



MEDIA RELEASE

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NATIONAL-LEVEL INITIATIVE INTEGRATES PALLIATIVE CARE INTO TREATMENT OF KIDNEY DISEASE TO IMPROVE PATIENTS' QUALITY OF LIFE

National Kidney Foundation and hospitals from each of the three Regional Health Clusters are providing palliative care earlier and concurrently with the treatment of advanced Chronic Kidney Disease, with support from the Lien Foundation

Singapore, 1 June 2026 - Chronic Kidney Disease (CKD) is one of Singapore's largest healthcare challenges. It affects 14% of Singaporeans today - above the global average of 10% - and is projected to reach one in four by 2035. For the 0.2% of patients in its advanced stages receiving treatment, suffering is heavy and the relief of it - via palliative care - has tended to be offered only at the end of life, if at all.

To change this, Lien Foundation and five healthcare partners today announced the launch of *Renaissance* after two years of foundational development starting in 2024. Renaissance is a four-year initiative to pilot the provision of palliative care earlier and alongside active treatment, not after it. Targeting CKD patients at advanced stages, the programme aims to reach more than 5,260 patients over four years - helping them and their caregivers make informed decisions to balance treatment of this progressive disease and quality of life.

Supported by the Lien Foundation, this initiative will involve key providers of nephrology care - National University Hospital (NUH), Singapore General Hospital (SGH), Tan Tock Seng Hospital (TTSH), and the country's largest advocate and integrator for kidney health The National Kidney Foundation (NKF) - making it a de-facto national pilot with island-wide coverage. With a contribution of \$9 million from the Lien Foundation, the initiative will enhance the patient care journey by ensuring that care plans address not only medical needs, but also patients' functional, emotional and psychosocial well-being.

Initiative addresses gaps in existing treatment system

Marked by five stages, CKD is often undetected at the earlier stages. However, at some point in Stage Four, the second-last stage, patients and caregivers start facing the question of whether or not to embark on dialysis. Typically comprising thrice-weekly, half-day sessions marked by fatigue in between, dialysis is a decision that often upends the lives of patients and their caregivers.

Many patients embark on dialysis, viewing it as the default choice. However, for seniors and those with comorbidities, dialysis is often less effective in extending lifespan, even as it inflicts heavy suffering including nausea, chest and joint pain, diarrhoea, muscle cramps, and mental health conditions.

This suffering is prolonged for the 40% of patients who live for more than 10 years on dialysis, while cycling through dialysis centres, hospitalisations, A&E admissions, and intensive care. At the end of life, only 20% access hospice services - compared to 55% of cancer patients - with many instead experiencing high-intensity hospital care in their last days. For them, non-dialysis care may be a meaningful option that not many are aware of.

Renaissance seeks to address this gap by bringing palliative care upstream and including non-dialysis



as a proactive and intentional treatment option available to patients with CKD. This approach - combining medication and lifestyle modification - redefines the current model of care into an individualised care framework, delivering tailored treatment support that reflects each patient's condition and prioritises quality of life.

“*Renalssance* marks a national leap toward a more comprehensive and compassionate model of renal care. By redefining palliative care as an upstream, proactive choice rather than a last resort, it enables patients with advanced kidney disease to live with greater comfort, confidence and control. This approach shifts from ‘dialysis as default’ to a care model that integrates communication, choice and conservative management as core elements to better outcomes and quality of life,” said Mr Lee Poh Wah, CEO of Lien Foundation.

Empowering patients and clinicians through shared decision-making

As a reflection of the magnitude of this challenge, *Renalssance* involves TTSH, NUH and SGH which collectively account for approximately half of all nephrologists in Singapore, giving the initiative national-level influence. With a nationwide network of dialysis centres supporting close to 60% of Singapore's total dialysis population, including a significant proportion of subsidised patients, NKF's involvement allows the initiative to reach many communities, including those with the greatest need.

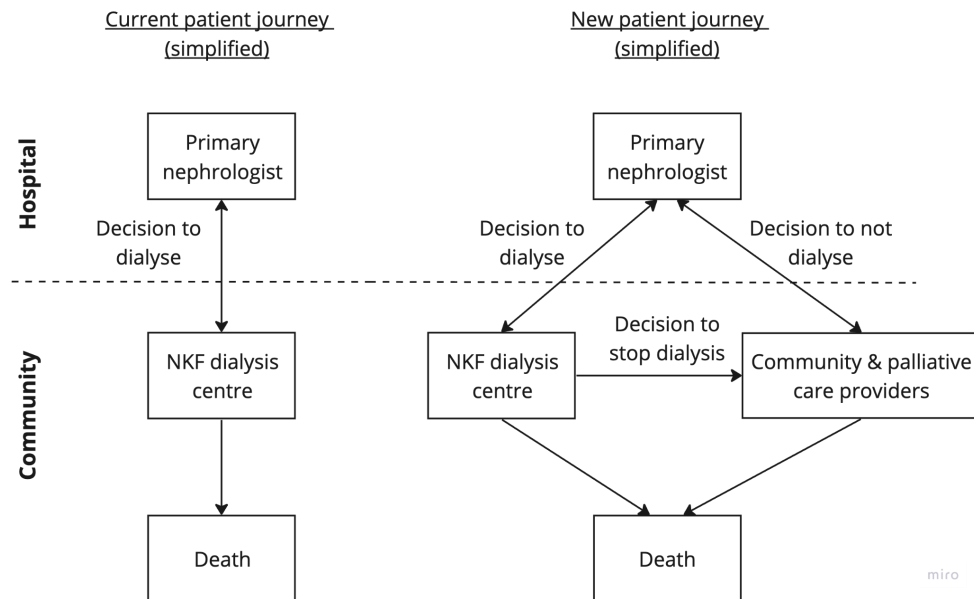
For patients with advanced CKD at these institutions, early palliative care will eventually be a constant provision, regardless of whether they opt for dialysis or non-dialysis care. Early palliative care will take the form of measures that reduce symptoms and suffering, the articulation and prioritisation of patients' wishes, caregiver support, and searching for a balance between treatment and quality of life. For patients who opt for dialysis, palliative care will be provided concurrently with their dialysis treatment. Those who opt for non-dialysis care - an approach that manages the disease through medication and lifestyle changes - will experience a higher quality of life, even as they allow the disease to take its natural course.

To implement this, patients who may not fare well on dialysis will be identified at hospitals. In consultation with their primary nephrologist and nurses, patients and their families will explore both dialysis and non-dialysis options, with informed decision-making and a stronger understanding of the patients' preferences.

Those who choose non-dialysis care will be referred to suitable community care providers such as active ageing centres, home care services or hospices depending on their needs. They will continue to be overseen by their primary nephrologist at the hospital, who will retain oversight and drive each patient's treatment plans. Patients are free to change their minds and opt for dialysis if they wish.

For patients who opt for dialysis, they will be referred to dialysis centres, as with the current workflows, but now with a stronger understanding of what it may entail. As with non-dialysis patients, they can change their minds subsequently, opting for non-dialysis care instead.

At NKF dialysis centres, patients who commenced dialysis will now be monitored more closely for their overall well-being, with strengthened training, assessment tools, and workflows that balance dialysis with quality of life.



This programme is expected to benefit more than 5,260 patients over four years, comprising 1,500 from each of the 3 hospitals, and 760 from NKF.

“Dialysis remains an important part of care for our patients, and *Renalssance* helps us support them more holistically by introducing palliative care principles earlier, alongside dialysis. This gives patients and families more support in managing symptoms, understanding their options and making informed decisions that reflect what matters most to them, while continuing to be cared for by their dialysis teams and nephrologists.” said A/Prof Jason Choo, Medical Director of NKF.

Building a long-term ecosystem for kidney supportive care

To strengthen institutional capabilities, *Renalssance* will introduce new measures to train 213 healthcare professionals, comprising 29 doctors, 133 nurses and 51 allied health professionals, to provide integrated kidney palliative care, and increase awareness of non-dialysis care options among clinicians and early-stage patients. It will involve:

- Establishing new Kidney Palliative Care teams within the hospitals and NKF, where nephrologists and palliative care specialists will work together to co-manage patients.
- Training non-palliative care staff in generalist palliative care, with existing training programmes enhanced to incorporate this expanded focus.
- Strengthening educational materials to help patients and caregivers understand the full range of treatment options to help them make informed decisions, in consultation with their doctors.

To ensure that information is coordinated across regional health clusters, shared workflows and systems will be developed and integrated within their existing IT systems to aid in data collection relating to the patient’s treatment and caregiver-reported experiences. This will ensure tighter communications between organisations and allow for more personalised care for each patient.



The hospitals and NKF will also expand partnerships with care providers in the community to build a wider range of referral options for non-dialysis care patients. The Lien Centre for Palliative Care will evaluate the programme's outcome to inform possible areas for refinement.

A/Prof Alethea Yee, Director of Education, Lien Centre for Palliative Care (LCPC), Duke-NUS, said, "*Renalssance* is a remarkable programme that brings together institutions from all three healthcare clusters and the largest community dialysis provider, NKF, to collaborate on a new model of integrating a palliative approach upstream into the care of persons with advanced CKD for improved patient-centred outcomes. As an academic centre in palliative care, LCPC is privileged to partner these four institutions to evaluate the programme and provide training for their staff in renal supportive care."

Adj A/Prof Chua Horng Ruey, Head of Division & Senior Consultant, Division of Nephrology, Department of Medicine, NUH, said, "*Renalssance* is built on four pillars: informed decision-making, comprehensive assessment, enhanced counselling, and a steadfast commitment to walk alongside our patients at every stage with dignity and compassion. It supports individuals in choosing treatment pathways that align not only with their medical needs but also with their personal values and life circumstances. We are seeing encouraging signs of increased advance care planning completion, more meaningful serious illness conversations, and higher rates of appropriate care adherence among patients enrolled in the programme."

A/Prof Tan Chieh Suai, Head and Senior Consultant, Department of Renal Medicine, SGH, said, "*Renalssance* will enable us to build on and expand our existing renal supportive care programme at SGH. We recognise that caring for patients with advanced CKD requires more than just medical treatment. By identifying patients who may benefit from non-dialysis options earlier in their treatment journey, we can better honour their quality-of-life goals. At the same time ensuring that those who opt for dialysis continue to receive the comprehensive support they need. Our goal is to walk alongside every patient with compassion and a commitment to informed decision-making at every stage of their care.

A/Prof Yeo See Cheng, Head and Senior Consultant, Department of Renal Medicine, TTSH, said, "The Kidney Supportive Care Programme at TTSH marks a transformational shift in how advanced CKD is managed, placing person-centred care at its heart. For patients, it means dignified, meaningful treatment choices that prioritise quality of life and living well over disease management alone. Led by advanced nurse practitioners, this service further drives a paradigm change in care delivery, integrating nephrology and palliative expertise within a multidisciplinary framework that goes beyond delivering high quality dialysis and treatment. For TTSH clinicians, it reinforces our compassionate approach to complex advanced chronic diseases, empowering teams to address not just physical needs, but the holistic wellbeing of every patient they serve."

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About Lien Foundation

The Lien Foundation is a Singapore philanthropic house noted for its model of radical philanthropy. It breaks new ground by investing in innovative models of care, convening strategic partnerships and catalysing action at the intersection of health and social care. The Foundation's focus areas include palliative care, eldercare, rehab and maternal & child health. For more information, visit www.lienfoundation.org.

About The National Kidney Foundation

The National Kidney Foundation (NKF) strives to be an advocate and integrator for kidney health and holistic care for the community, by the community. While supporting kidney failure patients with quality dialysis treatment and integrated care, its greater mission lies in preventing or delaying kidney failure.

Some 500,000 people in Singapore suffer from kidney disease and are at higher risk of progressing towards kidney failure. Every day, we witness the struggle of 6 individuals affected by kidney failure and require lifelong dialysis to sustain their lives. NKF aims to arrest this disturbing trend by focusing on upstream education and prevention – in collaboration with the community at large, schools and its partners in the healthcare ecosystem, to help people understand the importance of a healthy lifestyle.

NKF supports more than 6,000 patients and beneficiaries, about 60% of the total dialysis patient population in Singapore, by providing life-saving dialysis treatment and integrated care to meet patients' physical, nutritional, and psychosocial needs. Through NKF's mission of Giving Life & Hope, NKF empowers patients to take ownership of their medical condition to lead fulfilling lives, contribute to families and the society.

For more information, please visit www.nkfs.org.

About National University Hospital

The National University Hospital (NUH) is Singapore's leading university hospital. We offer an environment where research and teaching are an integral part of medicine, and continue to shape medicine and transform care for the community we care for.

We are an academic medical centre with over 1,200 beds, serving more than one million patients a year with over 50 medical, surgical and dental specialties. NUH is the only public and not-for-profit hospital in Singapore to provide trusted care for adults, women and children under one roof, including the only paediatric kidney and liver transplant programme in the country.

The NUH is a key member of the National University Health System (NUHS), one of three public healthcare clusters in Singapore. For more information, visit www.nuh.com.sg

About Singapore General Hospital

Singapore General Hospital, established in 1821, is the largest tertiary hospital in Singapore and consistently ranked among the 10 best hospitals worldwide. It provides the most comprehensive patient-centred care with over 50 clinical specialties on its campus. As an Academic Medical Centre, it takes pride in training healthcare professionals and conducting cutting edge research to meet evolving



needs of the nation as well as the region. Driven by a strong sense of purpose, SGH is committed to give of its best to heal and bring hope, as it has for over 200 years.

For more information, please visit www.sgh.com.sg

About Tan Tock Seng Hospital

Tan Tock Seng Hospital (TTSH), an anchor hospital of NHG Health, is one of Singapore's largest and pioneering multidisciplinary hospitals. TTSH has a dedicated healthcare team of over 11,000, operates more than 2,000 beds, and provides care across more than 60 clinical disciplines. It also helms HealthCity Novena, Singapore's first integrated healthcare hub spanning 17 hectares. TTSH is committed to empowering individuals across Central and North Singapore to lead healthier lives, transforming care through innovation, research, and clinical excellence to add years of healthy life to the community. For more information, visit www.ttsh.com.sg

About Lien Centre for Palliative Care, Duke-NUS Medical School

The Lien Centre for Palliative Care (LCPC) was established in 2008 through a partnership among the Lien Foundation, the National Cancer Centre Singapore (NCCS), Singapore Health Services (SingHealth), and Duke-NUS Medical School. Led by a team of researchers and clinician faculty, the Centre aims to improve the lives of persons with serious illness and their caregivers by working closely with clinicians across healthcare settings in Singapore and internationally to conduct high-quality research and provide palliative care training for healthcare professionals. For more information, please visit <https://www.duke-nus.edu.sg/lcpc>

ANNEX A

Process of providing palliative care and symptom relief for all patients with advanced CKD, regardless of treatment pathway

Hospitals	NKF
<p><u>A. Patient who have not decided whether to start dialysis</u></p> <p>Patients receive advice from their primary nephrologist at the hospitals, who will evaluate patient preferences regarding dialysis candidacy as the disease progresses from stage four to five.</p> <p>After assessing the trade-offs, patients who decide to start dialysis will be referred to dialysis providers such as but not limited to NKF.</p> <p>Patients who opt for non-dialysis care will be referred to other partners such as active ageing centres, home care providers, hospices, etc.</p> <p>Regardless of whether they opt for dialysis or non-dialysis care, both groups of patients return to the hospital periodically to have consultations with their primary nephrologist.</p> <p><u>B. Patient who have started dialysis</u></p> <p>At the periodic consultations, the primary nephrologist will assess if patients are coping well on dialysis via:</p> <p>1) Patient identification and assessment</p> <p>Primary nephrologist will evaluate patient's outcomes and recommend continuation, discontinuation or adjusting frequency of dialysis, in consultation with the dialysis provider.</p> <p>2) Assistance</p> <p>Patients who decide to stop dialysis will be referred to the hospitals' Kidney Support Care Clinic with support from the primary nephrologist, to help with medical and social support in managing the disease.</p> <p>3) Additional care</p> <p>If appropriate, a referral to community partners such as hospices will be made, with the primary nephrologist continuing to monitor the condition.</p>	<p><u>C. Patients not coping well on dialysis</u></p> <p>1) Patient Identification</p> <p>Patients who are not thriving on dialysis will be accessed by NKF's Integrated Care Team made up of nurses, medical social workers and dieticians.</p> <p>2) Patient assessment</p> <p>Patients will be referred to NKF's Kidney Support Unit who will conduct cognitive, physical, and IPOS assessments.</p> <p>Patients, caregivers and social workers will participate in Serious Illness Conversations concurrently with the assessments to explore priorities and trade offs.</p> <p>3) Intervention and care plan</p> <p>Integrated Care Team and the Palliative Care team will discuss the right care plan, which will be shared with the patient's primary nephrologists at the hospitals for their input (See Section B on left column)</p>