

FORM 5

**CERTIFICATION OF TERMINAL ILLNESS AND
REQUEST FOR SEARCH OF THE ADVANCE MEDICAL DIRECTIVE REGISTER**

THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 9(1)]

THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

**INSTRUCTIONS TO THE MEDICAL PRACTITIONER RESPONSIBLE FOR THE TREATMENT OF A
PATIENT SUFFERING FROM A TERMINAL ILLNESS**

1. It is the duty of the medical practitioner responsible for the treatment of a patient (who has attained the age of 21 years) to request for a search of the Advance Medical Directive Register if he has reason to believe that the patient –
 - (a) is suffering from a terminal illness;
 - (b) requires extraordinary life-sustaining treatment; and
 - (c) is unconscious or incapable of exercising rational judgment.
2. The medical practitioner responsible for the treatment of the patient should complete **Page 2 of this form** and send it to the Registrar of Advance Medical Directives by fax or other means at the address given on page 2. If the form is faxed, the original copy should also be forwarded to the Registry.
3. The Registrar of Advance Medical Directives will then inform the medical practitioner in writing whether the patient has an advance medical directive which is in force.
4. Please read the *NOTES FOR MEDICAL PRACTITIONER* below before completing this form.

NOTES FOR MEDICAL PRACTITIONER



1. No medical practitioner shall certify or participate in the determination or certification that a patient is terminally ill if the medical practitioner -
 - (a) is a beneficiary under the patient's will or any policy of insurance;
 - (b) has an interest under any instrument under which the patient is the donor, settlor or grantor;
 - (c) would be entitled to an interest in the moneys of the patient held in the Central Provident Fund or other provident fund on the death of that patient; or
 - (d) has registered an objection under section 10(1) of the Advance Medical Directive Act 1996.
2. "**Terminal illness**" means an incurable condition caused by injury or disease from which there is no reasonable prospect of a temporary or permanent recovery where -
 - (a) death would within reasonable medical judgment be imminent regardless of the application of extraordinary life-sustaining treatment; and
 - (b) the application of extraordinary life-sustaining treatment would only serve to postpone the moment of death.
3. "**Specialist**" is a medical practitioner who has completed advance speciality training administered by the Joint Committee of Advanced Speciality Training, or possesses any other postgraduate medical qualification which the Director of Medical Services deems equivalent thereto for the purposes of the Advance Medical Directive Act 1996.

The Registry of Advance Medical Directives
Ministry of Health, College of Medicine Building, 16 College Road, Singapore 169854
Tel: 63259136 Fax: 63259212

(Please direct all enquiries to this address)

TO THE REGISTRAR OF ADVANCE MEDICAL DIRECTIVES

Please fax this page to the Registrar of Advance Medical Directives at the following 8-digit number that is to be used only for *FORM 5*:

 **Fax: 63259212** 

THE PATIENT

Name: _____ NRIC No.: _____

Address: _____
Singapore _____

Hospital (if the patient is currently warded): _____

Principal Diagnosis for the Patient: _____

Other Significant Medical Conditions: _____

MEDICAL PRACTITIONER RESPONSIBLE FOR THE TREATMENT OF THE PATIENT

Name: _____ NRIC No.: _____

Office Address: _____
Singapore _____

Office Telephone: _____ Fax: _____ Handphone/Pager: _____

Qualification (please tick one of the following boxes):

Specialist (specify speciality): _____ Non-specialist

1. I have examined the patient named above and determined that the patient is suffering from a terminal illness, requires extraordinary life-sustaining treatment, and is unconscious or incapable of exercising rational judgment.
2. I request that a search of the Advance Medical Directive Register be conducted to ascertain whether the patient has made a directive which is in force, and that I be informed accordingly.

Signature of the
Medical Practitioner

Name/Clinic Stamp of the
Medical Practitioner

Date