

### **Policy review on Start-of-life and End-of-Life Preparation**

The focus for the final learning journal is a policy paper, covering two very important but seldom discussed life stages, end-of-life (EOL) preparation and start-of-life preparation.

#### **1. An updated review of EOL preparation in Singapore**

This is an update since I wrote the report in AY22/23 Semester 2 for the course NUR1113A: Healthy Ageing and Well-Being.

Given Singapore's ageing population, promoting and supporting EOL preparation is important to support the elderly wishes, for example, to die at home. Since the last update, the government has rolled out many policy changes to raise awareness about EOL preparation and make it more accessible. Many of the recommendations suggested in the report were implemented. The changes include setting up a multi-agency workgroup to raise awareness about Advanced Care Planning (ACP) and Lasting Power of Attorney (LPA) as well as waiving the certification fees for making an LPA, in addition to the application fee, if done at the roadshow (Cue, 2023). In addition, a new [website](#) was set up in July 2023, to promote ACP and LPA to address common misconceptions and include the family in the process. This was a recommendation made in the report, highlighting the need to adapt ACP for Asian societies by focusing on Singapore's family-centred culture and involving family members in the process.

#### **2. An overview of elective egg freezing (EEF) in SG and relevant government policies**

This section builds upon class discussions and formalises some of the expectations and societal norms towards egg freezing.

In vitro fertilisation (IVF), is a medical procedure whereby an egg is fertilised with a sperm in a laboratory before being implanted into a uterus. The first IVF baby was born in 1978 (Wikipedia contributors, 2023). In Singapore, the first IVF baby was delivered in 1983 (Ratnam & Ng, 1985). Since then, IVF has become normalised in society, with about 7000-8000 assisted reproduction treatment cycles undergone by women yearly (MOH, 2021). On the other hand, EEF involves the extraction through a process called ovarian stimulation and the preservation of a woman's egg in sub-zero temperatures for future use (Kelly, 2023). The first baby born from a frozen egg happened six years after the first IVF baby (Zhang, 2017).

IVF and EEF have been available in Singapore for some time. Before July 2023, EEF was only allowed for medical reasons. After Singapore introduced the Assisted Reproduction Services Regulations under the Healthcare Services Act in 2023, women aged 21 to 37 will be able to undergo EEF, even for those without medical issues (Lim, 2023). Additionally, only legally married couples will be allowed to use the frozen eggs to conceive. Many women supported the recent changes, as it gives women the freedom and agency to preserve eggs for future use, giving them more time to find the right person or to delay parenthood to become more stable financially first (Chew, 2022). However, some felt it could be less restrictive. A few women surveyed felt that since the eggs are theirs, they have the right to use it any way they wish. This includes raising a child alone, and no discrimination of marital status, which raises the question of whether the government has a right to interfere with the private life of an individual, with regards to child rearing and their eggs.

Contrast this with another similar issue, imposing age limits on becoming a parent. Women in Singapore were previously allowed to do IVF up to the age of 45, which is essentially the age limit for becoming a parent (Chew, 2022). Since 2020 the limits have been removed, although women still need to consult a gynaecologist who will assess their health risks of a pregnancy, thereby imposing a soft age limit. Aside from the health risks of a pregnancy at a later age, having no age limit on becoming a parent may have social repercussions, such as a woman conceiving only at 60 years old. This means when the child reaches university age, the woman would be around 80 years old. Current ideas of family units will be challenged, as this woman is old enough to be the child's grandparent! In both cases (single-parent family, big age gap between parent and child), this may lead to the child being bullied in school for being different, not being able to get enough support due to the lack of resources, energy, and time from the parents, amongst others. Many policies in Singapore are designed based on a traditional family unit, and a shift towards allowing children to be born into a single-parent family unit may be too much of a change for society to accept at this point.

According to Neo (2022), EEF costs at private clinics start from \$28,000, while in public hospitals, it starts from \$25,000. EEF is a relatively expensive procedure and is not eligible for government co-funding and Medisave claims. Given the limited budget and resources for the healthcare system, and the fact that the procedure is elective and aspirational (a want rather than a need), the government cannot spend its limited resources on subsidising EEF, with unknown outcomes whether the egg will be utilised in the future.

Instead of subsidising EEF, the issue should be reframed as: How can the government make such a procedure more accessible? Methods include new financing models, such as being able to use Medisave as collateral, thereby allowing someone to pay for EEF in instalments, relieving the lump sum costs of payment burden. From anecdotal evidence, instalments are seldom offered in the healthcare industry due to the huge amounts involved and the risk of default. Another idea proposed in class - "Parenthood Insurance" is possible with current financing methods, through short-term endowment plans. A financial advisor could help women save up towards an EEF goal so that the cost of EEF is spread out over a longer period. The Ministry of Health can work together with the financial advisors to double as health advocates, given that they are already quite familiar with the intricacies of Singapore's healthcare system and this would be another policy to support women's aspirations.

Some may argue that the government not subsidising is widening the inequality of EEF. The claim is that richer people can afford EEF, and thus spend more time building financial stability, but people who cannot afford EEF will start a family while still financially unstable, and be trapped in a vicious cycle. However, the government has limited resources and cannot afford to subsidise EEF, but should instead prioritise outcome-based funding, such as supporting a family when a child is born.

To conclude, society and Singapore should normalise EEF, as insurance for individuals and in support of women's aspirations, but not normalise becoming a parent in old age or outside of a traditional family unit until there is more discourse and the concerns are worked out. The government should not subsidise EEF but should make it more accessible to Singaporeans through flexible financing and through financial advisors doubling as health advocates in support of women's goals, given Singapore's falling Total Fertility Rate.

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Hugo Chia Yong Zhi (AXXXXXXXL)

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