

Berita Hospis

What Does Good Palliative Care Mean?

As we begin a new year, Malaysia continues to face the realities of an ageing population and a growing burden of serious, non-communicable diseases. Palliative care is increasingly recognised as an essential part of healthcare — yet many still misunderstand what it truly offers. Good palliative care is not about giving up; it is about living well, with comfort, dignity, and holistic support for both patients and their families. It addresses pain and other symptoms, but also the emotional, social, and spiritual challenges that accompany illness. As palliative care services expand across hospitals, communities, and care settings, it is timely to reflect on quality, consistency, and compassion in care delivery. At Hospis Malaysia, we believe every person deserves care they can trust — especially at their most vulnerable.

Pg 2-3



LATEST HIGHLIGHTS



2025 at a Glance

Hospis Malaysia's growing reach in care and education.

Pg 4



Nurse Emily in Taiwan

Why recognising and empowering palliative care nurses is vital for Malaysia's future.

Pg 6-7



Strengthening Palliative Care in Sarawak

Partnership with Sarawak expands access to compassionate palliative care amid growing demand.

Pg 8-9



Learning Beyond Hospital Walls

Sarawak doctors experience community-based palliative care through attachment.

Pg 10

What Does Good Palliative Care Mean?

In the 1990s, computer chip maker Intel launched a landmark marketing campaign that persuaded consumers to choose computers that had 'Intel Inside' – these were computers that incorporated their microprocessors. Many that did so, perhaps did not actually know how Intel microprocessors fare vis-a-vis their competitors. However, 'Intel Inside' gave comfort that those who have such devices felt confident of the quality desired. And that became the "gold standard" for most trusted microprocessors for many years.

Over the past year or so, there has been increasing attention towards palliative care in Malaysia as we face the dual challenge of the rise of non-communicable diseases and an ageing society. In October 2025, the Minister of Health on World Hospice and Palliative Care Day stated that the nation requires 50 palliative care specialists in 2 years from the current 34 to meet the nation's needs. Across the country, many major hospitals now have palliative care services. In the Klang Valley, one will notice that many of the private hospitals state the availability of palliative care services. Just browse at websites of nursing homes, private care agencies and online doctors – many are touting the availability of palliative care services.

However, perhaps one does need to think if 'Palliative Care Inside' as a health facility gives the consumer the same level of confidence as 'Intel Inside' a computer. One is a machine that assists in making tasks much easier through data processing - a trusted product developed and backed by years of research, innovation, experience and ongoing quality control. The other is

about the care of some of the most vulnerable people in our society to ensure they live the final stages of their lives with dignity and comfort, free from pain and suffering. And is it therefore important for one to ask the question – is the care delivered supported by evidence so we are assured it is of a certain quality, and is the quality monitored regularly?



When a patient with cancer seeks help in its treatment, both the patient and family often ask many questions about the cancer, its treatment and side effects. They probably may ask 'Dr Google' a host of questions, challenge doctors and if not convinced, they will seek further opinions. Cancer centres compete by stating the various treatments that are available to achieve the best chance of recovery. Often the patient and family will also make further inquiries about the quality of service delivered by the doctor in question.



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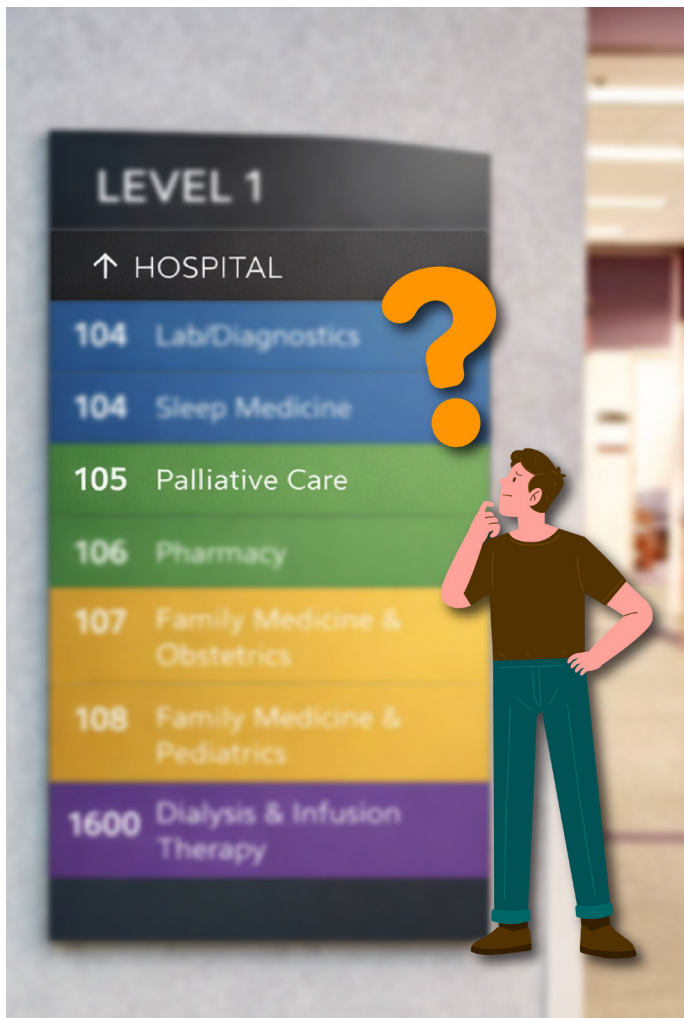
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Palliative care is often the last thing to be mentioned and usually it's in the context of the failure of treatment. For many, a referral to palliative care, especially in the community, is only mentioned in the context of going home to die. So, does society care about what palliative care means? Do they also inquire about what it actually is, and the quality of the service to be delivered? Do they ask "Dr Google" what palliative care support can offer them, and what to expect when referred to a palliative care service or is simply having a someone who visit you at home from time to time already a bonus?

Many who are referred to a service such as Hospis Malaysia, only desire a hospital bed, a wheelchair or support for nursing care. But with serious illnesses such as cancer, late stage heart or kidney failure, motor neurone disease, Alzheimers, the journey with the illness is likely to be arduous for the patients and families. Often they are likely to experience physical suffering, and psychosocial and spiritual distress. If only they were aware that palliative care excels in supporting the patient by addressing these issues.

There remains widespread misperception that a referral to palliative care means that medical treatment has failed, and it will be good to "take your loved one home to die peacefully". And to facilitate this, a referral to a palliative care service will enable

the loan of a bed, a wheelchair, perhaps an oxygen machine, and maybe some nursing care. Others assume that the ones that need palliative care are the very poor – the "B40s" who cannot afford the most advanced medical treatment.

Palliative care works best if both the patients and caregivers as well as physicians know what it is. Many doctors themselves have a limited idea of what palliative care is and does! Many, when asked still advise patients who are initially diagnosed, that "it is still too early for a referral." Imagine if a referral to palliative care was made early, potentially upon diagnosis, and a trained palliative care practitioner works with your loved one to discuss his goals of care, his preferences about treatment and care, and walks with him through the journey with the illness, would that not help alleviate some distress?

Until we start asking about the quality of care we receive, there is no excuse if we receive less than optimum care.

When an Intel microprocessor is produced, there is quality control, and this is only for a chip inserted into a machine. When dealing with human lives, and especially at their most vulnerable stages, should we not be asking what is the quality control in the setting up of services to support these patients? How are the people delivering the service assessed for attitude, knowledge and competency? What is the curriculum used in training of a palliative care provider? What is the outcome expected if one is referred for palliative care? Is the palliative care delivery in different settings similar or different and if so, why and how?

There is enough evidence to demonstrate the benefit of early integration of palliative care in health systems, with a focus on community support systems that could significantly reduce the burden on a hospital and specialist-based system. All the ingredients are readily available and many countries have shown several aspects of this approach to work. All that it requires is whether all the stakeholders are willing to come together and work together for the benefit of the patients and our community.

We do need to start to ask questions and demand answers of what does palliative care deliver in OUR hospitals, clinics and other settings. So, when you see a description that states '**Palliative Care Inside**', you can be certain of the quality of the service that is fit to treat the most vulnerable of us all.

OUR 2025 IMPACT AT A GLANCE

Behind every figure is a family supported

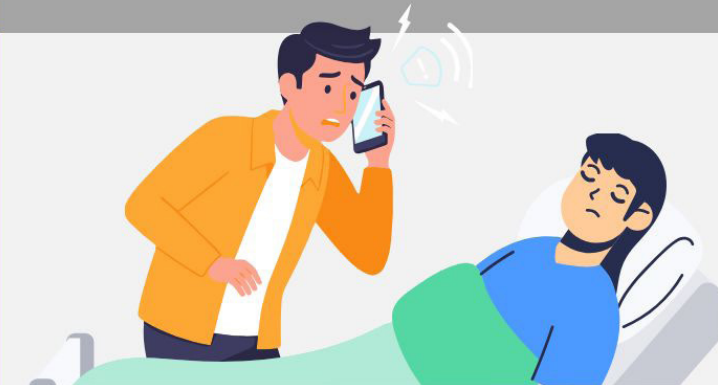
patients

1,010 patients referred



home visits

- 11,113 home visits
- 121 emergency home visits (after hours)



calls

- 29,219 phone calls
- 1,108 emergency calls (after hours)



education & training

- 568 medical under & post graduates
- 329 participants in workshops, symposium & webinars.

advocacy & engagement

- 4 advocacy campaigns & engagements
- Over 2,000 individuals reached



Strengthening Ethical Decision-making in Palliative Care

Hospis Malaysia began 2026 on an inspiring note with the successful Clinical Ethics in Palliative Care Workshop held on 10–11 January 2026, in collaboration with the Asia Pacific Hospice Palliative Care Network.

We were delighted to welcome healthcare workers from across Malaysia — including Perak and Sarawak — as well as participants from Indonesia. Their presence reflected a shared commitment to strengthening ethical practice in palliative care.

Special thanks to our speakers, Dr Sumytra Menon, Director of CBmE and Co-Director of CENTRES, and Associate Professor Chan Mei Yoke, Senior Consultant in the Department of Paediatric Haematology/Oncology at KK Women's and Children's Hospital, for their valuable insights and practical guidance.



The workshop created a safe and engaging space for clinicians to reflect on the complexities of ethical decision-making in palliative care. Through discussions of real-life cases from around the world, participants explored how ethical dilemmas can be contextualised and addressed within local healthcare settings. Conversations also touched on the role of personal values, belief systems and professional capacities in shaping ethical practice.

Beyond sharing best practices, the sessions encouraged participants to think critically and collaboratively, leading to rich and holistic discussions on delivering compassionate, person-centred care.

We hope participants left with renewed confidence and clarity in navigating the ethical challenges they may encounter in their practice.



Hearts That Lead: Reimagining Palliative Care Nursing in Malaysia



Nurse Emily presenting in Taipei, Taiwan

On 6 September 2025, at a palliative care conference¹ hosted by MacKay Memorial Hospital in Taiwan, Hospis Malaysia nurse Emily Yap delivered a keynote titled “Hospice Practice in Malaysia: A Nursing Perspective.” Her talk was more than a presentation — it was a call to national leaders, voiced through the heart of a nurse who has walked beside patients at the edge of life.

Emily shared the story of a patient under Hospis Malaysia’s care. Through this deeply personal narrative, she showed that well-trained palliative care nurses are not just task-doers — they are witnesses, companions, and protectors of dignity in life’s most vulnerable moments. Her story reflecting the depth of care provided by palliative care nurses moved many to tears.

Emily asks: “If others can build these pathways, why can’t we? Why is palliative care nursing still so invisible in Malaysia?”

She challenges Malaysian nurses to reflect: “Are we ready to define our path? Ready to grow from caregivers into educators, researchers, and leaders?”

Malaysia is not alone in facing this challenge. Across the world, nurses remain the backbone of palliative care, yet their contributions are consistently underrecognised in research, governance, and policy spaces. Even in community-led systems like Kerala, where nurses deliver most home-based care, their visibility in leadership and documentation remains disproportionately low. Global commentaries

highlight that palliative care cannot claim to be truly compassionate while marginalising those who sustain its work. Evidence shows that when nurses are included in leadership and supported with structured frameworks, the quality, equity, and humanity of care improve significantly. Malaysia’s next chapter must reflect this global learning — by giving nurses the space, recognition, and authority they have long earned.

A Profession Overlooked

Though palliative care became a medical subspecialty in Malaysia in 2005, nursing has lagged behind. There’s no national framework, no formal recognition from the Ministry of Health (MOH) nor Nursing Board, and no structured curriculum in nursing colleges to develop palliative care as a recognised specialty. Nurses are often posted to palliative units without specialised training, expected to deliver complex care unsupported. Even the Ministry of Health’s Diploma in Palliative Care was quietly discontinued — not for lack of interest, but, in Emily’s opinion, a lack of vision.

Regional Lessons

Singapore’s Ministry of Health has formally integrated nursing competencies into its palliative care competency framework². Taiwan runs a professional certification led by TAHPN³, and foundational training is mandated for all medical and nursing students.

Their nurses stand on stronger ground — empowered, respected, and better equipped.



Emily, who was the sole Malaysian representative, joined nurses and doctors from around the world during her Taiwan stint — sharing smiles before heading out on home visits.

A Legacy Worth Renewing

Tracing nursing's roots in Malaysia to the Catholic sisters of the 1800s, Emily reminded the audience that the profession was built on compassion, courage, and service. Today, that legacy calls for renewal.

Hospis Malaysia continues to lead — training nurses, advocating for the profession, and nurturing future leaders. But one organisation alone cannot carry the weight.



A Call to Action

Emily urges all stakeholders — educators, policymakers, professional bodies, and nurses — to:



Develop a national palliative care nursing framework



Integrate palliative care education into nursing colleges



Establish national competency standards



Include nurses in strategy, governance, and policy planning

Because in life's most fragile moments — when breaths grow shallow and families hold their final moments together — it is the nurse who remains: steady, compassionate, present.

It's time for Malaysia to recognise its palliative care nurses — not only as hands that heal, but as hearts that lead. Only then can we attract the right people into this vocation, and only then can access to evidence-based palliative care be improved.



A moment of connection: Emily with a patient and his caregiver, demonstrating how compassionate, evidence-guided palliative care supports comfort, dignity, and family togetherness at home.

1. Hospice-Focused Palliative Outcome (HFPO) Conference
2. Singapore Ministry of Health: Palliative Care Competency Framework (2018)
3. Taiwan Association of Hospice and Palliative Nurses (TAHPN)

Meeting the Growing Need for Palliative Care in Sarawak

As Malaysia faces a growing need for palliative care, partnerships to build capacity are becoming increasingly important to improve access, so as to ensure patients and families receive the support they need. A recent collaboration between Sarawak and Hospis Malaysia marks a significant step towards strengthening services and building capacity across the state.

The partnership was formalised on 6 March 2026 with the signing of a Memorandum of Understanding (MoU) between the Ministry of Public Health, Housing and Local Government Sarawak and Hospis Malaysia at the Sarawak Club in Kuching. The agreement comes in response to the needs of an ageing population and the growing burden of non-communicable diseases across the nation, and in Sarawak, where the need is even more pressing.

With more than three decades of experience in community-based palliative care, education, and advocacy, Hospis Malaysia has long worked to strategically develop services through partnerships with other healthcare services, government agencies and local providers.

“This partnership represents a meaningful step towards ensuring more Malaysians — particularly in Sarawak — can access and benefit from palliative care,” said Dr Ednin Hamzah, Chief Executive Officer of Hospis Malaysia. **“By sharing expertise, strengthening training and supporting system development, we hope to build sustainable services that truly meet the needs of patients and families.”**

Sarawak is among the states expected to face particularly high demand in the coming years. By 2030, national demand for palliative care is expected to exceed 200,000 people, with Sarawak alone estimated to have around 35,000 individuals requiring such care.



Speaking at the ceremony, YB Datuk Amar Prof. Dr Sim Kui Hian, Deputy Premier of Sarawak and witness of the MoU signing, highlighted the state’s commitment to advance palliative care. “Sarawak recognises the growing need for palliative care and remains committed to strengthening services statewide. Collaborating with Hospis Malaysia enables us to accelerate capacity-building, enhance professional expertise, and ensure patients and families receive dignified, compassionate care,” he said.

The MoU was signed by YBrs. Desmond Douglas Jerukan, Deputy Permanent Secretary of the Ministry of Public Health, Housing and Local Government Sarawak, and Dr Ednin Hamzah. The ceremony was attended by representatives from the Sarawak Health Department, hospitals and clinics, medical institutions, non-governmental organisations and social organisations.

At the heart of the collaboration is a shared focus on building local capacity and strengthening the integration of palliative care in the healthcare system. Key areas of cooperation include professional training and education through workshops and clinical attachment programmes, knowledge exchange, and research driven programmes to measure outcomes, all with the aim of supporting the development of palliative care services across the state. The MoU will remain valid for five years, providing a framework for collaboration, shared learning and long-term development.

For Hospis Malaysia, the collaboration reflects a broader commitment to ensuring that palliative care becomes an integral part of the healthcare system across the country. By working alongside government partners, healthcare providers and community organisations, the goal is not only to expand services, but also to build a sustainable ecosystem where patients with serious illnesses — and their families — can receive compassionate, holistic care wherever they are.



Alongside the MoU signing, Hospis Malaysia's clinical team visited Sarawak General Hospital (SGH) to learn more about its palliative care services. The team toured the palliative care ward and exchanged insights with the SGH team on practices in pharmacy, physiotherapy and nursing. The visit highlighted the importance of multidisciplinary collaboration in supporting patients and families across care settings.



Supporting patients' wishes at the end of life

For Hospis Malaysia's Head of Palliative Care Rehabilitation Low Su Jiun (left), the visit highlighted how the rehabilitation team supports patients and families throughout their journey — from offering active intervention in optimising one's function to caregiver training. The team also works closely with the palliative care team to honour patients' wishes to return home, involved in discharge planning, assisting families with preparation and logistical arrangements to ensure a safe and comfortable journey.



Structured and proactive nursing care

Our Palliative Care Nurse Nurul Nadiah Jaafar (right) was impressed by the systematic nursing practices on the ward. The consistent use of the SBARE (Situation–Background–Assessment–Recommendation–Evaluation) framework ensures clear communication among the nursing team. Nurses also routinely use the Braden Scale during admission to identify patients at risk of pressure injuries early, reflecting a proactive and evidence-based approach to patient comfort and care.



Medication continuity across Sarawak

Our Head Pharmacist Chua Hui Ming (second from left), observed the strong coordination behind medication supply for palliative patients. Pharmacists at the hospital work closely with up to 50 Klinik Kesihatan across the state to ensure timely access to essential medicines, including opioids, despite Sarawak's unique geographical and logistical challenges. Their role also extends to supporting safe care transitions, including assessing caregiver readiness to administer medications before patients are discharged home.



Learning Beyond the Hospital: Sarawak Doctors Attach with Hospis Malaysia

Sometimes, the most meaningful lessons in medicine happen outside the hospital.

For two doctors from Sarawak, stepping into patients' homes with the Hospis Malaysia (HM) team offered a new way of understanding care — one that goes beyond clinical treatment to include family dynamics, daily realities and the deeply human side of serious illness.

Their visit is part of the Memorandum of Understanding (MoU) between the Ministry of Public Health, Housing and Local Government Sarawak and Hospis Malaysia, which aims to strengthen palliative care capacity through training, knowledge exchange and shared learning. The first two doctors to take part in the initiative are Dr Charles Chun, a physician from Bintulu Hospital, and Dr Aiman Zawani Salleh, a palliative care doctor from Sarawak General Hospital.



Dr Charles (left) during a home visit with Hospis Malaysia's Nurse Nadiyah and Dr Shin Yi.

For Dr Charles, the attachment offered a meaningful opportunity to see how palliative care unfolds in the community. Through home visits with the Hospis Malaysia team, he observed how symptom management, care planning and emotional support can take place within the patient's own environment.

"I strongly encourage my peers to consider an attachment with Hospis Malaysia, as it offers another lens of perspective to patient care that we are not usually exposed to, allowing us to develop goal-concordant care plans for our patients."

The experience reinforced for him that palliative care is not confined to a single medical discipline, but rather a way of approaching care — one that places patients and families at the centre. Reflecting on the collaboration, Dr Charles also emphasised the importance of building confidence and capacity within the community.

"The collaboration between Sarawak state and Hospis Malaysia provides structured training and opportunities to share skills. It is very much a two-way learning process where we add value to each other. What we learn will need to be adapted and localised to our community."



Dr Aiman (middle) consulting a patient, together with Hospis Malaysia's Nurse Mastura.

For Dr Aiman, the attachment allowed her to see another dimension of patients' lives — one that is often hidden in clinical environments.

"My attachment with Hospis Malaysia has been an exciting experience because it takes place in the community setting. I meet patients in a very different context from the hospital, and it allows me to connect with them more deeply and understand another side of their personhood in their own environment. Coming from a hospital background, it has made me think more about what happens after patients are discharged and return home, and how we can provide more integrated care that truly supports their quality of life."

For both doctors, the attachment highlighted the importance of strengthening the link between hospital and community care — particularly in a geographically large state like Sarawak, where expanding palliative care services remains an important priority.

Through initiatives like these clinical attachments, Hospis Malaysia continues to advance its Education and Training pillar, equipping healthcare professionals with the knowledge, skills and confidence needed to support patients and families facing serious illness.

Thank You

We extend our heartfelt thanks to all our partners, donors, and supporters who have helped our efforts to provide quality palliative care to patients and families in need.

Thank you to HONOR Malaysia



Hospis Malaysia extends our sincere thanks to HONOR Malaysia for the contribution of HONOR Pad 10 5G tablets, which have made a meaningful difference to our day-to-day clinical work.

These tablets directly support our electronic medical records system, enabling our clinical teams to access, update, and share patient information in real time during home visits. This has improved care coordination, reduced delays, and strengthened clinical decision making — especially in time sensitive palliative care situations.

We are deeply grateful to HONOR for supporting Hospis Malaysia's mission and for helping us strengthen the digital foundations that underpin dignified, patient centred palliative care.

Be Part of the Journey of Compassion

Hospis Malaysia depends on the generosity of our community to sustain our free palliative care services. Your donation helps us care for patients at home, support families, and reach more people facing serious illness.

We are grateful to our longstanding supporters — for their continued and steadfast support:



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