

Advance Care Planning

Your guide to completing an ACP



Introduction

This guide helps you reflect on what matters to you and your care preferences.

Advance Care Planning (ACP) helps your loved ones and healthcare team understand your wishes if you are unable to decide or speak for yourself. You may complete this guide at your own pace. There are no right or wrong answers.

Note: This guide does not replace an official ACP document.

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Section A

Reflections

Understand what matters most to you



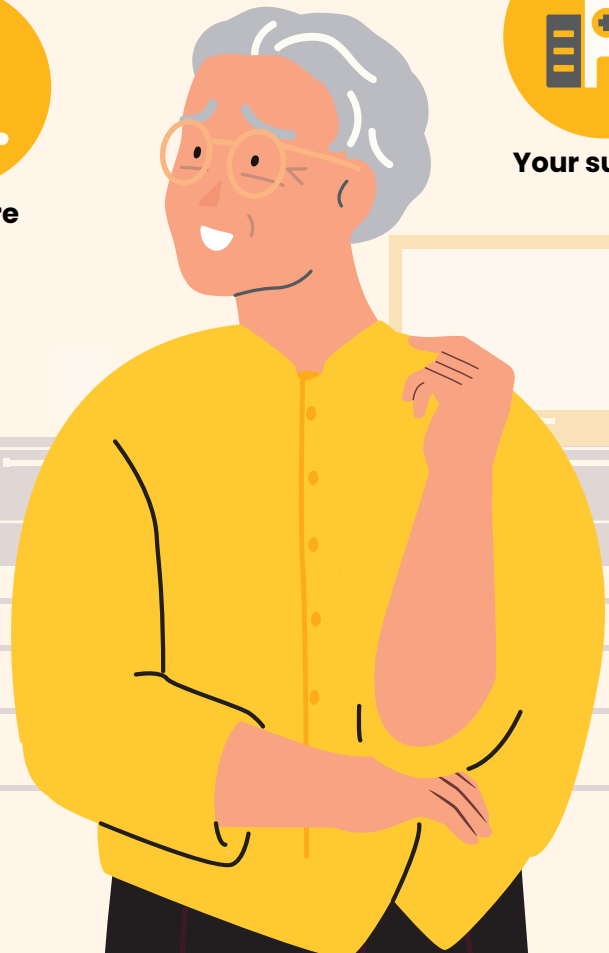
Your values



Your care



Your support



1

Experiences with medical care

Help others understand **what matters to you in medical care.**



Have you or someone close to you had experiences with being in a medical situation?

You may wish to reflect on:

- How the experience made you feel
- What you would wish to experience or avoid in your future care



2

Things you enjoy in life

Tailor treatment to align with your preferences.



i. Select the activities that are important to you. You may choose more than one.

Being independent in daily activities	Exercising regularly	Caring for loved ones
Spending time with loved ones	Volunteering and helping others	Spiritual and/or religious practices
Enjoying my hobbies	Travelling	Working

Others (please specify):



2

Things you enjoy in life

These activities reflect **what gives your life meaning.**



ii. **Why are these activities important to you?**
Specify the goals or needs these activities help you address.



3

Sources of support

Identify the people and activities that **support you during challenging times.**



i. What helps you when you face challenges in life?

Select all that apply.

- ☐ Support from family
- ☐ Engaging in leisure activities
- ☐ Support from friends
- ☐ Spiritual and/or religious activities
- ☐ Others (please specify):

ii. How does this help you?

You may share how these sources of support help you.

4

Concerns or worries about your illness (if any) or medical care



Understanding your worries helps others **care for you in a way that feels right.**

Which of the following concerns matter to you? You may choose more than one.

- ☐ Physical pain and discomfort
- ☐ Cost of medical expenses / Being a financial burden on loved ones
- ☐ Impact on loved ones / Being a emotional burden on loved ones
- ☐ Loss of independence / Being a physical burden on loved ones
- ☐ Feeling alone or isolated
- ☐ Others

5

Your care preferences

Medical care



Extent of medical care you would like to receive.

Imagine a situation where your illness or injury cannot be reversed, and you are unlikely to regain the ability to decide for yourself. You would not know who you are, who you are with, or where you are.

In this situation, what type of medical care would you prefer?

- ☐ **Comfort-focused care**
- Avoid medical devices and hospitalisation where possible.
 - Focus on comfort (how I live my life), not prolonging life (how long I live).
 - Ensure enough food, water and comfort care measures e.g. pain or symptom relief (e.g. medications to help with breathing).

Why did you choose Comfort-focused care?



What procedures do you wish to avoid?



5

Your care preferences

Medical care

☐ **All necessary life-sustaining treatment**

- Continue all treatments (e.g. long-term life support such as breathing support machine/insertion of a tube into the windpipe) that support vital functions, even if they may be uncomfortable, until outcomes you find unacceptable occur.

Why did you choose All necessary life-sustaining treatment?

What outcomes would be difficult for you to accept?



☐ **I am undecided at this point because**

Note: Your preferences guide your healthcare team and loved ones to make the best decision on your behalf. Doctors will use their judgement to decide the best care you can receive, and may not follow your wishes if it goes against your best interests.

5

Your care preferences

Daily care and support

These are examples of care options in the community, ranging from support at home to more specialised care settings.

Understanding them may help you think about where you would prefer to receive care in the future.

You do not need to remember everything on pages 9 - 10. You may focus on the options most relevant for you.



Home

Care provided in your own home, so you can stay in the comfort of a familiar surrounding.

Examples include:

- Help with daily activities and personal care
- Meals delivered to your home
- Medical visits and prescriptions
- Nursing care at home
- Temporary respite care to support caregivers
- Therapy and rehabilitation at home



Centres

Care and support provided at community or day care centres.

Examples include:

- Cognitive support programme
- Day care and supervision
- Hospice day care and palliative support
- Nursing care in community
- Social and recreational activities
- Therapy and rehabilitation

5

Your care preferences

Daily care and support

Mental Health Services

Examples include:

- Community mental health teams
- Care provided by general practitioners or polyclinics
- Psychiatric rehabilitation and recovery support



3

Clinics

Examples include:

- Medical and dental care at subsidised rates
- Preventive care and early health checks



4

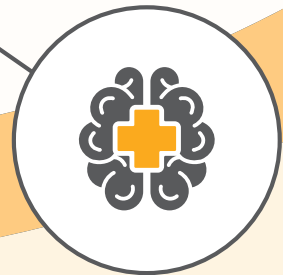
Nursing Homes or Hospices

Care provided in residential or inpatient settings when care needs are higher.

Examples include:

- Hospice inpatient care and palliative support
- Long-term residential care
- Short-term respite stays to support caregivers

5



Reflection: As you look at these options, which type(s) of care feel suitable or assuring for you?

5

Your care preferences

Daily care and support

These preferences help others **care for you in a way that feels right.**



Choose the areas of care that are important to you.

Select all that apply and share why it is important to you.

☐ **How would you like your pain to be managed?**
(e.g. medications, procedures)

☐ **How would you like to receive emotional support?**
(e.g. quiet time, limited visitors, music)

☐ **How would you like your personal care to be managed?**
(e.g. bathing, oral care, grooming)

Note: Depending on your medical situation, not all preferences may be met but the healthcare team will accommodate where possible.

5

Your care preferences

Daily care and support

☐ **How would you like to stay mobile or active?**
(e.g. sitting up, walking, gentle movement)

☐ **Are there cultural, religious and/or spiritual practices that are important to you?**
(e.g. prayer, readings, quiet space)

☐ **Are there items that bring you comfort?**
(e.g. blanket, music, pillow, socks)

☐ **Others (please specify)**

5

Your care preferences

Other requests

- You may use this space to share:
- Personal beliefs or values that may influence your care
 - People you wish to involve, or not involve in care discussions
- Please do not include the following information in this section:*
- Legal documents (e.g. Wills or Lasting Power of Attorney)
 - Financial details (e.g. assets or bank accounts)
 - Passwords or sensitive account information



You have completed the reflection section.

The next section explains how you can formally complete your ACP so your wishes can be shared and accessed when needed.



Section B

How to complete and share your ACP

The next section guides you on how to turn these reflections into an official ACP



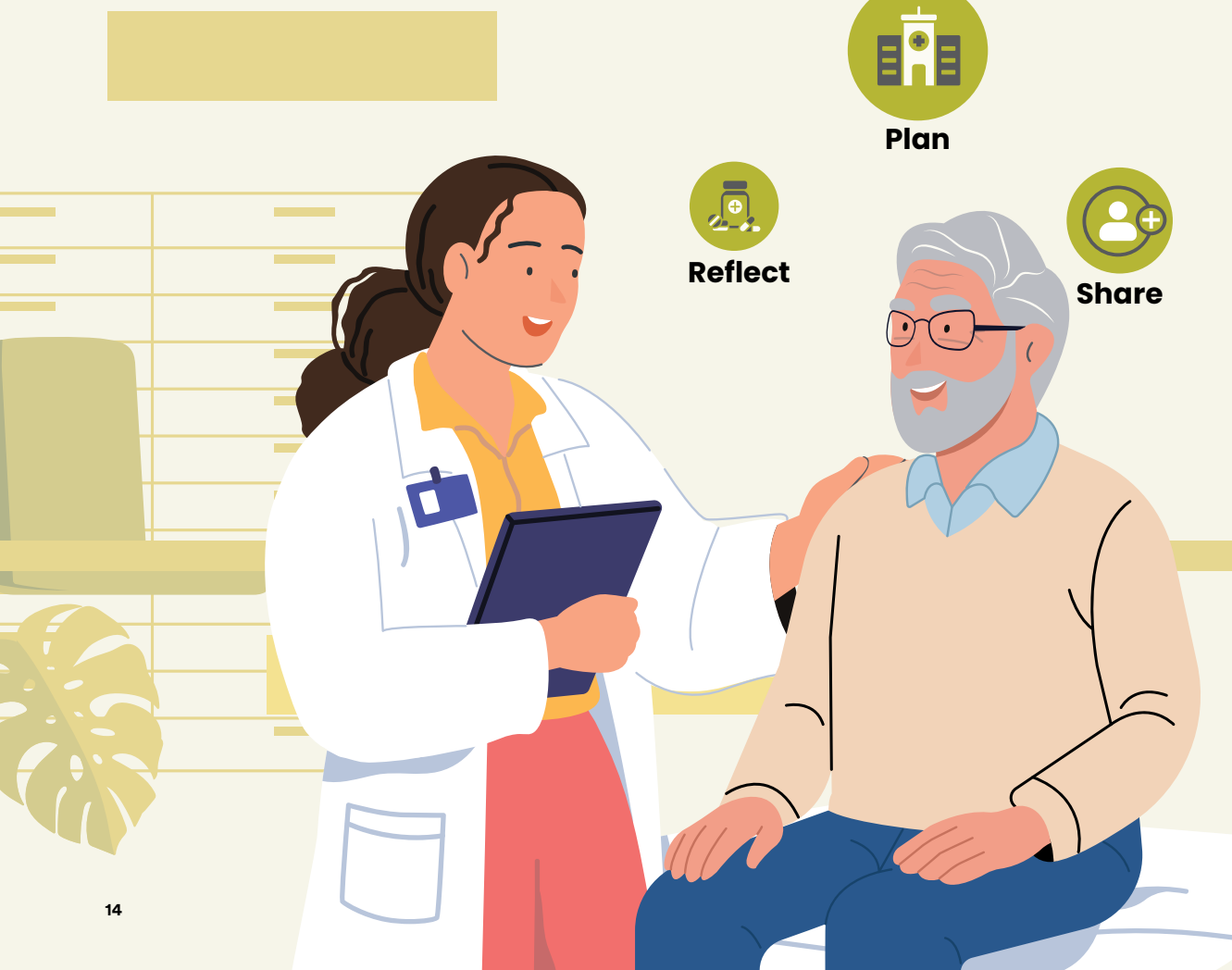
Plan



Reflect



Share



1

Appointing Nominated Healthcare Spokesperson (NHS)

Your NHS speaks on your behalf about your healthcare preferences if you are unable to do so. The healthcare team will consult your NHS to guide care decisions based on your wishes.

Who can be your NHS

- Must be 21 years old or above
- Someone you trust and feel comfortable with
- Can be a family member, friend or anyone you choose

Before appointing your NHS

- Talk to them about your care preferences
- Make sure they understand and agree to support your wishes

If you have a Lasting Power of Attorney

- You are encouraged to appoint the same person for your Donees as your NHS, where possible

You may list up to two people you are considering as your NHS.

1.

2.



Checklist for choosing your NHS

Choose someone you trust. There is no “perfect” choice.

- ☐ Respects your wishes
- ☐ Can stay calm under stress
- ☐ Will listen and understand your preferences
- ☐ Can speak with doctors and healthcare staff
- ☐ Easy to contact in an emergency

Information required on your NHS

Depending on how you complete your ACP, different details may be required.

	myACP	Facilitated ACP
 Full name (as in NRIC or FIN)		
 NRIC or FIN number	 An SMS and email invitation will be sent to your NHS using Singpass.	
 Date of birth	 (To validate your NHS' age)	
 Local mobile number		
 Email address		
 Relationship to you		

2

Two ways to complete your ACP

Choose the option that best suits your comfort level and needs.



	myACP	Facilitated ACP
 Mode of completion	Online, self-directed via My Legacy platform	Guided session with an ACP facilitator, face-to-face or virtual
 Time taken	Approximately 30mins Time varies based on readiness and clarity of preferences	Approximately 1.5 hrs Time varies based on discussion needs and level of support required
 Accessibility	Anytime, anywhere on a mobile device or computer	Appointment required
 Support	Online guidance, complete at your own pace	Facilitator guides discussion and checks understanding
 Documentation	Self-documented and submitted digitally	Facilitator assists with documentation and submission
 Costs	Free	May involve charges depending on the provider
 Best suited for	Those who prefer completing forms independently	Those who prefer guided discussion and support

Completing your ACP via myACP

You may find it helpful to watch the guide before starting.



Step 1

Watch the myACP video guide

Learn what to expect and how the process works.



Step 2

Complete your ACP online

Proceed when you feel ready.



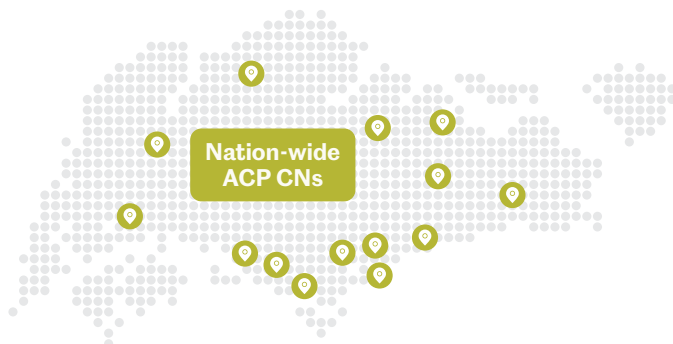
Important

Your NHS will review and accept your nomination online via My Legacy using Singpass.

Section B | How to complete and share your ACP

If you prefer guided discussions and support, you may complete your ACP with an ACP facilitator.

ACP facilitators are trained professionals from community organisations who guide you through conversations, support you in completing your ACP, and are available across Singapore so you may choose a location that is convenient for you.



You may contact any of the organisations below to book an appointment.

SATA CommHealth

- 📞 6244 6688
- ✉️ acp@sata.com.sg
- 📍 Ang Mo Kio, Bedok, Kallang, Jurong East, Sengkang, Tampines, Toa Payoh, Woodlands

Society of Sheng Hong Welfare Services

- 📞 6239 0936
- ✉️ acp@shenghong.org.sg
- 📍 Hougang, Toa Payoh

Montfort Care

- 📞 9734 0617
- ✉️ acp@montfortcare.org.sg
- 📍 Bedok, Bukit Merah, Marine Parade, Tampines, Outram, Yishun

Home Nursing Foundation

- 📞 6854 5555
- ✉️ acp@hnf.org.sg
- 📍 Hougang, Toa Payoh

Fei Yue Community Services

- 📞 9837 0605
- ✉️ acp@fycs.org
- 📍 Choa Chu Kang, Buangkok, Chinatown

Lions Befrienders Service Association

- 📞 6681 4020
- ✉️ acp@lb.org.sg
- 📍 Clementi, Queenstown

Sunlove Abode for Intellectually Infirm Ltd

- 📞 8959 7984
- ✉️ acp@sunlove.org.sg
- 📍 Ang Mo Kio, Bedok, Bukit Merah, Geylang, Hougang, Novena, Woodlands



Scan here to book an appointment with an ACP facilitator

Section C

What to do after completing your ACP

This section shares what you can do after completing your ACP, including how to keep it accessible and explore other ways to plan ahead.



1

Where to keep your ACP

After completing your ACP:



Available to healthcare teams

Your ACP is stored in the National Electronic Healthcare Record (NEHR) and can be accessed by your healthcare team when needed.



View or update online

You may view, share, or update your ACP anytime via myACP on My Legacy, as long as you have mental capacity.



Printed copy (if applicable)

If your ACP was completed with a facilitator, you may request a printed copy from them.



Keep a personal copy

You may also keep a copy with your important documents at home, such as your medical or personal records.



You may review and update your ACP at any time as long as you have mental capacity.

2

Planning ahead

ACP is one part of planning ahead. Other tools may be useful at different stages of life.



Planning ahead while you are well and have mental capacity

- Advance Care Planning
- Advance Medical Directive
- Central Provident Fund (CPF) Nomination
- Lasting Power of Attorney
- Will Planning



When you are unwell and lack mental capacity

- Advance Care Planning
- Lasting Power of Attorney



After death

- CPF Nomination
- Will Planning

Completing your ACP is not the end.

Review your ACP when your preferences change, after major life events, or if your health changes.

Resources to guide you on your legacy planning journey.



Advance Medical Directive (AMD)

AMD is to inform the doctor treating you (in the event you become terminally ill and unconscious) that you do not want any extraordinary life-sustaining treatment to be used to prolong your life.

Find out more on AMD here:

www.moh.gov.sg/seeking-healthcare/advance-medical-directive



Lasting Power of Attorney (LPA)

The LPA is a legal document that allows a person aged 21 or above ('Donor') to appoint one or more trusted persons ('Donee(s)') to make decisions on his/her behalf in personal welfare and/or property & affairs matters if he/she loses mental capacity.



Central Provident Fund (CPF) Nomination

- A CPF nomination allows you to distribute your CPF monies according to your wishes when you pass on. It will be paid in cash.
- CPF savings do not form your estate and cannot be distributed via a Will. This protects your CPF savings from creditor claims.



Will Planning

Will is a legal document that lets you decide what happens to your money, property and possessions after your death*. You can specifically state who gets your assets, who looks after your dependents and who carries out your Will.

**Note that there are certain exceptions to this, such as CPF monies.*

Common questions about ACP

What is the difference between ACP, AMD and LPA?

Do I still need an ACP if I have an AMD or LPA?

A

Yes, it is best to complete an ACP even if you have completed AMD and/or LPA as these tools will benefit you in different ways.

A

- **ACP:** A guide that helps your loved ones and healthcare team understand your care preferences.
- **AMD:** A legal document about life-sustaining treatment in specific medical situations.
- **LPA:** A legal document that allows you to appoint your trusted person(s) to make decisions in personal welfare and/or property & affairs matters on your behalf if you lose mental capacity.



Section D | Common questions about ACP

Does doing my ACP mean that my doctors will not treat me?

A

No, doing your ACP does not mean that your doctors will not treat you.

ACP forms provide guidance on decision-making and are not legally binding/enforceable. While the final decision on treatment for individuals who lack capacity rests with healthcare providers, following the Mental Capacity Act (MCA), the individual's preferences for care and treatment will be considered in the decision-making process.

Decisions for individuals without capacity must prioritise their best interests, considering their values, wishes, and input from loved ones.



What if I do not have anyone suitable to be my NHS?

A

If you've appointed or are intending to appoint a Professional Deputy as a Donee in your LPA, you can appoint the same person as your NHS. Make sure they are agreeable before you appoint them. You can find more details and the list of Professional Deputies on the Ministry of Social and Family Development website: www.msf.gov.sg/what-we-do/opg/about-PDD-scheme

Alternatively, speak to an ACP facilitator to document and register your ACP. They'll be able to guide you in making decisions on your healthcare preferences.

Some service providers may charge a nominal fee for doing an ACP. Please check with the respective organisations for details.



If you have more questions on ACP visit www.aic.sg/acp

The Heart of Care



Click
www.aic.sg



Call
1800 650 6060



Visit
AIC Link

The Agency for Integrated Care (AIC) aims to create a vibrant care community for people to live well and age gracefully. AIC coordinates and supports efforts in integrating care to achieve the best care outcomes for our clients.

We reach out to caregivers and seniors with information on staying active and ageing well, and connect people to services they need.

We support stakeholders in their efforts to raise the quality of care, and also work with health and social care partners to provide services for the ageing population. Our work in the community brings care services and information closer to those in need.