The Difference Between Advance Medical Directive, Lasting Power of Attorney and Advance Care Planning: Practical Uses and Use Cases

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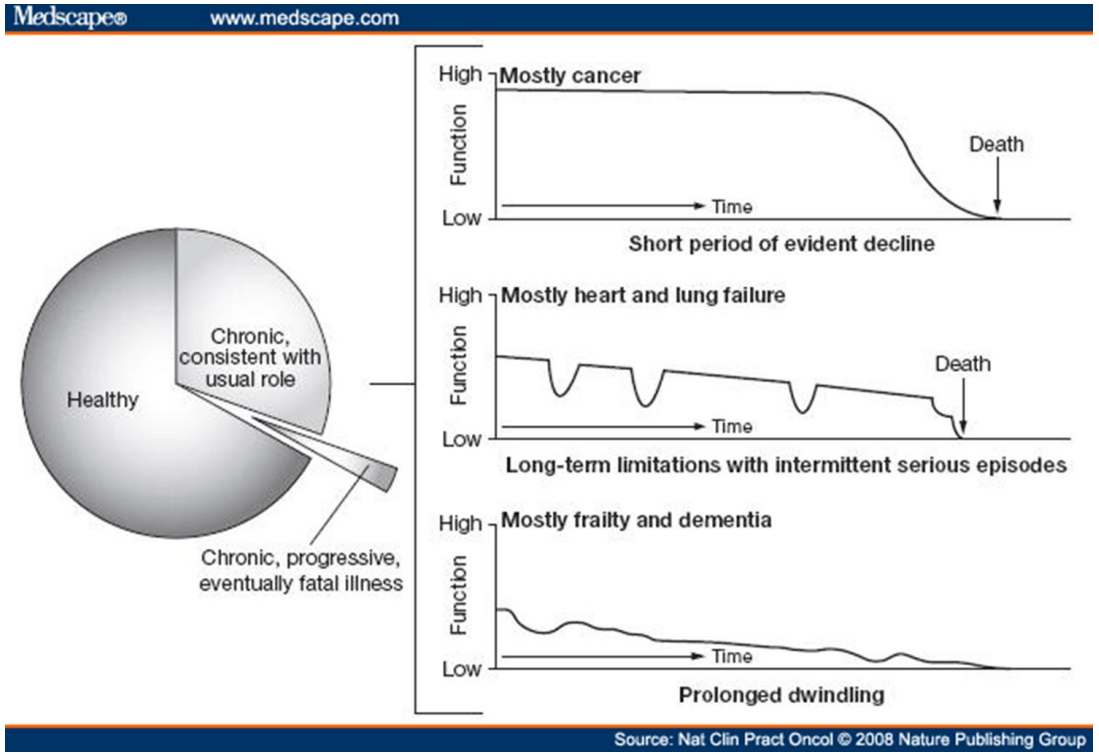
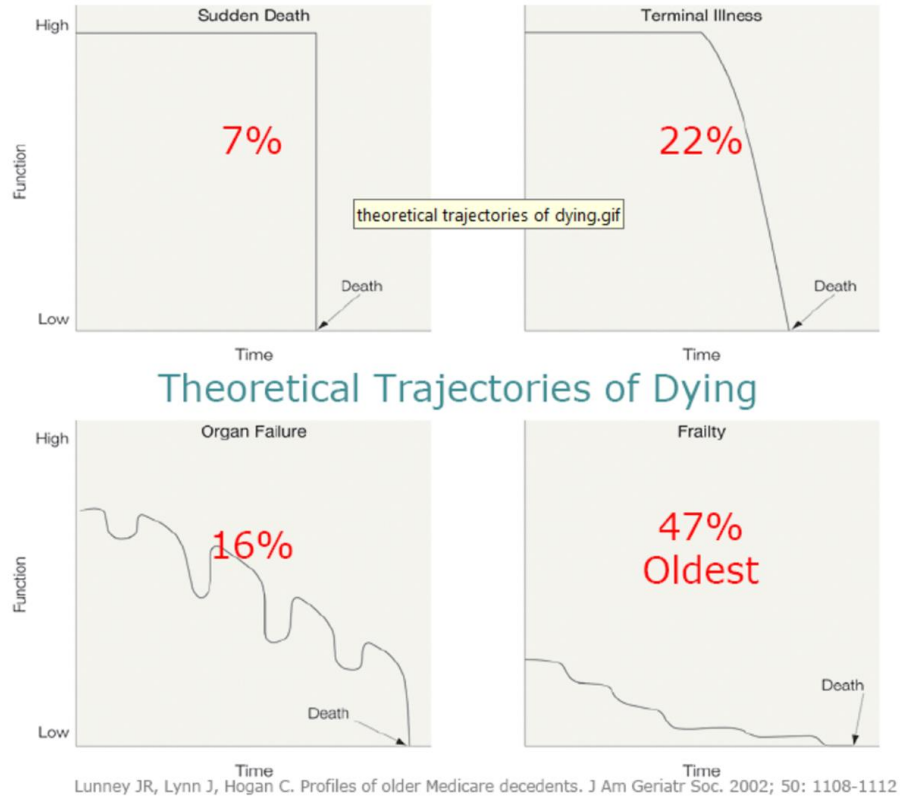
Directives	Advance Medical Directive	Lasting Power of Attorney	Advance Care Planning	
Year Introduced	Originally 1996; Updated 2007	Originally 2008; Updated 2010	2013	
Legal Document?	Yes, under the Advance Medical Directive Act (https://sso.agc.gov.sg/Act/AMDA1996)	Yes, under the Mental Capacity Act (https://sso.agc.gov.sg/Act/MCA2008)	No. A planning guide as requested by the individual.	
Who can issue?	Medical Doctors	Certified Medical Doctors; Psychiatrist; Lawyers	Trained Healthcare Professional – doctors, nurses, medical social workers etc	
When is it activated?	When terminally ill and mentally incompetent or unconscious.	When mentally incompetent or unconscious.	When mentally incompetent or unconscious.	
Confidential?	Yes	All donees will be informed.	Healthcare workers can check when submitted into the system.	
Usefulness?	Intermediate	High	Intermediate	

The Difference

Towards the Great Beyond…





Lunney JR, Lynn J, Hogan C. Profiles of older Medicare decedents. J Am Geriatr Soc. 2002; 50: 1108-1112

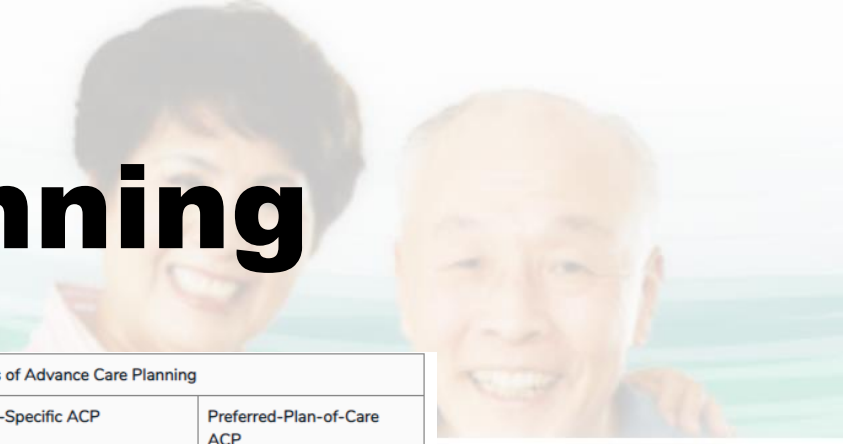
Advance Care Planning

Advance Care Planning (ACP) involves conversations between healthcare professionals, patients and their family members about the patient's future healthcare plans.

Having these discussions can reduce crisis decision-making and ensure that medical decisions are made in the patient's best interest.

AIC, together with the ACP Steering Committee, has facilitated training for over 170 ACP facilitators and organised awareness talks for healthcare staff in restructured hospitals, nursing homes, hospices and dialysis centres.

Advance Care Planning



Advance Care Planning is:

- An inclusive process that involves the patient's loved ones
- A non-legal plan for future medical care in relation to the patient's current clinical status
- An ongoing communication process

Living Matters
advance care planning

Stages of Advance Care Planning		
General ACP Discussion	**Disease-Specific ACP**	**Preferred-Plan-of-Care ACP**
Inclusion Criteria • Adult, generally healthy or with early chronic disease • Has decision-making capacity Contents • Appoint substitute decision-maker(s) • Decision on goal of care if one is to be rendered severely mentally impaired with low chance of recovery • Comfort care • Life-sustaining	Inclusion Criteria • Adult with decision-making capacity • Organ failure with recurrent hospital admissions and declining function Contents • Appoint substitute decision-maker(s) • Statement of treatment preference in three clinical scenarios: 1. Serious complications with low chance of survival 2. Serious complications with low chance of recovery of physical function or ability to communicate and will require total nursing care 3. Serious complications with high chance of mental incapacity and will require total nursing care • Specific disease-related care	Inclusion Criteria • Adult with decision-making capacity (DMC) • Includes family members / other informants who have demonstrated acts of care for patients lacking DMC Contents • Care options on CPR • Care goals for medical intervention when one suffers a potentially life-threatening crisis • Preference of place of care • Preference of place of death • Appointment of substitute decision-maker(s)

Advance Care Planning

What it entails?

- ACP encourages open communication. It assists patients, their loved ones and health professionals involved in their care think and talk about their medical options in a non-emergency environment.
- This anticipatory care approach is not only useful for patients with an illness and who want to make decisions about specific treatments, but is also beneficial for healthy individuals who want to make known the sort of medical treatments they would like or would refuse.
- The Living Matters ACP framework also encourages patients to appoint a substitute decision maker who can make decisions on their behalf if they become too ill to speak.

The Sequence

Advance Care Planning

Usefulness:

- Recognise the options available
- Input ideas, concerns and expectations on end of life care plans
- Deciding on proxy decision makers
- Making them official via
  - LPA and
  - AMD

Examples:

- No more treatment if ill, not even oral antibiotics. Only medications providing comfort e.g. morphine
- Treatment at home only, no hospitalization
- Hospitalization but only maximum ward treatment, no CPR or ICU
- High Dependency care but no CPR or ventilatory support
- Intensive Care Unit admission and indefinite support with CPR and ventilatory support

Lasting Power of Attorney

https://www.msf.gov.sg/opg/Pages/Home.aspx

OFFICE OF THE PUBLIC GUARDIAN

OFFICE OF PUBLIC GUARDIAN

The Office of the Public Guardian ("OPG") works towards protecting the dignity and interests of individuals who lack mental capacity and are vulnerable as well as encouraging proactive planning for an eventuality of losing one's mental capacity.

The OPG is a Division of the Ministry of Social and Family Development ("MSF"). The Office supports the Public Guardian in carrying out his functions.

Lasting Power of Attorney

The Public Guardian

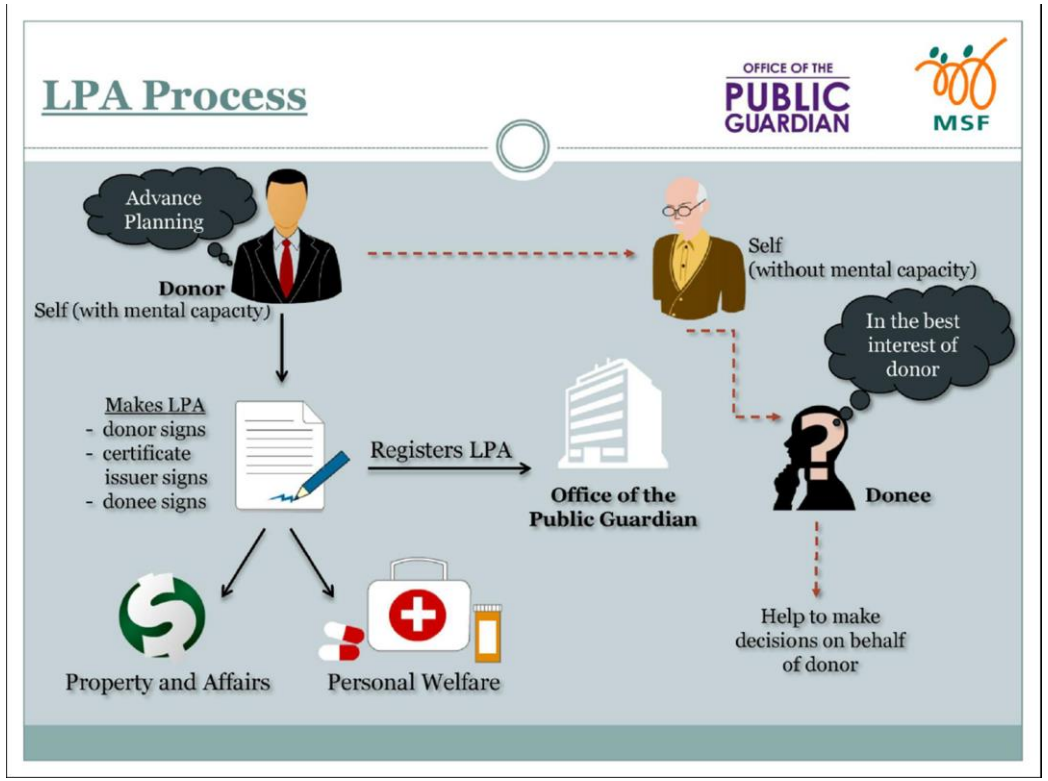
- The Public Guardian carries out various functions towards enabling and protecting persons who lack capacity. These functions include:
- To set up and maintain a register of Lasting Power of Attorney ("LPA") and to set up and maintain a register of court orders that appoint deputies,
- To supervise deputies,
- To receive reports from donees and deputies,
- To investigate any alleged violation of any provision in the Mental Capacity Act, including complaints about the way in which donees and deputies are exercising their powers.

What is LPA?

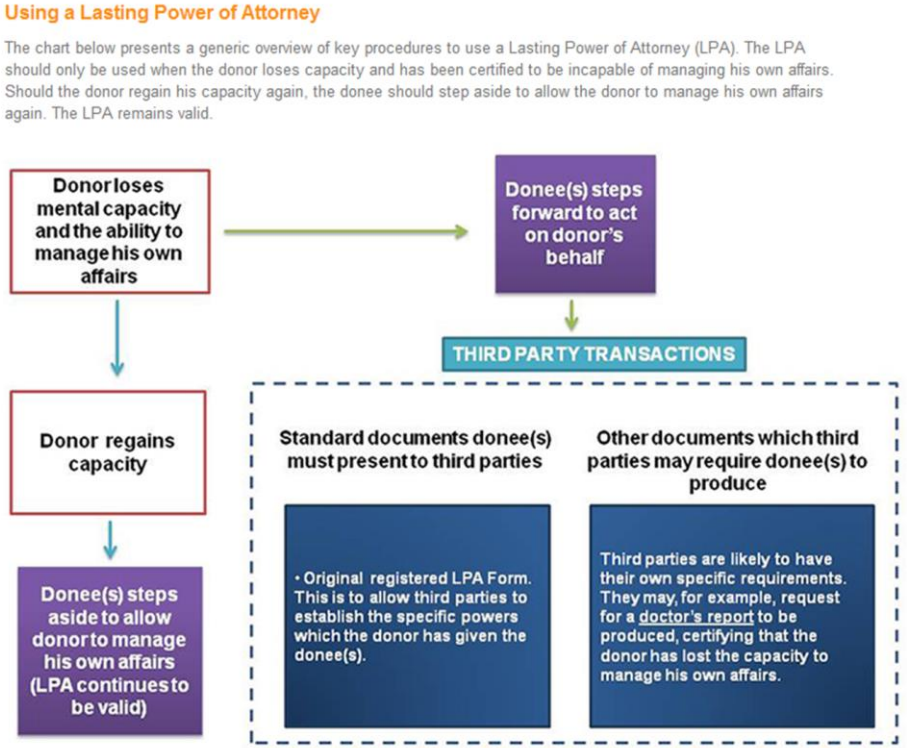
A Lasting Power of Attorney ("LPA") is a legal document which allows a person who is at least 21 years of age ('donor'), to voluntarily appoint one or more persons ('donee(s)'), to make decisions and act on his behalf as his proxy decision maker if he should lose mental capacity one day. A donee(s) can be appointed to act in two broad areas: personal welfare as well as property & affairs matters.

Lasting Power of Attorney

Registration



Activation



Lasting Power of Attorney

Step 1

Consider **who you wish to appoint** as your donee(s) and **the powers to be given to** your donee(s)

Choose the appropriate LPA Form:

- LPA Form 1 **or** LPA Form 2
- Read information sheet

Step 2

Refer to our available guides on preparing your LPA application

- Step-by-Step Guide
- Sample of duly completed LPA Form 1 (2014)
- Checklist on completing your LPA

Step 3

See an LPA Certificate Issuer to sign as your witness and to certify that you know the implications of making an LPA

Step 3A

If making an LPA using LPA form 2

Visit a lawyer to draft the Annex to Part 3 of your LPA

Step 4

Submit the completed LPA Form & Application Form

- **Complete** the LPA Form & Application Form
- **Submit** application **to OPG via post**

*Note: You may obtain **Business Reply Service** (BRS) envelopes/Print BRS label to be affixed on an envelope*

Step 4A

Singapore Permanent Residents and Non-Singaporeans, making an LPA, have to pay **an application fee**.

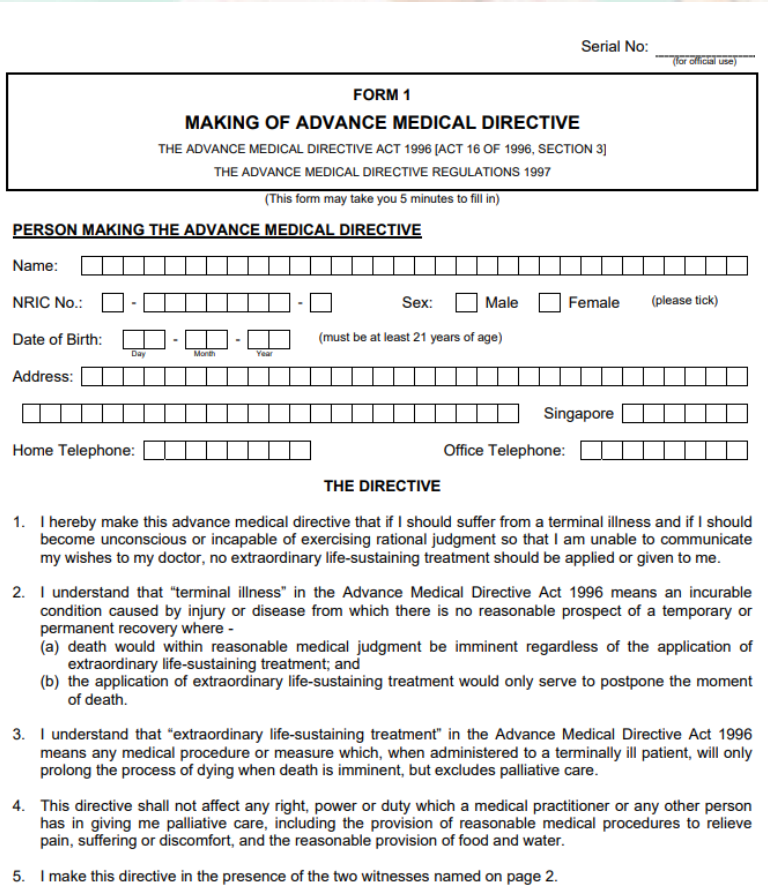
(Note: Payment will be advised when OPG has received and verified the application.)

Step 5

After verification by OPG to ensure the application can be accepted, there will be a **mandatory six (6) weeks waiting period**, after which your LPA will be registered if there are no valid objections raised.

Advance Medical Directive

An Advance Medical Directive (AMD) is a legal document you sign in advance to inform your doctor that you do not want the use of any life-sustaining treatment to be used to prolong your life in the event you become terminally ill and unconscious and where death is imminent.



Serial No: _____ (for official use)

FORM 1

MAKING OF ADVANCE MEDICAL DIRECTIVE

THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 3]

THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

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

PERSON MAKING THE ADVANCE MEDICAL DIRECTIVE

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

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

Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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Home Telephone: ☐☐☐☐☐☐☐☐ Office Telephone: ☐☐☐☐☐☐☐☐

THE DIRECTIVE

1. I hereby make this advance medical directive that if I should suffer from a terminal illness and if I should become unconscious or incapable of exercising rational judgment so that I am unable to communicate my wishes to my doctor, no extraordinary life-sustaining treatment should be applied or given to me.

2. I understand that "terminal illness" in the Advance Medical Directive Act 1996 means an incurable condition caused by injury or disease from which there is no reasonable prospect of a temporary or permanent recovery where -
   (a) death would within reasonable medical judgment be imminent regardless of the application of extraordinary life-sustaining treatment; and
   (b) the application of extraordinary life-sustaining treatment would only serve to postpone the moment of death.

3. I understand that "extraordinary life-sustaining treatment" in the Advance Medical Directive Act 1996 means any medical procedure or measure which, when administered to a terminally ill patient, will only prolong the process of dying when death is imminent, but excludes palliative care.

4. This directive shall not affect any right, power or duty which a medical practitioner or any other person has in giving me palliative care, including the provision of reasonable medical procedures to relieve pain, suffering or discomfort, and the reasonable provision of food and water.

5. I make this directive in the presence of the two witnesses named on page 2.

Advance Medical Directive

How to registered an AMD?

- The AMD can be made by any person, aged 21 years and above, and is not mentally disordered. The AMD form is a legal document which must be completed and signed in the presence of two witnesses before it is returned to the Registrar of AMDs.
- The patient's doctor must be one of the two witnesses, while the other witness must be at least 21 years old. In addition, both witnesses must not have any vested interests in the patient's death.

When is it activated?

- Certification of terminal condition by doctor-in-charge of care, using a prescribed form, and submit the certificate to the Registrar of AMD, who will in turn conduct a search if the patient is on the register.
- A total of 3 doctors need to concur on 'terminality', and at least 2 of them must be Specialists. In case of disagreement, DMS can appoint 3 specialists to deliberate on this. The assessment must be unanimous.
- Unless the doctor-in-charge of care has registered his objections, he is obligated to comply with the AMD.

Advance Medical Directive

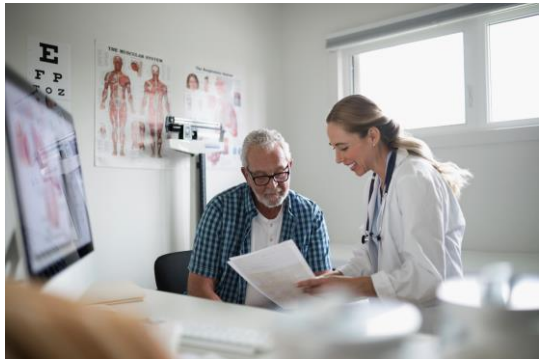
New advances in medical knowledge and technology create new choices for both patients and health care providers. Some of these choices raise new ethical and legal issues.

One issue is that modern medical technology can technically prolong life in the final stages of a terminal illness. However, it cannot stop the dying process. In such situations, further medical intervention would be medically ineffective, and a decision has to be made whether to withdraw such futile medical intervention. Some terminally ill persons who are unable to express their wishes at that time, may want to be spared further suffering and be allowed to die naturally, in peace and with dignity.

The law in Singapore allows Singaporeans who wish to make an advance medical directive to do so. The AMD Act was passed in Parliament in May 1996.

1 "Extraordinary life-sustaining treatment" is any medical treatment which serves only to prolong the process of dying for terminally ill patients but does not cure the illness. An example is the respirator that is connected to a patient to assist him/her to breathe. It serves only to artificially prolong the life of a terminally ill patient.

2 "Terminal illness" is defined in the Act as an incurable condition caused by injury or disease from which there is no reasonable prospect of a temporary or permanent recovery. For such a condition, death is imminent even if extraordinary life-sustaining measures were used. These measures would only serve to postpone the moment of death for the patient.



Advance Medical Directive

Feedbacks on Practical Use 1:

- "It is very restrictive…having to check with the Register only DURING OFFICE HOURS. Many a times, we make decisions for intubation outside office hours you know. We can't wait for AMD office to operate. ..
- Through my career, perhaps I might have attempted 4-5 times to activate AMD, almost always only after having been informed by a family member. If the family member had not told us, we might not have checked! Anyway, a good window to check would be the point when we decide to open a tracheostomy, after an Endotracheal tube had been inserted – but then again, if we do decide to do tracheostomy, we must believe the patient will survive, right? Then he is not terminal…
- Moreover, it is a whole spectrum of degree of 'active care' that can be done. "Life support is not 'black or white'."

Paraphrased from a senior anaesthetist-intensivist in private practice

Feedbacks on Practical Use 2:

- "Actually the grey file of hospice care association is more useful. Immediately tells us the extend of care expected. I have never used the AMD nor seen it used during resuscitation."

A senior ED Physician in a restructured hospital

- "The AMD is very narrow – the patient must be terminally ill. If the person is brain-dead, I don't even need the AMD to decide on what to do next. How do you define being 'terminally ill'? if the life can be sustained with ventilator and artificial feeding and hydration, is the patient terminally ill?"

Another intensivist in a restructured hospital

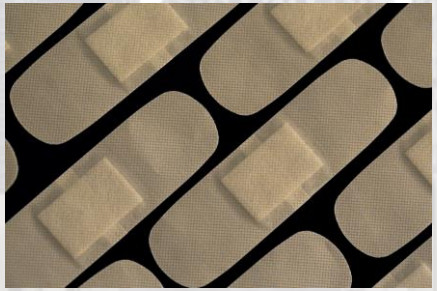
Use cases -

Dementia, fragility with functional decline

- ACP – comfort care at home, reduced repeated hospitalisations
- LPA – allows love ones to manage the funds and decide on best care as per patients' decisions

Accidents with severe brain injuries

- AMD – to direct doctors for extubating if terminally injured



Use cases -

End organ failures

- ACP – to understand treatment options and the options e.g. dialysis etc

Terminal / Palliative Care

- LPA – allow family to better utilise patient's resources when patient lacks mental capacity or is comatose.

Questions?

info@lotuseldercare.com.sg

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