

FORM 9

**RECORD OF DECISION OF THE COMMITTEE OF THREE SPECIALISTS  
APPOINTED BY THE DIRECTOR OF MEDICAL SERVICES**

THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 9(8)]

THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

**TO THE MEDICAL PRACTITIONER** (named below)

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

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

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

1. As the medical practitioner responsible for the treatment of the patient named below, you have determined that this patient is suffering from a terminal illness, requires extraordinary life-sustaining treatment, and is unconscious or incapable of exercising rational judgment.
2. This case has been referred to a committee of three specialists appointed by the Director of Medical Services to determine whether the patient is suffering from a terminal illness.
3. The decision of the committee is stated below. Please take note of the decision of the committee and follow the instructions given there.

**THE PATIENT**

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

**DECISION OF THE COMMITTEE OF THREE SPECIALISTS**

1. The committee of three specialists **IS UNANIMOUSLY** in agreement that the patient named above is suffering from a terminal illness.
2. The patient's advance medical directive registered under the Advance Medical Directive Act 1996 is in force and **SHOULD BE EFFECTED**. No extraordinary life-sustaining treatment is to be applied or given to the patient. You may act on the directive after completing page 2 of this form.

1. The Committee of three specialists **IS NOT UNANIMOUSLY** in agreement that the patient named above is suffering from a terminal illness.
2. The patient should be treated as not suffering from a terminal illness and the patient's advance medical directive registered under the Advance Medical Directive Act 1996 **MUST NOT BE EFFECTED**.

(Delete one of the above boxes as appropriate)

\_\_\_\_\_  
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)

**THIS SECTION TO BE COMPLETED BY:**

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

(Please complete this section and return the entire form to the Registrar of Advance Medical Directives at the address given on page1)

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 received confirmation from the Registrar of Advance Medical Directives that the committee of three specialists appointed by the Director of Medical Services is unanimously 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.)

\_\_\_\_\_  
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.