

ADVANCE MEDICAL DIRECTIVE

**Handbook
for Medical
and
Healthcare
Professionals**



MINISTRY OF HEALTH

May 2006

WHAT IS THE ADVANCE MEDICAL DIRECTIVE (AMD)

1. LEGISLATING THE AMD

The National Medical Ethics Committee (NMEC) was formed in January 1994 to oversee ethical issues in medicine. The subject of AMDs was studied by the Committee, including a review of overseas experience and consultations with several religious and professional bodies in Singapore. The Committee's Report of July 1995 recommended that:

“legislation on AMDs is required to provide patients with the legal means to continue to exercise autonomy over their medical treatment even when they are incompetent and in the final stages of their terminal illness.”

Procedures and safeguards to prevent misuse or abuse of the legislation were also proposed. The Committee's recommendations were accepted by the Government.

The Advance Medical Directive Bill was introduced in Parliament in November 1995. The Bill was committed to a Select Committee and public opinions were received.

The Advance Medical Directive Act was passed in Parliament in May 1996:

“An Act to provide for, and give legal effect to, advance directives to medical practitioners against artificial prolongation of the dying process and for matters connected therewith.”

The Advance Medical Directive Regulations 1997 set out the operational procedures, including the various forms to be used, in relation to an AMD.

2. WHAT DOES THE AMD DO

The AMD is based on the principle of patient autonomy, that every patient has the right to decide whether to accept or reject the treatment that is offered to him by a doctor.

The AMD allows a person to state and register his wish in advance so that he will not be subjected to extraordinary life-sustaining treatment in the event when he is suffering from a terminal illness and is unconscious or incapable of expressing rational judgement.

“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 judgement 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 of the patient.*

“Extraordinary life-sustaining treatment” means any medical procedure or measure which, when administered to a terminally ill patient, will only prolong the process of dying when death is imminent, but excludes palliative care.

3. MAKING AN AMD

Any person of sound mind who has attained the age of 21 years, and wishes to make an AMD, shall fill up **FORM 1**, which is available in most health care institutions and clinics.

The form shall be signed in the presence of 2 witnesses who should not have any vested interests in the patient’s death.

- *The First Witness* shall be the patient's family medical practitioner or any other medical practitioner of his choice.
- *The Second Witness* shall be a person who has attained the age of 21 years.

An AMD is only valid when it is registered with the Registrar of Advance Medical Directives appointed under the Advance Medical Directive Act 1996.

The Registrar shall inform the maker of the AMD in **FORM 2** when the AMD is registered and made valid.

The making of an AMD is a completely voluntary decision of the patient himself. However, the patient is encouraged to discuss with his family members concerning the decision to make an AMD.

4. REVOKING AN AMD

Any patient who has made an AMD may in the presence of at least one witness revoke the AMD -

- (a) in writing;
- (b) orally; or
- (c) in any other way in which the patient can communicate.

The written revocation may be done in **FORM 3**, or on other sheets of paper.

Non-written revocation shall be communicated to the witness.

Where a revocation is made, the patient (if practicable) and the witness shall notify the Registrar. The notice of revocation may also be done in **FORM 3**, or other ways of writing provided that the particulars of the name, address and telephone of the person revoking the AMD and of the witness, and the date, time and place where the revocation was made, are included.

Upon receipt of a notice of revocation (if there is more than one notice, the first notice), the Registrar shall issue to that person an acknowledgement in **FORM 4**.

5. WHEN DOES AN AMD COME INTO EFFECT

An AMD comes into effect when the maker of the AMD fulfils all the following 3 conditions, that he -

- (a) is suffering from a terminal illness;
- (b) requires extraordinary life-sustaining treatment; and
- (c) is unconscious or incapable of expressing rational judgement.

When a doctor has reason to believe that the patient under his care (who has attained the age of 21 years) fulfils all the 3 conditions, the doctor shall complete **FORM 5** to certify the terminal illness and request for a search in the AMD Register, which is to be forwarded to the Registrar.

The Registrar will then conduct a search in the AMD Register and inform the doctor accordingly in **FORM 6** by fax on whether the patient has made an AMD registered under the AMD Act 1996 which is in force.

6. DUTIES OF A DOCTOR BEFORE EFFECTING AN AMD

Obtain the Opinions of 2 Other Doctors

When the doctor receives confirmation from the Registrar that the patient has an AMD which is in force, he needs to obtain the opinions of 2 other doctors in **FORM 7** as to whether they agree that the patient is suffering from a terminal illness.

Among the 3 doctors who certify the terminal illness, including the doctor who is treating the patient, 2 must be specialists.

“Specialist” is a medical practitioner who has completed advanced speciality training administered by the Joint Committee on Advanced Speciality Training, or possess any other postgraduate qualification which the Director of Medical Services deems equivalent thereto for the purposes of the Advance Medical Directive Act 1996.

If the 2 other doctors both agree that the patient is suffering from a terminal illness, the doctor can sign the **certificate attached to FORM 7** to -

- confirm that the patient is suffering from a terminal illness, requires extraordinary life-sustaining treatment, and is unconscious or incapable of expressing rational judgement;
- certify that he has received confirmation from the Registrar that the patient has an AMD registered under the AMD Act 1996 which is in force; and
- certify 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.

He can then give effect to the patient's AMD.

Decision by a Committee of 3 Specialists Appointed by the Director of Medical Services

If the 2 other doctors are not in unanimous agreement that the patient is suffering from a terminal illness, the doctor should carefully re-evaluate his patient's condition. If he agrees that the patient is not terminally ill, he shall return any AMD forms which he may be holding, to the Registrar, with a covering letter confirming his decision. All AMD procedures will be stopped.

However, if the doctor still believes that the patient is terminally ill, he shall use the **certificate attached to FORM 7** to request the Registrar to refer the issue to a Committee of 3 Specialists. The 3 specialists shall be appointed by the Director of Medical Services from a panel of specialists designated for this purpose.

The Registrar will then refer the case in **FORM 8** to this Committee of 3 Specialists appointed by the Director of Medical Services to determine whether the patient is suffering from a terminal illness. The 3 specialists shall give their replies to the Registrar within 24 hours. The Registrar shall then inform the doctor in **FORM 9** of the decision of the Committee.

If the 3 specialists agree unanimously that the patient is suffering from a terminal illness, the doctor can sign the **certificate attached to FORM 9** to -

- confirm that the patient is suffering from a terminal illness, requires extraordinary life-sustaining treatment, and is unconscious or incapable of expressing rational judgement;
- certify that he has received confirmation from the Registrar that the patient has an AMD registered under the AMD Act 1996 which is in force; and
- certify 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.

He can then give effect to the patient's AMD.

If the 3 specialists are unable to reach an unanimous agreement that the patient is suffering from a terminal illness, the patient shall be treated as one not suffering from a terminal illness and the AMD must not be effected.

Keeping the Registrar Informed after Effecting an AMD

All **FORM 7** and **FORM 9**, as well as the **certificate** attached, should be returned to the Registrar after the patient's AMD has been effected.

Upon the death of the patient, obtain a duplicate copy of the patient's **certificate of cause of death** issued by the doctor or the coroner and forward it to the Registrar.

Note: The effect of an AMD shall not constitute a cause of death in completing the patient's certificate of cause of death. The cause(s) of death will be the underlying medical condition(s) which the patient is suffering from.

7. HEALTH CARE PROFESSIONALS WHO OBJECT TO ACTING ON AN AMD

A doctor or any health care professional acting under the instructions of a doctor, who for any reason objects to acting on an AMD, shall register his objection in **FORM 10** with the Registrar. The objection can be revoked by signing a declaration of revocation in the same form.

- After registering the objection, the doctor or health care professional will not -
- (a) give effect to any AMD;
 - (b) act as a witness in the making of any AMD; and
 - (c) participate in the certification of terminal illness for any patient who has been confirmed to have an AMD.

However, the doctor must still request for the search of the AMD Register when, in his judgement, his patient is suffering from a terminal illness, requires extraordinary life-sustaining treatment, and is unconscious or incapable of exercising rational judgement. If the patient is found to have an AMD which is in force, the doctor should arrange as soon as practicable for the care of the patient to be transferred to another doctor who has not registered such an objection to implement the other procedures related to the AMD.

8. SAFEGUARDS INSTITUTED IN THE PROCEDURES RELATED TO THE AMD

- (1) ***The AMD Register shall be kept confidential*** and shall not be disclosed to any person except to the following:
 - (a) the person who made the directive or such other person as he may in writing authorise;
 - (b) the Registrar and other persons appointed to maintain and administer the Register;
 - (c) the medical practitioner responsible for the treatment of the person who made the AMD only if a certificate of terminal illness in respect of that person has been forwarded to the Registrar.
- (2) ***No one is allowed to enquire if a person has made an AMD*** except the doctor responsible for the treatment of the patient and only when the patient, in the doctor's judgement, is suffering from a terminal illness, requires extraordinary life-sustaining treatment, and is unconscious or incapable of expressing rational judgement. However, when a doctor who is taking care of a terminally ill patient has been informed by the Registrar that the patient has an AMD which is in force, the doctor is allowed to divulge this information to the relevant parties, such as the patient's family members to allow him to provide the necessary counselling.
- (3) ***No person, including doctors and health care professionals, shall participate in any procedures related to the making or effecting of an AMD if he has any vested interests in the patient's death.***
- (4) ***The doctor responsible for the treatment of the patient should not act on the AMD if he has reasonable grounds to believe that -***
 - (a) a notice of revocation has been received or is being sent to the Registry;

- (b) the patient has, whether in writing, orally or in any other way, communicate to any doctor his intention to revoke the AMD; or
 - (c) the patient was not, at the time of making the AMD, capable understanding the nature and consequences of the AMD.
- (5) **Patients are protected from unscrupulous people who may make use of the AMD.** According to the AMD Act, any person who -
- (a) by any deception, fraud, mis-statement, unconscionable conduct or undue influence, procures or obtains, directly or indirectly, the execution by another person of a directive;
 - (b) falsifies or forges the directive of another person; or
 - (c) wilfully conceals or withholds personal knowledge of a revocation of a directive, shall be guilty of an offence which is punishable by law.
- (6) The AMD Act does not authorise an act that causes or accelerates death as distinct from an act that permits the dying process to take its natural course.
The Act does not condone, authorise or approve abetment of suicide, mercy killing or euthanasia.

9. AMD AND OTHER RIGHTS OF THE PATIENT

a. Palliative Care after the AMD has been Effected

The patient shall continue to receive palliative care, including the provision of reasonable medical procedures for the relief of pain, suffering or discomfort, as well as the reasonable provision of food and water.

b. Medical Treatment when still Conscious and Capable of Exercising Rational Judgement

A patient who is conscious and capable of exercising rational judgement shall continue to decide on his own medical treatment in consultation with his doctor. The making of an AMD is not a pre-requisite to gaining admission to hospitals nor a criterion for receiving medical treatment.

c. Insurance Policies

The making of an AMD shall not affect the sale, procurement or issuance of a policy of insurance or any terms thereof.

10. THOSE WHO HAVE NOT MADE AN AMD

For those who have not made an AMD and are suffering from a terminal illness, require extraordinary life-sustaining treatment, and are unconscious or incapable of expressing rational judgement, the current practice will continue.

The doctor and the patient's family members will discuss and make a decision on whether to prolong the patient's dying process by giving or applying extraordinary life-sustaining treatment to the patient.

It does not imply that the doctor must provide all possible extraordinary life-sustaining treatment to those without an AMD.

If you have any enquiries on the AMD, please contact one of the following:

- The Registrar of Advance Medical Directives;
- The Deputy Registrar of Advance Medical Directives;
- The Assistant Registrar of Advance Medical Directives, at:

The Registry of Advance Medical Directives

Ministry of Health
College of Medicine Building
16 College Road
Singapore 169854
Tel: 63259136
Fax: 63259212

*** Prepared by the Ministry of Health, Singapore ***

DOCTORS' CHECKLIST ON ADVANCE MEDICAL DIRECTIVE PROCEDURES

When a patient comes to you to make an AMD:

- Check that he is at least 21 years old (from his NRIC or medical records).
- Make sure he is of sound mind by checking that he -
 - (a) understands the nature and implications of the directives;
 - (b) is oriented to time and space; and
 - (c) is able to name himself and his immediate family members.
- Explain to him the legal and medical implications of an AMD (you may charge the patient a “consultation” fee according to the amount of time spent). Make sure that the patient understands the aim of the AMD is to avoid prolonging the dying process and suffering, and not so much to save medical expenses. This will also save the family members from making a very difficult decision at a time when they are under tremendous emotional pressure.
- Encourage the patient to discuss the decision to make an AMD with his family members. If the patient’s family members are accompanying the patient, get the patient’s permission and let them be involve in the discussion (but they cannot act as witnesses).
- Emphasise that the decision is completely voluntary and no adverse effects with regard to receiving medical treatment will occur if one does not make an AMD.
- Remind the patient that the AMD can be revoked at any time if he changes his mind.
- Guide the patient to fill in **FORM 1** and sign together with the second witness (any person who is at least 21 years old, including your nurse). You may offer to send in the form to the Registry of Advance Medical Directives for the patient.
- Never divulge the information that the patient has made an AMD to others except under conditions allowed by the AMD Act.

When your patient tells you that he wants to revoke his AMD:

- Record the date, time and place of the revocation in **FORM 3** (you may use other sheets of paper if *Form 3* is not available).

| |
|--|
| No person shall participate in any procedures related to the making or effecting of an AMD if he has any vested interests in the patient’s death |
|--|

- Let your patient sign the form (if practicable).
- Then you sign as the witness.
- Send in the form to the Registry for your patient, especially when your patient is too ill at that time to do it himself.

When your patient, in your judgement, is suffering from a terminal illness, requires extraordinary life-sustaining treatment, and is unconscious or incapable of expressing rational judgement:

- Complete **FORM 5** to certify the terminal illness and fax it (followed by mailing the original copy) to the Registrar to request for a search of the AMD Register.
- The Registrar will inform you of the result of the search in **FORM 6** by fax.

When the Registrar confirms that your patient has a valid AMD registered under the AMD Act 1996:

- Get the opinions of two other doctors in **FORM 7** as to whether they agree that the patient is terminally ill. It is your responsibility to make the arrangement.
- Among the 3 of you (the 2 other doctors and yourself), at least 2 must be specialists.
("Specialist" is a doctor who has completed advanced speciality training or the equivalent. In public hospitals, this is generally equivalent to a Senior Registrar).
- The specialists should be practising in a discipline related to the patient's illness.
- If both of the 2 other doctors agree that the patient is terminally ill, you can effect the patient's AMD after completing the **certificate** attached to **FORM 7**. If the 2 other doctors are not in unanimous agreement that the patient is terminally ill, you should carefully re-evaluate your patient's condition. If you still believe that the patient is terminally ill, you should refer the case back to the Registrar so that a decision will be made by a committee of three specialists appointed by the Director of Medical Services.

- Return the entire **FORM 7** and the **certificate** to the Registrar.
- If the committee unanimously agrees that the patient is terminally ill, you can effect the patient's AMD after completing the **certificate** attached to **FORM 9**. If the committee does not agree unanimously that the patient is terminally ill, the patient's AMD must not be effected.
- Return the entire **FORM 9** and the certificate to the Registrar.
- Inform the patient's family members and provide the necessary counselling when you are giving effect to the patient's AMD. Let them know what is happening and what you are going to do. Prepare them emotionally and try your best to help them to accept the fact. There may be a lot of different opinions at this point of time among the family members. Be firm to implement the patient's will (his AMD) and explain to them that this is the patient's wish as well as his right.
- Upon the patient's death, obtain a duplicate copy of the patient's **certificate of cause of death** issued by the doctor or the coroner and forward it to the Registrar.

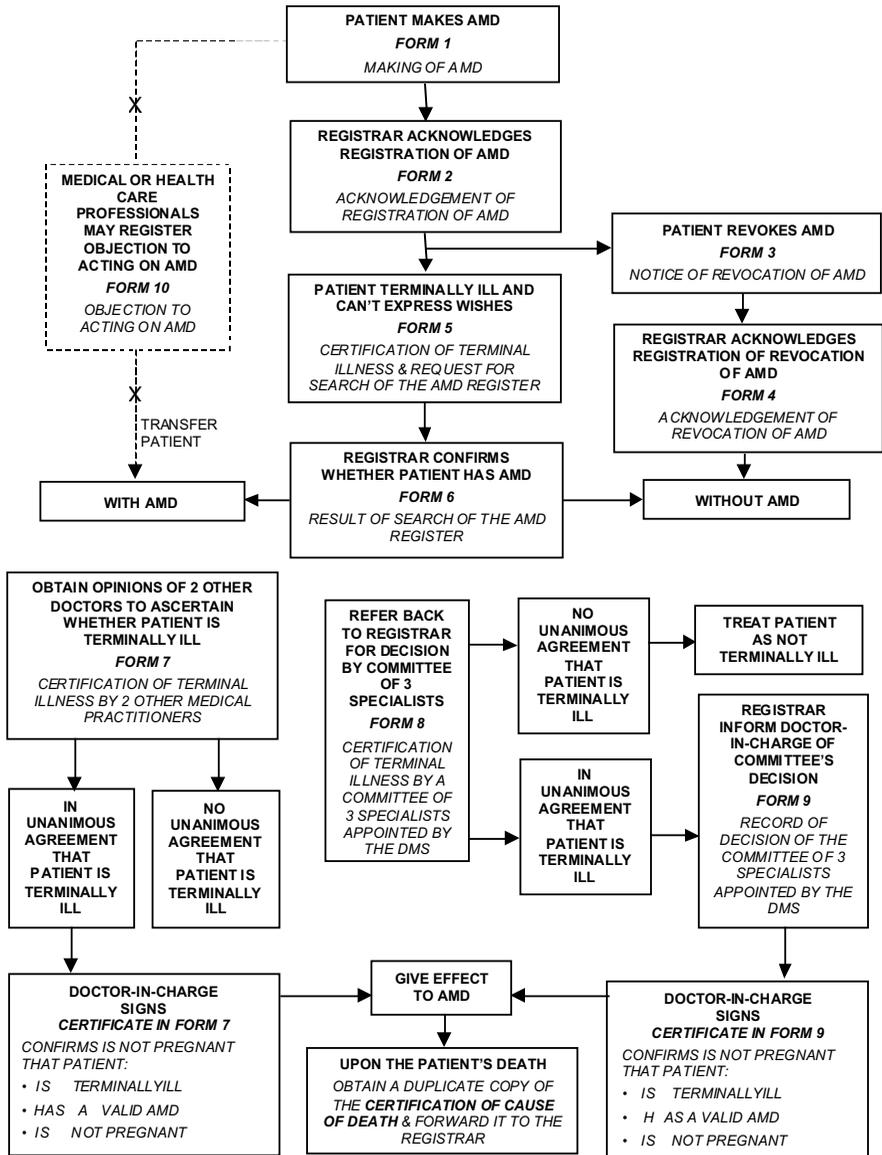
No person shall participate in any procedures related to the making or effecting of an AMD if he has any vested interests in the patient's death.

[Note: Sample copy of Forms 1-10 are to be appended in page 13-28]

ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

| SCHEDULE | TITLE | REGULATION |
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ADVANCE MEDICAL DIRECTIVE PROCEDURES



FORM 1
MAKING OF ADVANCE MEDICAL DIRECTIVE
THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 3]
THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

(This form may take you 5 minutes to fill in)

PERSON MAKING THE ADVANCE MEDICAL DIRECTIVE

Name:

NRIC No.: - - Sex: Male Female (please tick)

Date of Birth: - - (must be at least 21 years of age)
Day Month Year

Address:

Singapore

Home Telephone: Office Telephone:

THE DIRECTIVE

1. I hereby make this advance medical directive that if I should suffer from a terminal illness and if I should become unconscious or incapable of exercising rational judgment so that I am unable to communicate my wishes to my doctor, no extraordinary life-sustaining treatment should be applied or given to me.
2. I understand that "terminal illness" in the Advance Medical Directive Act 1996 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. I understand that "extraordinary life-sustaining treatment" in the Advance Medical Directive Act 1996 means any medical procedure or measure which, when administered to a terminally ill patient, will only prolong the process of dying when death is imminent, but excludes palliative care.
4. This directive shall not affect any right, power or duty which a medical practitioner or any other person has in giving me palliative care, including the provision of reasonable medical procedures to relieve pain, suffering or discomfort, and the reasonable provision of food and water.
5. I make this directive in the presence of the two witnesses named on page 2.

Signature / Thumb Print

Date

INSTRUCTIONS ON THE REGISTRATION OF ADVANCE MEDICAL DIRECTIVE

1. The person making the advance medical directive should complete this form and send it in a sealed envelope by mail or by hand to the Registrar of Advance Medical Directives at the address given below. Faxed copies will not be accepted.
2. The advance medical directive is only valid when it is registered with the Registrar of Advance Medical Directives. The Registrar will send the maker of the directive an acknowledgement when the directive has been registered.

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)

(Both witnesses please read the *NOTES FOR WITNESS* below before signing)

NOTES FOR WITNESS

A witness shall be a person who to the best of his knowledge -

- (a) is not a beneficiary under the patient's will or any policy of insurance;
- (b) has no interest under any instrument under which the patient is the donor, settlor or grantor;
- (c) would not be entitled to an interest in the estate of the patient on the patient's death intestate;
- (d) would not 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; and
- (e) has not registered an objection under section 10(1) of the Advance Medical Directive Act 1996.

FIRST WITNESS (This witness must be a registered medical practitioner)

Name:

NRIC No.: - -

Office Address:

Singapore

Office Telephone: Handphone / Pager: 9 -

1. I have taken reasonable steps in the circumstances to ensure that the maker of this directive -
 - (a) is of sound mind;
 - (b) has attained the age of 21 years;
 - (c) has made the directive voluntarily and without inducement or compulsion; and
 - (d) has been informed of the nature and consequences of making the directive.
2. I declare that this directive is made and signed in my presence together with the witness named below.

Signature of the
Medical Practitioner

Name/Clinic Stamp of the
Medical Practitioner

Date

Note: As a *guide* for the purposes of determining whether the maker of the directive is of sound mind, the medical practitioner should ascertain whether the maker -

- (a) understands the nature and implications of the directive;
- (b) is oriented to time and space; and
- (c) is able to name himself and his immediate family members.

SECOND WITNESS (This witness must be of at least 21 years of age)

Name:

NRIC No.: - -

Home Address:

Singapore

Home Telephone: Office Telephone:

I declare that this directive is made and signed in my presence together with the witness named above.

Signature

Date

FORM 2

ACKNOWLEDGEMENT OF REGISTRATION OF ADVANCE MEDICAL DIRECTIVE

THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 5(2)]

THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

TO THE MAKER OF THE ADVANCE MEDICAL DIRECTIVE (named below)

Name: _____ NRIC No.: _____

Address: _____

_____ Singapore _____

1. This is to acknowledge that the advance medical directive made by you on _____ has been registered with the Registrar of Advance Medical Directives.

2. Your directive is valid with effect from the date stated below.

Signature of the Registrar of
Advance Medical Directives

Official Stamp of the Registrar of
Advance Medical Directives

Date

NOTES

1. You may revoke your advance medical directive at any time in the presence of at least one witness, in writing, orally, or in any other way in which you can communicate.

2. Attached to this acknowledgment is a copy of FORM 3 which may be used as a written revocation of the directive and a notice of revocation (whether the revocation was in writing or by any other way of communication).

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)

FORM 3

NOTICE OF REVOCATION OF ADVANCE MEDICAL DIRECTIVE

THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 7(1) AND (3)]
THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

INSTRUCTIONS

1. Any person who has made an advance medical directive under the Advance Medical Directive Act 1996 may in the presence of at least one witness revoke the directive in writing, orally, or in any other way in which the person can communicate.
2. It is the duty of the person revoking the directive (if practicable) and each witness of such a revocation to notify the Registrar of Advance Medical Directives of the revocation. The notice of revocation may be made in this form, or other ways of writing provided that the particulars of the name, address and telephone number of the person revoking the directive and of the witness, and the date, time and place where the revocation was made, are included. The Registrar will send an acknowledgment to the person revoking the directive when the notice of revocation is received.
3. Please send this form by fax or other means immediately after it is completed to the address given below. If the form is faxed, the original copy should also be forwarded to the Registry.

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)

REVOCATION OF ADVANCE MEDICAL DIRECTIVE

1. This notice indicates the revocation made by the person named below of his advance medical directive registered under the Advance Medical Directive Act 1996, in the presence of the witness named below.

Revocation Details: Date: _____ Time: _____ Place: _____

2. The revocation was made by the person (please tick one of the following boxes) -

- in writing in the presence of the witness named below.
- This form can serve as the written revocation as well as the notice of revocation.
 - If the revocation is written on a separate sheet of paper and this form is used as the notice of revocation, please append that sheet of paper to this form.
- by non-written way of communication in the presence of the witness named below.
- This form will serve as the notice of revocation.
 - Please specify the way of communication (e.g. orally, sign language, etc.):

PERSON REVOKING ADVANCE MEDICAL DIRECTIVE

Name: _____ NRIC No.: _____

Address: _____

_____ Singapore _____

Home Telephone: _____ Office Telephone: _____

Signature (if practicable) _____ Date _____

WITNESS

Name: _____ NRIC No.: _____

Address: _____

_____ Singapore _____

Home Telephone: _____ Office Telephone: _____

Signature _____ Date _____

FORM 4

ACKNOWLEDGEMENT OF REGISTRATION OF ADVANCE MEDICAL DIRECTIVE

THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 7(5)]
THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

TO THE PERSON REVOKING ADVANCE MEDICAL DIRECTIVE (named below)

Name: _____ NRIC No.: _____

Address: _____

_____ Singapore _____

1. This is to acknowledge that the revocation of your advance medical directive made on _____ has been registered with the Registrar of Advance Medical Directives.

2. The revocation was made by you -

in *writing* in the presence of the witness named below.

by *non-written way of communication* in the presence of the witness named below.

3. The revocation of your advance medical directive was witnessed by -

Name: _____ NRIC No.: _____

Signature of the Registrar of
Advance Medical Directives

Official Stamp of the Registrar of
Advance Medical Directives

Date

NOTES

If you wish to make an advance medical directive again, you need to fill in *FORM 1* and send it to the Registrar of Advance Medical Directives at the address given below.

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)

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

FORM 6

RESULT OF SEARCH OF THE ADVANCE MEDICAL DIRECTIVE REGISTER

THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 9(2)]

THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

TO THE MEDICAL PRACTITIONER (named below)

Name: _____ NRIC No.: _____

Office Address: _____

_____ Singapore _____

A search of the Advance Medical Directive Register has been made at your request as the medical practitioner responsible for the treatment of the patient named below. You have 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

Name: _____ NRIC No.: _____

Address: _____

_____ Singapore _____

RESULT OF SEARCH OF THE ADVANCE MEDICAL DIRECTIVE REGISTER

The patient named above **DOES NOT HAVE AN ADVANCE MEDICAL DIRECTIVE** registered under the Advance Medical Directive Act 1996.

1. The patient named above **HAS AN ADVANCE MEDICAL DIRECTIVE** registered under the Advance Medical Directive Act 1996 which is in force.
2. You must proceed to obtain the opinions of two other medical practitioners as to whether the patient is suffering from a terminal illness using *FORM 7* and follow the instructions given there.
3. If you have registered an objection to acting on an advance medical directive under section 10(1) of the Advance Medical Directive Act 1996, you should 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 such an objection.

(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: 63259136 Fax: 63259212

(Please direct all enquiries to this address)

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: _____

2. 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)
3. 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.
4. 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: 63259136 Fax: 63259212

(Please direct all enquiries to this address)

TO THE TWO OTHER MEDICAL PRACTITIONERS WHOSE OPINIONS ARE BEING SOUGHT

1. 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.
2. The patient has an advance medical directive registered under the Advance Medical Directive Act 1996 which is in force.
3. Your opinions are sought as to whether you agree that the patient is suffering from a terminal illness.
4. 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

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 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

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: 63259136 Fax: 63259212

(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 money 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 judgement.

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

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 judgement.
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: 63259136 Fax: 63259212

(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 β -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 β -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 judgement 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.

FORM 10

OBJECTION TO ACTING ON AN ADVANCE MEDICAL DIRECTIVE

THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 10(1)]

THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

INSTRUCTIONS FOR REGISTRATION OF OBJECTION TO ACTING ON AN ADVANCE MEDICAL DIRECTIVE

1. A medical practitioner or any person who acts under the instructions of a medical practitioner, who for any reason objects to acting on an advance medical directive made under the Advance Medical Directive Act 1996, shall register his objection by completing *PART 1* of this form. The objection can be revoked by retrieving this form from the Registry of Advance Medical Directives and signing the declaration in *PART 2*.
2. The person making this objection should send this form in a sealed envelope by mail or by hand after it is completed to the Registrar of Advance Medical Directives at the address given below. The objection is only valid when it is registered with the Registrar of Advance Medical Directives.

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)

PART 1: PERSON WHO OBJECTS TO ACTING ON AN ADVANCE MEDICAL DIRECTIVE

Name: _____ NRIC No.: _____

Office Address: _____

_____ Singapore _____

Office Telephone: _____ Profession/Occupation: _____

1. I hereby object to acting in accordance with any advance medical directive made under the Advance Medical Directive Act 1996.
2. I will not act as a witness in the making of any advance medical directive, or certify or participate in the determination or certification of terminal illness for any patient whom I have been informed to have an advance medical directive which is in force.
3. If a patient for whose treatment I am responsible, in my opinion, is suffering from a terminal illness, requires extraordinary life-sustaining treatment, and is unconscious or incapable of exercising rational judgment, and I have been informed that the patient has an advance medical directive which is in force, I will 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 such an objection.

Signature

Date

PART 2: REVOCATION OF THE ABOVE OBJECTION

I hereby revoke my objection to acting on an advance medical directive stated in *PART 1* of this form.

Signature

Name

NRIC No.

Date

