

END-OF-LIFE QUESTIONS

Dr. Abraham C.Y. YAM

Council Member of the HKMA

Chairman of the HKMA International Affairs Committee

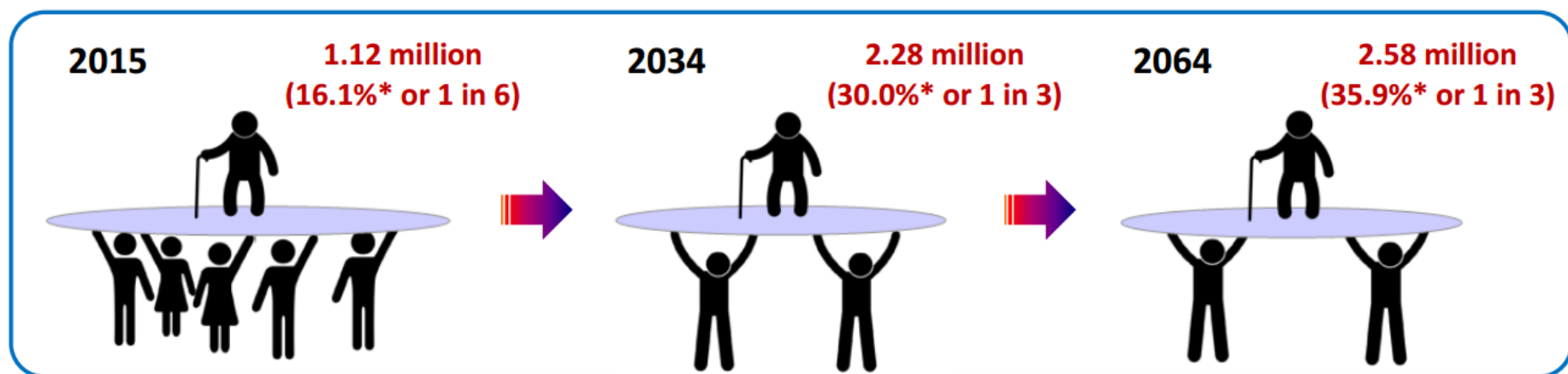
MBChB (CUHK), MScPD(Cardiff), MFM (Clin) (Monash), DPD (Wales),
PDipCAH (HK), Dip Med (CUHK)

PRESENTATION OUTLINE

- The Aging Challenge
- Local Surveys and Quality of Death Index
- Hospital Authority Guidelines
- Challenges of End-of-life care
- Hospice Care Facilities in HK
- Pilot Project
- HKMA's Role

HONG KONG DEMOGRAPHICS

Figure 1 – Number of elderly people aged 65 or above, 2015-2064



Note: (*) The figures represent the proportions of elderly people in total population.

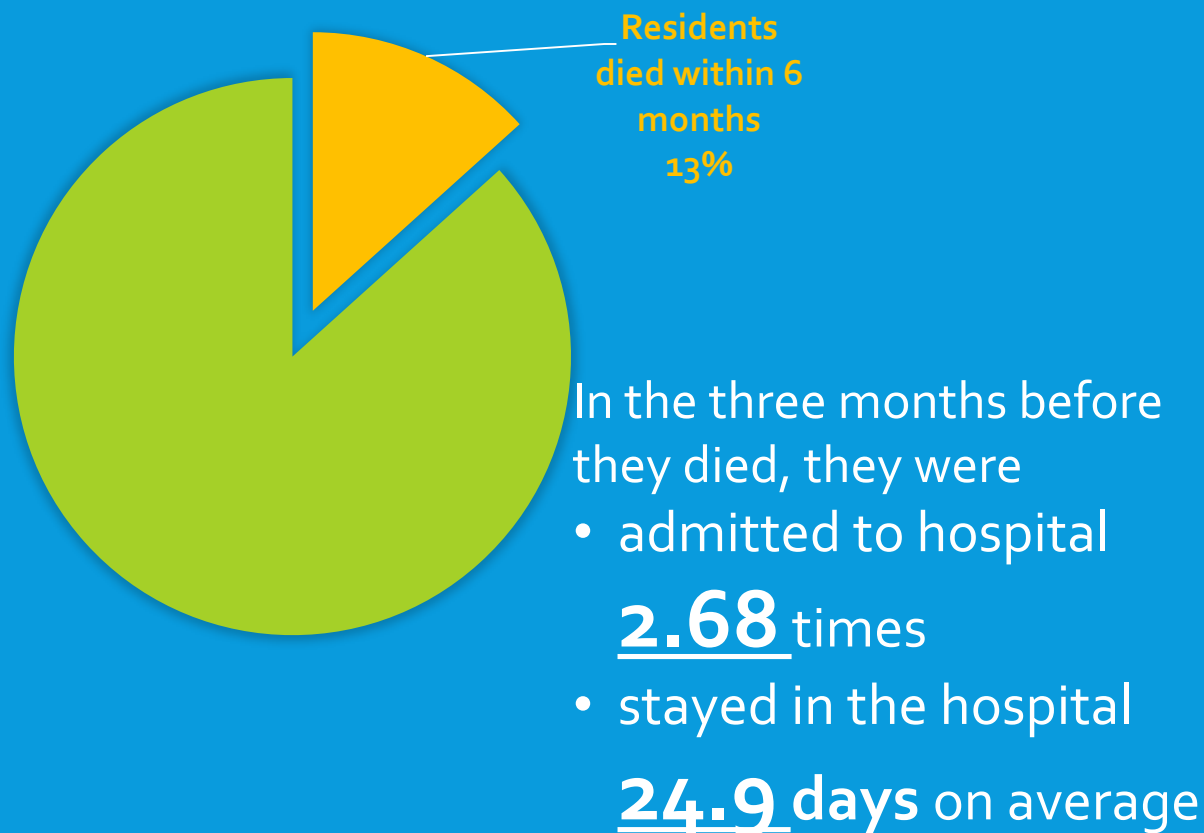
Data source: Census and Statistics Department.

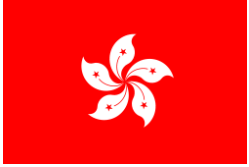
- High institutionalization rate of 5.7% among people aged 65 or above in 2014
 - More than double that of Singapore, South Korea and Japan
 - More than three times of Taiwan
- Around 83 % of some 46,000 deaths every year take place in public hospitals (2016)

<http://www.legco.gov.hk/research-publications/english/1516rbo1-challenges-of-population-ageing-20151215-e.pdf>
<http://www.scmp.com/news/hong-kong/health-environment/article/1978199/revealed-why-hospital-chief-wants-give-hongkongers>

SURVEY CONDUCTED BY THE HONG KONG ASSOCIATION OF GERONTOLOGY

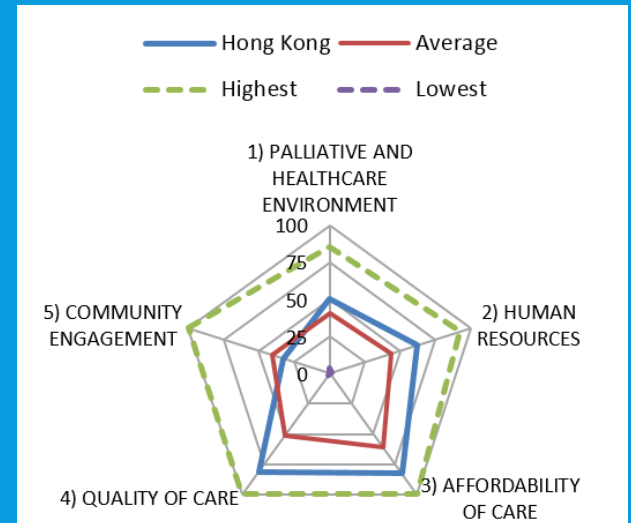
- Conducted in four elderly homes
- 65 residents died within six months of the total number of 488





2015 QUALITY OF DEATH INDEX

	Rank / Score /	
	80	100
SUPPLY ENVIRONMENT	22	66.6
1) PALLIATIVE AND HEALTHCARE ENVIRONMENT	28	50.4
2) HUMAN RESOURCES	20	62.1
3) AFFORDABILITY OF CARE	18	82.5
4) QUALITY OF CARE	20	81.3
5) COMMUNITY ENGAGEMENT	38	32.5



Economist Intelligence Unit (2015). The Quality of death: Ranking end-of-life care across the world. UK: EIU.
<http://www.eiuperspectives.economist.com/healthcare/2015-quality-death-index>

LACK OF PALLIATIVE CARE AND END-OF-LIFE SERVICE AMONG THE COMMUNITY ESPECIALLY IN VIEW OF AGEING POPULATION

Dying at home or residential care home for
the elderly (RCHE) might be a solution to
ease overcrowding in public wards

REFERRAL CRITERIA

Inpatient Palliative Care	<ul style="list-style-type: none">• Clinically unstable with moderate to severe symptoms• Require day to day medical intervention
Outpatient Care	<ul style="list-style-type: none">• Advanced progressive diseases suffering from symptoms• Require specialist opinion for symptom palliation
Home Care	<ul style="list-style-type: none">• Require more intensive monitoring than outpatient• Follow up by Home Care Team
Day Care	<ul style="list-style-type: none">• Require daily intervention• Clinically stable

ADVANCE DIRECTIVE

-
- | | |
|------|--|
| 2006 | The Law Reform Commission put forward a model form of Advance Directives |
| 2010 | Concept of Advance Directives was officially introduced in Government papers |
| 2012 | <p>The Medical Council of Hong Kong (Ethics Committee):</p> <ul style="list-style-type: none">• Difficulties in drafting the guidelines on advance directives, such as ascertaining the validity of an advance directive• A legal framework should be formulated to afford protection to both patients and healthcare professionals |
-



ADVANCE DIRECTIVE

2012

Government :

- Some people still regard it a TABOO to discuss the issue of terminal care and death
- The public at large are not fully familiar with the concept of advance directives
- NOT the appropriate time to implement advance directives at this stage through any form of legislation


2014

Food and Health Bureau :

- Have yet to see a substantial change in attitude in the community at large towards promoting advance directives through legal means

ADVANCE DIRECTIVES FORM

Appendix 1



ADVANCE DIRECTIVE¹

Please Use Block Letter or Affix Label
 SOPD / Hospital No. :
 Name :
 I.D. No : Sex : Age :
 Dept : Team : Ward/Bed :

Section I : Personal details of the maker of this advance directive

Name : (please use capital letters)

Identity Document No. :

Sex : Male / Female

Date of Birth : / /
(Day) (Month) (Year)

Home Address :

Home Tel. No. :

Office Tel. No. :

Mobile Tel. No. :

Section II : Background

- I understand that the object of this directive is to minimise distress or indignity which I may suffer or create when I am terminally ill or in a persistent vegetative state or a state of irreversible coma, or in other specified end-stage irreversible life limiting condition, and to spare my medical advisers or relatives, or both, the burden of making difficult decisions on my behalf.
- I understand that euthanasia will not be performed, nor will any unlawful instructions as to my medical treatment be followed in any circumstances, even if expressly requested.
- I, (please print name) being over the age of 18 years, revoke all previous advance directives made by me relating to my medical care and treatment (if any), and make the following advance directive of my own free will.
- If I become terminally ill or if I am in a state of irreversible coma or in a persistent vegetative state or in other specified end-stage irreversible life limiting condition as diagnosed by my attending doctor and at least one other doctor, so that I am unable to take part in decisions about my medical care and treatment, my directives in relation to my medical care and treatment are as follows:

(Note: Complete the following by ticking the appropriate box(es) and writing your initials against that/those box(es), and drawing a line across any part you do not want to apply to you.)

The Form was proposed by the Law Reform Commission on 16 August 2006; amended as in Food and Health Bureau Consultation Paper on 23 December 2009; modifications made and footnotes added by the Hospital Authority in May 2010 and in Jan 2014.

- The patient could be the one who raises the issue of making an AD
- Health care workers should be sensitive to
 - i. the psychosocial aspects and personal values of the patient
 - ii. the views of the family members
- HA AD forms require two witnesses, one of whom must be a medical practitioner

ADVANCE CARE PLANNING (ACP)

ACP refers to the process of communication regarding the kind of care that will be considered appropriate when the patient can no longer make those decisions

Patient with
advanced
progressive
diseases

Health care
providers

Family members

Caregivers

ADVANCE CARE PLANNING (ACP)

- ACP should be considered in suitable patients in anticipation of progressive deterioration, before death is imminent
- ACP is an integral part of palliative care and should be promoted to a wider scope of patients with advanced progressive diseases
- A Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) decision can be part of ACP

LOW PUBLIC AWARENESS

- A Population-Based Telephone Survey of 1067 Adults on Knowledge, Attitudes, and Preferences of Advance Decisions, End-of-Life Care, and Place of Care and Death in Hong Kong
 - 85.7% had not heard of AD
 - 60.9% would prefer to make their own AD if legislated after explanation
 - 31.2% of the participants would choose to die at home

OBSTACLES IN LEGAL PROVISION

Coroners Ordinance (Cap. 504)

	Report to Coroner	Report to Death Registry
Death at home (attended by doctor within 14 days before death)	×	√
Death at home (not attended by doctor within 14 days before death, but diagnosed with terminal illness before death)	×	√
Death at Residential Care Homes for the Elderly	√	√
Death at Nursing Homes	×	√

OBSTACLES IN LEGAL PROVISION

- Informants (relatives) must find the right doctor(s) who has attended the patient during his last illness to view the body and sign Form 18
- Doctor to travel to the place of death to view the body
- Time constraint – within 24 hours
- Cannot remove the body before obtaining a Certificate of Registration of Death (body must be left at Home or RCHE for some time)
- May need to report to the Coroner (via Police) – interview by police and forensic pathologist etc.

LACK OF PALLIATIVE CARE SPECIALISTS

Only 19 palliative care specialists



Dr Michael Sham
who has worked
in palliative care
for 30 years

"There is no private market ... doctors cannot earn much. Only those with great passion would choose it"

"Home death required doctors to visit patients at home to certify their death, but in reality it was not possible to do so around the clock due to limited manpower"

Suggested the use of long-term care homes,
which have visiting medical staff and a larger
group of caregivers

<http://www.scmp.com/news/hong-kong/health-environment/article/1978209/last-wish-hong-kong-survey-reveals-most-elderly>

SHORTAGE IN RCHEs

- 2015- around 740 RCHEs
- providing approximately 73,000 places
- Equivalent to 6.5 % of the elderly population aged 65 or above
- As at end-April 2015, there were 31,137 elderly persons on the waiting list for subsidised residential care places
- The figure did not include the 8,098 elderly persons who were classified as inactive cases

http://www.hkag.org/Conference/EOL%20APRC%20conference/ppt/01%20Keynote%20Speech/Dr%20MF%20Leung_Issues%20of%20End%20of%20life%20care%20in%20long%20term%20care%20settings%20in%20Hong%20Kong.pdf
<http://www.lwb.gov.hk/eng/legco/17062015.htm>

HOSPICE CARE FACILITIES IN HK



**Jockey Club
Home for Hospice**



Bradbury Hospice



**Haven of Hope Sister Annie
Skau Holistic Care Centre**

PILOT PROJECT

PALLIATIVE CARE IN RESIDENTIAL CARE HOMES FOR THE ELDERLY

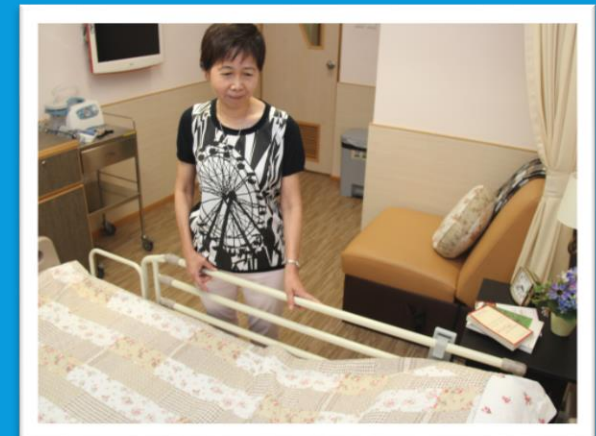


- Pioneered by the Salvation Army and the Hong Kong Association of Gerontology launched in year 2010
- Six residential homes for residents who enter to their terminal phase
- 16 residents joined the Project
- Two elders did not enter the hospital until death
- One of them had been admitted to hospital for nearly 20 days per month on average before participating in the Project

http://salvationarmy.org.hk/en/media_centre/media_detail/138

CASE SHARING

- Madam Lam, aged 87
- Severe heart failure and diabetes
- Participated in the "Palliative Care" Project
- Hospitalisation substantially reduced
- Unable to join a family Spring Gathering
- The staff of residential home specially arranged her to meet 25 family members in the residence



HKMA'S ROLE



- Member of Care for Advanced Diseases Consortium
 - Goal of the Consortium:
 - Promote end-of-life care among the Hong Kong public
 - Promote public/private/NGO collaboration in palliative care
 - Facilitate availability of aging and dying in place in Hong Kong
 - Advise the Government policy makers and stakeholders on betterment of palliative and end-of-life care for advanced diseases and deaths
- Promote and educate doctors in Hong Kong about palliative and end-of-life care through different medium including Continuous Medical Education lectures

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