

IPS' key recommendations about end-of-life decisions

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The restrictions under section 13(8) of the mental capacity act must be emphasised to families.

The law forbids Lasting Power of Attorney-appointed donees, who are most likely the family members, from making decisions about the life-sustaining treatment of a mentally incapacitated loved one.

If the patient has not stated his wishes in advance through advance care planning (ACP), for instance, the decision to preserve his life or take him off life support lies with the doctor. ACP facilitators should discuss the Act's restrictions with family members and ask the elderly about their preferences.

Palliative care providers should involve religious leaders in end-of-life conversations.

Culture and religion influence each patient's perceptions of death and his final days. Religious institutions could help to design relevant spiritual care programmes for patients in hospices.

Start the difficult conversations on death and dying.

The Institute of Policy Studies researchers said it is time to normalise end-of-life topics and not shy away from them. These topics can be raised at milestone events such as attaining adulthood, marriage, childbirth and retirement, or while getting life insurance.

Develop the palliative care sector further, in terms of providing financial incentives and manpower.

The researchers said government medical subsidies are skewed towards treating medical conditions and covering healthcare services, while long-term care services are financed by a small group of voluntary or charitable organisations.

Hence, patients choose to die in hospitals rather than at home, since subsidies push people to seek hospitalisation for their long-term care needs.

The researchers also said more doctors, allied health professionals and medical specialists should be trained in palliative care.

Simplify paperwork for family members when they make end-of-life plans.

For instance, the Agency for Integrated Care and the Office of the Public Guardian could work more closely together by merging the documentation processes for ACP and appointing a Lasting Power of Attorney.