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Advance Decision on Life-sustaining Treatment Ordinance: A Synopsis

《維持生命治療的預作決定條例：概要》

Purpose of the Synopsis

The Advance Decision on Life-sustaining Treatment Ordinance is a pivotal new law for Hong Kong Special Administrative Region of the People's Republic of China, establishing a formal legal framework for individuals to refuse life-sustaining treatment (including cardiopulmonary resuscitation) in specific end-of-life circumstances. In anticipation of its commencement on 31 July 2026, the provision of clear and practical guidance is essential to support understanding and implementation by all stakeholders.

In alignment with the mission of The Chinese University of Hong Kong (CUHK) Centre for Bioethics — to advance public understanding of bioethical issues and to raise awareness within the communities — this synopsis is designed as an accurate, precise, accessible, and practical reference. Its purpose is to serve as a key supplementary resource to the Ordinance itself by:

1. **Providing a Clear Reference**: Distilling the Ordinance's essential points into an accessible format for the public, potential users, and their families and loved ones, enabling informed personal consideration and discussion.
2. **Supporting Professional Application**: Offering healthcare and social care professionals a concise overview of the core legal provisions, procedural safeguards, and definitions relevant to clinical and advisory practice.

This document is not intended to replace the official legislation nor the professional guidelines published by the Hong Kong Academy of Medicine and by the Hospital Authority of Hong Kong, but to illuminate its key aspects, thereby fostering a well-informed community and supporting the ethical and practical implementation of the law.

概要目的

《維持生命治療的預作決定條例》是中華人民共和國香港特別行政區一項具里程碑意義的新法例，首次為個人在特定的生命晚期情況下拒絕接受維持生命治療（包括心肺復甦術）訂立正式的法律框架。隨着該條例預定於 2026 年 7 月 31 日生效，為所有持份者提供清晰而具體的指引，對促進理解及有效落實《條例》至為重要。

香港中文大學生命倫理學中心致力推動公眾對生命倫理議題的理解，並提升社區層面的認知。秉承此一使命，中心編製本摘要，旨在為大眾提供準確精簡、清晰易明並便於實際應用的參考資料，作為《條例》的重要補充，並透過以下方式達致此目的：

1. **為公眾提供清晰參考**：闡述《條例》的核心內容，方便公眾、潛在使用者及其親友理解相關法律原則，從而促進知情考慮及討論。
2. **支援專業實務應用**：為醫療及社福界專業人員提供《條例》內的重點概覽，包括主要法律規定、程序保障及相關定義，以協助臨床實務及諮詢工作。

本文件無意取代《條例》原文，或由香港醫學專科學院或醫院管理局所發出的專業指引，而是旨在闡明條例的關鍵要素，以促進社會整體對相關法律與倫理的認知。

Supplementary materials for reference 補充參考資料

Speech by Secretary for Health on 8 May 2026 on the concepts behind the legislation and the corresponding preparatory work
醫務衞生局局長 2026 年 5 月 8 日發言談及立法的背後理念與相應的準備工作

Chinese version only
只備中文版

Advance Decision on Life-sustaining Treatment Ordinance; full text
《維持生命治療的預作決定條例》全文

English version

中文版

Hong Kong Academy of Medicine, Best Practice Guidelines on Advance Medical Directives
香港醫學專科學院
預設醫療指示最佳實務指引

English version only
只備英文版

Related guidelines from the Hospital Authority
醫院管理局相關指引

English version

中文版

This synopsis, drawing upon the full text of the Advance Decision on Life-sustaining Treatment Ordinance, is prepared and reviewed by the Task Force on Advance Decision on Life-sustaining Treatment established under CUHK Centre for Bioethics, with the following membership:

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I. Introduction

1. Advance decision instruments:
The Advance Decision on Life-sustaining Treatment Ordinance (hereafter "the Ordinance"), enacted in November 2024 and to come into operation on 31 July 2026, covers the following advance decision instruments:

Advance medical directive (AMD) — An instrument made by an adult person that contains one or more instructions that,

if the person is mentally incapable of deciding on a life-sustaining treatment (LST) and

the specified precondition of the instruction is met,

the person is not to be subjected to any life-sustaining treatment specified in the instruction.

Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) order — An instrument that has a continuing effect and directs not to perform cardiopulmonary resuscitation (CPR) on a person-in-arrest. The Ordinance does not cover a DNACPR order for hospitalized patients which is intended to lose effect when the patient is discharged from the hospital.

I. 引言

1. 預作決定文書：
《維持生命治療的預設決定條例》（下稱「條例」）於 2024 年 11 月通過，並計劃於 2026 年 7 月 31 日實施。《條例》涵蓋以下預作決定文書：

預設醫療指示 *(Advance Medical Directive, AMD)*—由某成年人訂立的、載有一項或多於一項內容如下的指令的文書，

如該人無精神能力就維持生命治療（life-sustaining treatment, LST）作決定，

而該指令的指明先決條件亦獲符合，

則不得對該人施以該指令指明的 LST。

不作心肺復甦術（Do-Not-Attempt Cardio-pulmonary Resuscitation, DNACPR）命令—具有持續效力的文書，指示在某人處於心肺停止狀態時，不得對其施行心肺復甦術 (CPR)。本《條例》不涵蓋針對住院病人、且擬在病人出院時即失去效力的 DNACPR 命令。

List of abbreviations 縮寫

ACP | Advance Care Planning 預設照顧計劃
AMD | Advance Medical Directive 預設醫療指示
DNACPR | Do-Not-Attempt Cardiopulmonary Resuscitation 不作心肺復甦術
LST | Life-sustaining Treament 維持生命治療
RMP | Registered Medical Practitioner 註冊醫生

I. Introduction

2. Purpose of the instruments:
An AMD allows an adult person to exercise autonomy by making advance decisions on LST in end-of-life situations.

A DNACPR order facilitates adherence to an instruction for no CPR in an AMD in situations demanding immediate decisions, by certifying that the patient's condition already falls into a specified precondition in the AMD and that the AMD is valid. Given that minors and adults who are mentally incapable of deciding on LSTs cannot make AMDs, registered medical practitioners (RMPs)* may make a non-AMD-based DNACPR order for them if a consensus is reached among the patient's attending RMPs and family members that CPR would not be in the patient's best interests.

(*A registered medical practitioner, RMP, is defined in the Ordinance as a medical practitioner registered in Hong Kong)

3. Major legal implication of the Ordinance:

- The decision to provide LST (including CPR) to a person or not, is subject to a valid and applicable instruction in an AMD.
- The decision to provide CPR to a person or not, is subject to a valid and applicable DNACPR order.

I. 引言

2. 文書的目的：
AMD 容許成年人就生命晚期情況下的 LST，預先作出決定，以行使個人自主權。

DNACPR 命令旨在讓施救者在需要即時決定的情況下，透過證明病人的情況已符合 AMD 中的指明先決條件且該 AMD 屬有效，可以遵從 AMD 中不施行 CPR 的指令。鑑於未成年人及無精神能力就 LST 作決定的成年人不能訂立 AMD，若病人的主診註冊醫生 (RMP)* 與家屬達成共識，認為施行 CPR 不符合病人的最佳利益，註冊醫生可為其訂立非基於 AMD 的 DNACPR 命令。

(* 註冊醫生，即 RMP，在本《條例》定義為在香港註冊的醫生)

3.《條例》的主要法律影響：

- 是否向某人提供 LST（包括 CPR），受到 AMD 中屬有效並適用的指令所規限。
- 是否向某人施行 CPR，受有效並適用的 DNACPR 命令的條款所規限。

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II. Advance medical directive (AMD)

1. AMD forms:

a) Model AMD form:

- Choice of specified preconditions:
  - terminally ill
  - persistent vegetative state, or a state of irreversible coma
  - other end-stage, irreversible, life-limiting condition (to be stated)
- Choice of instructions that the maker is not to be subjected to:
  - CPR
  - other LSTs to be stated
  - any form of LST except artificial nutrition and hydration*
  - any form of LST*

  (* In the AMD form, there is a caution reminding the maker to ensure that it is his/her informed decision not to be subjected to any form of LST)
- Two model forms are available: a full form and a form for refusal of CPR only.

b) However, AMDs using other formats (i.e., other than the Model AMD form) can also be acceptable, allowing the maker to specify preconditions other than those in the model form.

c) There will be voluntary storage of an electronic copy of AMD in a designated electronic system ("electronic Health Record Sharing System").

II. 預設醫療指示 (AMD)

1. AMD 表格：

a) AMD 範本表格：

- 指明先決條件的選擇：
  - 末期疾病
  - 持續性植物人狀態或不可逆轉昏迷
  - 其他晚期不可逆轉的壽命受限疾病（須註明）
- 訂立者可指示不接受治療的選擇：
  - CPR
  - 其他須註明的 LST
  - 除人工供給營養及液體外的任何形式 LST*
  - 任何形式的 LST*

  (* AMD 表格中設有提示，提醒訂立者須確保不接受任何形式 LST 是其知情決定)
- 政府提供兩份範本表格：一份完整表格，以及一份僅針對拒絕心肺復甦術的表格。

b) 然而，《條例》亦接受使用其他格式（即並非範本）的 AMD，容許訂立者指明範本表格以外的指明先決條件。

c) 日後市民可自願將 AMD 的電子副本儲存於指定的電子系統（「電子健康紀錄互通系統」，即「醫健通」）。

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LST | Life-sustaining Treament 維持生命治療
RMP | Registered Medical Practitioner 註冊醫生

II. Advance medical directive (AMD)

2. Making of an AMD:

a) Must be signed in the presence of two witnesses:

- The witness must not be an interested person of the maker.
- One witness must be an RMP.

b) An RMP as witness of an AMD:

- should be satisfied that the maker is mentally capable of deciding on an LST, and
- has explained to the maker the nature of the directive and the effect of following each of the instructions in the directive on the maker, and
- declares in the AMD that the above are met.

c) An adult is mentally INCAPABLE of deciding on an LST if the person is unable to:

- understand any information relevant to deciding whether to be subjected to an LST,
- retain that information,
- use or weigh that information in making the decision, or
- communicate the decision.

d) An AMD can be made electronically in a future date when the appropriate preparatory work is completed.

3. Revocation of an AMD:

- An AMD can be revoked by the maker in writing, orally, by destruction of the AMD, or through the designated electronic system.
- When the maker makes another AMD, the original AMD is deemed to have been revoked. If the maker wants to make an instruction for a precondition not yet covered by the original AMD, a new one has to be made that covers both the original and the new precondition.

II. 預設醫療指示 (AMD)

2. 訂立 AMD：

a) 必須在兩名見證人面前簽署：

- 見證人不得是訂立者的利益攸關者。
- 其中一名見證人必須是 RMP。

b) RMP 作為 AMD 見證人的職責：

- 須信納該訂立者在簽署該份指示時，有精神能力就 LST 作決定；及
- 向訂立者解說該份指示的性質及遵從每項指令會對該訂立者有何影響；及
- 在 AMD 中聲明已履行上述職責。

c) 若某成年人**沒有**能力——

- 理解用作決定是否接受 LST 的相關資訊；
- 記存該項資訊；
- 在作出該決定時，利用或衡量該項資訊；或
- 傳達該決定，

該人即屬無精神能力就 LST 作決定。

d) 在政府完成相關籌備工作後，市民未來將可透過電子方式訂立 AMD。

3. 撤銷 AMD：

- 訂立者可以以書面或口頭方式撤銷，亦可透過銷毀該 AMD 文件或透過指定的電子系統予以撤銷。
- 當訂立者訂立另一份 AMD 時，原有的 AMD 即被視為已撤銷。若訂立者希望就原有 AMD 未涵蓋的情況作出指示，則須重新訂立一份涵蓋原有及新情況的指示。

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II. Advance medical directive (AMD)

4. Validity and applicability of an AMD:

a) An AMD is NOT valid if:

- the treatment provider does not have notice of the AMD,
- the required conditions for making the AMD were not met,
- the AMD was procured by wrongful means,
- the AMD has been revoked, or
- the maker has done anything that
  - is clearly inconsistent with the instruction, and
  - indicates that the maker no longer wants the instruction to be followed.

b) When does a treatment provider "have notice of AMD"?

- When the treatment provider sees a validating copy of the AMD, or
- When the treatment provider
  - is informed that a copy of the directive is or may be stored in a designated electronic system, and
  - a validating copy of the directive is stored in the system and is accessible to the treatment provider.

II. 預設醫療指示 (AMD)

4. AMD 的有效性及適用性：

a) AMD 在以下情況下**無效**：

- 醫治者並不知悉該 AMD；
- 訂立 AMD 所需的條件不獲符合；
- 有人用不當手段，促致訂立該份指示；
- 該份指示已遭撤銷；或
- 該訂立者作出任何事情，而該事情—
  - 明顯抵觸有關指令；及
  - 顯示該訂立者不再希望該指令獲遵從。

b) 醫治者何時視為「知悉 AMD」？

- 當醫治者看到 AMD 的確效文本，或
- 當醫治者
  - 獲告知，該份指示的副本儲存在或可能儲存在指定電子系統內；及
  - 該份指示的確效文本儲存在該系統內，並可供該醫治者取覽。

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II. Advance medical directive (AMD)

c) Applicability of an AMD:

- An AMD is applicable when the maker
  - suffers from a specified precondition in the AMD form, and
  - is no longer mentally capable of deciding on LST.
- An AMD is NOT applicable if
  - there are reasonable grounds for believing that there arises any circumstance not anticipated by the maker, and
  - had the maker anticipated the circumstance, it is likely that the maker would not have made that instruction in the AMD.

d) Validity of pre-existing AMD forms made before the Ordinance commenced:

- The Ordinance provides for grandfathering of the Hospital Authority (HA) Advance Directive forms signed before the Ordinance becomes effective.
- A pre-existing AMD not using the HA forms will be respected if certain requirements were met when the pre-existing AMD was signed. For details, please see Part 2 of Schedule 1 of the Ordinance.

II. 預設醫療指示 (AMD)

c) AMD 的適用性：

- AMD 屬適用，當訂立者
  - 患有 AMD 表格中指明的先決條件；且
  - 再無精神能力就 LST 作決定 。
- AMD 屬**不適用**，
  - 若有合理理由相信出現了訂立者未曾預計的情況；且
  - 若訂立者預計到該情況，便很可能不會作出該項指令。

d)《條例》生效前已存在的 AMD 表格之有效性：

- 《條例》為生效前簽署的醫院管理局預設醫療指示表格提供「祖父條款」(grandfathering) 保障。
- 若在《條例》生效前簽署的 AMD 未有使用醫院管理局預設醫療指示表格，但所用之表格已符合《條例》具體規定的要求， 該 AMD 亦將獲得尊重。詳情請參閱《條例》附表 1 第 2 部分。

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III. Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) order

1. Forms of DNACPR order:

a) Prescribed forms must be used. There are separate forms for:

- adults with AMD (decision based on AMD)
- minors (decision based on best interests)
- incompetent adults without AMD (decision based on best interests)

b) Conditions listed in the prescribed forms are limited to:

- terminally ill
- persistent vegetative state, or a state of irreversible coma
- other end-stage, irreversible, life-limiting condition (to be stated)

c) There will be no electronic copy of a DNACPR order.

2. Making of a DNACPR order:

- Signed by two RMPs, one of whom must be a specialist.
- For adults with AMD:
  - To be signed only if the patient's condition already falls into a specified precondition of an instruction to refuse CPR in the AMD and the AMD is valid.
- For minors and incompetent adults without AMD:
  - To be signed only if there is consensus that CPR is not in the best interests of the person.
  - Needs signature of an eligible person (a family member or someone close to the patient) as well.

III. 不作心肺復甦術（DNACPR）命令

1. DNACPR 命令的表格：

a) 必須使用法定表格。分別設有用於以下人士的表格：

- 擁有 AMD 的成年人（基於 AMD 的決定）
- 未成年人（基於最佳利益的決定）
- 沒有 AMD 且無行為能力的成年人（基於最佳利益的決定）

b) 法定表格中列出的條件限於：

- 末期疾病
- 持續性植物人狀態或不可逆轉昏迷
- 其他晚期、不可逆轉的壽命受限疾病（須註明）

c) DNACPR 命令不會儲存電子副本。

2. 簽發 DNACPR 命令：

- 須由兩名 RMP 簽署，其中一人必須是專科醫生。
- 對於擁有 AMD 的成年人：
  - 僅在病人的情況已符合 AMD 中不作 CPR 指令的指明先決條件，且該 AMD 屬有效時方可簽署。
- 對於未成年人及沒有 AMD 的無行為能力成年人：
  - 僅在達成共識認為 CPR 不符合該人最佳利益時方可簽署。
  - 且需由具資格人士（家屬或與病人關係密切者）共同簽署。

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III. Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) order

3. Revocation of a DNACPR order:

a) A DNACPR order:

- Can be revoked by two RMPs, one of whom is a specialist, by crossing out and signing on the form.

b) An AMD-based DNACPR order:

- Can be revoked by the AMD maker in writing, orally, or by destruction of the order.

c) In the following situations, the DNACPR order is revoked:

- For AMD-based DNACPR, when the AMD is revoked.
- For DNACPR for minors, when the minor becomes an adult.
- For DNACPR for incompetent adults without AMD, when the adult regains capacity.

4. Validity and applicability of a DNACPR order

a) A DNACPR order is NOT valid if:

- none of the treatment providers or rescuers sees a validating copy of the DNACPR order,
- the prescribed form is not properly filled,
- the order was procured by wrongful means, or
- the effective period has ended.

b) An AMD-based DNACPR order is NOT valid if:

- the AMD has been revoked, or if the maker has done anything that
  - is clearly inconsistent with the underlying instruction for the order, and
  - indicates that the maker no longer wants the instruction to be followed.

III. 不作心肺復甦術（DNACPR）命令

3. 撤銷 DNACPR 命令：

a) DNACPR 命令：

- 可由兩名 RMP（其中一人為專科醫生）透過在表格上劃掉並簽署來撤銷。

b) 基於 AMD 的 DNACPR 命令：

- AMD 訂立者可透過書面、口頭或銷毀該命令的方式撤銷。

c) DNACPR 命令亦會於以下情況自動撤銷：

- 基於 AMD 的命令：當相關 AMD 被撤銷時。
- 為未成年人設定的命令：當該人成年時。
- 為無行為能力成年人設定的命令：當該人恢復行為能力時。

4. DNACPR 命令的有效性及適用性：

a) DNACPR 命令在以下情況下**無效**：

- 醫治者或救援人員均未看到確效文本；
- 法定表格填寫不當；
- 有人用不當手段，促致簽發該命令；或
- 有效期限已屆滿。

b) 基於 AMD 的 DNACPR 命令在以下情況下**無效**：

- 若 AMD 已撤回，或訂立者作出了任何事情，而該事情——
  - 明顯抵觸有關指令；及
  - 顯示該訂立者不再希望該指令獲遵從。

List of abbreviations 縮寫

ACP | Advance Care Planning 預設照顧計劃
AMD | Advance Medical Directive 預設醫療指示
DNACPR | Do-Not-Attempt Cardiopulmonary Resuscitation 不作心肺復甦術
LST | Life-sustaining Treament 維持生命治療
RMP | Registered Medical Practitioner 註冊醫生

III. Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) order

c) A DNACPR order is NOT applicable if:

- there arises any circumstance not anticipated by the signing RMP, and had the signing RMP anticipated the circumstance, it is likely that the signing RMP would not have signed the order, or
- the attending RMP makes a diagnosis or prognosis different from that made by the signing RMP, and had the signing RMP made the same diagnosis or prognosis, it is likely that the signing RMP would not have signed the order.

d) An AMD-based DNACPR order is NOT applicable if:

- there arises any circumstance not anticipated by the AMD-maker, and had the maker anticipated the circumstance, it is likely that the maker would not have made that instruction in the AMD.

e) A non-AMD-based DNACPR order is NOT applicable if:

- the attending RMP reasonably considers that there is any exceptional circumstance that warrants disregarding the order, and disregarding the order is in the subject person's best interests.

III. 不作心肺復甦術（DNACPR）命令

c) DNACPR 命令在以下情況下**不適用**：

- 出現簽署 RMP 未曾預計的情況，若簽署 RMP 預計該情況，他很可能不會簽署該命令；或
- 主診 RMP 作出的診斷或預後判斷與簽署 RMP 不同，若簽署醫 RMP 作出同樣的診斷或預後判斷，他很可能不會簽署該命令。

d) 基於 AMD 的 DNACPR 命令在以下情況下**不適用**：

- 出現訂立者未曾預計的情況，若訂立者能預計該情況，他很可能不會作出該 AMD 的指令。

e) 非基於 AMD 的 DNACPR 命令在以下情況下**不適用**：

- 主診 RMP 合理地認為存在極為特殊的情況，且不遵從命令符合病人的最佳利益。

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IV. Protection of treatment providers:

The Ordinance will provide protection of treatment providers from any liability (civil, criminal, and for professional misconduct) in the following situations:

1. For patients with AMDs:

- For providing LST if:
  - they do not know of the existence of the AMD, or
  - they are not satisfied that the AMD instruction is valid and applicable.
- For withholding or withdrawing LST if:
  - they honestly and reasonably believe that the AMD instruction is valid and applicable.

2. For patients with DNACPR orders:

- For providing CPR if:
  - they do not know of the existence of the DNACPR order,
  - they are not satisfied that the order is valid and applicable, or
  - there is reason to suspect that the cardiopulmonary arrest arises from an unnatural cause or an injury that is self-inflicted or inflicted by another person.
- For withholding or withdrawing CPR if:
  - they honestly and reasonably believe that the order is valid and applicable, and
  - there is no reason to suspect that the cardiopulmonary arrest arises from an unnatural cause or an injury that is self-inflicted or inflicted by another person.

IV. 醫治者的法律保障

《條例》將保障醫治者在以下情況下免於承擔任何法律責任（包括民事、刑事及專業失當責任）：

1. 為擁有 AMD 的病人：

- 提供 LST，若：
  - 他們不知道該 AMD 的存在；或
  - 他們不信納該 AMD 的指令屬有效及適用。
- 不提供或撤走 LST，若：
  - 他們誠實而合理地相信該 AMD 的指令屬有效及適用。

2. 為擁有 DNACPR 命令的病人：

- 施行 CPR，若：
  - 他們不知道該 DNACPR 命令的存在；
  - 他們不信納該命令屬有效及適用；或
  - 有理由懷疑心肺停頓是由非自然因由、或由該待援者或其他人造成的傷害所致。
- 不施行或撤走 CPR，若：
  - 他們誠實而合理地相信該命令屬有效及適用；且
  - 無理由懷疑心肺停頓是由非自然因由、或由該待援者或其他人造成的傷害所致。

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V. Offences

There are offences in the Ordinance for the following:

- to obstruct following of an instruction in an AMD
- misleading another person into not complying with an advance decision instrument
- misleading another person into complying with an advance decision instrument

It is a potential offence or professional misconduct if a treatment provider does not follow an AMD or a DNACPR order despite knowing that the instrument is valid and applicable. This is not covered by the Ordinance, but is governed by other existing Ordinances (for example, on assault and battery), as well as codes of professional conduct.

V. 罪行

《條例》針對以下行為訂立罪行：

- 阻礙遵從 AMD 中的指令
- 誤導他人不遵從預作決定文書
- 誤導他人遵從預作決定文書

若醫治者在明知該 AMD 文書或 DNACPR 命令有效並適用的情況下仍不遵從，可能已屬違法或違反專業操守。這情況並沒有包括在此條例之內，但涉及其他現行條例（如襲擊及毆打罪）或違反專業操守守則。

VI. A broader perspective

It is recommended that an AMD maker goes through an advance care planning (ACP) process before signing the AMD. In addition to helping the person to make an appropriate advance decision on LST, there are other benefits. Through ACP, the maker can express values, wishes, and preferences for medical and personal care, which will help treatment providers and family members to make in-the-moment decisions in the AMD maker's best interests in situations not covered by the AMD. The ACP process can also help to prepare the maker and family members/carers emotionally for future deterioration of the condition of the maker. Family members/carers would also have better acceptance of the AMD.

To improve end-of-life care, we must look beyond signing AMDs. A multi-pronged approach and concerted effort from all relevant parties is needed.

VI. 更寬廣的視角

建議 AMD 訂立者在簽署前，先進行預設照顧計劃 (ACP) 討論。ACP 除了有助於作出適當的 LST 預設決定外，還能讓訂立者表達對醫療及個人照顧的價值觀、期望和意向，有助於醫治者及家屬在 AMD 未涵蓋的情況下作出符合其最佳利益的當場決定。ACP 過程亦有助於訂立者及家屬 / 照顧者為未來病情惡化作好心理準備，並增加家屬 / 照顧者對 AMD 的接納度。

改善晚期照護，我們須關注比簽署 AMD 更寬廣的範疇。這需要多管齊下和各方的共同努力。

List of abbreviations 縮寫

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VII. Disclaimer

This synopsis aims to provide a practical, user-friendly, and clear synopsis of the Ordinance. For details, readers are advised to refer to the Ordinance itself and to relevant guidelines published by the Hospital Authority, the Hong Kong Academy of Medicine, and other professional bodies.

VII. 免責聲明

本概要旨在提供一個實用、易懂且清晰的《條例》概要。欲知詳情，建議讀者參考《條例》原文，以及由醫院管理局、香港醫學專科學院及其他專業團體發布的相關指引。

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