

**FORM 1**

**MAKING OF ADVANCE MEDICAL DIRECTIVE**

THE ADVANCE MEDICAL DIRECTIVE ACT 1996 [ACT 16 OF 1996, SECTION 3]

THE ADVANCE MEDICAL DIRECTIVE REGULATIONS 1997

(This form may take you 5 minutes to fill in)

**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 1996 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 1996 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, 16 College Road, Singapore 169854  
Tel: 63259136 Fax: 63259212

(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 1996.

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

Name:

NRIC No.:  -  -

Office Address:

Singapore

Office Telephone:  Handphone / Pager:  9 -

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

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