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.

	Advance Medical Directive		
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(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*

FORM 1

MAKING OF ADVANCE MEDICAL DIRECTIVE

ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 3]

ADVANCE MEDICAL DIRECTIVE REGULATIONS

PERSON MAKING THE ADVANCE MEDICAL DIRECTIVE

Name:	
NRIC No.:	Sex: Male Female (please tick)
Date of Birth: Day Month Year	(must be at least 21 years of age)
Address:	
	Singapore 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.

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Advance Medical Directive

Regulations

THE SCHEDULE — continued

FIRST WITNESS (This witness must be a registered medical practitioner)
Name:
NRIC No.:
Office Address:
Office Telephone: Handphone/Pager:
 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. I declare that this directive is made and signed in my presence together with the witness named below.
Signature of the Medical PractitionerName/Clinic Stamp of the Medical PractitionerDate
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.
(b) is oriented to time and space; and
(b) is oriented to time and space; and(c) is able to name himself and his immediate family members.
 (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)
 (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:
(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: Image: Image:
(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:

THE SCHEDULE — continued

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

FORM 2

ACKNOWLEDGMENT OF REGISTRATION OF ADVANCE MEDICAL DIRECTIVE

ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 5(2)]

ADVANCE MEDICAL DIRECTIVE REGULATIONS

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

Name:		IRIC No.:	
Ad	dress:		
		s	ingapore
1,		vance medical directive made by you strar of Advance Medical Directives.	ón
2.	2. Your directive is valid with effect from the date stated below.		
C :	gnature of the Registrar of	Official Stown of the Basister	w Date
	ivance Medical Directives	Official Stamp of the Registra of Advance Medical Directive	

NOTES

 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.

 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, 18 College Road, Singapore 169854 Tel: 3259136 Fax: 3259212

> > (Please direct all enquiries to this address)

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Advance Medical Directive

Regulations

THE SCHEDULE — continued

FORM 3

NOTICE OF REVOCATION OF ADVANCE MEDICAL DIRECTIVE

ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 7(1) AND (3)]

ADVANCE MEDICAL DIRECTIVE REGULATIONS

MATRUCTIONS

- 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 cleasive in writing, omaly, or in any other way in which the parson can communicate.
- 2. It is the duty of the person revoking the detective (ill practicables) and each winness 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 winning provided that the personal the name, address and balance winness or the person revoking the detective and the date. Since and place where the revocation was made, are included. The Registrar will send an advance included to the date, since and one date where the revocation was made.
- Please send the form by far or other means immediately after it is completed to the address given below if the form is fared, the original copy should also be to-startled to the Registry.

The Registry of Advance Medical Directives Ministry of Health, College of Medicine Building, 18 College Road, Singapore 169254 Tel: 3251306 Fac. 3259212

(Please direct all enquiries in 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 tok one of the following bases) -In writing in the presence of the without particularly
 In writing in the presence of the without particularly

·	In wheng 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 writness 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	DRECTIVE	
Name:	NRIC No.:	
Address:		
	Singapore	
Hame Telephone:	Office Telephone:	
Signature (frecicable)		Date
WITNESS		
Name:	NRIC No.:	
Address:		
*** • *** -	Singapore	
Home Telephone:	Office Telephone:	
Signature		Date

15.6.1998

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Advance Medical Directive

Regulations

THE SCHEDULE — continued

	FORM 4	
ACKNOWLEDGMENT OF	REVOCATION OF ADVANCE MEDICAL DI	RECTIVE
ADVANCE ME	EDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 7(5)]	
ADV	ANCE MEDICAL DIRECTIVE REGULATIONS	
TO THE PERSON REVOKING ADV	ANCE MEDICAL DIRECTIVE (named below)	
Name:	NRIC No.:	
Address:		
	Singapore	
This is to acknowledge that the re has been registered with the Regi	vocation of your advance medical directive made on Istrar of Advance Medical Directives.	
. The revocation was made by you	-	
in writing in the presence of the by non-written way of commu	he wilness named below. <i>Inication</i> in the presence of the witness named below.	
	redical 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
407ES	tive again, you need to fill in FORM 1 and send it to the Registrar	of Advance Mec
nectives at the accreas given below.	• Registry of Advance Medical Directives	
Ministry of Health, Col	lega of Medicine Building, 16 College Road, Singapore 169654 Tel: 3259136 Fax: 3259212	

(Please direct all enquiries to this address)

Informal Consolidation - version in force from 18/4/2011

THE SCHEDULE — continued

THE SCHEDULE — continued

FORM 5

CERTIFICATION OF TERMINAL ILLNESS AND REQUEST FOR SEARCH OF THE ADVANCE MEDICAL DIRECTIVE REGISTER

ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 9(1)]

ADVANCE MEDICAL DIRECTIVE REGULATIONS

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

- No medical practitioner shall cently or participate in the determination or certification that a patient is terminally is if the medical 1. (a) is a beneficiary under the patent's will or any policy of visurance;
 (b) has an interest under any instrument under any instrument.

 - has an enterest under any instrument under which the patient is the donor, aetitor or granter; would be entitled to an interest in the moneys of the patient held in the Central Provident Fund or other provident fund on the deeth (c) of that patient; or has negistered an objection under section 10(1) of the Advance Medical Directive Act.
 - (d)
- "Yerminal illness" means an incurable condition caused by injury or disease from which there is no reasonable prospect of a 2. protey or permanent recovery where -depth would within reasonable medical judgment be imminent regardless of the application of extraordinary life-austaining
 - (a) ment; and
 - (b) the application of extraordinary its-sustaining treatment would only serve to postpone the moment of death.
- "Speciality" is a medical practitioner who has completed advance speciality training administered by the Joint Committee of Advanced Speciality Training, or possesses any other postgraduals medical qualification which the Director of Medical Services deams equivalent thereto for the purposes of the Advance Medical Directive Act. 3.

The Registry of Advance: Medical Directives Ministry of Health. College of Medicine Building, 16 College Roed, Singapore 169854 Tel: 3259136 Fax: 3259212

(Please direct all enquiries to this address)

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Advance Medical Directive

Regulations

THE SCHEDULE — continued

Please tax 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

Name:		NRIC No.:
Address:		
		Singapore
Hospital (if the patient is currently	y warded):	
Principal Diagnosis for the Patier	nt:	
Other Significant Medical Conditi	lons:	
		NRIC No.:
Office Address:		Singapore
Office Telephone:		
Qualification (please tick one of the fo	ollowing boxes):	
Specialist (specify speciality	y):	Non-specialist
 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. 		
 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:

Office Address:

....

NRIC No.:

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 rabonal judgment.

THE PATIENT	
Nama:	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.

 The patient named above HAS AN ADVANCE MEDICAL DIRECTIVE registered under the Advance Medical Directive Act which is in force.

- 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, 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.

(deters one of the above boxet 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 Heath, College of Medicine Building, 16 Cologe Road, Singapore 169758 Tel. 3259136 Fax: 3259212

(Please direct all enquiries to this address)

THE SCHEDULE — continued

FORM 7

CERTIFICATION OF TERMINAL ILLNESS BY TWO OTHER MEDICAL PRACTITIONERS

ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 9(3)]

ADVANCE MEDICAL DIRECTIVE REGULATIONS

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:	Paper	

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:

Pager:

- 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 Mnstry of Health, College of Medicine Bulding, 16 College Road, Singapore 169854 Tel: 3259136 Fas: 2259212

(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 lifesustaining 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.
- 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.

MOTES FOR MEDICAL PRACTITIONER

- No medical practicorer shall certify or periodopie in the determination or certification that a patient is terminally all if the medical practitionar -(a) is a beneficary under the patients will cramp policy of insurance; (b) has an interest under any instanant under which the patient is the donor, senter or grantor; (c) would be entited to an interest in the moneys of the patient held in the Central Provident Fund or other provident fund on the death of thet patient: or (d) her registered an objection under section 10(1) of the Advance Medical Directive Act.
- "Terninal illness" mans an incurstle condition coursed by injury or dealess from which there is no reaso permanent recovery where 2. nable prospect of a temporary pr
- (a) deel most with reasonable modical sugment be imminant reparciess of the sopilication of sursondney life-sustaining treatment; and
 (b) deel application of exceptionary ife-sustaining treatment would only serve to pospone the moment of deals.
- "Specialist" is a medical practitioner who has completed advanced speciality baining administrated by the Joint Committee on Advanced Speciality Training, or proceeded any other prograduate medical qualification which the Director of Medical Sentors deems equivalent thereb for the purposes of the Advanced Medical Director Act 3.

FORM 7 - PAGE 1

THE SCHEDULE — continued

THE PATIENT
Name: NRIC No.:
Hospital (it 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 lick one of the following boxes):
Specialist (specify specialist
 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 -
(please tick one of the boxes)
Signature of the Name/Clinic Stamp of the Date Medical Practitioner Medical Practitioner
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 apeciality):
 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.
Signature of the Name/Clinic Stamp of the Date Medical Practitioner Medical Practitioner

THE SCHEDULE — continued

	Please complete this section after the two other medical tegistrar of Advance Medical Diractives at the address gov		reburn the entire form to the
1.	. I have determined that the patient,		
	 (a) is suffering from a terminal illness (b) requires extraordinary life-sustaining (c) is unconscious or incapable of exerci 		HTEC No.
2.	t. The Registrar of Advance Medical Direct directive registered under the Advance Medical Directive Registered Under The Advance Registered Under The Register		an advance medica
3.	I have determined that the patient is not of live birth with continued application of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please tick one of based on the following fact (please t	of extraordinary life-sustaining treatment	
	There is reasonable ground to believ	e that the patient is unable to become pro	egnant.
		negative for 6-HCG (human chorionic go The test was done within the past two we	
	microparticle enzyme immunoassay	positive for 8-HCG (human chorionic gon but other evidence shows that the for with continued application of extrao	etus will probably <u>no</u>
	(give details of the other evidence)		
4.	 I have sought the opinions of the two other (plause tek one of the following boxes) 	er medical practitioners named on page 2	2:
	They are in agreement that the patie I will give effect to the patient's ad	nt is suffering from a terminal illness.	
		Varica (Nadical Grecova.	
	Plote: You may give effect to the patient's divect	ive at soon as you have signed this section. Upon the te of cause of death issued by you or the coroner up	e death of the patient, please der the Registration of Birth:
	 picte: You may give effect to the patient's dived obtain a duplicatin copy of the patient's conflicat and Death Act [Cap. 267] and toward it to the F They are not in unanimous agreement I will not give effect to the patient's 	ive at soon as you have signed this section. Upon the te of cause of death issued by you or the coroner up	der the Registration of Birth: Ilinal illiness. L
	olice: You may give effect to the patient's direct obtain a duplicate copy of the patient's control and Death Act (Cap. 267) and forward if is the F They are not in unanimous agreeme I will not give effect to the patient' I request that this case be referred	ive at soon at you have signed this section. Upon the te of cause of death issued by you or the conner un legistrar of Advance Medical Directives.) Int that the patient is suffering from a term s advance medical directive at presen	der the Registration of Birth Ilinal illiness. L
	okte: You may give effect to the patient's direct obtain a duplicate copy of the patient's direct and Death Act (Cap. 267) and toward it to the F They are not in unanimous agreeme I will not give effect to the patient' I request that this case be referred Director of Medical Services.	ive at soon at you have signed this section. Upon the te of cause of death issued by you or the occorer on langtatrar of Advance Medical Directives.) Int that the patient is suffering from a term is advance medical directive at present I to a committee of three specialists to Name/Clinic Stamp of the Medical Practitioner	der the Registization of Birth Innal illiness. t be eppointed by the Date
	Okte: You may give effect to the patient's dived obtain a dupScala copy of the patient's dived and Death Act (Cap. 267) and toward it to the F They are not in unanimous agreeme I will not give effect to the patient' I request that this case be referred Director of Medical Services. Signature of the Medical Practitioner Otes No motical practitioner the a notes of revocation of the decise has been in the Representation of the dec	ive at scon at you have signed this section. Upon the te of cause of death issued by you or the occorer un legistrar of Advance Medical Directives.) In that the patient is suffering from a term s advance medical directive at presen I to a committee of three specialists to Name/Clinic Stamp of the Medical Practitioner ance medical directive of the medical practicore has reaso scened by the Registry of Advance Medical Directives or a	der the Registration of Birth Innal Miness. L be appointed by the Date Date
	Okte: You may give effect to the patient's dived obtain a dupficate copy of the patient's centical and Death Act (Cap. 267) and toward it to the F They are not in unanimous agreement I will not give effect to the patient' I request that this case be referred Director of Medical Services. Signature of the Medical Practitioner State No medical practitioner the decision of the decisive has been in the patient's another that, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect the patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has, whether in writing, crash or in any effect to patient has any effect to patie	ive at scon at you have signed this section. Upon the te of cause of death seved by you or the occorer un legistrar of Advance Medical Directives.) In that the patient is suffering from a term s advance medical directive at presen I to a committee of three specialists to Name/Clinic Stamp of the Medical Practitioner	der the Registration of Birth innal illiness. L be appointed by the Date nable ground to before - with revocation has been sort to beendon to revoke the directive
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Advance Medical Directive

Regulations

THE SCHEDULE — continued

FORM 8

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

ADVANCE MEDICAL DIRECTIVE ACT (CHAPTER 4A, SECTION 9(5))

ADVANCE MEDICAL DIRECTIVE REGULATIONS

TO MEMBERS OF THE COMMITTEE OF THREE SPECIALISTS

- The medical practitionar responsible for the treatment of the patient named on page 2 has determined ۱. 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 Heath, College of Medicine Building, 16 College Road, Singapore 169854 Tel: 3259136 Fax: 3259212

(Please direct all enquines to this address)

NOTES FOR MEDICAL PRACTITIONER

- No medical practitioner shall certify or participate in the determination or certification that a patient is terminally ill if the medical 00000000
 - is a beneficiary under the petient's will or any policy of insurance.

 - (a) as communey once the precise over or any power or instantance.
 (b) has an interest under any instrument under which the patient is the donor, settlor or granter;
 (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;
 - has registered an objection under section 10(1) of the Advance Medical Directive AdL (0)
- "Terminal illness" means an incumble 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 the sustaining treatment; and
 - (b) the application of softwordnery Re-sustaining treatment would only serve to postpone the moment of death.
- "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.

Advance Medical Directive Regulations

THE SCHEDULE — continued

Name:	NRIC No.:	
Office Address:		
	Singapore	
Office Telephone:	Pager:	
HE PATIENT		
Name:	NBIC No.:	
Address:		
	Singapore	
lospital of the pallers is currently warder		
Principal Diagnosis for the Patien	nt:	
Other Significant Medical Conditi	ions:	
Name:	NRIC No.:	
Office Address:		
	Singapore	
Office Telephone:	Pager:	
Speciality:		
patient who is unconscious o 2. My opinion is that -	ords of the patient named above, and have independently exa x Incapable of exercising rational judgment. IE PATIENT <u>IS SUFFERING FROM A TERMINAL ILLNESS.</u> IE PATIENT <u>IS NOT</u> SUFFERING FROM A TERMINAL ILLNES	

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THE SCHEDULE — *continued*

FORM 9

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

ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 9(8)]

ADVANCE MEDICAL DIRECTIVE REGULATIONS

TO THE MEDICAL PRACTITIONER (named below)

Name:	NRIC No.:
Office Address:	
	Sincence

 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.

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.

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

- The committee of three specialists <u>IS UNANIMOUSLY</u> in agreement that the patient named above is suffering from a terminal illness.
- The patient's advance medical directive registered under the Advance Medical Directive Act is in force and <u>SHOULD BE EFFECTED</u>. 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.
- The Committee of three specialists <u>IS NOT UNANIMOUSLY</u> in agreement that the patient named above is suffering from a terminal illness.
- The patient should be treated as not suffering from a terminal liness and the patient's advance medical directive registered under the Advance Medical Directive Act <u>MUST NOT BE EFFECTED</u>.

(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 Diractives Ministry of Health, College of Medicine Building, 18 College Road, Singapore 169854 Tel: 3259136 Fax: 3259212

(Please direct all enquiries to this address)

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Advance Medical Directive

CAP. 4A, Rg 1]

Regulations

NRIC NO.

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 Plegistrar of Advance Medical Directives at the address given on page 1)

blarm

- 1. I have determined that the patient
 - (a) is suffering from a terminal illness;
 - (b) requires extreordinary 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 binh with continued application of extraordinary life-sustaining treatment. My determination is based on the following fact (please tick one of the following baxes):

There is reasonable ground to believe that the patient is unable to become pregnant.

- The patient's blood has been tested negative for 8-HCG (human chorionic genadotrophin) using microparticle enzyme immunoassay. The test was done within the past two weeks.
- The patient's blood has been tested positive for 6-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 a 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, pisase 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 Deathe Act (Cep. 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

- vedcal practitioner shall act in accordance with an advance medical directive if the medical practitioner has reasonable ground to believe -that a notice of invocation of the directive has been received by the Registry of Advance Madical Directives or such revocation has been sent to (4)
 - the Registry; Pret the postern has, whether in writing, make or in any other way, communicated to any medical practitioner his intertion to revolve the directive. **6**0
 - 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 placetioner -(a) is a beneficiary under the patient's will or any policy of insurance; (b) has an interact under any instrument under which the patient is the dama, patient or grantor; (c) would be entitled to an interact in the moneys of the patient hald in the Central Provident Fund or other provident fund on the desch of that
- has registered an objection under section 10(1) of the Advance Medical Directive Act. arth.
- f you as dequalitied from acting in accordance with an advance medical directive, places take all responsible stags as accor as practicular for the care of the patient to be manufacted to another medical practitioner with has not registered an objection under section 10(1) of the Advance Medical Constitue Act. Places hand the form over to the medical practitioner to whom the patient is francismed. 1
- If you change your mind at any one and believe that the patient is not suffering from a terminal liness, please return al forms preached under the Advance Vedical Directive Regulations relating to the case which are in your possession to the Registrar of Advance Medical Directives, with a covering large confirming your decision. 4

- azero neutral interve bier how the a maximal practitioner to rany other person has in reletion to patiante cars; derogas from any day of a medical practitioner to inform a patient who is conscious and capable of secretary a rational judgment of all has various forms to itselvent if that may be available in his periodale case of ball the patient may make an informed judgment as to medical product and the particular case of ball because of the patient of the patient of a patient of a final medical product and the second manual patient of the patient of a patient of stoudy of stoudy of a register of the stoudy of stoud not, be underlawer, to affect the right of a patient to house a decision in relation to the taxe of enhanced cars the sustaining trastment, so forg as he is able to do so.
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Advance Medical Directive

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THE SCHEDULE — continued

FORM 10

OBJECTION TO ACTING ON AN ADVANCE MEDICAL DIRECTIVE

ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 10(1)]

ADVANCE MEDICAL DIRECTIVE REGULATIONS

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

- 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 3 of this form. The objection can be revoked by retrieving this form from the Registry of Advance Medical Directives and signing the declaration and point of the objection can be revoked by retrieving this form from the Registry of Advance Medical Directives and signing the declaration 1. In PART 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 Dinctives at the address given below. The objection is only valid when it is registered with the Registrar of Advance 2. Medical Directives

The Regisery of Advance Medical Directives. Ministry of Health, College of Medicine Building, 16 College Read, 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

NBIC 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
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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