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The Chinese University of Hong Kong

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The Advance Decision on Life-sustaining Treatment Ordinance: A Synopsis (One-page Summary)

This document highlights the key points in the *Advance Decision on Life-sustaining Treatment Ordinance: A Synopsis,* prepared by The Chinese University of Hong Kong (CUHK) Centre for Bioethics. To read the full Synopsis, please visit the Centre's webpage by scanning the QR code or clicking here.

1. The Advance Decision on Life-sustaining Treatment Ordinance (hereafter "the Ordinance") aims to safeguard a person's autonomy and best interests in treatment decisions at the end of life. It covers two advance decision instruments, namely **Advance Medical Directive** (AMD) and **Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) Order**. (The latter is defined as one with a continuing effect and does not include the DNACPR orders for hospitalized patients that automatically lose effect on discharge.)
2. **An AMD** can be made by any mentally capable adult and contains instructions to refuse specified life-sustaining treatment (LST) when the maker becomes mentally incapable and when the specified precondition of the instruction is met. The AMD must be witnessed by a registered medical practitioner (RMP), who needs to fulfil specific roles (Section II-2(b) of the Synopsis). The use of a model form provided in the Ordinance with choices of three specified preconditions (terminal illness, persistent vegetative state or irreversible coma, other end-stage irreversible life-limiting condition) is encouraged, though non-model forms for other specified preconditions can be acceptable. An AMD can be revoked by the maker through various means (Section II-3 of the Synopsis).
3. **A DNACPR Order** can be made by two RMPs to facilitate adherence to a "no-CPR instruction" in an AMD during emergencies, when the patient's condition already falls into the specified precondition in the AMD. The Order certifies that the specified precondition is already met and the AMD instruction is valid. Two RMPs may also make a non-AMD-based DNACPR Order for minors and incompetent adults without AMD, if CPR is not in the patient's best interests. A DNACPR Order can only be made on a prescribed form in the Ordinance, with specified preconditions limited to the three in the model AMD form.
4. A **valid** and **applicable** AMD and DNACPR Order must be respected. Situations when these instruments are considered not valid or not applicable are stipulated in the Ordinance (Sections II-4 and III-4 of the Synopsis).
5. The Ordinance provides **protection to treatment providers** for providing LST/CPR if they are not satisfied that the instrument is valid and applicable. There is also protection to treatment providers for not providing LST/CPR if they honestly and reasonably believe that the instrument is valid and applicable.
6. 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.
7. It is recommended that an AMD maker goes through an **advance care planning** process to express values and preferences before signing the AMD. The process also helps to prepare the maker and family members emotionally for future deterioration.
8. Disclaimer: This document aims to provide a brief summary of the full Synopsis prepared by CUHK Centre for Bioethics. 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.

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Please cite the full Synopsis:
Task Force on Advance Decision on Life-sustaining Treatment, CUHK Centre for Bioethics. *Advance Decision on Life-sustaining Treatment Ordinance: A Synopsis*. CUHK Centre for Bioethics: Hong Kong, 2026. Published by CUHK Centre for Bioethics

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