

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201501A)

	True	False
1. Advance Care Planning (ACP) is a legal document, under the Advance Care Act, to document a patient's future healthcare and personal care decisions.	<input type="checkbox"/>	<input type="checkbox"/>
2. The ACP will come into effect when a patient is unable to make or communicate their own decisions that align to their wishes and best interests to their loved ones or healthcare team.	<input type="checkbox"/>	<input type="checkbox"/>
3. ACP is a structured framework, and informal chat about the end-of-life wishes of patients with their loved ones or the family physician is not considered part of ACP.	<input type="checkbox"/>	<input type="checkbox"/>
4. The Mental Capacity Act is currently being debated and will come into effect in 2015.	<input type="checkbox"/>	<input type="checkbox"/>
5. Clinical teams are legally obliged to identify the correct decision-maker, by identifying the donee appointed under a Lasting Power of Attorney (LPA), the substitute decision-maker appointed during the ACP process, or the next-of-kin, when the patient lacks decision-making capacity.	<input type="checkbox"/>	<input type="checkbox"/>
6. According to a study by Foo et al, local clinicians will involve the immediate family in the discussion of care options for patients who have lost their decision-making capacity, and some may align with the family's choice rather than the patient's previously expressed wishes.	<input type="checkbox"/>	<input type="checkbox"/>
7. Barriers to exploring ACP in the local context include it being culturally taboo to talk about end-of-life issues and a fear of destroying hope, especially for the older generations of Singaporeans.	<input type="checkbox"/>	<input type="checkbox"/>
8. ACP is for patients who are terminally ill and are in imminent need of life-supporting machines.	<input type="checkbox"/>	<input type="checkbox"/>
9. Family physicians, with whom patients share unique therapeutic relationships, are in the best position to introduce and start ACP conversations with the patients they care for.	<input type="checkbox"/>	<input type="checkbox"/>
10. The ACP conversation permits patients to start a conversation about end-of-life issues, and through the process, explore their healthcare options with their loved ones.	<input type="checkbox"/>	<input type="checkbox"/>
11. ACP must be carefully considered, as the decisions made are fixed and amendments must be applied through the Committee of Advance Care, Singapore, and an administrative fee is required for each change.	<input type="checkbox"/>	<input type="checkbox"/>
12. ACP conversations are ongoing discussions that will help patients to keep abreast of their health situations and help them reflect, plan and make decisions for future healthcare needs.	<input type="checkbox"/>	<input type="checkbox"/>
13. Documented ACP helps substitute decision-makers remember patients' wishes and preferences in stressful situations where patients are found with a medical condition that impairs their decision-making capacity.	<input type="checkbox"/>	<input type="checkbox"/>
14. Knowing the patient's wishes and preferences will guide the family and clinical team in making care and treatment decisions in the best interest of the patient.	<input type="checkbox"/>	<input type="checkbox"/>
15. The substitute decision-maker must be at least 21 years old, able to respect and honour the patient's preferences under stressful conditions, and must have expressly accepted the role.	<input type="checkbox"/>	<input type="checkbox"/>
16. The proxy-decision maker can be engaged to make decisions on the patient's behalf if the clinical team fails to convince the competent patient of their recommended treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>
17. There are two categories of substitute decision-makers: informal, and donee appointed via LPA.	<input type="checkbox"/>	<input type="checkbox"/>
18. The donee, formally appointed by the patient (donor) using a Personal Welfare LPA, must be specified to be included in and consulted on the making of healthcare decisions on behalf of the patient should the patient lose decision-making capacity in the future.	<input type="checkbox"/>	<input type="checkbox"/>
19. Respecting Choices is the local ACP framework in Singapore, adapted from the Living Matters model based in the United States.	<input type="checkbox"/>	<input type="checkbox"/>
20. ACP is another name for Advance Medical Directive under the Advance Medical Directive Act, and they are often confused to be different and separate.	<input type="checkbox"/>	<input type="checkbox"/>

### Doctor's particulars:

Name in full : \_\_\_\_\_  
 MCR number : \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Email address : \_\_\_\_\_

### SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: <http://www.sma.org.sg/publications/smjcurrentissue.aspx> and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

### RESULTS:

(1) Answers will be published in the SMJ March 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 6 March 2015. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

**Deadline for submission: (January 2015 SMJ 3B CME programme): 12 noon, 27 February 2015.**