



OUR SOCIAL MISSION

BY CARITAS SINGAPORE COMMUNITY COUNCIL

Dying Well

Living and dying are about making the right choices. How we choose to deal with illness, especially terminal illness, when it happens to us or our loved ones reflects on how we see human life and human dignity.

THE good news is that we are living longer. Thanks to medical advances and better nutrition, average life expectancy in Singapore has risen from 75.3 years in 1990 to 80.6 years today.

The bad news is that when people live longer, it puts a strain on the support system. Given the shortage of babies, Singapore has the world's third fastest ageing population.

Among the challenges ageing societies must confront are end-of-life issues.

In Singapore, an early consideration was the introduction of the Advance Medical Directive (AMD), which was subsequently enacted into law 12 years ago. It allows a person to state in advance his or her preference for certain medical treatment or non-treatment in the event that he or she is no longer able to make a decision. The take-up has been low, with less than 10,000 AMDs signed.

More recently, euthanasia has been debated. A few countries such as the Netherlands, Switzerland and Belgium, have legalised euthanasia.

When the subject was in the news here late last year, the Catholic Church and other religious bodies reacted strongly against the notion of "mercy killing".

Archbishop Nicholas Chia said: "One cannot choose death and ask to be killed. When one does this one is not only committing the crime of suicide but also compounding it by making another person a partner in a crime. One must not yield to another person's request for euthanasia. To yield to such request is false compassion". The Church's teaching is that euthanasia is morally unacceptable.

The Church believes in the sanctity of life, from conception to death. Unfortunately, decisions on the elderly sick are too often guided more by economic concerns than the dignity of the dying person. This goes against the Catholic social teachings on the Principle of the Dignity of the Human Person, which reaffirms that all human persons are of equal dignity.

But at a practical level, how do we live up to this principle of equal dignity of all human persons, no matter their condition? How do we deal with the reality of a close relative stricken with disease and barely able to feed himself? How do we deal with the

impending death of a loved one?

An answer might lie in palliative care. This is any form of care or treatment that seeks to reduce the severity of the disease symptoms, rather than provide a cure. The aim is to prevent and relieve suffering and to improve the quality of life for people facing serious, complex illness.

Palliative care encompasses caring for the physical, emotional and spiritual needs of patients and their families. In the case of a cancer patient, it provides relief from pain and other physical symptoms, such as fatigue, nausea, shortness of breath and loss of appetite. The goal is to prevent and relieve these symptoms to enable the patient to get on with daily life.

Palliative care also provides patients and their families emotional and spiritual support and help in making medical decisions and choices. Such choices include the specific type of care, and the preferred place of care and death.

There are those who choose to be in a hospital or hospice but, when death is imminent, they prefer to go home. Others want to be cared for at home, but prefer not to die at home.

To help the patient and family decide, there is a range of alternative care services available provided by hospices, hospitals and nursing homes. Such institutions can provide inpatient care teams, home care services and day care services.

Hospices care for the terminally ill and there are several in Singapore, including two run by Catholic charities: Assisi Hospice and St Joseph's Home and Hospice.

With people becoming more aware of end-of-life issues, palliative care has become more central in shaping the provision of health services. The recent establishment of the Lien Centre for Palliative Care by the Lien Foundation with three other partner organisations will broaden the base of trained expertise in palliative care and research, as well as to raise the awareness and improve end-of-life care in Singapore.

All these are in line with Catholic social teaching which "encourages increased attention to methods of palliative care that seek to make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal". (*Evangelium Vitae* No 65)



Dignity, comfort and laughter at Assisi Hospice

AT Assisi Hospice, patients celebrate life even as they grapple with illness and impending death.

The staff and volunteers prod them gently into realising that there is much they can do with the time they have left.

So children with cancer take part in Tae Kwon Do competitions and win medals. And terminally ill women attend cooking classes too.

Dignity and comfort have always been the hospice's promise, both to its patients and their families. The Assisi Hospice is a member organisation of Caritas Singapore.

Set up by Franciscan Missionaries of the Divine Motherhood (FMDM) nuns in 1969, the hospice sits on the grounds of Mount Alvernia Hospital. It has five full-time doctors and 40 nurses, as well as counsellors, social workers and physiotherapy assistants.

More than 90 per cent of the patients have cancer. Hospice administrator Irene Chan said: "When it comes to illness and death, the family matters most and we want to involve family members in the patient's care."

Where necessary, family conferences are arranged and patients can voice their concerns in the presence of a counsellor or social worker.

Irene cited the example of a parent having to break the news of a terminal illness to a young child. The family conference allowed the child to ask questions

and the family could plan how to spend the time they had left.

At the hospice, patients learn that while death is imminent, their memory can live on. One mother, on learning that she did not have long to live, prepared small gifts to be given to her two young children on special occasions for the next few years, so that they would know she loved them even though she could not be with them.

Walk the hallways of the hospice and you hear pleasant laughter and cheerful voices. Volunteers spend time with the patients in the day-care centre, taking them for walks in the garden and planning outings for them. The more active patients play mahjong or bingo, or do some art therapy.

Aside from those who stay at the hospice, some patients opt for home-care, receiving regular visits by hospice staff. Children have their own day-care centre too, and they range from pre-schoolers to those in their late teens.

The Assisi Hospice is largely funded by public donations and needs \$6 million a year. Of that amount, \$4 million is raised through internal projects such as the Charity Fun Day, gala dinners as well as donations from the public. The rest comes in the form of government subsidies for patients who qualify.

It also runs with the help of volunteers like clerk Angela Kwek, who works the afternoon

shift so that she can spend her mornings with patients at the hospice.

"They talk to me about their families and I learn from their experiences. They too take care of me and advise me, especially when I'm not well", said Angela, a volunteer for the past 10 years. "I really love this place."

Can you help?

If you would like to be a volunteer, download an application form at <http://www.assisihospice.org.sg> or email angeline_chew@assisihospice.org.sg

To make a donation, contact the Donor Resource Manager at 6347 6468 or email ronita_paul@assisihospice.org.sg

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Contact:

Assisi Hospice

Holline: 6347 6446

Fax: 6253 5312

Website: www.assisihospice.org.sg