

FORM 8

**CERTIFICATION OF TERMINAL ILLNESS BY A COMMITTEE OF  
THREE SPECIALISTS APPOINTED BY THE DIRECTOR OF MEDICAL SERVICES**

THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 9(5)]

THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

**TO MEMBERS OF THE COMMITTEE OF THREE SPECIALISTS**

1. The medical practitioner 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.
2. As the opinions of the two other medical practitioners were not unanimously in agreement that the patient is suffering from a terminal illness, this case is referred to a committee of three specialists under the Advance Medical Directive Act 1996 to decide whether the patient is suffering from a terminal illness. The Director of Medical Services has appointed you as a member of this committee.
3. Please make arrangements with the medical practitioner named below for all medical records of the patient to be made available to you, and for you to see and examine the patient.
4. Please complete this form and return it by fax or other means to the Registrar of Advance Medical Directives at the address given below within 24 hours from the time you receive it. If the form is faxed, the original copy should also be forwarded to the Registry. Please read the *NOTES FOR MEDICAL PRACTITIONER* below before you complete this form.

Signature of the Registrar of  
Advance Medical Directives

Official Stamp of the Registrar of  
Advance Medical Directives

Date

**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)

**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 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 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.

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

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

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

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

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

**THE PATIENT**

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

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

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

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

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

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

**MEMBER OF THE COMMITTEE OF THREE SPECIALISTS**

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

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

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

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

Speciality: \_\_\_\_\_

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 Specialist

\_\_\_\_\_  
Name/Clinic Stamp of the Specialist

\_\_\_\_\_  
Date