

**ADVANCE MEDICAL DIRECTIVE ACT
(CHAPTER 4A, SECTION 22)**

ADVANCE MEDICAL DIRECTIVE REGULATIONS

ARRANGEMENT OF REGULATIONS

Regulation

1. Citation
 2. Advance medical directive
 3. Acknowledgment of registration
 4. Revocation of directive
 5. Acknowledgment of notice of revocation
 6. Certification of terminal illness
 7. Conscientious objector
- The Schedule
-

[1st July 1997]

Citation

1. These Regulations may be cited as the Advance Medical Directive Regulations.

Advance medical directive

2. For the purposes of section 3 of the Act, an advance medical directive (referred to in these Regulations as a directive) shall be in Form 1 set out in the Schedule.

Acknowledgment of registration

3. For the purposes of section 5 of the Act, an acknowledgment of registration of a directive shall be in Form 2 set out in the Schedule.

Revocation of directive

4. A written revocation of a directive and a notice of revocation (whether the revocation was in writing or by any other way of communication) under section 7 of the Act may be in Form 3 set out in the Schedule.

Acknowledgment of notice of revocation

5. For the purposes of section 7(5) of the Act, an acknowledgement of receipt of a notice of revocation shall be in Form 4 set out in the Schedule.

Certification of terminal illness

6.—(1) A certification by a medical practitioner that a person is suffering from a terminal illness and a request for a search of the register under section 9(1) of the Act shall be in Form 5 set out in the Schedule.

(2) The Registrar shall inform the medical practitioner of the result of his search of the register under section 9(2) of the Act in Form 6 set out in the Schedule.

(3) The medical practitioner responsible for the treatment of the patient shall obtain the opinions of the 2 medical practitioners required under section 9(3) of the Act in Form 7 set out in the Schedule.

(4) Where a committee of 3 specialists is appointed under section 9(5) of the Act, the Registrar shall notify each specialist and obtain his opinion as to whether the patient is suffering from a terminal illness in Form 8 set out in the Schedule.

(5) For the purposes of section 9(8) of the Act, the determination by a committee of 3 specialists as to whether a patient is suffering from a terminal illness shall be recorded in Form 9 set out in the Schedule.

(6) For the purposes of section 10(3) of the Act, the medical practitioner shall certify whether the patient is pregnant, on page 3 of Form 7 set out in the Schedule or, where the committee of 3 specialists is unanimously in agreement that the patient is suffering from a terminal illness, on page 2 of Form 9 set out in the Schedule.

Conscientious objector

7.—(1) For the purposes of section 10(1) of the Act, a medical practitioner or any person who acts under the instructions of a medical practitioner who objects to acting on a directive shall register his objection in Part 1 of Form 10 set out in the Schedule.

(2) Revocation of an objection under section 10(1) of the Act shall be notified to the Registrar by retrieving the form on which the objection was registered from the Registry and completing Part 2 of the form at the Registry.

THE SCHEDULE

THE SCHEDULE — *continued*

<p>FORM 1</p> <p>MAKING OF ADVANCE MEDICAL DIRECTIVE</p> <p>ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 3]</p> <p>ADVANCE MEDICAL DIRECTIVE REGULATIONS</p>
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PERSON MAKING THE ADVANCE MEDICAL DIRECTIVEName: NRIC No.: - - Sex: Male Female (please tick)Date of Birth: - - (must be at least 21 years of age)
Day Month YearAddress:
 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 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 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

THE SCHEDULE — *continued***INSTRUCTIONS ON THE REGISTRATION OF THE 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 THE WITNESS* below before signing)

NOTES FOR THE 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.
-

THE SCHEDULE — *continued***FIRST WITNESS** (This witness must be a registered medical practitioner)Name: NRIC No.: - - Office Address: Singapore Office Telephone: Handphone/Pager:

1. I have taken reasonable steps in the circumstances to ensure that the maker of this directive —
 - (a) is not mentally disordered;
 - (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 ensuring that the maker of the directive is not mentally disordered, 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 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

THE SCHEDULE — *continued*

[S 188/2011 wef 18/04/2011]

<p>FORM 2</p> <p>ACKNOWLEDGMENT OF REGISTRATION OF ADVANCE MEDICAL DIRECTIVE</p> <p>ADVANCE MEDICAL DIRECTIVE ACT (CHAPTER 4A, SECTION 5(2))</p> <p>ADVANCE MEDICAL DIRECTIVE REGULATIONS</p>

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 J 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, 18 College Road, Singapore 169654
Tel: 3259136 Fax: 3258212

(Please direct all enquiries to this address)

THE SCHEDULE — *continued*

<p>FORM 3</p> <p>NOTICE OF REVOCATION OF ADVANCE MEDICAL DIRECTIVE</p> <p>ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 7(1) AND (3)]</p> <p>ADVANCE MEDICAL DIRECTIVE REGULATIONS</p>

INSTRUCTIONS

- Any person who has made an advance medical directive under the Advance Medical Directive Act 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.
- 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.
- 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, 18 College Road, Singapore 169854
Tel: 3259136 Fax: 3259212

(Please direct all enquiries to this address)

REVOCATION OF ADVANCE MEDICAL DIRECTIVE

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

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

- 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 _____

15.6.1998

THE SCHEDULE — *continued*

FORM 4 ACKNOWLEDGMENT OF REVOCATION OF ADVANCE MEDICAL DIRECTIVE <small>ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 7(5)]</small> <small>ADVANCE MEDICAL DIRECTIVE REGULATIONS</small>
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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, 18 College Road, Singapore 169854
 Tel: 3259136 Fax: 3259212

(Please direct all enquiries to this address)

THE SCHEDULE — *continued*THE SCHEDULE — *continued*

<p>FORM 5</p> <p>CERTIFICATION OF TERMINAL ILLNESS AND REQUEST FOR SEARCH OF THE ADVANCE MEDICAL DIRECTIVE REGISTER</p> <p>ADVANCE MEDICAL DIRECTIVE ACT (CHAPTER 4A, SECTION 9(1))</p> <p>ADVANCE MEDICAL DIRECTIVE REGULATIONS</p>
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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.
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.

The Registry of Advance Medical Directives
Ministry of Health, College of Medicine Building, 16 College Road, Singapore 168854
Tel: 3259136 Fax: 3259212

(Please direct all enquiries to this address)

THE SCHEDULE — *continued***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: 98021101**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: _____ 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

THE SCHEDULE — *continued*

FORM 6 RESULT OF SEARCH OF THE ADVANCE MEDICAL DIRECTIVE REGISTER ADVANCE MEDICAL DIRECTIVE ACT (CHAPTER 4A, SECTION 9(2)) ADVANCE MEDICAL DIRECTIVE REGULATIONS

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.

- | |
|---|
| <ol style="list-style-type: none"> 1. The patient named above HAS AN ADVANCE MEDICAL DIRECTIVE registered under the Advance Medical Directive Act 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 <i>FORM 7</i> 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, 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 DirectivesOfficial Stamp of the Registrar of
Advance Medical Directives

Date

The Registry of Advance Medical Directives
Ministry of Health, College of Medicine Building, 18 College Road, Singapore 169758
Tel. 3259136 Fax: 3259212

(Please direct all enquiries to this address)

THE SCHEDULE — *continued*

<p>FORM 7</p> <p>CERTIFICATION OF TERMINAL ILLNESS BY TWO OTHER MEDICAL PRACTITIONERS</p> <p>ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 9(3)]</p> <p>ADVANCE MEDICAL DIRECTIVE REGULATIONS</p>
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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: 3259136 Fax: 3259212

(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 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.
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.

FORM 7 - PAGE 1

THE SCHEDULE — *continued***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

THE SCHEDULE — *continued*

**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
HPC 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 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 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. 297) 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
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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.

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. 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 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 rights, 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.

THE SCHEDULE — *continued*

<p>FORM 8</p> <p>CERTIFICATION OF TERMINAL ILLNESS BY A COMMITTEE OF THREE SPECIALISTS APPOINTED BY THE DIRECTOR OF MEDICAL SERVICES</p> <p>ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 9(5)] ADVANCE MEDICAL DIRECTIVE REGULATIONS</p>
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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 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 169654
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.
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.

THE SCHEDULE — *continued***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

THE SCHEDULE — *continued*

<p>FORM 9</p> <p>RECORD OF DECISION OF THE COMMITTEE OF THREE SPECIALISTS APPOINTED BY THE DIRECTOR OF MEDICAL SERVICES</p> <p>ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 9(9)] ADVANCE MEDICAL DIRECTIVE REGULATIONS</p>

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 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 **MUST NOT BE EFFECTED**.

(Delete one of the above boxes as appropriate)

Signature of the Registrar of
Advance Medical DirectivesOfficial Stamp of the Registrar of
Advance Medical Directives

Date

The Registry of Advance Medical Directives
Ministry of Health, College of Medicine Building, 18 College Road, Singapore 169854
Tel: 3259195 Fax: 3299212

(Please direct all enquiries to this address)

FORM 9 - PAGE 1

THE SCHEDULE — *continued*

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 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 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 Deaths 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
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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.
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. Please hand the 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 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.

THE SCHEDULE — *continued*

<p>FORM 10</p> <p>OBJECTION TO ACTING ON AN ADVANCE MEDICAL DIRECTIVE</p> <p>ADVANCE MEDICAL DIRECTIVE ACT (CHAPTER 4A, SECTION 10(1))</p> <p>ADVANCE MEDICAL DIRECTIVE REGULATIONS</p>

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, 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 the 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, 10 College Road, Singapore 169654
Tel: 3259136 Fax: 3259212

(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.
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

[G.N. No. S 218/97]

LEGISLATIVE HISTORY
ADVANCE MEDICAL DIRECTIVE REGULATIONS
(CHAPTER 4A, RG 1)

This Legislative History is provided for the convenience of users of the Advance Medical Directive Regulations. It is not part of these Regulations.

1. G. N. No. S 218/1997 — Advance Medical Directive Regulations 1997

Date of commencement : 1 July 1997

2. 1998 Revised Edition — Advance Medical Directive Regulations

Date of operation : 15 June 1998

**3. G.N. No. S 188/2011 — Advance Medical Directive
(Amendment) Regulations 2011**

Date of commencement : 18 April 2011