Family Medicine Residency Programme, NHGP plays an integral role in the delivery of primary care training at medical undergraduate and post-graduate levels.

ANG MO KIO POLYCLINIC
Blk 723 Ang Mo Kio Ave 8
#01-4136 Fax: 6458-5664

BUKIT BATOK POLYCLINIC
50 Bukit Batok West Ave 3
Fax: 6566-2208

CHOA CHU KANG POLYCLINIC
2 Teck Whye Crescent
Fax: 6765-0851

CLEMENTI POLYCLINIC
Blk 451 Clementi Ave 3
#02-307 Fax: 6775-7594

HOUGANG POLYCLINIC
89 Hougang Ave 4
Fax: 6386-3783

JURONG POLYCLINIC
190 Jurong East Ave 1
Fax: 6562-0244

TOA PAYOH POLYCLINIC
2003 Toa Payoh Lor 8
Fax: 6259-4731

WOODLANDS POLYCLINIC
10 Woodlands St 31
Fax: 6367-4964

YISHUN POLYCLINIC
30A Yishun Central 1
Fax: 6852-1637

NHG COLLEGE

Tel: 6340-2351 / Fax: 6340-3275
college.nhg.com.sg

NHG College plays an instrumental role in facilitating continuous learning and development of our workforce, as well as driving leadership development and systems improvement in NHG. It collaborates with renowned institutions and industry partners to build the collective capabilities of NHG leaders, educators, healthcare professionals and staff in managing the health of the population in the central region.

NHG DIAGNOSTICS

Call centre: 6275-6443
(6-ASK-NHGD) /
Fax: 6496-6625
www.diagnostics.nhg.com.sg

National Healthcare Group Diagnostics (NHG Diagnostics) is a business division of NHG. It is the leading provider in primary healthcare for one-stop imaging and laboratory services that is accessible, cost effective, seamless, timely and accurate. NHG Diagnostics supports polyclinics, community hospitals, nursing homes, general practitioners and the community at large via its extensive network locally and regionally. Its services are available in static and mobile centres. Mobile services include general X-ray, mammogram, ultrasound, bone mineral densitometry, health screening and medical courier. It also provides tele-radiology service, laboratory and radiology management, and professional consultancy services in setting up of imaging centres and clinical laboratories.

NHG PHARMACY

Tel: 6340-2300
Fill your prescription online:
www.pharmacy.nhg.com.sg

NHG Pharmacy manages the dispensary and retail pharmacies at all nine NHG Polyclinics. Services include Smoking Cessation Clinics, pharmacist-led Anti-Coagulation Clinics and Hypertension-Diabetes-Lipidemia Clinics, where pharmacists monitor and help patients optimise their medication. Patients may also consult our pharmacists for treatment of minor ailments or for travel advice. NHG Pharmacy also provides comprehensive medication management services to Intermediate Long Term Care facilities (ILTCs) such as nursing homes. It also offers ConviDose™ Medication Management Service where medication is conveniently packed into individual sachets for patients according to the stipulated quantity and time the pills need to be consumed.

PRIMARY CARE ACADEMY

Tel: 6496-6682 / Fax: 6496-6669
www.pca.sg

The Primary Care Academy (PCA), a member of NHG, was set up to meet the professional training needs of primary health-care professionals in Singapore and the region. PCA aims to be a platform for sharing of expertise and capacity building among community healthcare leaders and practitioners in and around ASEAN.

JOHNS HOPKINS SINGAPORE INTERNATIONAL MEDICAL CENTRE

11 Jalan Tan Tock Seng
Tel: 6880-2222 / Fax: 6880-2233
www.imc.jhmi.edu

Johns Hopkins Singapore International Medical Centre (JHSIMC) is a licensed 30-bed medical oncology facility located in Singapore, a joint venture between the NHG and Johns Hopkins Medicine International (JHMI). It is the only fully-branded Johns Hopkins facility outside the United States, providing inpatient and outpatient medical oncology care, medical intensive care, laboratory services, hospital and retail pharmacy, general internal medicine and health screenings.


NHG IS A REGIONAL HEALTH SYSTEM FOR SINGAPORE
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COMMUNITY CENTRE
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Health is Wealth Eat Wisely

Eating well is fundamental to well-being – physical, psychological and social health.

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