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1. Abstract

By 2030, around one in four Singaporeans will be aged over 65 (elderly) due to the rapidly ageing population. This paper examines End-of-Life (EOL) Preparation among the elderly in Singapore. The aim is to examine the issue holistically, with a greater emphasis on Advance Care Planning (ACP).

2. Introduction

2.1 Healthcare in Singapore

Singapore is committed to healthcare and caring for our elderly, which is evident from Singapore's Budget. In Budget 2022, the government announced it would raise the Goods and Services Tax (GST) by 2% to cover the increase in healthcare spending. While healthcare expenditure slipped in 2023 (\$17.2 to \$16.9 billion) (Ministry of Finance, 2023, p. 17), it remains elevated (up from \$3.7 billion in 2010), surpassing the Ministry of Education. The percentage increase in GDP spending was mainly attributed to Government Health Expenditure (Ministry of Finance, 2023, p. 3).

Additionally, Singapore has also been refreshing its healthcare strategy. Two developments are notable:

1. Released in September 2022, the White Paper on Healthier SG lays out Singapore's long-term multi-year strategy that shifts the healthcare delivery from treatment-based to preventive care (Ministry of Health, 2022).
2. Released in January 2023, the 2023 Action Plan for Successful Ageing is a revised plan of the 2015 version. It consists of 3 thrusts - *Care*, *Contribute*, and *Connected* to help seniors maximise their golden years (Ministry of Health, 2023).

2.2 Death and end-of-life preparation in Singapore

1. "Pre-planning and Preparing for the End-of-Life Journey" is a component under the *Care* thrust of the 2023 Action Plan. Key targets under this component are reducing hospital deaths from 61% to 51% in the next five years and registering the Lasting Power of Attorney (LPA) for more than 240,000 Singaporeans aged 50 and above by end-2025 (Ministry of Health, 2023).

2. Singapore performed moderately well in the Quality of Death Index (QODI) and Quality of Death and Dying (QODDI) rankings (~Top 15-30%, i.e. 12/80 in 2015 QODI Index (The Economist Intelligence Unit, 2015) and 23/81 in 2021 QODDI Index (Finkelstein et al., 2021)) One aim of QODDI 2021 is to identify what contributes to a good death, of which indicators “Managed pain and discomfort” and “Clean and safe space” ranked highest. However, this study was done through a proxy (by caregivers), and patients may not give the same rankings. Separately, a Singapore study identified eight components of good EOL care, including “maintaining control over care decisions” and “achieving a sense of completion” (Malhotra et al., 2012).
3. Singapore has developed My Legacy, a platform to provide consolidated EOL information and allows one to plan ahead.
4. Asian societies, including Singapore (Goh, 2018), consider death a taboo. In China, caring for patients is challenging for intern nursing students due to the taboo surrounding death in traditional Chinese culture (Wang et al., 2023). This issue may be extrapolated to Singapore, given that both societies view death as a taboo topic, presenting challenges to healthcare professionals (HCPs) in caring for patients and discussing ACP.
5. Only about 27% of deaths in Singapore take place at home, although 77% of Singaporeans wish to die at home (Lien Foundation, 2014).

3. Advanced Care Planning (ACP)

3.1 What is ACP

ACP is a national programme that empowers Singaporeans to choose their preferred EOL care. The main difference between ACP and Advance Medical Directive (AMD) is that ACP is a series of ongoing conversations, while AMD is a legal document under the Advance Medical Directive Act informing the doctor that the person does not want extraordinary life-sustaining treatment. ACP is a tripartite relationship that involves a discussion between HCPs, patients and their family members. Although ACP is not legally binding, it guides family members and HCPs on the elderly's healthcare preferences. ACP can help reduce family and caregiver stress, anxiety and depression (Huang et al., 2022). This reassures the elderly that they will not burden their family after death. They would feel their life is complete, supporting the idea of a "good death".

There are three types of ACP:

1. **General ACP's** target group are relatively healthy adults or adults with early onset of chronic disease.
2. **Disease Specific ACP's** target group are adults with progressive, life-limiting illness with frequent complications.
3. **Preferred Plan of Care ACP's** target group are adults with more advanced illness, whom one will not be surprised if they pass away within 12 months.

This paper focuses on General ACP.

3.2 ACP in Singapore

ACP in Singapore is a relatively young field. In 2009, the National Healthcare Group EOL taskforce invited staff from Respecting Choice, Wisconsin, United States, to train local HCPs in ACP facilitation and implementation. In 2011, the Agency for Integrated Care was designated to coordinate and implement ACP with various partners.

ACP awareness in the community is estimated to be approximately 20%. (Ng et al., 2017) Of those who have heard of ACP, only 12.5% of respondents discussed their ACP.

3.3 Examining the numbers

There were 639,000 aged 65 years and over in 2021. The following table compares the take-up rate between ACP, LPA and CPF nominations. AMD was omitted as it is usually made by those with terminal illness.

	ACP	LPA	CPF Nominations
Data available by age breakdown	No	Yes	No
Data available by number as a % of the population	No	No	Yes
Information	27,000 ACP have been registered. (Ministry of Health, 2021)	Age 60 - 90+: 50,648 (Ministry of Social and Family Development, 2020)	79% of deceased members made nominations in 2021 (CPF Board, 2021)
Government Targets	N.A.	More than 240,000 Singaporeans aged 50 and above to register LPA by end-2025	N.A.

Available data through peer-reviewed papers and government statistics suggest that the ACP take-up rate is very low (<10%) compared to similar EOL services, such as CPF Nomination.

It is worth noting that the ACP take-up rate was hard to gather, and the most recent data was in a speech by the health minister. This suggests that more effort is needed

from the government to increase ACP uptake rates. Notably, the 2023 Action Plan mentioned ACP, though concrete plans or targets have yet to be established.

3.3 Key issues towards ACP

1. Lack of awareness and interest among the public
 - a. A 2017 study showed that individuals who have not made an ACP discussion provided two main reasons: they “still feel healthy” and “did not know how to begin an ACP discussion”. Among those who have not heard of ACP, and after ACP Education are still unwilling to begin a discussion, top reasons for not starting a discussion include: “still healthy”, “ACP was unnecessary”, or “preferring family to make decisions for them” (Ng et al., 2017).
 - b. Low ACP awareness and take-up rates are not a phenomenon only in Singapore but overseas, such as in China (Zhang et al., 2015) and Malaysia (Lim et al., 2022).
2. Lack of awareness in the healthcare industry
 - a. While HCPs in Asia recognise the significance of ACP, they seldom engage the patient in it. This is due to inadequate ACP knowledge and skills, personal uneasiness to conduct ACP, conflict avoidance with family members, potential legal consequences and the absence of a consistent ACP framework (Martina et al., 2021).
 - b. In Singapore, social workers (90%) were more likely to initiate ACP compared to physicians (82%) or nurses (19%). This is despite social workers (100%), physicians (82%), and nurses (37%) considering themselves as having a role in ACP (Martina et al., 2021).
 - c. Nurses' and social workers' awareness of ACP range from having heard of ACP but unsure of the details to others who knew nothing. A key concern is nurses and social workers confusing ACP with the AMD (Menon et al., 2018).

- d. Low awareness of ACP among senior staff members, lack of clarity of the intended outcome of ACP and the roles of HCPs are structural and conceptual factors that hinder the performance of ACP (Lall et al., 2020).

3. Cultural values

- a. Asian societies consider death and ACP to be taboo topics. However, the trend in Singapore is shifting, and more are open to discussing death and EOL issues (Yeo, 2020).
- b. ACP is a western construct which values individualism over Singapore's eastern family-centred culture (Menon et al., 2018). Thus, the elderly may not be keen to discuss ACP and would defer to family members to make decisions.

The current data suggests elderly might not take up ACP due to personal reasons, lack of education and awareness, confusion among HCPs and cultural issues, amongst others. The elderly may not recognise ACP's benefits, thereby choosing not to sign up for ACP.

4. A Holistic View on EOL Preparation

4.1 My Legacy and related digital services

My Legacy

My Legacy is an initiative under the Smart Nation “LifeSG” Strategic National Project. The portal provides information on EOL planning and gives the user an overview of what needs to be completed (i.e. ACP, LPA, CPF Nomination and Funeral Plans).

There are three key issues:

1. 52% of residents aged above 75 are internet users. There is a significant portion of the elderly who are not digitally savvy (Infocomm Media Development Authority, n.d.). This portal may not have the intended effect of encouraging EOL preparation, which is supported by seniors being less receptive to telemedicine (Teo et al., 2021). However, it is “future-ready” as more digitally literate adults age.
2. There are no active promotion or education campaigns of this portal.
3. There are limitations with the current portal. An example is the “*financial accounts*”, where users must manually fill in their details.

LPA

In November 2022, the Office of the Public Guardian (OPG) launched an online system to enable individuals to make their LPA online. This digitalisation process increases convenience, enabling more individuals to make an LPA.

CPF Nomination

CPF nominations can be performed online, but no information is available on the CPF Nomination page to encourage people to view the EOL planning and preparation process. This gives the impression that completing one’s CPF Nomination means completing their planning.

Others

Navigating the EOL process can be confusing. Legally, a will does not cover a CPF nomination, and a separate CPF nomination must be made. Moreover, a CPF nomination does not cover the Dependents' Protection Scheme, and a separate Nomination needs to be made with Great Eastern.

4.2 Death at home

A significant percentage (77%) of people wish to die at home, but among those above 60, 94% want to die at home even without support from their family or HCPs (Lien Foundation, 2014). The 2023 Action Plan aims to reduce hospitalisations from 61% to 51%. It helps to fulfil their EOL wishes, making their life complete, in line with the idea of a "good death". However, a patient's mood and health are known to affect their preference for the place of death, which have implications for ACP (Malhotra et al., 2021). Thus, ACP must be regularly reviewed to ensure it is consistent with the elderly's preferences.

4.3 "Doctor-hopping" in Singapore

"Doctor-hopping", where patients do not have a regular family physician, is common in Singapore. It contributes to an underdeveloped long-term doctor-patient relationship which may undermine trust (Arivalagan & Gee, 2019). This phenomenon can be extended to telemedicine, such as Doctor Anywhere. Telemedicine service may increase the accessibility of medical treatment but could also increase the prevalence of "doctor-hopping", hindering efforts in trust-building for EOL preparation.

5. Recommendations

This section offers recommendations to improve EOL preparation in Singapore regarding issues discussed in this paper.

1. Increasing ACP Uptake rates

- There is a need to adapt ACP for Asian societies by focusing on the cultural adaptation of ACP models for Singapore. The focus is on Singapore's family-centred culture, and the elderly would feel more comfortable if their family members were involved in the process. This is corroborated by Point 3.3.1a about the elderly preferring their family to make decisions for them.
- Healthcare institutions should enhance the clarity and purpose of ACP amongst HCPs. Without structure and clarity of their roles amongst HCPs, they are not confident and will not be in a position to share about ACP with family members and the elderly.
- Enhance communication processes with all stakeholders, including the elderly, family members, those in the community and the public, to improve take-up rates (Frechman et al., 2020). Through the integrative review, Frenchman found that while seemingly intuitive, enhanced communication processes only happen with specific intentions from stakeholders who recognise the need for ACP.
- Allow General ACPs to be made online, thereby improving accessibility. This is subjected to a legal and healthcare review of the implications.
- Amongst the top countries in QODDI 2021 Index, ACP take-up rates are 8% (NHS England, 2015) and 14% (Whyte et al., 2022) in the United Kingdom and Australia, respectively. Although the numbers are considered low, Singapore should take reference from Australia. Australia's Advance Care Planning [website](#) is comprehensive. It discusses legal and ethical issues through the use of example scenarios. There is a need in Singapore for a platform to provide accurate and relevant information on ACP and EOL matters for the elderly, family members, caregivers and HCPs.

A separate study recommended rolling out a nationwide ACP program in Australia as a cost-saving intervention (Nguyen et al., 2017). By providing care that is consistent with patient preferences, it can result in fewer hospitalisations and less-intensive care at EOL.

2. Digital Solutions

- Enhance My Legacy portal for seamless integration of various services. This future-proofs Singapore's infrastructure for the growing population of digitally literate elderly.
 - Integrate SGFinDex with My Legacy to allow financial information to be retrieved automatically.
 - Integrating CPF and DPS nomination processes, similar to a combined LPA-ACP tool (*My Legacy*, n.d.).

3. Government policy changes

- There needs to be greater harmonisation among the various EOL service providers by merging them under a single or joint administrative body (Arivalagan & Gee, 2019). This simplifies the process and allows the elderly to better navigate the EOL planning process by having one agency as a touchpoint reducing the need to visit multiple agencies. Services should be combined; for example, the CPF Nomination page should be linked with other EOL services.

4. Palliative Care

- To support ageing-in-place and the elderly to be cared for and dying at home, there is a need to enhance palliative care training among HCPs (Arivalagan & Gee, 2019).
- Community networks and community palliative care capabilities should be strengthened, with the government providing subsidised palliative home care options. On top of fulfilling the elderly wishes, this would also free up hospital beds and resources (Arivalagan & Gee, 2019).

6. Conclusion

Many Asian countries in the region are facing an ageing population. In addition, their ACP situation is similar to Singapore.

Instead of just looking at “Quality of Life”, Singapore must focus on “Quality of Death” as well. Singapore needs to better support seniors who want to age-in-place, care-in-place and die-in-place.

Preparing for EOL is essential for achieving successful ageing. It can encourage seniors to take a more proactive approach in their healthcare management to ensure their golden years are illness-free and pain-free. ACP allows the elderly to contemplate and express their wishes as guidelines. It allows them to be dignified and feel their life is complete.

ACP is a small set of EOL preparation; other aspects, such as fulfilling seniors' wishes to die at home, should be considered. Multiple solutions have been proposed in (5), involving various stakeholders. It ranges from the elderly to family members, healthcare institutions, and the government.

There should be more conversations on EOL matters and education campaigns on ACP. Technology such as My Legacy can be enhanced to support more services. It increases awareness and adoption, providing a more seamless way for Singaporeans to do their EOL planning.

Together, these efforts will make Singapore an excellent place to live and die.

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