

Ethical issues in management of chronic disease in Hong Kong

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Health care system in Hong Kong dicine

- Public health funding limited to hospitals
- Primary care primarily by private doctors
- A&E at public hospitals have open access
- Public hospital services very affordable (e.g. inpatient stay US\$ 15 per day) and free for the poor
- Control demand by long waiting time

Chronic disease management



- Continuity of care, lifestyle modification and early interventions are required
- Challenging and expensive to delive such care in public hospitals
- Poor communication with private doctors in primary care

Question

- Better quality service attracts more patients and longer waiting time
- Is the long waiting time (two years for Urology OPD, six months for CT scan to exclude cancer) ethical?
- Is it ethical for some doctors to see 12 outpatients in a morning while others see 25?

Long term care



Most chronic sick prefer community care rather than OAH

OAH essential as a last resort

HK has lots of OAH beds (1:11 older people)

25% subvented places; 75% private homes

Subvented homes

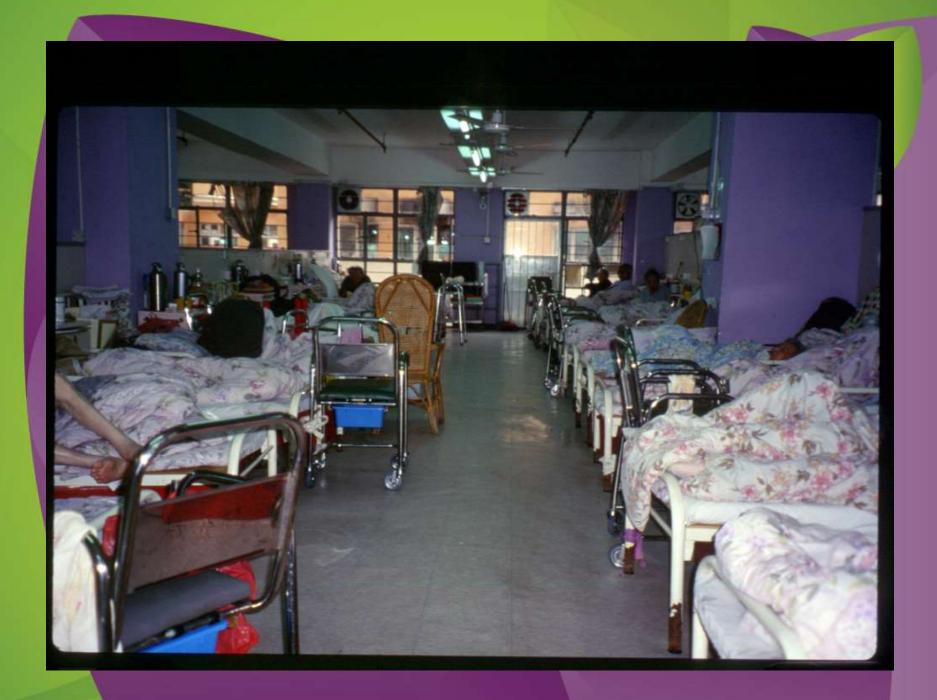


- Waiting time three years or more
- Reasons for great demand
 - Lack of community care
 - Caregiver stress
 - Financial incentives
 - Long waiting time





- 90% funded by social security (US\$ 700 per month)
- Open access
- Poor care leads to functional decline and death
 - Financial incentives for low income families to send the elders to private homes



Discharge problem



- Hospital discharge of chronic sick is difficult because of the lack of family support and community social and medical support
- They are often discharged to private homes which are ill equipped to look after them

Discharge problem



- Some families refuse hospital discharge, because they cannot find a home that they feel comfortable with
- Are they acting irresponsibly?
- What can be done to discharge these patients?

Autonomy



- Autonomy is the major guiding ethical principle in clinical practice
- The chronic sick are often dependent on family and society
- Their life choices are limited
- How far should professionals and society go to respect the autonomy of the chronic sick?

Case scenario



- 85 years old lady admitted with a fall at home.
 She had mild dementia and lived with elderly husband
- Husband wanted her to go to OAH because of caregiver stress and his own ill health
- But patient refused
- Community care limited by long waiting time
- OAH placement likely leads to restraint and immobility

End of life care

- CU Medicine HONG KONG
- Life sustaining interventions (LST) e.g.
 cardiorespiratory resuscitation, tube feeding are burdensome
- Most older people do not want LST
- But patients are often mentally incapable of very disabled at end of life
- Chinese Families have great influence on LST decisions

Chinese Family caregivers' attitude Medicine

- Poor knowledge of LST
- Most preferred LST even they perceived poor QOL in the severely demented
- Knowledge of poor outcome of LST slightly increased their willingness to forgo LST

Kwok T et al., 2007

Case history

- •85 years old nursing home resident
- •Dementia with refusal to eat
- •Heavily restrained for tube feeding
- •Kept rocking her head and screaming because of the tube





Questions



- Has this lady reached her end of life
- Is it appropriate to tube feed her?
- Is it appropriate to restrain her?
- What is dignity of life?

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