

End-of-Life Decisions: What are Singapore Doctors' Attitudes?

By Dr Jacqueline Chin and Dr Jacinta Tan

For some time now, end-of-life researchers have warned against staving off death at any price, especially when aggressive attempts to prolong life obstruct goals that matter the most to patients facing a terminal illness. In a recent essay for *The New Yorker Magazine*, celebrated medical writer and surgeon, Atul Gawande, described doctors' desperation at seeing patients spend their last days in a "borrowed fluorescent place", on a ventilator, in delirium, every organ shutting down. The advances of modern medicine have been accompanied by a growing tendency to "medicalise" death, a practice that has denied thousands of patients even the most basic things, like the opportunity to say "goodbye", "It's O.K." or "I'm sorry" to their loved ones at life's end. "What should medicine do when it can't save your life?" Gawande asks. He then goes on to give a sensitive account of what doctors could try to do to help patients better live through the stages of dying¹.

Gawande's critique suggests that it is time for us to review the *ars moriendi* (art of dying) and cultivate new customs and ideas within the practice of modern medicine which strives to cure and alleviate suffering, but also allow people to die with dignity and in peace amongst their loved ones. A bioethicist at the Centre for Biomedical Ethics, Professor Leo De Castro, recently wrote that the experiences of life, whether at its beginning or end, are of equal moral significance, and remarked that in both life and death there are those who might choose to give up a small quantity of life for a measure of pleasure or happiness². A recent and moving account by the Minister Mentor of discussions with his wife's doctors illustrates some of the complexities within this territory³. His reflections indicate that the measure of worthwhile life is not in all cases quality of life (or quality of death). Instead, the importance of presence and the appreciation of specific capabilities can outweigh the immensity of suffering that some patients and families would

endure.

This October, a new research project will engage those who are more intimately concerned with *ars moriendi* within the medical profession in Singapore in discussions about these issues. Through focused discussions with doctors who look after terminally-ill patients, researchers from the faculties of medicine and law at the National University of Singapore (NUS) will seek to understand their attitudes regarding end-of-life decisions in patient care and their views about potential changes to the law concerning this.

Care issues will be first on the table, such as the patient's involvement in decision-making, how treatment and broader patient goals are established, and what happens when things change; but researchers will probe also into deeper questions about the measure of worthwhile life, the meaning of death, the possibility of dignified or undignified death, and notions of medical compassion.


The expansion of end-of-life treatment options in Singapore will form another aspect of the study. Increasingly, patients and their carers have been vocal in demanding greater control over dying, an issue that has captured the public imagination and raised a spectrum of arguments in media. In late 2008, the issue of legalising assisted dying was raised by the Health Minister and debated in Parliament, at the end of which the Minister concluded that he did not think Singapore was ready to accept "euthanasia"⁴. In its March issue this year, an article published in the *Singapore Academy of Law Journal* co-authored by an academic and a state counsel (in her personal capacity) advocated for physician-assisted suicide (but not euthanasia) and proposed draft legislation to support this. It drew a vociferous public response and a call for more systematic research to be conducted on the question⁵.

The current provisions in Singapore regarding end of life treatment options, broadly include:

- Advance directives (the AMD Act permits withdrawal or withholding of treatment in terminally-ill and unconscious patients, and the Ministry of Health is initiating pilot testing of advance care planning schemes in selected healthcare facilities);
- Improved palliative care in primary and secondary care facilities, and palliative care education (including delivery of a range of palliative care options such as pain management and palliative sedation);
- Government initiatives to improve primary and home care facilities for patients preferring end-of-life care in a non-hospital setting.

The medical profession is closely related to questions of end-of-life decision-making, including withholding and withdrawals of treatment, assisted suicide and voluntary euthanasia* as these practices are most commonly contemplated within the context of end-of-life decisions when a person suffers from a terminal illness. Advances in medicine have improved possibilities for offering seriously ill patients life-extending treatments, but there is increasing recognition that extension of life is not always an appropriate goal of medicine. What do doctors in Singapore have to say about the role of the medical profession in end-of-life decisions?

While empirical studies of the attitudes of medical professionals have been undertaken in many countries, comparison of the results of these studies has been difficult due to different study designs and definitions of key ideas⁶. An EU sponsored comparative study of six European countries using a common questionnaire was published in 2003⁷. The results of these studies are only to some extent relevant to the Singapore society; we hypothesise that some key factors that prevent ready comparison between the attitudes of Singapore doctors and other doctors participating in these published studies would be our legal framework, Asian culture and mores, the family's central role in decision



Researchers at the Centre for Biomedical Ethics, Yong Loo Lin School of Medicine (NUS) are looking for doctors who often work with patients at the end of life to take part in a focus group discussion, in order to study their views about the ethical and legal issues involved in a range of end-of-life decisions. If you would like to find out more about volunteering to take part in this research or have any other questions about the research, please e-mail Dr Jacqueline Chin or Dr Jacinta Tan at EOL.Decisions2010@gmail.com

making, the strong influence of religion, and an evolving healthcare delivery system trained on ageing population issues.

The current end-of-life legal framework in Singapore is evolving, and should be guided by appropriate consultation and transparent debate to better understand public values, professional values and the enduring good of our society. Full public debate is especially important given the multicultural and religious context of Singapore. This cultural diversity can serve to enhance greater understanding of the ethical aspects of legislative and policy development in a pluralistic society. It may turn out to be a unique framework that offers choices and protections that are important both for us and other societies in Asia and beyond, where these issues are also being debated.

The deeper issues surrounding choices at the end of life are pursued in this research; discussing values can have the effect of long-term resilience in the face of challenges of many kinds when resources are stretched and human compassion and sacrifice are called for. How this society will resolve such challenges is worth studying. The research involving Singapore's medical profession and its views on end-of-life decisions will be led by the NUS Centre for Biomedical Ethics under a grant from the Lien Foundation. Do contact us if you would like to take part in the research referred to in this article. **SMA**

- 1) Atul Gawande (2 August 2010), *Letting Go*. *The New Yorker Magazine*. Available at: http://www.newyorker.com/reporting/2010/08/02/100802fa_fact_gawande
- 2) Leonardo De Castro (October 2010), *Quality of Death: Quality of Life for the Dying*, CENTRES Quarterly, Issue No. 4. (forthcoming). Available at www.centres.sg
- 3) *Days of Reflection for Man Who Defined Singapore*, *New York Times*, 10 September 2010. See: <http://www.nytimes.com/2010/09/11/world/asia/11lee.html>. Full transcript of the interview available at <http://theonlinecitizen.com/2010/09/transcripts-new-york-timesiht-interview-lee-kuan-yew/>
- 4) For a summary of the Minister's replies to parliamentary questioning, see: <http://www.moh.gov.sg/mohcorp/parliamentaryqa.aspx?id=20346>
- 5) *Call to allow assisted suicide criticised*, ST, 21 March 2010
- * *It is important to distinguish several different types of acts that doctors may perform with regard to the end of life: withholding treatment (where potentially life-saving or life-sustaining treatment is not given); withdrawing treatment (where life-sustaining treatment already being given is withdrawn); physician-assisted suicide (where the physician facilitates a patient's suicide); and euthanasia (where the physician acts to end the patient's life). In Singapore, the former two are legal whilst the latter two are illegal.*
- 6) *Even in urbanised and predominantly Chinese Hong Kong, where a study of attitudes to euthanasia was published in 2004, attitudes of the public and physicians there are unlikely to mirror those in Singapore.* See: Alice Ming-lin Chong and Shiu-yeu Fok (2004) *Attitudes towards euthanasia in Hong Kong – a comparison between physicians and the general public*. *Death Studies*, 29:1, 29-54.
- 7) Agnes van der Heide et al. (2003) *End-of-life decision-making in six European countries: a descriptive study*. *The Lancet* 361 (Aug 2):345-350; Guido Miccinesi et al. (2005) *Physicians' attitudes towards end-of-life decisions: a comparison between seven countries*. *Soc Sci Med* 60:1961-1974

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