



UNCOMMON VOICES



THE HEALING IN DYING

**SPOTLIGHT ON
PSYCHOSOCIAL &
SPIRITUAL SUPPORT IN
PALLIATIVE CARE**

ISSUE 01 / 2020



About MWS

Methodist Welfare Services is purposed to serve the disadvantaged and distressed, as Christ Jesus has taught us, regardless of age, race and religion.

We support all who live under the strains of poverty of relationships, physical and socio-emotional health, and finances by providing an integrated and holistic helping process for every person who comes through our doors.

This includes a spectrum of care that ranges from community-based social and health programmes for seniors to residential nursing and rehabilitative care, home-based care and hospice services, counselling and therapy, and debt relief & asset-building programmes.

Working in close partnership with churches and the community across the island, we pray that someday, all who call Singapore home will truly be able to have life to the full.

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Editor's Note

Walking Alongside those Facing End of Life

Three years ago, I lost my mother-in-law and a very dear cousin to cancer within a short span of 10 days. I was still reeling from my mother-in-law's passing when I found myself back at my cousin's hospital bedside. As I held his hand to comfort him, I whispered, "Go in peace. I'll see you in heaven." Soon after, his heart rate monitor went into a flatline. It was as though he had found the closure he needed to let go.

To date, I can still recall how thankful I was that my cousin eventually felt peace before he passed on. The truth is, we take the freedom of health for granted. Even as I write this, Singapore and countries all around the world are battling the COVID-19 pandemic. With the number of cases and fatalities escalating, coupled with mounting concerns of its impact on the livelihood of the most vulnerable, it is difficult not to imagine the worst has arrived.

For those facing end of life, their need to find meaning in suffering, and to regain peace and mental strength becomes even greater and stronger. And this is the mission of the MWS palliative team – to provide quality of life for patients with life-threatening illnesses, and to support their caregivers – physically, psychosocially and spiritually. Every person – regardless of their stage of life or condition of health – deserves total dignity and holistic care to the end.

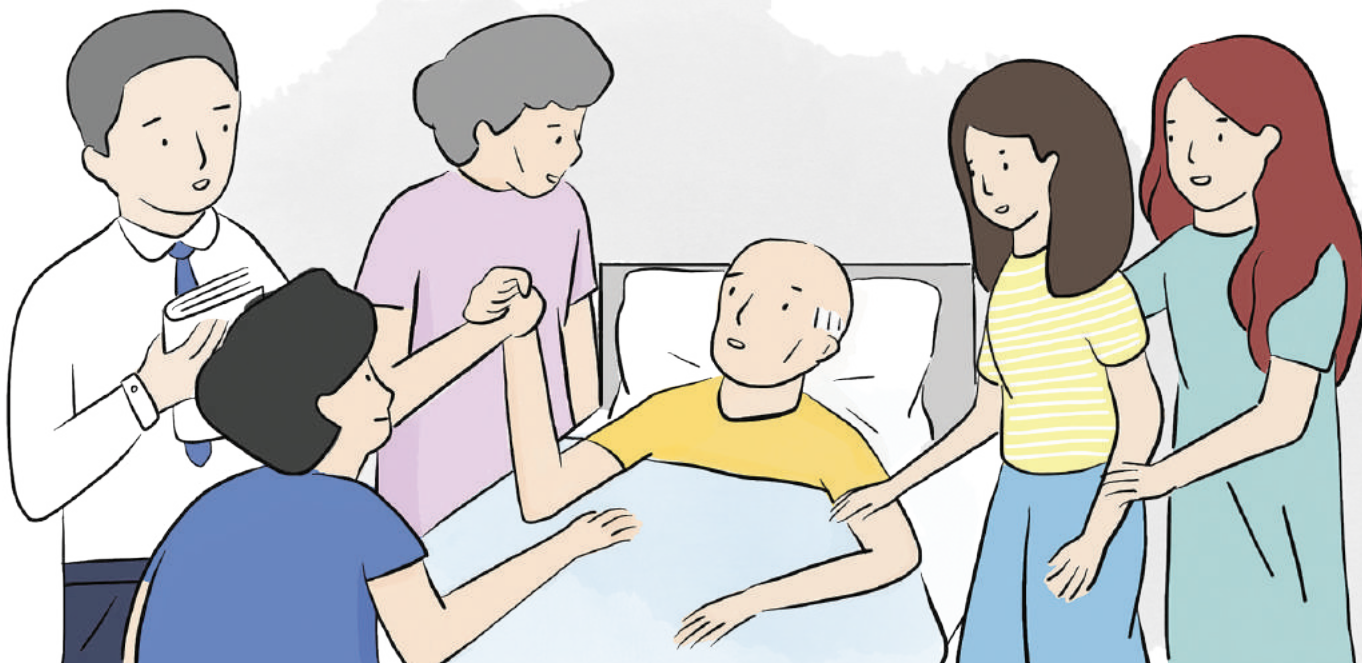
The MWS Circle of Care comprises not only therapy, counselling and case management. We also facilitate closure, mediate between family members to ensure patients leave in peace, and provide bereavement support for their loved ones. This whole person approach underpins the MWS mission of providing integrated and holistic care so that our beneficiaries are empowered to have life to the full.

As the Scripture says, "Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me" (Psalms 23:4, NIV). It is my prayer that more will come to understand the true breadth and value of palliative care, so that patients and their caregivers may all find peace in the critical final stage.

MS JUNIE FOO
MWS GROUP EXECUTIVE DIRECTOR



The Healing in Dying



MWS Medical Social Worker Zann Wong received an alert that the condition of her patient, Mr Peter Pang, was rapidly deteriorating. His wife requested for Zann and MWS Assistant Chaplain, Chua Chiew Poh, to pay an urgent visit.

When the MWS team arrived, Mr Pang was already surrounded by his wife and two daughters, close relatives and friends.

With MWS facilitating, each person in the room took time to express their love and thanks to Mr Pang for his selfless giving over the years. The sombre atmosphere was tinged with quiet joy as everyone sang and prayed together.

A day later, Mr Pang passed on peacefully. "The well-trained and

experienced MWS team helped my late Dad prepare himself spiritually. Death is the entrance to life with God. We felt deeply comforted at being able to express our feelings to Dad, and to celebrate his wonderful life before he passed," said Ruth, Mr Pang's daughter.

"The well-trained and experienced MWS team helped my late Dad prepare himself spiritually."

BEHIND PALLIATIVE CARE

The essence of palliative care is about providing quality of life for patients with life-threatening illnesses, as well as support for their caregivers. It deals with pain management, medical and nursing care dispensed sensitively to ensure that patients are as comfortable as possible in their last days.

In addition to the circle of care which includes therapy, counselling and case management for patients, their families and loved ones are also supported through caregiver training and bereavement. Much less talked about though is the area of psychosocial and spiritual wellness. This may involve facilitating closure, and mediating between family members to ensure patients leave in peace.

LISTENING TO THE TERMINALLY ILL

In 2014, a survey commissioned by Lien Foundation¹ to examine death attitudes and preferences in Singapore found that only 50% of Singaporeans had any understanding or awareness of palliative care.

Among those who claimed to be aware, most understood it to be about caring for the dying (42%), providing pain relief (66%) and offering medical treatment (70%) but only 15% related palliative care to psychological wellness.

In reality, faced with dying, the need to find meaning in suffering, to restore peace and gain mental strength becomes even greater and stronger.

A US research study² conducted among 248 ethnically diverse, urban cancer patients, found that patients wanted help most in overcoming fears (51%), finding hope (42%) and meaning in life (40%).

Dr Gary Pasternak, a US-based palliative care physician and medical director put it aptly, “To be a hospice or palliative care physician is to be a steward of stories. It is to understand the fears and desires of other human beings, guiding narratives to their comforting conclusions. [Palliative care] has to do with narrative, and with story, the nuts and bolts of a life.”

LEAVING A LEGACY

Tackling the emotional, psychological and spiritual wellness of patients, by listening to their stories is hence as critical as managing physical pain and symptoms.

Zann shared a poignant story of how a home hospice patient had talked about her passion in cooking during a home visit. “I offered to document and compile her favourite Hakka recipes for Chinese-style pig trotters and *yong tau foo* (stuffed tofu) so she can pass it on as



In palliative care, tackling emotional, psychological and spiritual wellness is as critical as managing physical pain and symptoms.

a legacy to her children. When her family received the recipe book, they realised these were more than a set of cooking instructions. It was a tangible reminder of their mother’s love and pride.”

CULTURAL DIFFERENCES

In conversations with patients from different cultural backgrounds, researchers found that values and attitudes affected their feelings, concerns and decision making about end of life. The survey by Lien Foundation on death attitudes in Singapore found that Singaporeans’ top priorities focused around their families. These included not being a financial burden to family members (87%) and having loved ones close by (78%).

Conversely, a US study³ with the family members of hospice patients revealed that the patients’ wishes were more individual-centred. These included fulfilling the desire to travel (79%) and accomplishing a personal goal (78%).

MWS medical social work team working

with patients affirmed that family is their prime concern; some are worried about leaving behind children, particularly those who are still single. “Many of our patients share hopes of seeing their children or grand-children getting married and settling down,” shared Zann.

In addition, many shared their wish to die in the familiarity of their own home, reflecting their attachment to ‘family’.

¹ Lien Foundation. (2014). *Survey on Death Attitudes*. Retrieved from http://lienfoundation.org/sites/default/files/Gen%20Pop%20Findings%20Report%20-%20Full%20REPORT%20%28Website%29_0.pdf

² Moadel, A., Morgan, C., Fatone, A., Grennan, J., Carter, J., Laruffa, G., Skumny, A., Dutcher, J. (1999). Seeking meaning and hope: self-reported spiritual and existential needs among an ethnically-diverse cancer patient population. *Psycho-Oncology*, 8(5), 378–385. [https://doi.org/10.1002/\(sici\)1099-1611\(199909/10\)8:5%3c378::aid-pon406%3e3.0.co;2-a](https://doi.org/10.1002/(sici)1099-1611(199909/10)8:5%3c378::aid-pon406%3e3.0.co;2-a)

³ Periyakoil, V. S., Neri, E., & Kraemer, H. (2018). Common Items on a Bucket List. *Journal of palliative medicine*, 21(5), 652–658. <https://doi.org/10.1089/jpm.2017.0512>

RECONCILIATION AND RESTORATION

Asian families tend to be more reticent and not express their feelings openly. Palliative care professionals can intervene for family members who find it hard to show their appreciation and love, and reconcile past differences.

Wei Leng, the niece of Mdm Tan Sai Tin – one of MWS’ former patients – experienced this first-hand at a bedside intervention arranged for family members of Mdm Tan. During this meeting which was to be the last, the family mended their differences, expressed love for one another and asked for mutual forgiveness. “As an Asian family, we aren’t used to expressing our love for our aunt,”

said Wei Leng. “The bedside closure benefitted my family tremendously and I hope more families will experience this too, because it was really, really special to us” (read the full story on page 10).

Authentic dialogue on life and death is another way to evoke empathy and compassion between patients and their caregivers. This helps restore the person’s psychosocial well-being with family and friends.

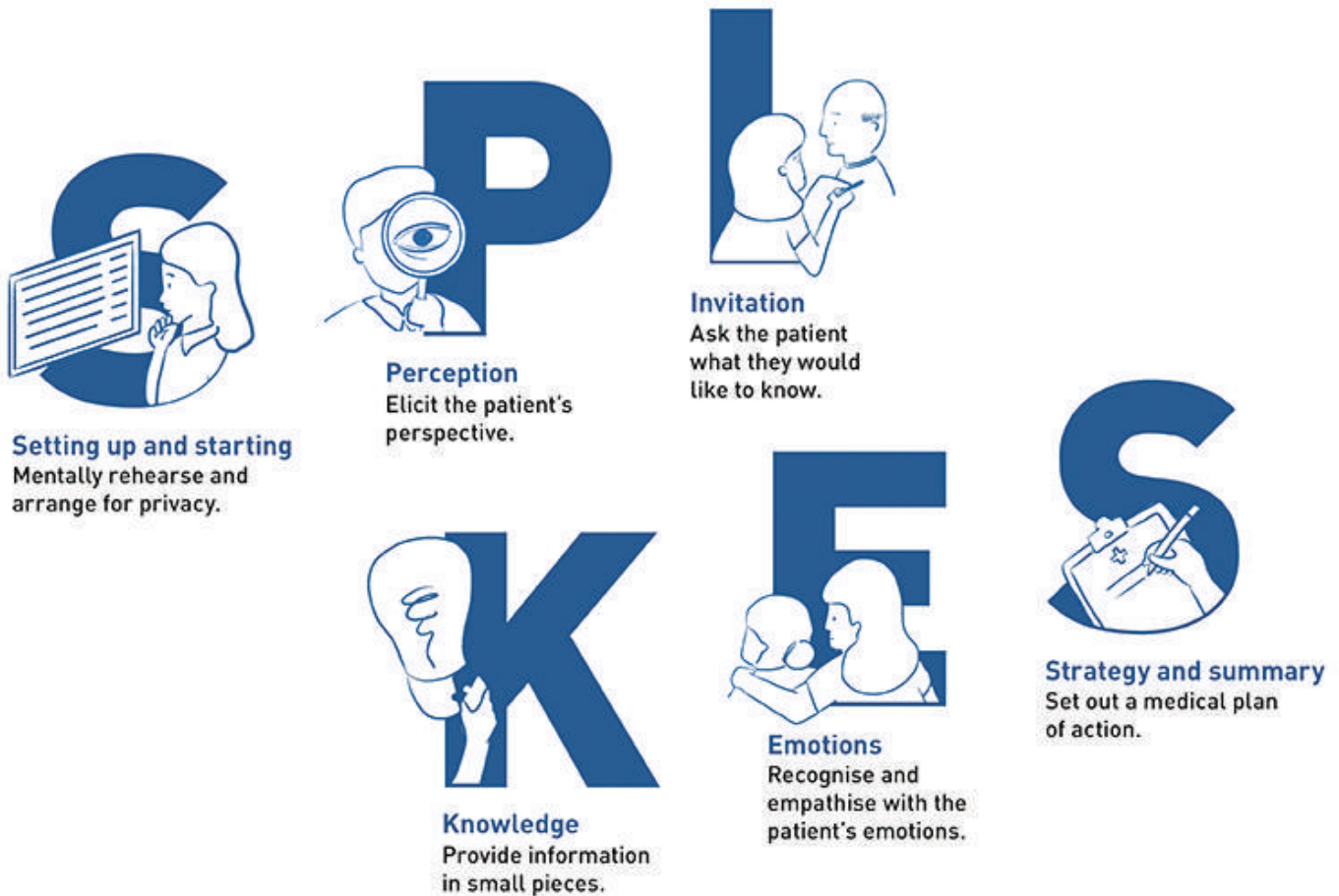
As a senior staff nurse with MWS Home Hospice, Melissa Fong understands this well. She recalled an elderly patient who seemed indifferent about her impending death. However this changed when she received a birthday card from her granddaughter. The card moved her so deeply

that she decided to write cards to those who mattered to her. These important last words were both healing for her and her loved ones (read the full story on page 14).

NAVIGATING DIFFICULT CONVERSATIONS USING THE SPIKES PROTOCOL

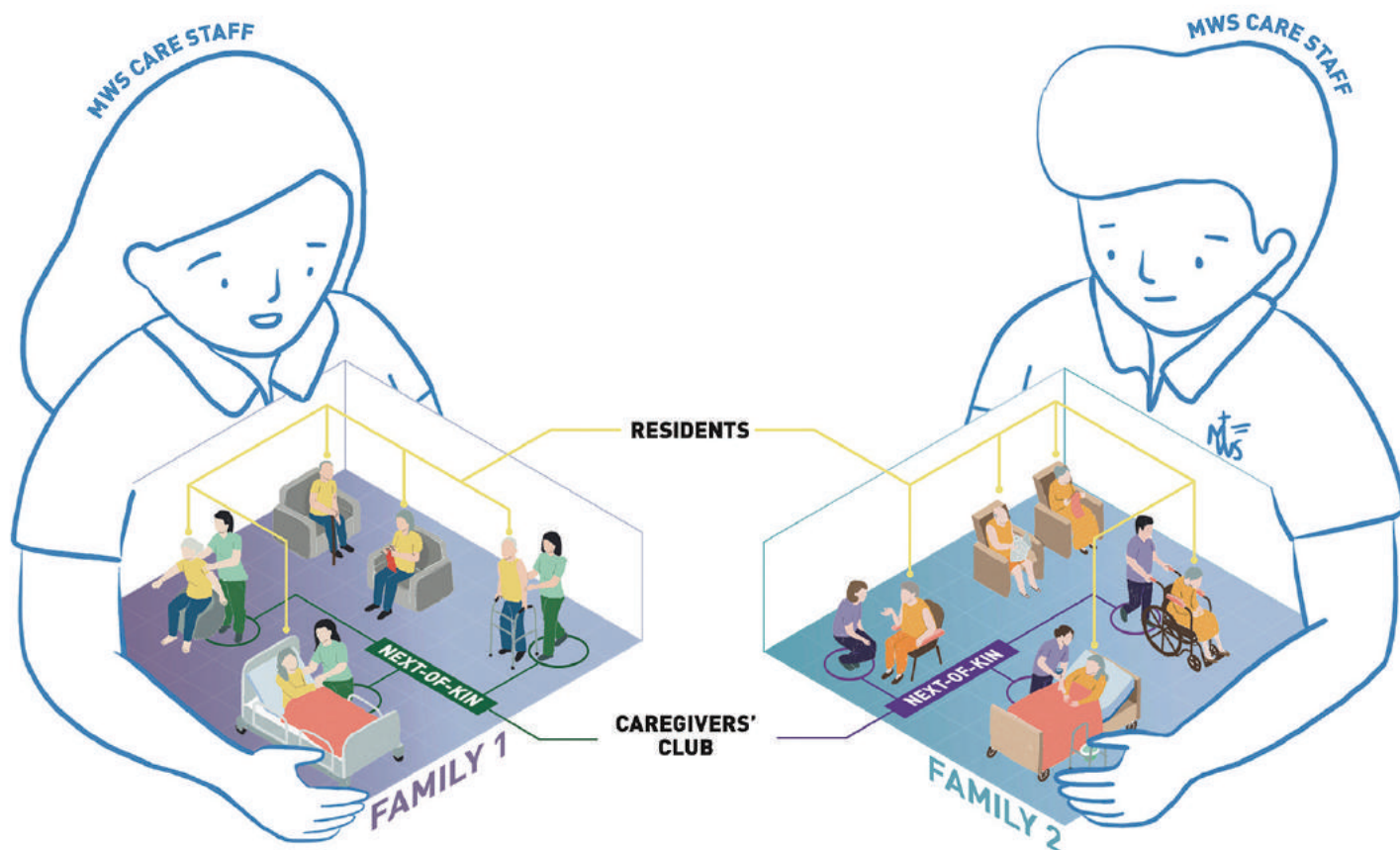
Managing difficult dialogues and touchy issues is a key aspect of palliative care. MWS Home Hospice adopts the SPIKES protocol in presenting distressing information to patients and their families in a systematic manner. Staff are trained to deliver the bad news clearly, honestly and sensitively so that patients feel understood and supported.

SPIKES Protocol for presenting Distressing Information in Palliative Care



MWS Philosophy of Care: Family Nursing Model

My Family Unit



FAMILY AS THE FOUNDATION OF CARE

Centering eldercare and palliative care on 'family' is one of the key tenets of the MWS care model.

MWS Nursing Homes' Philosophy of Care is based on the Family Nursing Model, characterised by the following features:

- Every resident is a member of the 'family' unit housed in their own space and residence;
- Each MWS staff is assigned to care for a specific 'family';
- The resident's next-of-kin is also part of the 'family' unit.

The MWS Philosophy of Care focuses on improving quality of life by practising 3 principles:

- Resident-directed – this means recognising individual needs and preferences
- Holistic & integrated care
- Communal belonging

Each resident has an Individual Care Plan that reflects his or her personal choices, including when they have their meals, the clothes they wear and activities that they want to participate in. There are also opportunities for residents to interact in home-like spaces.



For many palliative patients, the opportunity to express what their illness and situation mean to them, is therapy in itself.

EVALUATING PSYCHOLOGICAL HEALTH OF PATIENTS

The MWS Home Hospice team conducts a holistic assessment of patients that includes asking for their preferences in their care and the support system at home. Apart from medical history, staff also track the patient's mental state and mood, social history and preparation for death, e.g. whether they have discussed about his funeral. This assessment is done at the first visit and reviewed every 6 months. MWS Home Hospice also uses the Edmonton Symptom Assessment System (ESAS) to measure the severity of pain which has a bearing on feelings of depression, anxiety and overall well-being.

A similar 'Complete Geriatric Assessment' is done in MWS Home Care to document depression tendencies in clients (using the Even Briefer Assessment Scale for Depression), and caregiver's burden (using the Zarit Burden Interview or ZBI). Caregiver's burden refers to the perceived impact of providing care on the caregiver's own physical and emotional health, social life, financial situation and interpersonal relationships.

Recent ZBI results revealed that among caregivers who felt moderate to severe burden, 68.5% of them experienced

marked improvement 6 months after they received intervention from the MWS team. This means that these caregivers feel less stressed because the perceived care burden is no longer as severe.

FINAL WORDS ON SPIRITUAL CARE

How does spiritual care help terminally ill patients?

MWS Assistant Chaplain, Chua Chiew Poh shared some insights. "Some patients may be declining physically but we see improvements in them spiritually and emotionally. Others suffer from degenerative illness that are incurable,

yet became more resilient. Through the songs that we play for them, prayer support and recounting the blessings in their life, patients sometimes rediscover new meaning upon reflection. Despite the physical pain and suffering, some of them radiate peace and in certain cases, joy as well. Spiritual care and love are what complete palliative care."

Much of the existing research on spirituality and palliative care had been conducted in the West. We need more investigations in Asian countries where different cultures and religions are likely to play an integral part.

Spiritual intervention should not be presumptuous to give a dying patient a sense of hope. During the last days and moments, the patient is in all likelihood thinking about the meaning and value of life. The role of the palliative care team is to encourage spiritual stirring, and not administer it.

As Zann, MWS Medical Social Worker, summarised, "We often get the patient to talk about what the illness means to him, and to understand this from a spiritual point of view. Our role is to help him achieve an enhanced sense of purpose or meaning. For most patients, the opportunity to share these is therapy in itself."

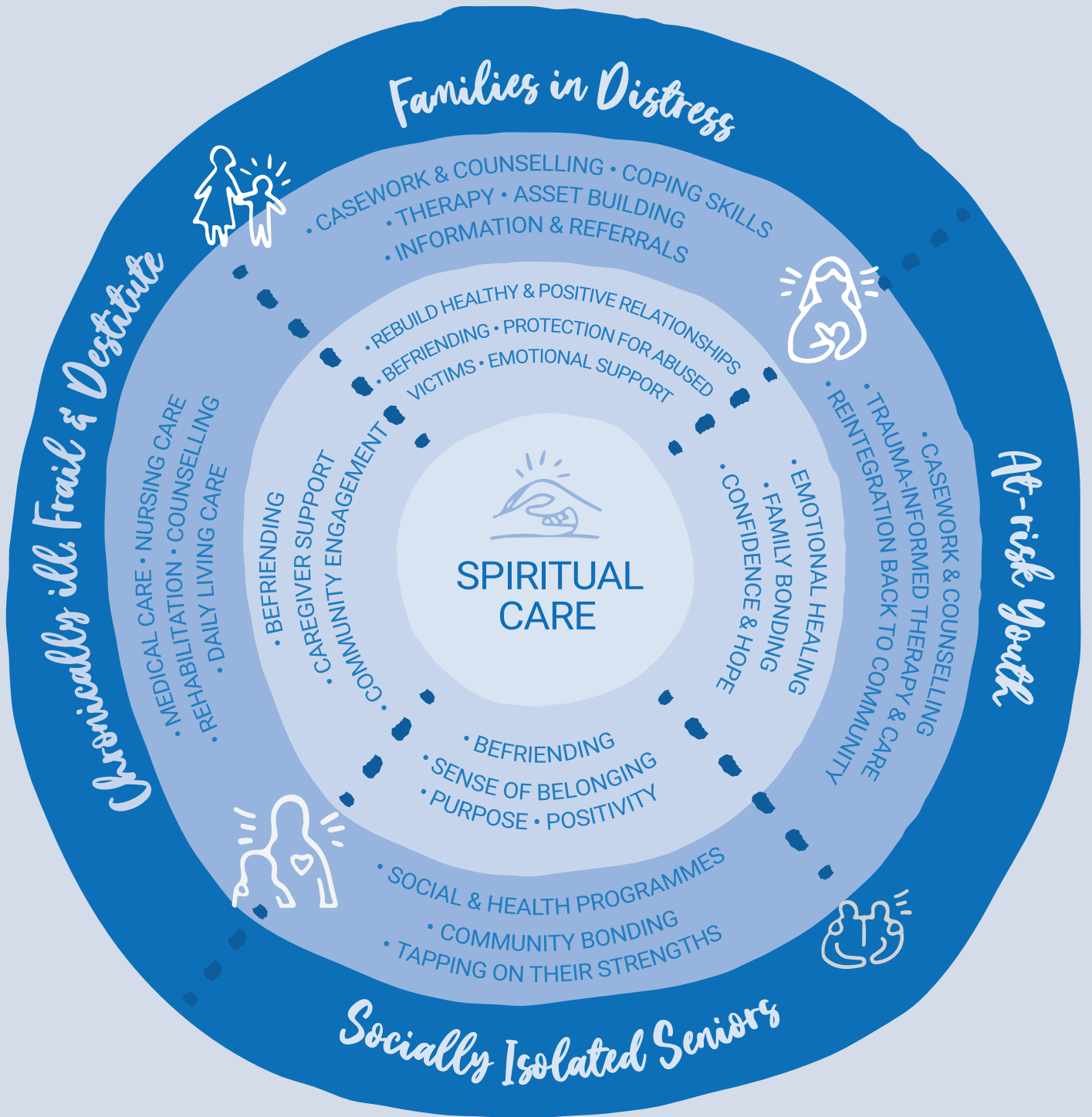
Holistic Palliative Care requires a Multidisciplinary Care Team

A palliative care team faces multiple and intense demands on a daily basis. Apart from medical and nursing care, meeting the psychosocial and spiritual needs of patients is equally gruelling. It is important therefore to assemble a team with varied competencies and skills. Doctors, nurses, social workers, occupational and physiotherapists, senior care associates and chaplains work together to provide a full suite of care.

This whole person approach to palliative care underpins the MWS mission in providing integrated and holistic care in empowering all our beneficiaries to achieve life to the full.



MWS takes a holistic approach in helping our beneficiaries tackle and overcome their challenges. Besides offering services and programmes to address presenting problems, we also provide psychosocial and emotional support, and spiritual care to work through deep-seated issues.



The Final Send-Off

Mdm Tan Sai Tin was over 80 years old when she passed. She had stage 4 liver hardening, renal failure, and diabetes. While she was single, she had a family who loved her and made sure that she never felt alone, even to the very end.

MWS Bethany Nursing Home – Choa Chu Kang, her final home, provided a dedicated palliative care team to meet her medical, nursing and comfort needs.

Her concerned family however had differences about her Advanced Care Plan. While Mdm Tan wanted to leave peacefully, some members in the family wanted to pursue aggressive treatment to prolong her life as much as possible. “She has no more burdens, please release her from her pain,” was what others in the family felt. There was no consensus within the family.

MWS Assistant Chaplain Chua Chiew Poh visited Mdm Tan and could see that she was in a lot of emotional pain. Knowing the differences in opinion within the family, Chiew Poh called for a family gathering by her bedside one Saturday morning.

Before the gathering, Mdm Tan’s sisters alone paid her a visit to discuss next steps in her care plan. The family finally came to an agreement to fulfill Mdm Tan’s wish of not pursuing further treatment.

When the entire family gathered that Saturday morning, they shared their love for Mdm Tan, asked for her forgiveness, and also extended their forgiveness. Chiew Poh, who facilitated the session, enabled them to share freely and express themselves in ways they usually would not.

“As an Asian family, we aren’t used to expressing our love for our aunt,” said Mdm Tan’s niece, Wei Leng. “This

“The bedside closure benefitted my family tremendously and I hope more families will experience this too, because it was really, really special to us.”

bedside closure brought a sense of completion to her final journey.”

Both Mdm Tan and her family felt a sense of peace after the session. They were ready to say goodbye.

The session also allowed Mdm Tan to sense the impact that she had made in her loved ones over the years. Although she was unable to speak by then, she responded with eyes brimming with tears.

Wei Leng said, “The bedside closure benefitted my family tremendously and I hope more families will experience this too, because it was really, really special to us.”



(left) Mdm Tan in her favourite photo. She had enjoyed a full life till her last days, surrounded by a family who loved her dearly.



Mdm Tan (extreme right)
on an overseas trip with her friends.

**She had a family who
loved her and made sure
she never felt alone,
even to the very end.**

The Heart of Palliative Care

When she was working as an oncology nurse at a hospital, Koh Ker Sin realised that she did not have much time to engage with her patients and get to know their stories. Today, as a staff nurse of MWS Home Hospice and providing palliative care, she is able to do what she loves: speaking to patients one-on-one and relating to them as individuals. Home hospice work has also allowed her to hone the nursing and diagnostic skills she picked up while studying for a Specialist Diploma in Palliative Care Nursing.

LIKE VISITING A SICK FRIEND AND MORE

Before making a home visit, Ker Sin will usually call her patient to find out how he or she is doing and to check for new symptoms. This enables the home hospice team to prepare for the visit by bringing along the medications needed.

Ker Sin treats every home visit like she is visiting a sick friend but providing professional care at the same time. Besides taking note of the patient's concerns, she would conduct a thorough physical examination. At the same time, she would look out for emotional and non-verbal cues to identify issues that the patient may not be comfortable to talk about. Besides providing medical and nursing care, she would also evaluate the patient's psychological well-being.

After the home visit, she will follow-up with phone calls to check on patients regularly until the next home visit.

THE MOST MEMORABLE PATIENT

One of Ker Sin's most memorable

experiences was caring for an elderly man diagnosed with lung cancer. She visited him twice a week as he suffered from chronic symptoms such as breathlessness and pain. A man of few words, he was quite suspicious of her in the beginning. Then she observed that he had unspoken relationship issues with his wife. Together with an MWS medical social worker, Ker Sin helped the couple reconcile with each other. The patient began to trust and confide in her. He would sit by the window to wait for her if he knew she would be visiting.

"I felt closure, caring for him during his last hours."

Ker Sin remembers vividly the day he died. She had visited him that day but he was not very responsive. His wife had wanted to bring him to the bathroom for a bath but she advised her not to as he was very frail. Instead, Ker Sin kept him in bed and cleaned him with a warm towel while gently holding his hand. She recalls saying to him, "I'm KS. Trust me, I will make sure you are clean and comfortable." Upon hearing that, he relaxed and allowed her to continue. She then combed his hair, shaved his face, and changed his diapers and bedsheets. When she finished, a tear fell from the corner of his eye as he whispered, "Thank you."

That evening, the patient's son called to inform her that his father had passed on. At his wake, Ker Sin could see the peace on the patient's face and sense the gratitude from his family. "I felt closure, caring for him during his last hours," she said.

A HIGHER CALLING

Ker Sin recalls the first home visit that she had ever made. The patient had breast cancer which resulted in a large fungating wound over her chest wall with metastases to her ribs and lymph nodes. Her left arm was swollen with discharge. Ker Sin watched how the MWS Home Hospice doctor assessed her condition and gently dressed the wound. The expression on the patient's face showed how touched she was by the doctor's reassuring words. Ker Sin said, "I was saddened though, and felt that better nursing care could have been given to her earlier to relieve her suffering."

This and many other experiences in her years in palliative nursing changed Ker Sin's perspective towards life. "Having patients begin as strangers to trusting me with their lives gives me a sense of satisfaction and achievement. One must truly care about the patients in order to establish trust. Compassion is really at the heart of palliative care."

If you are keen to donate to or volunteer at MWS Home Hospice, please find out more at www.mws.sg or volunteer@mws.sg.



Ker Sin (left) treats every home visit like she is visiting a sick friend but providing professional care at the same time.

"Compassion is really at the heart of palliative care."



MWS Home Hospice
Senior Staff Nurse Melissa Fong at work.

The Healing Power of Words

Nobody likes to talk about dying. For many Singaporeans, death is a taboo topic that is seldom discussed. But for those providing palliative care, talking about death is not a choice but a responsibility.

For MWS Home Hospice staff who provide palliative care in the patients' homes, the relationship with the patient is especially intricate and deep.

Beyond attending to medical and nursing demands, they are drawn into the patients' private sphere where they get to know and understand more about the lives of patients and their families. As the relationship matures, it opens conversations that are otherwise sensitive and difficult to broach.

MWS Home Hospice Senior Staff Nurse Melissa Fong shares the difficult conversations that she has with her patients to prepare them and their families for the end-of-life journeys.

CHOOSING THE RIGHT WORDS

One of the most common questions that patients and their families ask is: "How long more do I have?"

"Nurses at MWS Home Hospice have to choose their words very carefully. Sometimes, the patient who asks such a question may not really want to know the answer. And neither do we have the answer. More often than not, the patient is acutely aware of his deteriorating health condition, and the truth can be hard to bear," says Melissa.

Often, she would also encourage them to ponder their feelings and come to terms with the end of life.

At other times, a reassuring pat is all that is needed. Melissa shared the case of an elderly lady who simply refused to discuss matters related to her last days. Whenever the topic came up, she was silent. However, the tears welling in her

eyes betrayed her feelings. In moments like this, Melissa offers her comfort in silence.

TELLING LOVED ONES BEFORE IT IS TOO LATE

Watching their physical body deteriorate day by day, palliative care patients commonly exhibit volatile emotions and vent their frustrations on those closest to them, and these are often their caregivers.

Caregivers have the enormous task of caring for their loved one 24/7. They have to bite their tongue, take in the negative outbursts and still provide emotional support. This aspect of care is especially challenging, since they too are grappling with the eventual loss.

Despite the love and appreciation that patients feel for their caregivers, they may not know how or when to express it.

Melissa recounts the story of a wheelchair-bound patient who suffered from a brain tumour that impaired his speech. Every day, his wife worked tirelessly to care for him.

One day, Melissa probed him to think of one thing he would like to say to his wife.

When he mouthed the words "I love you", she broke into tears. The magical and touching moment for the old couple was also a timely one, as the patient became unconscious a week later and subsequently passed on.

WAITING FOR THE RIGHT TIME

While patients or their families may not be ready to talk about end of life, it does not mean they never will. Melissa explains that for patients who are not ready to talk, she will focus on building a rapport with them first.

Asking mundane questions, she says, may help to lead into the main

conversation. "What did you eat?" or "How has your day been?" are just as important as "How would you like your funeral to be?" These routine questions may help the patient open up and feel more at ease to discuss deeper, more thought-provoking subjects.

Melissa shared the case of an elderly lady who seemed indifferent about her mortality. It all changed when she read a birthday card that her grand-daughter wrote her. It moved her so deeply that she decided to write cards to those who mattered to her. With the help of MWS Home Hospice nurses who penned her wishes and thoughts down for her, she was able to leave behind important last words for her loved ones.

MWS is one of only a few charities in Singapore that run an integrated home hospice and home care service for chronically ill and frail people.

The suite of services provided include:

- Home-based palliative care
- Medical and nursing care
- Therapy
- Assisted showering
- Diaper change
- Grooming
- Light housekeeping
- Elder-sitting / respite care

Find out how you can contribute to MWS Home Care & Home Hospice at www.mws.sg or email us at volunteer@mws.sg.



Donate to Bless: 1,000 Families in their time of need during COVID-19

The COVID-19 situation that we are currently in has resulted in extreme anxiety in the community. While it may have caused inconvenience or lifestyle adjustment for many of us, the impact on vulnerable groups may actually be a matter of survival.

As Singapore braces itself for an economic recession, the distressed and low-income families may find themselves facing job loss or wage cuts.

In addition to having difficulties in covering expenses of everyday living, having little to no savings and intense anxiety over an uncertain future, they are likely to go into debt.

Methodist Welfare Services aims to raise \$1.35m to provide financial assistance to 1,000 low-income families for one year. These funds will support them in meeting their basic needs, and having the resources to handle the direct impact brought about by COVID-19 on their lives.

Today, more than ever, your giving matters. MWS will only be processing the donations for tax exemption. 100% of funds will go DIRECTLY to support families, regardless of race or religion.

Let's stand together with the struggling families in our community!

ACT TODAY!

Make a difference with a donation that will be used to better the lives of the vulnerable groups.



To donate online, please visit <https://mws.sg/product/donate-to-bless-1000-families-in-their-time-of-need-during-covid-19/> or scan the QR code to donate.

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(Administered by MWS Corporate Services)

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WHAT IMPACT WOULD YOU LIKE TO MAKE TODAY?



Scan this to better understand the work we do

Every dollar counts to people who have little or no resources and are battling with life-threatening diseases. Be it a home hospice patient facing the end of life, a low-income sick elderly who needs 24/7 nursing care, or a socially-isolated senior struggling with mental health issues, your generous giving enables MWS to provide quality of life till the very end.

\$30

Run physiotherapy for nursing home residents.

Contribute to the physiotherapy our residents are provided with to strengthen their limbs and improve their motor skills. Your contribution will help reduce muscle deterioration and regain much needed strength.

\$50

Provide milk powder for patients' supplementary needs.

Some of our patients and residents have difficulty eating solid food. Without proper nutrients, they will become malnourished and be vulnerable to infections. ENSURE® is given so that our patients have the right nutritional balance. Your gift will help provide sustenance for our beneficiaries.

\$120

Provide diapers for bedbound patients.

Some of our residents suffer from incontinence, which may cause skin conditions, sores and even psychological distress. Your contribution will provide diapers for incontinent residents.

\$200

Engage socially-isolated seniors

Life for our healthy seniors should not stand still and deteriorate. To prevent social isolation, our seniors activity centres organise day programmes to engage the seniors in meaningful activities, empower them to take care of their mental, physical and emotional well-being, helping them age in place.

Donation Form



DONOR'S DETAILS

MR/MDM/MS/REV/DR/PROF*

NAME _____ NRIC/FIN NO. _____ GENDER M/F* DATE OF BIRTH _____

OCCUPATION _____ PLACE OF WORSHIP (IF ANY) _____ EMAIL _____

CONTACT (H) _____ (O) _____ (M) _____ ADDRESS _____

_____ S (_____)

DONATION DETAILS

GIVE TO CREATE CHANGE EVERYDAY

\$1
A DAY

MONTHLY (\$30)

ONE-TIME (\$365)

OTHER
AMOUNTS

MONTHLY _____

ONE-TIME _____

I WOULD LIKE TO MAKE MY DONATION THROUGH

CHEQUE NO. _____ BANK _____ GIRO (Please complete form below)
(PAYABLE TO METHODIST WELFARE SERVICES)

VISA/MASTERCARD NO. (MINIMUM \$10)

EXPIRY DATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--

SIGNATURE _____

Your personal donation is eligible for 2.5 times tax deduction. Please provide us your particulars especially your NRIC/FIN No. for submission to Inland Revenue Authority of Singapore for automatic tax deduction. For non-individual donors, please provide ACRA/UEN No.

Please be assured that your personal information will be kept strictly confidential except that Methodist Welfare Services (MWS) may collect, use and disclose your personal data for the purpose of:

- (a) Administering your donation to MWS (including without limitation, disclosing to IRAS for tax deduction purpose);
- (b) Communications pertaining to your donations; and
- (c) Communicating and updating you on other charity initiatives or related activities including soliciting donations and volunteers for activities or programmes organised by MWS or other charitable organisations.

By submitting this form you hereby consent to MWS collecting, using and disclosing your personal data for the purposes set out above.

GIRO APPLICATION FORM

PART 1: FOR DONOR'S COMPLETION

NAME (As in bank account) _____ NRIC/FIN NO. _____ BRANCH _____

TO (Name of bank) _____ NAME OF BILLING ORGANISATION: **METHODIST WELFARE SERVICES**

- I/we# hereby instruct you to process BO's instruction to debit my/our# account.
- You are entitled to reject the BO's debit instruction if my/our# account does not have sufficient funds and charge me/us# a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force until terminated by your written notice sent to my/our# address last known to you or upon receipt of my/our# written revocation through Methodist Welfare Services.

MY/OUR# NAME(S) (AS IN ACCOUNT) _____ MONTHLY DONATION (PAYMENT LIMIT) \$ _____

MY/OUR# ACCOUNT NO. _____ MY/OUR CONTACT (TEL/FAX) NO.(S) _____

MY/OUR#COMPANY STAMP/
SIGNATURE(S)/THUMBPRINT(S)#
(AS IN BANK'S RECORD)

--

* For thumbprint verification, please go to the branch with your identification documents
Please delete where is applicable

DATE _____

PART 2: FOR MWS' COMPLETION

BANK	BRANCH	MWS ACCOUNT NO.
7	1	7 1 0 3 3 0 3 3 0 1 6 5 6 9 2

BANK	BRANCH	MWS ACCOUNT NO.

MWS CUSTOMER REFERENCE NO.

PART 3: FOR BANK'S COMPLETION

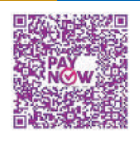
TO: **METHODIST WELFARE SERVICES**

This application is hereby rejected for the following reason(s) (please indicate):

- SIGNATURE/THUMBPRINT* DIFFERS FROM THE BANK'S RECORDS*
- AMENDMENTS NOT COUNTERSIGNED BY CUSTOMER
- ACCOUNT OPERATED BY SIGNATURE/THUMBPRINT*
- SIGNATURE/THUMBPRINT* INCOMPLETE/UNCLEAR*
- WRONG ACCOUNT NUMBER OTHERS

NAME OF APPROVING OFFICER _____ AUTHORISED SIGNATURE _____ DATE _____

Thank you for your contribution to Methodist Welfare Services!



For online donations, please visit give.mws.sg or use the PayNow feature in your mobile banking app to scan this QR code and donate directly. To receive tax exemption, please state your NRIC no. upon payment.

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METHODIST WELFARE SERVICES
70 BARKER ROAD #05-01
SINGAPORE 309936



不同凡响

临终的 治疗与 宽慰之路

聚焦慈怀疗护中的
社会心理与
心灵支持

第一期 / 2020





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关于MWS

卫理福利服务(MWS)旨在为弱势群体和面临困境的人服务,正如基督耶稣的教导一样,不分年龄、种族和宗教。

对于踏入MWS大门的每一位,无论陷入贫困、关系受损、健康虚弱、社会情感空虚或是面对财务问题,我们都会提供综合及全面的协助过程。

其中包括一系列关怀援助,如针对年长者保健的社区计划、护理及复健、居家护理及慈怀疗护服务、辅导与治疗、债务管理与资产建立计划。

我们与新加坡各教会和社群密切合作,并祈祷有一天,所有以新加坡为家的人们都能真正拥有圆满的人生。

陪同度过 临终时光

三年前，我在十天之内先后失去了我的家婆和一位很亲的堂哥，他们都因癌症病逝。当时，我还未从家婆离世的悲伤中走出来，又接获了堂哥生命垂危的噩耗，便急忙赶到医院见他最后一面。我握住堂哥的手安慰他，低声说道：“安息吧，我们天国再见。”不久后，堂哥的心电监护仪显示一条平线，似乎他已等来了抚慰，终于可以安详地离开。

直到现在，我仍记得堂哥在离世前感到平静时我是何等欣慰。很多时候，我们总是将健康视为理所当然。即使在我下笔这段时间，新加坡和世界各地仍在与全球肆虐的2019冠状病毒搏斗。随着确诊病例和死亡人数不断升高，人们担心疫情将对弱势群体的生计造成巨大冲击。许多人不禁认为，最艰难的时刻已经来临。

面对生命终章的慈怀疗护患者更迫切需要寻回内心平静与精神力量，并在苦难中找到正面的意义。这正是MWS慈怀疗护团队的使命：在生理、社会心理及心灵上协助患上危及生命疾病的患者维持生活品质，并给予他们的看护者强而有力的支持。我们相信，无论处在哪一个人生阶段，身体是否健康，每个人都应该有尊严地活着，并由始至终得到全方位的照顾和护理。

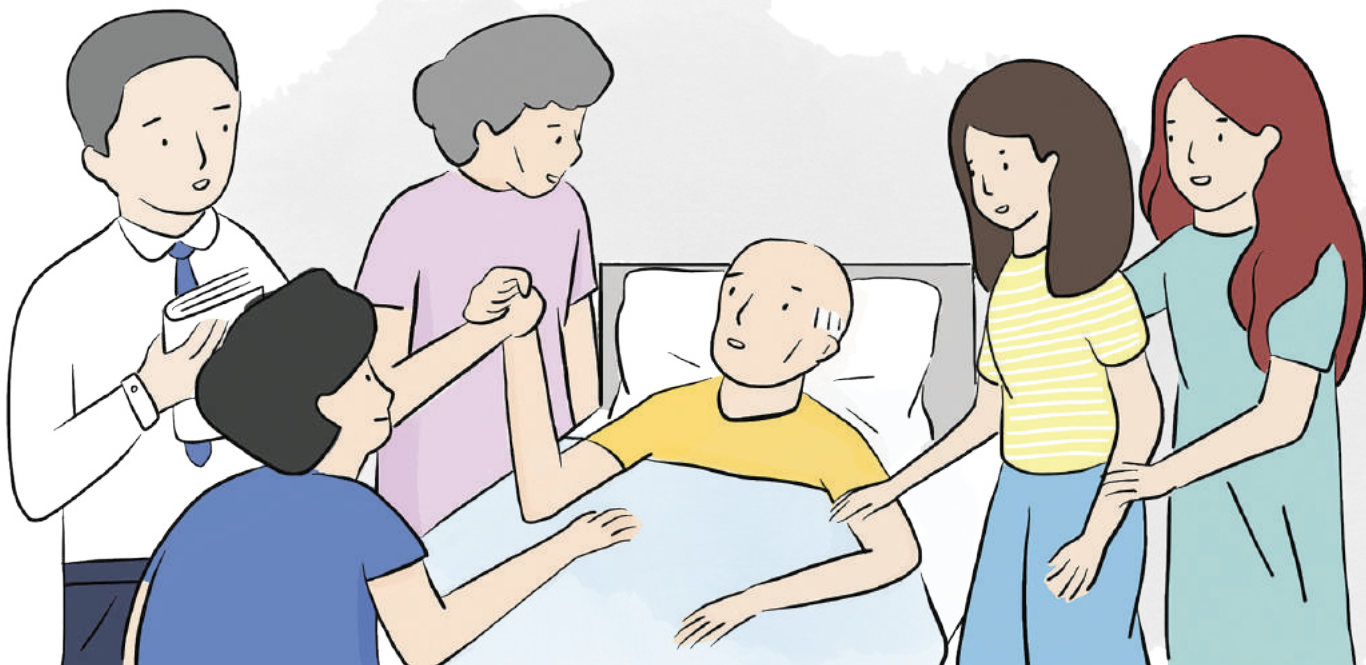
MWS的护理圈框架不仅包括治疗、辅导和个案处理工作，我们也协助抚慰患者，调解家庭成员之间意见不同的地方，以确保患者能安详离世，同时帮助他们的至亲至爱走出丧亲之痛。这一全身心的慈怀疗护取向，是达成MWS使命的基石。透过上述方式，我们的受益者能获得综合与全方位护理，过上圆满的人生。

正如《圣经》诗篇23:4所说：“我虽然行过死阴的幽谷，也不怕遭害，因为你与我同在；你的杖，你的竿，都安慰我。”我衷心祈愿，未来有更多人能了解到慈怀疗护的广泛覆盖面和其真正价值。这样一来，患者和看护者都能在关键的人生终章找到内心的平静。

符桂芸女士
卫理福利服务(MWS)集团执行总监



临终的治疗与宽慰之路



MWS医疗社工黄加仪接获通知，她所负责的患者庞木安先生病情迅速恶化。庞先生的太太恳请加仪和助理牧师蔡秋波紧急拜访。

当MWS团队走进房间时，可见庞先生的太太和两个女儿围在他的身边，其他至亲和好友也都在他弥留之际陪伴在侧。

在MWS的协助下，房内的每一个人都把握时间，向庞先生述说各自的爱与感谢，大家都没有忘记他在过去这些年的无私奉献。所有人一起唱歌、祈祷，沉重的氛围中洋溢着宁静的喜悦。

隔天，庞先生安详地离世了。他的女

儿庞美恩表达了感激之情：“MWS团队不仅训练有素，而且经验丰富。他们帮助爸爸临终时做好了心灵上的准备。死亡是通往与上帝同在之门。我们都感到非常欣慰，能够向爸爸说出心里话，并在他去世之前陪他一起庆祝他美好的人生。”

“MWS团队不仅训练有素，而且经验丰富。他们帮助爸爸临终时做好了心灵上的准备。”

慈怀疗护的幕后

慈怀疗护的核心是协助患上危及生命疾病的患者和其看护者维持生活品质。这一服务细心谨慎地提供止痛治疗、医疗和护理，以确保患者尽可能舒适地度过临终时光。

除了针对患者的治疗、辅导和病历管理等一系列护理服务，慈怀疗护也给予患者的家属和其至亲至爱看护训练，并协助他们走出丧亲之痛。

社会心理和心灵健康层面的帮助则很少被提及，其作用包括帮助患者及其家属感到抚慰，促进家属之间的和解，以确保患者安详离世。

聆听重病患者的的心声

2014年，一项由连氏基金会¹ (Lien Foundation) 委托，针对新加坡人对死亡的态度和偏好所进行的调查显示：只有50%的新加坡人对慈怀疗护有所了解或认识。

在自称对慈怀疗护有所耳闻的受访者中，大多数将其视为对临终者的照顾 (42%)、缓解疼痛 (66%) 和提供药物治疗 (70%)，仅有15%将慈怀疗护与心理健康联系起来。

事实上，一个人在临终之际，往往更需要从痛苦中寻找意义、恢复内心平静并获得精神力量。

美国一项针对248名不同种族的癌症患者的研究²发现：患者最需要的帮助是克服恐惧 (51%)、寻找希望 (42%) 和生命的意义 (40%)。

美国慈怀疗护医生兼医疗主管Gary Pasternak说得很贴切：“临终关怀或慈怀疗护医生就是一名‘故事管家’，得理解他人的恐惧和欲望，并引导所说故事的走向，最终得出令人宽慰的结论。(慈怀疗护) 与叙事和故事有关，这些都是生命的重要细节。”

留下纪念

因此，应对患者的情感、心理和心灵健康，聆听他们的故事，与治疗身体上的疼痛和症状一样重要。

加仪分享了一个令人感伤的故事。在一次家庭访问中，她负责的一名居家慈怀疗护患者，和她谈起了对烹饪的热爱。“当时，我建议将她最爱的客家焖猪脚和酿豆腐煮法记录下来并整理成食谱，传给她的孩子们。后来收到食谱的当下，她的家人感受到那



在慈怀疗护中，应对患者的情绪、心理和心灵健康与治疗他们身体上的疼痛和症状一样重要。

不仅仅是一本指导烹饪的书，而是母亲遗留给他们的，实实在在的爱与心意。”

文化差异

在与来自不同文化背景的患者交谈中，研究人员发现：价值观和态度会影响他们对临终的感受、关注和决定。连氏基金会针对新加坡人对死亡的看法所进行的调查发现：新加坡人的头等大事集中在他们的家庭上，其中包括不给家人带来经济负担 (87%) 和有亲人陪伴在侧 (78%)。

相反的，美国一项由慈怀疗护患者家属参与的研究³显示：患者的愿望偏向个人为中心，其中包括满足旅行渴望 (79%) 和达到个人目标 (78%)。

与患者实际接触的MWS医疗社工团队也认同，患者最关心的是家庭。有

的人在生前最放不下的就是孩子，尤其是仍然单身的孩子。“我们的许多患者都希望看到孩子或孙子结婚并安定下来。”加仪说道。

此外，许多人也希望在自己熟悉的家中度过最后时光，这反映出他们对“家庭”的依恋。

¹ Lien Foundation. (2014). *Survey on Death Attitudes*. Retrieved from http://lienfoundation.org/sites/default/files/Gen%20Pop%20Findings%20Report%20-%20Full%20REPORT%20%28Website%29_0.pdf

² Moadel, A., Morgan, C., Fatone, A., Grennan, J., Carter, J., Laruffa, G., Skummy, A., Dutcher, J. (1999). Seeking meaning and hope: self-reported spiritual and existential needs among an ethnically-diverse cancer patient population. *Psycho-Oncology*, 8(5), 378–385. [https://doi.org/10.1002/\(sici\)1099-1611\(199909/10\)8:5%3c378::aid-pon406%3e3.0.co;2-a](https://doi.org/10.1002/(sici)1099-1611(199909/10)8:5%3c378::aid-pon406%3e3.0.co;2-a)

³ Periyakoil, V. S., Neri, E., & Kraemer, H. (2018). Common Items on a Bucket List. *Journal of palliative medicine*, 21(5), 652–658. <https://doi.org/10.1089/jpm.2017.0512>

和解与恢复心理健康

亚洲家庭比较不擅言语，在表达情感方面比较含蓄。有些患者的家人不太懂得表达关怀和爱意，也难以调和过往的分歧。出现上述情况时，慈怀疗护专业人员可介入协助。

玮伶是MWS之前一位患者陈赛珍女士的外甥媳妇，她亲身经历了为陈女士家属安排的临终沟通。在最后的相聚中，她们一家人解决了意见不一致的情况，表达了对彼此的爱，并相互要求宽恕。“我们在传统的华人家庭长大，不习惯对阿姨表达爱意。”玮伶表示：“这次的临终沟通让我和我的家人获益良多。我

希望更多的家庭能够从中受惠，因为这次的经验对我们而言，实在是意义深远”（请阅读第10页全文）。

坦诚地谈论生死课题，能够唤起患者及其看护者之间的相互同情和同理心，并且有助于恢复患者与其家人、朋友的社会心理健康。

身为MWS居家慈怀疗护的高级护士，方诗云对此深有体会。她回忆起一位年长患者，原先对死亡将至漠不关心，直到收到孙女送的生日贺卡后，因为深受感动而决定也给自己重视的人写卡片。这些珍贵的遗言，对她和她所爱的人来说都很疗愈（请阅读第14页全文）。

用SPIKES沟通技巧 展开难以启齿的对话

处理有难度的话题和敏感问题，也是慈怀疗护的关键一环。MWS居家慈怀疗护采用SPIKES沟通技巧，以系统的方式向患者及其家属传达负面信息。

MWS工作人员都受过训练，懂得如何以清楚、诚实和谨慎的方式告知坏消息，让患者得到理解和支持，不会感到彷徨无助。

慈怀疗护当中传达负面信息的 SPIKES沟通技巧



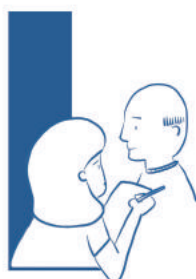
**设定沟通场景
(Setting up and starting)**

事先在脑中演练，并保护患者隐私。



**评估患者认知
(Perception)**

试探患者对自身病情的认知。



**向患者探询
(Invitation)**

询问患者想要知道哪些病情信息。



**传达信息
(Knowledge)**

将信息拆解成多个简单易懂的句子告知。



**同理患者情绪
(Emotions)**

留意患者的情绪并同理对方的感受。

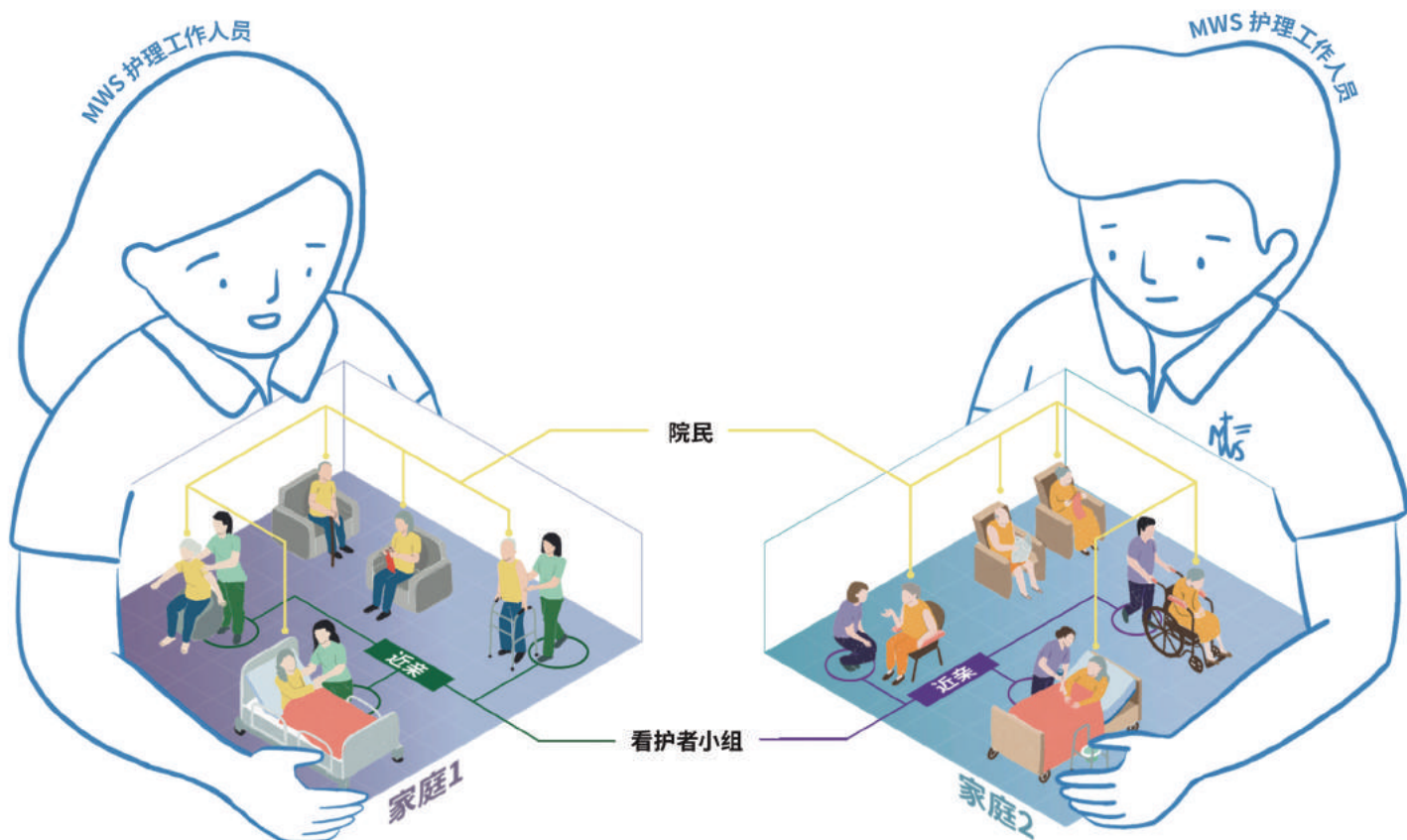


**策略与总结
(Strategy and summary)**

制定医疗计划。

MWS护理理念： 家庭护理模式

我的家庭单元



家庭为护理之基础

MWS护理模式的主要原则之一是将“家庭”置于年长者照护和慈怀疗护的中心点。

MWS疗养院的护理理念则基于家庭护理模式 (Family Nursing Model) 的以下几个特征：

- 每个院民都是特定“家庭”单元中的成员，拥有自己的空间和住所；
- 每名MWS工作人员都被分配照顾一个特定的“家庭”；
- 院民的近亲也是这一“家庭”单元的一份子

MWS的护理理念致力于实践以下三个原则，以提高院民的生活品质：

- 院民导向—重视他们的个人需求和喜好
- 全方位与综合护理
- 集体归属感

每一名院民都有为他们量身定做的个人护理计划 (Individual Care Plan)，包括进餐时间、着装和想参加的活动等。院民也有机会在像家一样的空间中进行互动。



对于许多慈怀疗护患者而言，拥有机会对自己的疾病与所处的情况发表看法，这点本身就已经是一种治疗。

评估患者心理健康

MWS居家慈怀疗护团队会为患者进行全方位评估，包括询问他们对家中护理和支援体系有哪些偏好。除了病史，工作人员也会追踪患者的心理状态和情绪、社交经历及对死亡的准备情况，例如是否讨论过自身的丧礼安排等。这一评估在初次拜访时进行，之后每六个月重复一次。MWS居家慈怀疗护也采用埃德蒙顿症状评估量表（Edmonton Symptom Assessment System）来测量疼痛的严重程度，因这一指标与抑郁、焦虑和患者的总体福祉有关。

MWS居家护理也会进行类似的“老年综合评估”（Comprehensive Geriatric Assessment, CGA），采用简易抑郁评估量表（Even Briefer Assessment Scale for Depression, EBAS DEP）记录患者的抑郁症倾向，同时使用Zarit护理者负担量表（Zarit Burden Interview, ZBI）测量看护者的护理负担。护理者的负担指的是照顾患者对于看护者自身的生理与情绪健康、社会生活、财务状况以及人际关系所产生的影响。

ZBI的近期结果显示：在感到中度至重度负担的看护者中，有68.5%在接受MWS团队干预六个月后出现明显的改善。他们所感知的护理负担不那么严重了，压力也因而减轻了。

关于心灵关怀的结语

心灵关怀如何帮助重病患者？

MWS助理牧师蔡秋波分享了她的见解：“有的患者虽然身体健康逐渐走下坡，但在心灵上和情感上却有所进步；有的虽然得了无法治愈的退化性疾病，却变得更有韧性。他们听着

我们播放的歌曲、感受到我们的祈祷鼓励，自己也会细数这一生中的幸事，有时则会在反思中重新发现生命的意义。尽管遭受身体上的痛苦和折磨，但其中一些人会面露安详之色，有的甚至散发喜悦。心灵关怀和爱，造就了慈怀疗护的完满。”

现有的许多心灵和慈怀疗护相关研究，都源自西方国家。我们需要在亚洲国家进行更多的调查，因为亚洲国家不同的文化和宗教，也可能起着不可或缺的作用。

心灵干预不应轻率地给临终患者带来希望。在最后的日子里，患者很可能在思考生命的价值和意义。慈怀疗护团队所扮演的角色，是心灵上的激发，而不是尝试去摆布它。

正如MWS医疗社工加仪所总结的：“我们通常会让学生谈一谈他们对疾病的看法，然后通过心灵层面去了解。我们的工作帮助他们达到人生目标或意义上的升华。对于大部分患者而言，分享的过程本身就已经是一种治疗了。”

多学科护理团队是全方位慈怀疗护的基石

慈怀疗护团队每天都得进行多重、繁杂的护理工作。除了医疗和护理，满足患者的社会心理和心灵需求同样令人精疲力尽。因此，组建一支具有不同能力和技能的团队至关重要。为患者提供全套护理，有赖于医生、护士、社工、职业与物理治疗师、高级护理人员以及牧师的携手努力。

这一全身心的慈怀疗护护理取向，是达成MWS使命的基石。透过上述方式，我们的受益者能获得综合与全方位护理，过上圆满的人生。



MWS采取全方位取向, 协助受益者应对并克服挑战。除了提供解决问题的服务和计划, 我们还给予社会心理和情感方面的支持以及心灵关怀, 以解决根深蒂固的问题。



最后的送行

陈赛珍女士过世时，享年八十有余。她患有第四期肝硬化，肾衰竭和糖尿病。尽管她是单身，但是她却拥有爱护她的家人，让她时时刻刻不会感到孤单，直到人生最后的旅程。



她最后的归宿，MWS伯大尼疗养院 - 蔡厝港，为她提供专业的慈怀疗护团队，尽量满足她对医疗、护理和舒适的需求。

然而，关心她的家人却对她预立的预先护理计划 (Advanced Care Plan) 产生分歧。陈女士只想平静地离开人世，但是家中部分的成员却希望她继续接受积极的治疗，尽可能延长寿命。“她已没有任何牵挂，何不让她脱离痛苦” — 其他的成员持有不同的看法，这导致家庭成员无法达成共识。

MWS的助理牧师蔡秋波探望陈女士时，目睹她活在极大的情感痛苦之中。在知道他们家庭成员之间意见不一致后，秋波要求他们在其中一个星期六的早晨，共同聚集在陈女士的床边进行商讨。

在聚会之前，陈女士的姐妹单独去探望她，商讨护理计划的下一步骤。最终，家庭成员达成共识，成全陈女士终止治疗的意愿。

回想那个星期六的早晨，当所有的家庭成员相聚在一起时，他们把心里对陈女士的关爱表达出来，并请求她的宽恕。同时，他们也彼此原谅对方，化解先前的冲突。安排这次聚会的秋波让他们尽情地分享和表达自己的感受，把平时压抑在心底的话毫无保留地释放出来。

(左) 陈女士在她最喜爱的照片中。她拥有爱护她的家人，过着充实的生活，直到人生最后的旅程。

**“这次的临终沟通
让我和我的家人
获益良多。我希望
更多的家庭能够
从中受惠，因为
这次的经验对
我们而言，实在是
意义深远。”**

陈女士的外甥媳妇玮伶说：“我们都是传统华人家庭长大，不习惯对阿姨表达爱意。这次的临终沟通，让她完全明白我们的心意，并了结了她的心事，让她毫无牵挂地走完人生最后的旅程。”

商讨结束后，陈女士和她的家人都感到异常地平静。他们对陈女士的离别已有心理准备。

这次的相聚让陈女士感受到她多年来对亲人的付出所带来的回报。虽然她当时已无法言语，但是她热泪盈眶的神情已说明了一切。

玮伶说：“这次的临终沟通让我和我的家人获益良多。我希望更多的家庭能够从中受惠，因为这次的经验对我们而言，实在是意义深远。”



陈女士（极右）
与她的朋友们出国旅行。

**她拥有爱护她的家人，
让她时时刻刻不会感到孤单，
直到人生最后的旅程。**

慈怀疗护的核心： 一颗关怀的心

当许可欣在一家医院担任肿瘤科护士时，她察觉到自己并无法腾出多少时间与患者交流，去更深入地了解他们。现在的她总算如愿以偿了：目前在MWS居家慈怀疗护担任护理护士。这份工作让她能一对一地与患者交谈，并与他们建立感情。同时，她也能够锻炼自己在慈怀疗护专业文凭课程中所学习的护理和诊断技能。

宛如造访一个病重的朋友

在进行家访之前，可欣通常会预先给患者打电话，以了解患者的当前状况并检查新的症状。如此一来，居家慈怀疗护团队能够在进行家访之前准备并携带好患者所需的药物。

可欣看待每一次的家访如同去熟悉的朋友家探访一样，但同时她会为对方提供专业护理。她不仅会细心聆听患者的担忧，还为对方进行全方位的身体检查。与此同时，她会仔细观察患者的情绪和非语言信息，以识别患者不便讨论的话题。除了提供医疗和护理服务外，她还负责评估患者的心理健康状况。

家访结束后，她还会通过电话与患者跟进最新病况，直到下一次家访为止。

最难忘的患者

可欣最难忘的经历之一是照顾一位被诊断患有肺癌的老爷爷。因为他有呼吸困难和疼痛等长期症状，所以可欣每周需要进行两次家访。老爷爷是个沉默寡言的人，一开始对

她充满戒心。过不久，可欣发现他与妻子之间存着隔阂，并积极与MWS医疗社工一同帮助这对夫妻和解。从那一刻开始，老爷爷便开始信任她并向她倾诉。如果他知道当天有家访，就会坐在窗边等候可欣的到来。

老爷爷去世那天的情景，可欣至今依然历历在目。那天上午她去拜访了他，但他状态奇差。老爷爷的妻子

“能在患者生命的最后几个小时照顾他这件事让我感到安慰。”

想带他去洗个澡，但可欣认为他身子虚弱，便劝阻了她。反之，可欣将他躺卧在床上，并用温毛巾擦拭他，同时轻轻握住他的手。

她记得自己对老爷爷说：“我是可欣。请您相信我，我将确保您干净舒适。”听到这一句话，他放松下来，让可欣继续她的工作。可欣随后帮他梳理头发、刮胡子，并换上干净的尿布和床单。当她梳洗打理完毕时，老爷爷轻声对她说一句“谢谢”，眼角还流下了热泪。

就在当天晚上，老爷爷的儿子打电话通知可欣他的父亲离世的消息。在丧礼，可欣看到了他一脸平静，并

感受到他家人的感激之情。她说：“能在患者生命的最后几个小时照顾他这件事让我感到安慰。”

更崇高的使命

可欣回忆起她首次进行家访。该患者患有乳腺癌，导致她的胸壁上出现大面积的真菌感染。感染还扩散至患者的肋骨和淋巴结，导致她的左臂肿胀发脓。可欣看着MWS居家慈怀服务医生如何评估她的病情并细心地为患者处理伤口。患者脸上的种种表情显示医生安抚的话语令她感动。

可欣说：“尽管如此，我依旧为患者感到难过，因为我知道如果她能在病情早期接受更好的护理，她就不必承受这些痛苦。”

在经历了以上的事情后，加上在提供慈怀疗护服务过程中的种种经历，令可欣改变了自己对生命的看法。“这份工作带给我最大的满足感和成就感的地方，就是当我能与患者们从陌生人升华成以命相托的关系。这份信任是必须通过真正的关心才能建立起来的。关怀乃是慈怀疗护真正的核心。”

如果您想捐款给MWS居家慈怀疗护或成为一名志愿者，请浏览 www.mws.sg 或发送电邮至 volunteer@mws.sg 以了解更多信息。



可欣看待每一次的家访如同去熟悉的朋友家探访一样，但同时她会为对方提供专业护理。

**“关怀乃是慈怀疗护
真正的核心。”**



MWS居家慈怀疗护
高级护士方诗云在工作中。

言语的 疗愈力量

没人喜欢谈论死亡。新加坡人也鲜少提及死亡，许多人将之视为禁忌话题。但在那些提供慈怀疗护的人看来，谈论死亡不是一种选择，而是责任。

对于在患者家中提供慈怀疗护的MWS居家慈怀疗护人员而言，他们与患者的关系特别复杂且深刻。

除了满足医疗和护理需求外，他们也走入患者的私领域，进一步了解患者一家人的生活。等到双方逐渐熟络后，患者才会打开心扉，聊一些难以启齿的话题。

方诗云是一名MWS居家慈怀疗护高级护士，她就曾和患者进行过类似的困难对话，以便让对方及其家人为临终做好准备。以下是她的分享。

慎选用语

患者及其家属最常提出的问题是：“我（他）还能活多久？”

“MWS居家慈怀疗护的护士在用语方面必须非常谨慎。有时候患者这么问并不是想知道答案，何况我们也没有答案。通常，患者会很清楚地察觉到自己的健康状况每况愈下，真相总是让人难以接受。”诗云说道。

很多时候，她也会鼓励患者觉察自身的感受，并坦然接受生命的句点。

有时，患者需要的只是一声轻拍鼓励。诗云谈起了一位老奶奶的个案，那位老奶奶压根不愿谈论和临终有关的事情。每次一提起这个话题，老奶奶都不发一语。然而，夺眶而出的

泪水骗不了人。当老奶奶流泪的时候，诗云会默默地安慰她。

说心底话要趁早

眼看身体状况日渐恶化，接受慈怀疗护的患者通常会有情绪波动，并向最亲的人发泄负面情绪，而受气的往往是他们的看护者。

看护者肩上的担子可不轻，他们必须日以继夜地照顾患者，咬紧牙关，忍受患者的脾气，并在情感上给予支持。这一层面的护理极具难度，因为看护者自身也在克服即将要失去至亲的挑战。

尽管对看护者心存感激和真情，但患者可能不清楚该如何表达，也未必懂得掌握表达的时机。

在诗云的另一次经历中，一名坐轮椅的患者脑部生瘤，导致语言能力受损。他的妻子每天都无微不至地照顾他。

有一回，诗云让患者想一想有哪句话想对妻子说。当他说出“我爱你”时，太太哭了起来。这一美妙而感人的时刻来得正是时候，因为该患者在一星期后便失去了知觉，随后就逝世了。

等待最佳时机

虽然患者或其家属当下还不打算谈论临终话题，但之后未必就不愿意说。诗云表示，如果患者还没准备好的话，她会先专注于和对方培养融洽关系。

在她看来，闲话家常有助于导入正题。“你吃了什么？”或“你过得怎么样？”就和“你希望自己的丧礼如何办？”一样重要。这些日常的问题

可以帮助患者敞开心扉，让他们更自在地谈论一些较为深入或发人深省的话题。

诗云还分享了另一位老奶奶的个案。老奶奶对自己的生死显得漠不关心，直到她读到孙女写给她的生日贺卡后，整个人都变了。深受感动的她决定也给自己重视的人写卡片。MWS居家慈怀疗护护士为她执笔，写下她临终前的愿望和想法，最后再交到她的至亲至爱手中。

在新加坡，有少数几家为长期病患和体虚者提供综合居家慈怀疗护和居家护理服务的慈善机构，而卫理福利服务 (MWS) 就是其中之一家。

我们提供的一整套服务包括：

- 居家慈怀疗护
- 医疗和护理
- 治疗
- 辅助洗浴
- 更换尿布
- 整理仪容
- 简单家务打理
- 年长者照顾/暂托服务

如果您想为MWS居家护理和居家慈怀疗护关怀尽一分力，请浏览官网 www.mws.sg 或发電郵至 volunteer@mws.sg 了解详情。

今天你想带来 怎样的改变？



请扫描以更多
了解我们的工作

对于贫困并同病魔搏斗的患者而言，每一块钱都很重要。无论是临终的居家慈怀疗护患者、一位需要全天候护理的低收入年长患者，或是患有精神疾病的被孤立年长者，您的慷慨解囊都有助于MWS协助他们维持生活品质，直到生命尽头。

\$30

为疗养院的院民提供物理治疗

疗养院的院民需要进行物理治疗，强化他们的四肢和提高他们的移动能力。您的捐赠有助于我们帮助他们降低肌肉退化，恢复所需的力量。

\$50

为患者提供奶粉以作营养辅助

我们的一些患者和疗养院院民因无法食用固体食物而缺乏所需的营养。因着营养不良，他们的体质会衰弱，容易病倒。我们提供患者安素ENSURE®奶粉，为的是确保他们的营养均衡。您的捐赠有助于我们为受益者提供有营养的食物。

\$120

为长期卧床的患者提供纸尿裤

一些长期卧床的患者有大小便失禁，可能会导致皮肤疾病，溃疡，甚至心理上的痛苦。您的捐赠有助于我们为它们提供纸尿裤。

\$200

帮助被社会孤立的年长者积极参与活动

一个身心健康的年长者过的是积极向上的人生。您的捐赠有助于我们的乐龄活动中心举办各类活动，让年长者参与，使他们能够保持精神，身体和情感上的健康。这不但能防止他们与社会隔离，也能帮助他们在地养老。