an Advance Directive (AD) authorising the doctor to withhold extraordinary life-sustaining treatment where they are terminally ill, lost capacity to make healthcare decisions, and death is imminent. Healthcare professionals cannot ask patients whether they made an AD because it is a criminal offence to do so. Since its introduction, fewer than 12,000 people have made an AD. In contrast, the MCA empowers individuals to appoint a proxy healthcare decision-maker to make decisions on their behalf if they lose capacity in the future. However, if the treatment is life-sustaining or to prevent a serious deterioration in the individual's condition, then decision-making power shifts from the appointed proxy to the doctor. Given this background, this paper will examine the introduction of ACP in Singapore in light of the current legislation and common law. Its impact on ACP and end of life decision-making will be reviewed and recommendations made.

25 THE UNIQUE SINGAPORE MEDICO-LEGAL LANDSCAPE: IMPACT ON ADVANCE CARE PLANNING & END OF LIFE DECISION-MAKING

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Death is a taboo subject for many Asians. Singapore's healthcare decision-making laws have been significantly shaped by this consideration given its diverse cultural and ethnic population. Apart from the common law, Singapore enacted the Advance Medical Directive Act (AMDA) in 1996 and the Mental Capacity Act (MCA) in 2008. The "let's not talk about death" attitude that existed in 1996 has seemingly been transformed into a "let's plan for the future" mantra evident in the MCA. These laws should complement each other but several provisions are not aligned with this new vision and others are internally inconsistent. The AMDA allows individuals to make