END-OF-LIFE QUESTIONS

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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
• 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)
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

In the three months before they died, they were
- admitted to hospital 2.68 times
- stayed in the hospital 24.9 days on average

2015 QUALITY OF DEATH INDEX

<table>
<thead>
<tr>
<th>Category</th>
<th>Rank</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPLY ENVIRONMENT</td>
<td>22</td>
<td>66.6</td>
</tr>
<tr>
<td>1) PALLIATIVE AND HEALTHCARE ENVIRONMENT</td>
<td>28</td>
<td>50.4</td>
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<tr>
<td>2) HUMAN RESOURCES</td>
<td>20</td>
<td>62.1</td>
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<td>3) AFFORDABILITY OF CARE</td>
<td>18</td>
<td>82.5</td>
</tr>
<tr>
<td>4) QUALITY OF CARE</td>
<td>20</td>
<td>81.3</td>
</tr>
<tr>
<td>5) COMMUNITY ENGAGEMENT</td>
<td>38</td>
<td>32.5</td>
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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 | • Clinically unstable with moderate to severe symptoms  
<table>
<thead>
<tr>
<th></th>
<th>• Require day to day medical intervention</th>
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</table>
| Outpatient Care          | • Advanced progressive diseases suffering from symptoms  
|                          | • Require specialist opinion for symptom palliation |
| Home Care                | • Require more intensive monitoring than outpatient  
|                          | • Follow up by Home Care Team |
| Day Care                 | • Require daily intervention  
<p>|                          | • Clinically stable |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>The Law Reform Commission put forward a model form of Advance Directives</td>
</tr>
<tr>
<td>2010</td>
<td>Concept of Advance Directives was officially introduced in Government papers</td>
</tr>
</tbody>
</table>
| 2012 | The Medical Council of Hong Kong (Ethics Committee):  
  • 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 |

http://www.info.gov.hk/gia/general/201206/13/P201206130270.htm
## 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

• 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
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)

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Report to Coroner</th>
<th>Report to Death Registry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death at home (attended by doctor within 14 days before death)</td>
<td>×</td>
<td>✓</td>
</tr>
<tr>
<td>Death at home (not attended by doctor within 14 days before death, but diagnosed with terminal illness before death)</td>
<td>×</td>
<td>✓</td>
</tr>
<tr>
<td>Death at Residential Care Homes for the Elderly</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Death at Nursing Homes</td>
<td>×</td>
<td>✓</td>
</tr>
</tbody>
</table>
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.
Only 19 palliative care specialists

“*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

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.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
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

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
REFERENCES


