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Ethical issues in management of chronic disease in Hong Kong

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Health care system in Hong Kong

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- 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 deliver 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

Private nursing homes

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- 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 ?

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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

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- 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

- 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 or very disabled at end of life
- Chinese Families have great influence on LST decisions

Chinese Family caregivers' attitude

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- 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

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- 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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