

# **Advance Medical Directive Regulations**

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## **Legislative History**

### **ADVANCE MEDICAL DIRECTIVE ACT (CHAPTER 4A, SECTION 22)**

### **ADVANCE MEDICAL DIRECTIVE REGULATIONS**

**Rg 1**

**G.N. No. S 218/1997**

**REVISED EDITION 1998**

**(15th June 1998)**

**[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.

(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

Serial No: \_\_\_\_\_  
(for official use)

<p align="center"><b>FORM 1</b> <b>MAKING OF ADVANCE MEDICAL DIRECTIVE</b> ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 3] ADVANCE MEDICAL DIRECTIVE REGULATIONS</p>
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**PERSON MAKING THE ADVANCE MEDICAL DIRECTIVE**

Name:

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

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

Address:

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

**INSTRUCTIONS ON THE REGISTRATION OF 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, 15 College Road, Singapore 169054  
Tel: 3259136 Fax: 3258212

(Please direct all enquiries to this address)

(Both witnesses please read the *NOTES FOR WITNESS* below before signing)

**NOTES FOR 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.

**FIRST WITNESS** (This witness must be a registered medical practitioner)

Name:

NRIC No.:  -  -

Office Address:

Singapore

Office Telephone:  Pager:  -

1. I have taken reasonable steps in the circumstances to ensure that the maker of this directive -
  - (a) is of sound mind;
  - (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.
2. I declare that this directive is made and signed in my presence together with the witness named below.

_____ Signature of the Medical Practitioner	_____ Name/Clinic Stamp of the Medical Practitioner	_____ Date
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Note: As a guide for the purposes of determining whether the maker of the directive is of sound mind, 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.

**SECOND WITNESS** (This witness must be of at least 21 years of age)

Name:

NRIC No.:  -  -

Home Address:

Singapore

Home Telephone:  Office Telephone:

I declare that this directive is made and signed in my presence together with the witness named above.

_____ Signature	_____ Date
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