

# Development of Palliative Care Guidelines in Singapore

**Topic To Be Presented**  
Coalition and Advocacy

Correspondence:  
[neo.s.h@nccs.com.sg](mailto:neo.s.h@nccs.com.sg)

Dr Patricia Soek Hui Neo<sup>1</sup>, Ms Geraldine Kheng Lin John<sup>2</sup>, Dr Angel Onn Kei Lee<sup>3</sup>

1. National Cancer Centre Singapore 2. Lien Centre for Palliative Care, Singapore 3. Tan Tock Seng Hospital, Singapore  
On behalf of *SINGAPORE HOSPICE COUNCIL*. [www.singaporehospice.org.sg](http://www.singaporehospice.org.sg). Project funded by Ministry Of Health, Singapore.

Despite the commendations that its health care system receives, Singapore ranked only 18th in the world on the Quality of Death Index in 2010.<sup>1</sup> In response, the Ministry of Health Singapore commissioned a report on the National Strategy for Palliative Care in consultation with key stakeholders in the healthcare system. One of the goals in this report, subsequently released in 2011, called for the development of local guidelines in palliative care. These guidelines were intended to reflect core elements of good palliative care for all institutions in Singapore. There were future intentions for these guidelines to be implemented across palliative care services, with the aims of guiding improvement in care.

**Methods and Results:** A literature review was performed by local palliative care experts to develop a draft set of guidelines and corresponding best practice indicators. Subsequently, a panel of healthcare professionals were consulted on the validity and appropriateness of the draft guidelines through use of a modified RAND Delphi procedure. The guidelines were subsequently subjected to further public and healthcare stakeholders' consultation. Thirteen guidelines and 51 indicators were identified. These include:

Guideline	Example of an indicator
1. Timely Identification	There is evidence of a system in place to identify people approaching the end of life (likely to die within the next 12 months).
2. Reducing Barriers to Care	The patient and family have access to specialist support 24 hours a day, seven days a week.
3. Coordinated Care	There is evidence of audits to ensure coordination of care.
4. Holistic Assessment and On-going Care Planning	Regular assessment of physical symptoms, and psychological and spiritual needs is conducted with the use of assessment tools where appropriate.
5. Advance Care Planning	The service provider routinely conducts Advance Care Planning to ascertain and document patients' and families' preferences about treatment at the end-of-life, and fulfils these preferences as far as possible.
6. Patient-centred Care	Spiritual support and therapy service (e.g. occupational, physical and speech therapy) are made available to patients when needed. Where these competencies do not exist within the service provider, there should be defined links to access these services.
7. Caregiver Support	The primary caregiver is provided with education and training on their role, including strategies for self-care and coping with demands of caregiving.
8. Care in the Last Days of Life	There is recognition and documentation of the patient's transition to the active dying phase, and communication to the patient, family and staff on the patient's imminent death.
9. Bereavement Care	There is evidence of a system in place to screen caregivers and families for bereavement needs, and to provide direct bereavement support or referral to bereavement support services where necessary.
10. Access to and use of opioids	There is evidence of patient and caregiver education on the safe use of opioids.
11. Qualified Staff and Volunteers	Where volunteers are part of the team, there is evidence of policies in place to ensure proper screening, recruitment and on-going training of volunteers.
12. Staff and Volunteer Self-care	There are strategies in place to provide situational support, critical incident debriefing and response.
13. Clinical Quality Improvement	There is evidence of the implementation of quality improvement projects to support on-going service evaluation and development.

These guidelines have since been endorsed by the Ministry of Health and are currently being translated into quality measures for implementation across palliative care services in Singapore. These quality measures will be applied as part of a baseline audit for a proposed quality improvement program. Apart from auditing palliative care services in accordance with the quality measures derived from National Guidelines, services will also be encouraged to identify potential gaps and 5 priority areas for improvement. These consolidated results from all the palliative care services in Singapore will also provide vital information on key national areas for improvement in Palliative Care.

## References

1. **The Quality of Death. Ranking end-of-life care across the world.** Available online: <http://graphics.eiu.com/upload/eb/qualityofdeath.pdf> Last accessed 4<sup>th</sup> November 2015



An Umbrella Body Representing All Organisations  
That Actively Provides Hospice & Palliative Care in Singapore