

FORM 10

OBJECTION TO ACTING ON AN ADVANCE MEDICAL DIRECTIVE

ADVANCE MEDICAL DIRECTIVE ACT [CHAPTER 4A, SECTION 10(1)]

ADVANCE MEDICAL DIRECTIVE REGULATIONS

INSTRUCTIONS FOR REGISTRATION OF OBJECTION TO ACTING ON AN ADVANCE MEDICAL DIRECTIVE

1. A medical practitioner or any person who acts under the instructions of a medical practitioner, who for any reason objects to acting on an advance medical directive made under the Advance Medical Directive Act, shall register his objection by completing *PART 1* of this form. The objection can be revoked by retrieving this form from the Registry of Advance Medical Directives and signing the declaration in *PART 2*.
2. The person making this objection should send this form in a sealed envelope by mail or by hand after it is completed to the Registrar of Advance Medical Directives at the address given below. The objection is only valid when it is registered with the Registrar of Advance Medical Directives.

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)

PART 1: PERSON WHO OBJECTS TO ACTING ON AN ADVANCE MEDICAL DIRECTIVE

Name: _____ NRIC No.: _____

Office Address: _____

_____ Singapore _____

Office Telephone: _____ Profession/Occupation: _____

1. I hereby object to acting in accordance with any advance medical directive made under the Advance Medical Directive Act.
2. I will not act as a witness in the making of any advance medical directive, or certify or participate in the determination or certification of terminal illness for any patient whom I have been informed to have an advance medical directive which is in force.
3. If a patient for whose treatment I am responsible, in my opinion, is suffering from a terminal illness, requires extraordinary life-sustaining treatment, and is unconscious or incapable of exercising rational judgment, and I have been informed that the patient has an advance medical directive which is in force, I will take all reasonable steps as soon as practicable for the care of the patient to be transferred to another medical practitioner who has not registered such an objection.

Signature

Date

PART 2: REVOCATION OF THE ABOVE OBJECTION

I hereby revoke my objection to acting on an advance medical directive stated in *PART 1* of this form.

Signature

Name

NRIC No.

Date