

**FORM 7**

**CERTIFICATION OF TERMINAL ILLNESS  
BY TWO OTHER MEDICAL PRACTITIONERS**

THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 9(3)]

THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

**TO THE MEDICAL PRACTITIONER RESPONSIBLE FOR THE TREATMENT OF THE PATIENT**

1. Please complete your particulars below and the patient's particulars on page 2.

Name: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_ Singapore \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Pager: \_\_\_\_\_

- It is your responsibility to obtain the opinions of two other medical practitioners as to whether the patient is suffering from a terminal illness. If you are a specialist, at least one of the two other medical practitioners must be a specialist. If you are not a specialist, both of the two other medical practitioners must be specialists. The specialist(s) should be practising in a speciality related to the patient's illness. (The definition of "specialist" is given below)
- Please ensure that all medical records of the patient are made available to the two other medical practitioners and arrange for them to see and examine the patient.
- After the two other medical practitioners have completed page 2, please complete page 3 and follow the instructions given there.

**The Registry of Advance Medical Directives**  
Ministry of Health, College of Medicine Building, 16 College Road, Singapore 169854  
Tel: 3259136 Fax: 3259212

(Please direct all enquiries to this address)

**TO THE TWO OTHER MEDICAL PRACTITIONERS WHOSE OPINIONS ARE BEING SOUGHT**

- The medical practitioner named above who is responsible for the treatment of the patient named on page 2 has determined that the patient is suffering from a terminal illness, requires extraordinary life-sustaining treatment, and is unconscious or incapable of exercising rational judgment.
- The patient has an advance medical directive registered under the Advance Medical Directive Act 1996 which is in force.
- Your opinions are sought as to whether you agree that the patient is suffering from a terminal illness.
- Please complete page 2 of this form and return this form to the medical practitioner who is responsible for the treatment of the patient. Please read the *NOTES FOR MEDICAL PRACTITIONER* below before completing this form.

**NOTES FOR MEDICAL PRACTITIONER**

- No medical practitioner shall certify or participate in the determination or certification that a patient is terminally ill if the medical practitioner -
  - is a beneficiary under the patient's will or any policy of insurance;
  - has an interest under any instrument under which the patient is the donor, settlor or grantor;
  - 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
  - has registered an objection under section 10(1) of the Advance Medical Directive Act 1996.
- "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 -
  - death would within reasonable medical judgment be imminent regardless of the application of extraordinary life-sustaining treatment; and
  - the application of extraordinary life-sustaining treatment would only serve to postpone the moment of death.
- "Specialist" is a medical practitioner who has completed advanced speciality training administered by the Joint Committee on 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 PATIENT**

Name: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Hospital (if the patient is currently warded): \_\_\_\_\_

Principal Diagnosis for the Patient: \_\_\_\_\_

Other Significant Medical Conditions: \_\_\_\_\_

**FIRST OTHER MEDICAL PRACTITIONER WHOSE OPINION IS BEING SOUGHT**

Name: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_ Singapore \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Pager: \_\_\_\_\_

Qualification (please tick one of the following boxes):

Specialist (specify speciality): \_\_\_\_\_  Non-specialist

1. I have read the medical records of the patient named above, and have independently examined this patient who is unconscious or incapable of exercising rational judgment.

2. My opinion is that -  THE PATIENT **IS** SUFFERING FROM A TERMINAL ILLNESS.  
(please tick one of the boxes)  THE PATIENT **IS NOT** SUFFERING FROM A TERMINAL ILLNESS.

\_\_\_\_\_  
Signature of the  
Medical Practitioner

\_\_\_\_\_  
Name/Clinic Stamp of the  
Medical Practitioner

\_\_\_\_\_  
Date

**SECOND OTHER MEDICAL PRACTITIONER WHOSE OPINION IS BEING SOUGHT**

Name: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_ Singapore \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Pager: \_\_\_\_\_

Qualification (please tick one of the following boxes):

Specialist (specify speciality): \_\_\_\_\_  Non-specialist

1. I have read the medical records of the patient named above, and have independently examined this patient who is unconscious or incapable of exercising rational judgment.

2. My opinion is that -  THE PATIENT **IS** SUFFERING FROM A TERMINAL ILLNESS.  
(please tick one of the boxes)  THE PATIENT **IS NOT** SUFFERING FROM A TERMINAL ILLNESS.

\_\_\_\_\_  
Signature of the  
Medical Practitioner

\_\_\_\_\_  
Name/Clinic Stamp of the  
Medical Practitioner

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY:**

**THE MEDICAL PRACTITIONER RESPONSIBLE FOR THE TREATMENT OF THE PATIENT**

(Please complete this section after the two other medical practitioners have completed page 2 of this form and return the entire form to the Registrar of Advance Medical Directives at the address given on page 1)

1. I have determined that the patient, \_\_\_\_\_, Name \_\_\_\_\_ NRIC No. \_\_\_\_\_,

- (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 Registrar of Advance Medical Directives has confirmed that the patient has an advance medical directive registered under the Advance Medical Directive Act 1996 which is in force.

3. I have determined that the patient is not pregnant with a foetus which will probably develop to the point of live birth with continued application of extraordinary life-sustaining treatment. My determination is based on the following fact (please tick one of the following boxes):

- There is reasonable ground to believe that the patient is unable to become pregnant.
- The patient's blood has been tested negative for  $\beta$ -HCG (human chorionic gonadotrophin) using microparticle enzyme immunoassay. The test was done within the past two weeks.
- The patient's blood has been tested positive for  $\beta$ -HCG (human chorionic gonadotrophin) using microparticle enzyme immunoassay but other evidence shows that the foetus will probably not develop to the point of live birth with continued application of extraordinary life-sustaining treatment.

(give details of the other evidence) \_\_\_\_\_

4. I have sought the opinions of the two other medical practitioners named on page 2: (please tick one of the following boxes)

- They are in agreement that the patient is suffering from a terminal illness.  
**I will give effect to the patient's advance medical directive.**

(Note: You may give effect to the patient's directive as soon as you have signed this section. Upon the death of the patient, please obtain a duplicate copy of the patient's certificate of cause of death issued by you or the coroner under the Registration of Births and Death Act (Cap. 267) and forward it to the Registrar of Advance Medical Directives.)

- They are not in unanimous agreement that the patient is suffering from a terminal illness.  
**I will not give effect to the patient's advance medical directive at present.**  
**I request that this case be referred to a committee of three specialists to be appointed by the Director of Medical Services.**

\_\_\_\_\_  
Signature of the  
Medical Practitioner

\_\_\_\_\_  
Name/Clinic Stamp of the  
Medical Practitioner

\_\_\_\_\_  
Date

**NOTES**

1. No medical practitioner shall act in accordance with an advance medical directive if the medical practitioner has reasonable ground to believe -
  - (a) that a notice of revocation of the directive has been received by the Registry of Advance Medical Directives or such revocation has been sent to the Registry;
  - (b) that the patient has, whether in writing, orally or in any other way, communicated to any medical practitioner his intention to revoke the directive; or
  - (c) that the patient was not, at the time of making the directive, capable of understanding the nature and consequences of the directive.
2. No medical practitioner shall act in accordance with an advance medical directive 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.
3. If you are disqualified from acting in accordance with an advance medical directive, please take all reasonable steps as soon as practicable for the care of the patient to be transferred to another medical practitioner who has not registered an objection under section 10(1) of the Advance Medical Directive Act 1996. Please hand this form over to the medical practitioner to whom the patient is transferred.
4. If you change your mind at any time and believe that the patient is not suffering from a terminal illness, please return all forms prescribed under the Advance Medical Directive Regulations 1997 relating to the case which are in your possession to the Registrar of Advance Medical Directives, with a covering letter confirming your decision.
5. The advance medical directive does not -
  - (a) affect any right, power or duty which a medical practitioner or any other person has in relation to palliative care;
  - (b) derogate from any duty of a medical practitioner to inform a patient who is conscious and capable of exercising a rational judgment of all the various forms of treatment that may be available in his particular case so that the patient may make an informed judgment as to whether a particular form of treatment should, or should not, be undertaken; or
  - (c) affect the right of a patient to make a decision in relation to the use of extraordinary life-sustaining treatment, so long as he is able to do so.