

CUHK CENTRE FOR BIOETHICS

GETTING IT RIGHT: SYMPOSIUM ON THE ADVANCE DECISION
ON LIFE-SUSTAINING TREATMENT ORDINANCE (MAY 30, 2026)

Beyond

Advance Medical Directive

Integrating Advance Care Planning into Practices

Professor Helen Chan, RN, PhD, FAAN
The Nethersole School of Nursing, Faculty of Medicine
CUHK Centre for Bioethics (by courtesy)
The Chinese University of Hong Kong



Disclosure statement

Conflict of interests

- PI, HMRF, “My Way: Towards an equitable and compassionate community for Advance Care Planning”
- Founder, The Hong Kong Society of Advance Care Planning
- Director, Care Coach 1314 Limited

Case Study

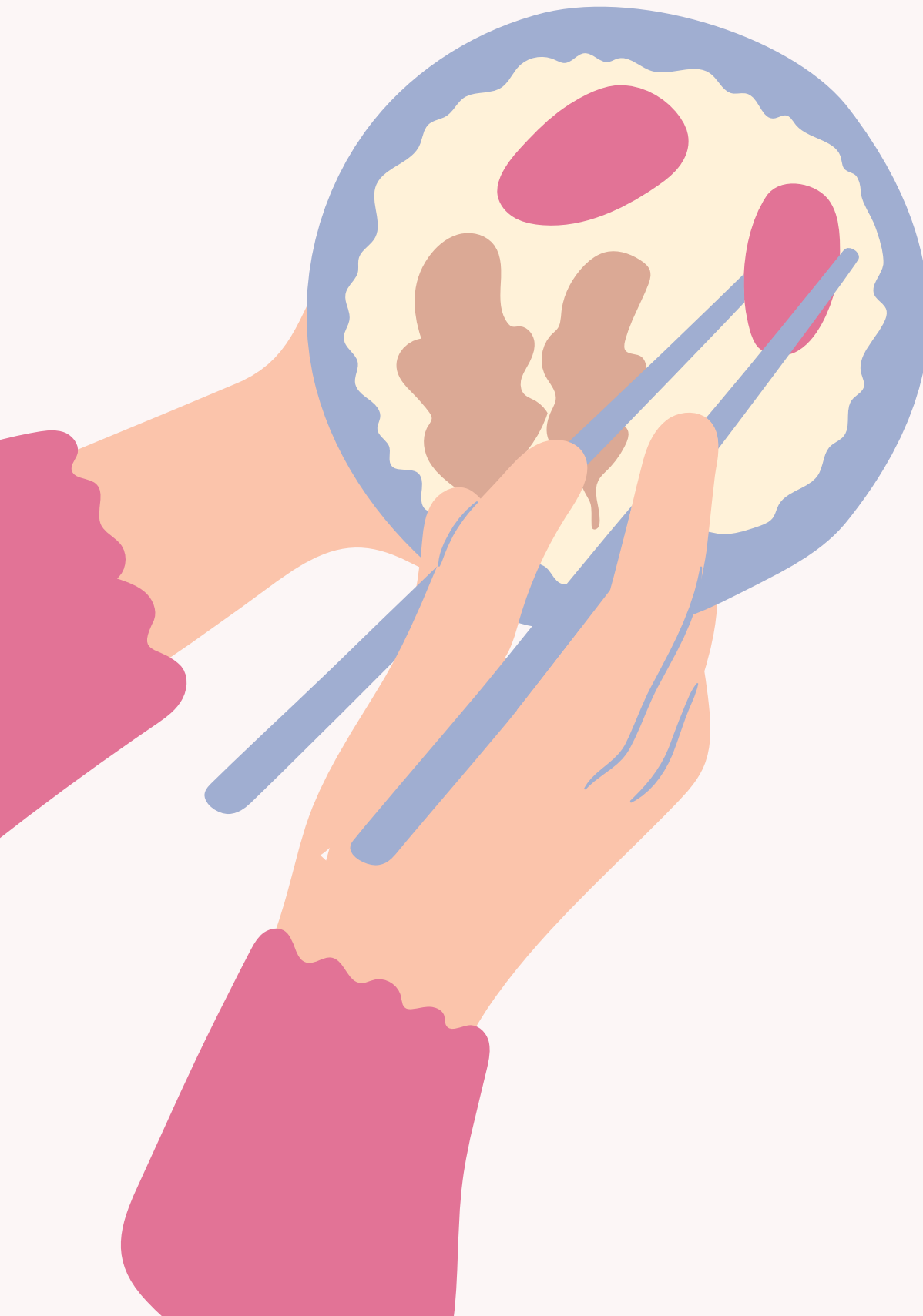
Extracted from Best Practice Guidelines on AMD (HKAM, 2025)

- Ms M, 79 years, old, had Alzheimer's disease. After experiencing some difficulty in oral feeding, she decides to make an AMD to **refuse nasogastric tube feeding**. Her decision is supported by her daughter, who is also the main caregiver in careful hand feeding.
- With time, Ms M has deteriorated further in cognition and function. She has repeated hospital admissions due to aspiration. Her daughter becomes perplexed on the management.



What would be your recommendation?

Recommendations?



Suggesting artificial nutrition, e.g. Feeding via PEG (percutaneous endoscopic gastrostomy)



Suggesting artificial hydration, e.g. subcutaneous infusion



Continue hand feeding



Others



Limitations of AMD

- How to ensure the individual's' care preferences are understood?



E. Advance care planning

1. Advance care planning (ACP) before making advance medical directive (AMD)

ACP is the communication process whereby a mentally capable adult, the healthcare professionals and his / her family members or significant others

- 2.3 It is good practice to invite the patient's family members and / or significant others to join the discussion for facilitating their understanding of the patient's values and preferences, fostering consensus building, promoting

Definition of ACP

An **ongoing communication process** that supports adults at any age or stage of health in understanding and sharing their values, life goals, and preferences regarding future medical care.

Relational Autonomy

shaped by and exercised within social relationships, cultural contexts, and shared environments



Implications for ACP

Public health Approach



Territory-wide Guidance



Capacity Building



Implications

Public health Approach

- Preventive intervention
- Normalise ACP conversations
- Primary healthcare



Karen Quinlan
(1954-1985)



Nancy Cruzan
(1957-1990)



Anthony Bland
(1970-1993)



Terri Schiavo
(1963-2005)

Implications

Community-based ACP guidance

- Expanding ACP Guidance from hospital-based to community-based

- In HA, the Clinical Ethics Committee (HA CEC) oversees the development of clinical ethics guidelines over the years. The concept of ACP was first introduced in the “Guidance for HA Clinicians on Advance Directives in Adults” in 2010.
- “*ACP is recognised as an integral part of care for patients with advanced progressive disease.*” (HA, 2025)

 醫院管理局 HOSPITAL AUTHORITY	Patient Safety & Risk Management Department / Quality & Safety Division	Document No.	HAHO-CEC-GL- PS&RM-003-v01
		Issue Date	23 October 2025
	HA Guidelines on Advance Care Planning	Review Date	23 October 2028
		Approved by	HA CEC
		Page	Page 1 of 17

HA Guidelines on Advance Care Planning (ACP)

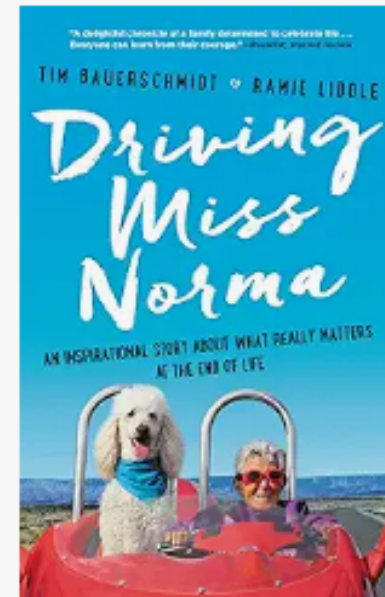
Version	Effective Date
1	10 June 2019
2	15 December 2025

Document Number	HAHO-CEC-GL-PS&RM-003-v01
Author	Sub-Working Group for Review of Advance Care Planning (ACP) Guidelines
Custodian	Patient Safety & Risk Management Department
Approved By	HA Clinical Ethics Committee
Approval Date	26 August 2025

Implications

Comprehensive nature of ACP

- Not limited to making decisions about life-sustaining treatments
- **Broader preparation** for future care that reflects an individual's values
- Cover:
 - health goals,
 - valued activities,
 - preferred place of care,
 - financial considerations,
 - psycho-social-spiritual concerns,
 - legacy-making,
 - and even post-death arrangements



Driving Miss Norma: An Inspirational Story About What Really Matters at the End of Life – A Charming Memoir of...
by [Tim Bauerschmidt](#) and [Ramie Liddle](#) | May 8, 2018

Options: 5 languages, 7 formats

4.6 ★★★★★ (2.3K)

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What's it about?

Miss Norma, a 90-year-old woman, chooses adventure over cancer treatment, embarking on an RV journey with her son and daughter-in-law that transforms their relationships and perspectives on life.

Popular highlight

"She certainly attracted what she focused on: joy begets joy, love begets love, and peace begets peace."

Highlighted by 147 Kindle readers

Implications

Comprehensive nature of ACP

Evidence suggests that such engagement can strengthen **family relationships** and improve the **psychospiritual well-being** of individuals and family members



2022.04.23

臨終前一星期在院舍裏開「告別派對」對相依七十三載妻子說聲“I love you”無牽掛走完一生是難得的福氣

善終 賽馬會安寧頤 香港賽馬會慈善信託基金

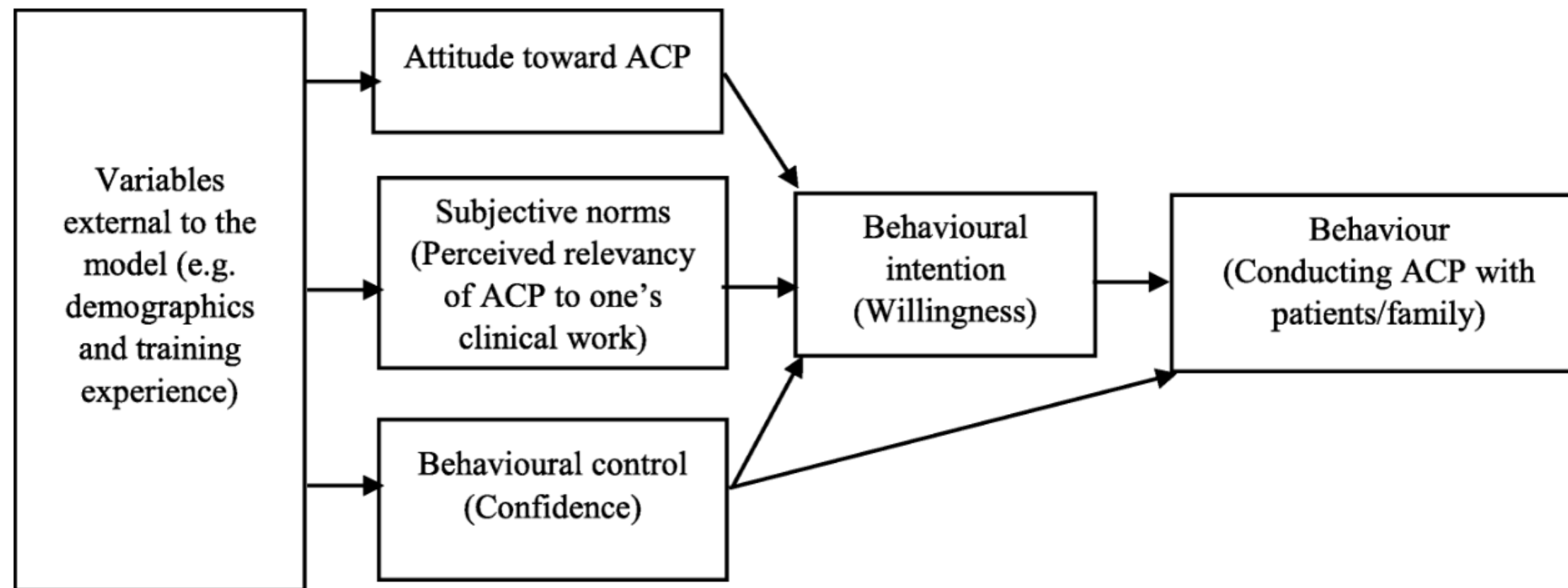


Implications

Capacity Building

- Issues
 - Discomfort with sensitive topics
 - Uncertainty about professional roles
 - Time constraint

From: Association between training experience and readiness for advance care planning among healthcare professionals: a cross-sectional study



Conceptual framework adapted from Theory of Planned Behavior (Ajzen, 1985)

Implications

Capacity Building

- More than communication skills
- Adapted for local context



Advance Care Planning (ACP) in Singapore

Medical-Social Collaboration



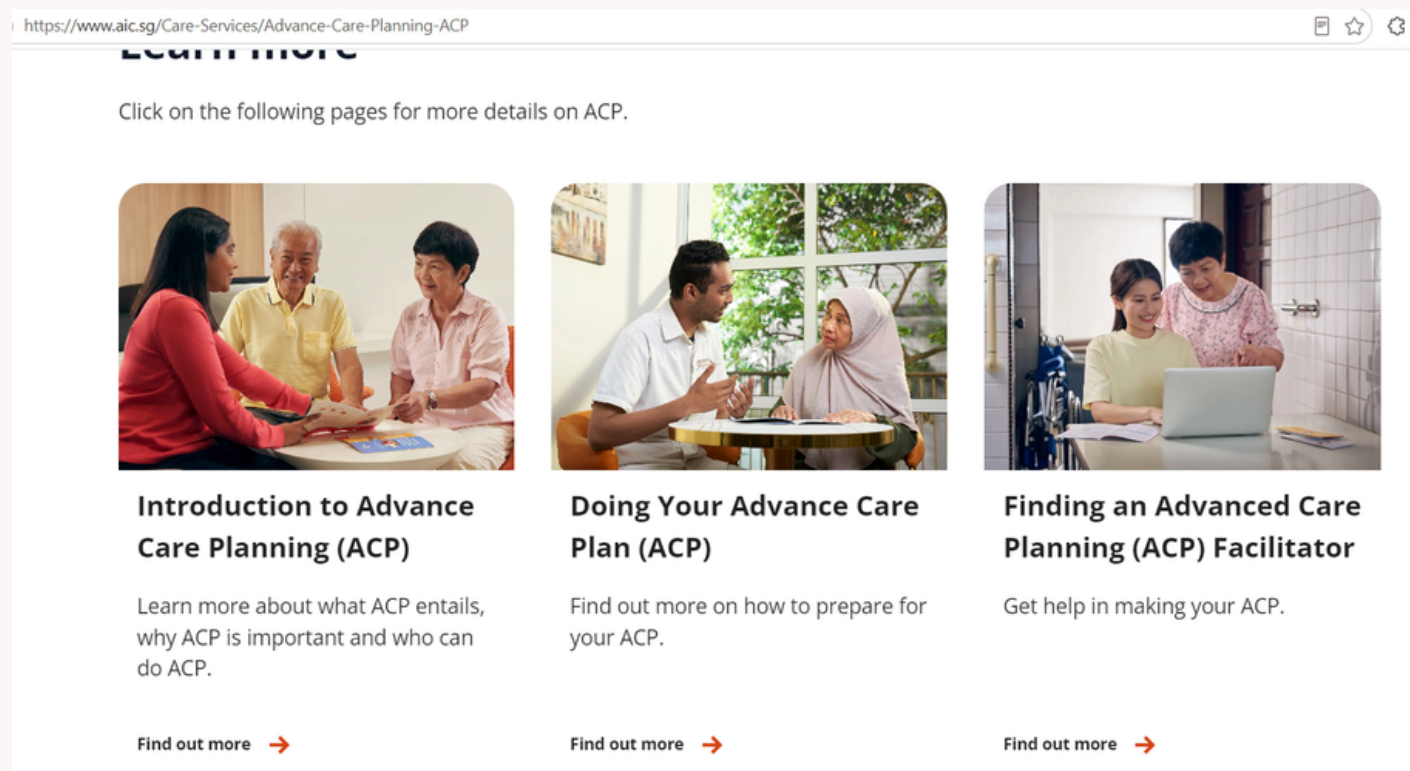
Implications

Capacity Building

Improving accessibility and sustainability of ACP services

Singapore

Taiwan



Implications

Capacity Building

Improving accessibility and sustainability of ACP services





Recommendations?

08:7   5G  58

<  Carers Voice...  ...

 **Anonymous participant** ...
17h · 

家人確診癌末，不打算繼續治療，
佢有吞嚥困難，醫生輕輕問過下我
地想唔想佢插鼻胃喉，但我搵過啲
資料好似會好唔舒服，我自己就唔
想佢辛苦，唔知Careful hand feed
可唔可行呢？係咪要有專人評估先
得？目前有太多資訊，有冇過來人
分享下經驗，好難下決定 😞

 26  37    

a

Suggesting artificial nutrition, e.g.
Feeding via NGT or PEG

b

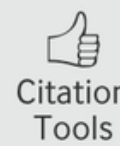
Suggesting artificial hydration, e.g.
subcutaneous infusion

c

Continue hand feeding

d

Others



Original research

Physicians' preferences for their own end of life: a comparison across North America, Europe, and Australia

[Sarah Mroz](#)^{1, 2, 3}, [Sigrid Dierickx](#)^{1, 2, 3}, [Kenneth Chambaere](#)^{1, 3}, [Freddy Mortier](#)^{1, 4}, [Ludovica De Panfilis](#)⁵, [James Downar](#)^{6, 7}, [Julie Lapenskie](#)⁷, [Koby Anderson](#)⁷, [Anna Skold](#)^{8, 9}, [Courtney Campbell](#)¹⁰, [Toby C Campbell](#)¹¹, [Rachel Feeney](#)¹², [Lindy Willmott](#)¹², [Ben P White](#)¹², [Luc Deliens](#)¹

Correspondence to Sarah Mroz; Sarah.Christine.Mroz@vub.be

Abstract

Objective To study physicians' personal preferences for end-of-life practices, including life-sustaining and life-shortening practices, and the factors that influence preferences.

Design A cross-sectional survey (May 2022–February 2023).

Setting Eight jurisdictions: Belgium, Italy, Canada, USA (Oregon, Wisconsin, and Georgia), Australia (Victoria and Queensland).

Participants Three physician types: general practitioners, palliative care physicians, and other medical specialists.

Main outcome measures Percentage of physicians who preferred various end-of-life practices and provided information about influence on preferences and demographics.

Results 1157 survey responses were analysed. Physicians rarely considered life-sustaining practices a (very) good option (in cancer and Alzheimer's respectively: cardiopulmonary resuscitation, 0.5% and 0.2%;



Conclusion Physicians largely prefer to intensify alleviation of symptoms at the end of life and avoid life-sustaining techniques.

Mroz S, Dierickx S, Chambaere K, et al. Physicians' preferences for their own end of life: a comparison across North America, Europe, and Australia. *J Med Ethics*. 2026;52(2):91-99. Published 2026 Jan 22. doi:10.1136/jme-2024-110192





Thank you!

「地上本來是沒有路的，走的人多了，也便成了路。」
(There were no roads on earth to begin with, but when
many men pass one way, a road is made.)
魯迅

helencyl@cuhk.edu.hk
[linkedin.com/in/helenychan](https://www.linkedin.com/in/helenychan)